



**SEXUALITY AND YOUTH PROJECT  
(SAY)**

**CARE SIERRA LEONE**

**An Innovations Project of CARE International**

**FINAL PROJECT EVALUATION – 2007**

**Submitted by Marcie Rubardt  
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## **List of Acronyms**

DEO	District Education Officer
HAPP	HIV/AIDS Prevention Project
Mammy Queens	Traditional Women Leaders
MEST	Ministry of Education Science and Technology
NGO	Non-Governmental Organization
NPRDI	Northern Province Rehabilitation and Development Initiative
SAY	Sexuality and Youth (Project)
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
UNICEF	United Nations Children’s Fund

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## Executive Summary

The Sexuality and Youth Project (SAY Project) was one of four Innovations Projects funded by the Reproductive Health Trust Fund to contribute towards addressing underlying causes of poverty, build technical excellence, and establish a learning environment for developing new approaches. This project targeted 10 villages and Kabala Township in Koinadugu District of Sierra Leone from April, 2004 – June, 2007. Simultaneously, the CARE's Northern Province Rehabilitation and Development Initiative (NPRDI), also implemented the Sissy Aminata in-school curriculum.

This project implemented an integrated package of interventions based on a sexual reproductive health (SRH) /life skills curriculum called “Sissy Aminata” which had been adapted from a curriculum, “Auntie Stella”, from Zimbabwe. The curriculum is based on letters from youth with questions around SRH, accompanying discussion questions, and ultimately, suggestions and technical information for the situations raised. The components of the package were:

- An in-school participatory curriculum using the letters and small group discussion of the questions as a way to approach the sensitive issues around SRH.
- Weekly radio broadcasts taped in the project villages with Sissy Aminata (herself) facilitating discussion and answering letters written by adolescents in the District.
- Community activities including awareness-raising activities to increase parental support for SRH education, and out of school youth clubs using taped versions of the Sissy Aminata curriculum.

The final evaluation for the SAY Project focused on both project implementation and organizational learning issues. It included a quantitative survey, 10 days of qualitative field work and discussion, and a review of project monitoring data and documents. A day and a half was spent with the team reviewing all of the findings and working together to identify significant conclusions, recommendations, and lessons learned.

It was clear that, despite significant delays particularly in implementing the in-school curriculum, the project had a significant impact on what adolescents know as well as on their attitudes towards SRH. They were able to openly discuss SRH issues in mixed company, parents and adolescents reported discussing these issues with each other – often with the radio as the platform for discussion, and teachers had become facilitators and advisors for this exploration. The importance of staying in school and avoiding early marriage were significant project messages, with students clearly linking dropping out of school with getting pregnant and early initiation of sexual intercourse.

Quantitatively, knowledge levels increased significantly for nearly all of the indicators, with more improvement in the rural areas. There was a decreased gap in knowledge between the rural and Township areas. With respect to self efficacy, while the qualitative findings indicated that people felt the adolescents had changed and they were now “more bold”, the quantitative data indicated higher self efficacy with respect to SRH issues, but did not pick up higher self-efficacy in general.

While the rest of this report goes into considerable detail on the design and implementation accomplishments and challenges for each of the different components of this project, these are some of the most significant lessons learned:

- Multiple channels reinforce both program implementation and social change: The package of radio, in-school curriculum, and community awareness raising contributed significantly to the success of this project.
- The participatory approach to learning led to changes in attitude and behavior among students, their teachers, and the parents who also became involved.
- Changing community norms takes time and intensive engagement: It took a significant number of community meetings as well as the radio to achieve a wide range of support in the communities..
- Policy support from the District Education Officer (DEO) was integral to adoption of Sissy Aminata into the school curriculum: While the project had hoped to move this curriculum towards national implementation, it was really at the District level where the policy could be changed and implemented due to confusion at the national level

With continuation funding for expansion from the HIV/AIDS Prevention Project (HAPP), the package of radio, in-school curriculum, and community awareness raising will be replicated elsewhere within the District. At this time, the out of school youth clubs were neither strong enough nor sustainable enough to warrant replication without further developing the approach. While this report details several recommendations for phasing out the current phase of the project, the more significant recommendations pertain to this expansion:

- Prioritize those schools that are already requesting the curriculum for expansion and incorporate the curriculum directly into the school time table.
- Involve current teachers in training new teachers. Develop a training of trainers strategy will provide as way to also maintain a critical mass of trained teachers.
- Develop a local community/school strategy for sensitizing the wider community to the importance of SRH education for adolescents in order to facilitate dialogue and minimize resistance.

With respect to organizational learning, there were several elements within this project as well as within the Sierra Leone Country Office that helped maximize the learning potential from this project. The social analysis and exploratory approach of the first year allowed the project to truly reflect upon and consider the situation on the ground in its design as well as in its response to challenges. The focus and flexibility of this project led to a concise and well tested package of interventions that was easily adaptable to more traditional project structures. Finally, the Country Office structures helped to maximize exchange across projects, facilitating its adoption in the NPRDI and HAPP projects as well as generating interest in the Youth Livelihoods sector.

A compiled list of recommendations and lessons learned is included in Annex 1.

## **Background**

### ***Innovations Projects***

The SAY is one of four Innovations Projects funded by CARE and USAID through the Reproductive Health Trust Fund. The other three are in Uganda targeting marginalized of school youth, in Malawi targeting improved support systems for marginalized women, and in Georgia targeting adolescents.

CARE chose to use these projects to further identify and address underlying causes of poor reproductive health, integrating use of their social analysis approach. The Innovations Program was designed to contribute to the following Trust Fund goals:

1. Build CARE's capacity to address selected underlying causes of poor SRH
2. Promote technical excellence and scale up of best practices in SRH (partly through support for innovative field programs )
3. Establish a learning environment and support utilization of information across CARE's SRH programs

A central aspect of these projects was "Learning". As a learning project, these projects were expected to carefully reflect on the process they used to achieve their results, to document the experience and learning that occurred as they developed their innovations, and to use the opportunity to learn about how to better address the underlying causes of poor reproductive health. In order to facilitate this learning, the projects were very flexible, with more emphasis on the process than on achieving large scale results.

There are several different ways to think about the learning that occurred during these projects:

- Learning for staff in terms of skills and experience
- Learning to inform project implementation and/or "learning as you go" in implementation
- Learning for the Country Office to inform other projects or contribute to their programs
- Learning for CARE globally

All of these elements were part of the learning in Sierra Leone.

### ***Sissy Aminata in Sierra Leone***

Recognizing the importance of addressing adolescent SRH issues in the context of the family and community as a whole, CARE Sierra Leone CARE-Sierra Leone has worked closely with the Ministry of Education and Science and Technology (MEST) and the

United Nations Children Fund (UNICEF) to develop a project approach called *Sissy Aminata*<sup>1</sup>.

*Sissy Aminata* is a participatory package designed to involve youth in discussion and problem solving on issues related to their reproductive health. The character of “Sissy Aminata” is a respectable older sister one seeks out for advice. In school-based, community-based, and radio sessions, groups of adolescents aged 12-19 read or listen to recorded tapes of letters from other young people to Sissy Aminata, or have discussions about the letters (on the radio) with “Sissy Aminata” herself. These letters are written about real adolescents’ concerns about their sexual and reproductive health. Through self-guided discussion, the adolescents then consider the subject of the letter and their ideas for how to overcome the problem or concern described. The group listens to Sissy Aminata’s response, giving ‘her’ advice to the adolescent and then further discusses how the members perceive that advice and how they might put the advice into action in their own lives.

Around this core approach, SAY project staff members have worked to increase dialogue on adolescent SRH issues through radio programming, community meetings, and role plays and other community events. Through increased community dialogue on SRH issues, it is hoped that the supportive environment within which adolescents make SRH decisions will improve.

## **Project Description**

The SAY project was carried out in Koinadugu District of Sierra Leone from April 2004 – June, 2007.

The goal of the project was, “to improve the decision making of adolescents aged 12 – 19 on their sexual health and related issues”.

The objectives were:

- Improve the sexual and reproductive health knowledge and awareness of adolescents aged 12 – 19 in the 11 target communities in Koinadugu District
- Improve sexual and reproductive health related self efficacy of adolescents aged 12 – 19 who participate in project activities.

The project achieved these objectives through implementation of the in-school participatory “Sissy Aminata” curriculum, broadcasting a “Sissy Aminata” radio program over the community radio station, carrying out of other community awareness-raising activities in order to increase acceptance for adolescents learning and talking about sexual issues, and development of clubs for out of school youth which used a taped version of the in-school Sissy Aminata curriculum as their focus. It is significant to note that while

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<sup>1</sup> Originally developed as *Auntie Stella* by the Training and Research Support Center (TARSC) Zimbabwe, it was adapted to the urban Sierra Leonean context through collaboration with the Ministry of Education, Science, and Technology and UNICEF. The SAY project was the first attempt to use this methodology in a rural setting.

this project focused on creating demand for adolescent reproductive health services through increased knowledge and improved decision-making, it never planned to intervene to strengthen those services. Despite this, the project did develop and disseminate an inventory of adolescent reproductive health services, and worked with the Primary Health Unit nurses to be more aware of adolescent needs as well as to do outreach health talks with the Sissy Aminata groups. Following is a diagram of the different project components:



#### **SCHOOLS**

Sissy A done in all schools in classes. Same sex groups. Teachers are facilitators. Letter Boxes available.

#### **RADIO BINTUMANI in Kabala town**

Sissy A broadcast from Kabala to all villages

#### **Parents and other adults**

are listening & learning about ASRH through radio broadcasts and community awareness raising activities

Out of school youth listening to Sissy Aminata tapes, discussing SRH issues among themselves and supporting positive choices.

***Synergy of adolescents and young people engaged in discussions on ASRH increases dialog within peer groups and between parents and adolescents.***

The SAY project worked in ten rural villages as well as in Kabala Township. The in-school curriculum, the out of school clubs, and community awareness raising activities were carried out in addition to promoting listening to the radio. In Kabala Township, the activities were focused on the in-school curriculum and radio listening, because existing, politicized youth organizations with members ranging up to 39 years old complicated the out of school mobilization. A visual of the different villages and activities is attached in Annex 2.



## ***In-School Sissy Aminata Curriculum***

The in-school version of the Sissy Aminata curriculum was implemented three secondary schools in Kabala Township, six primary schools in Kabala Township, and seven primary schools in targeted rural villages surrounding Kabala Town in two of the District chiefdoms. Students from all secondary school levels were targeted, while those in level 4 – 6 were targeted in primary school. Where there were adolescents aged 12 - 19 in the lower levels, an effort was made to arrange for them to join one of the upper level classes for these sessions.

Teachers were trained to use the curriculum and the manual, with particular emphasis on developing their own comfort in discussing sexuality issues. They also needed orientation on participatory methods where they take the role of advisor and counselor rather than one of standing up and “teaching” content. Both of these were new to teachers and took some effort to achieve.

During implementation, students are divided into groups of 10 – 20, according to their gender and age. Each group has cards with the assigned letter written on it. They read the letter together in their group, discuss the questions, and then the teacher read Sissy’s answer. As one teacher put it, his role was to “monitor close enough but not too close”, meaning that they need to monitor whether or not the students were working with a correct understanding of the information, but not close enough to inhibit their discussion.

Quiz competitions, drama competitions and football matches were organized as complementary activities for motivation and reinforced learning. These activities also helped motivate schools that were lagging behind in implementation.



*In-school youth reading and discussing the Sissy Aminata curriculum*

## ***Sissy Aminata on the Radio***

The radio component took advantage of the student letter format and the same topics, but the radio personality developed her own approach as Sissy Aminata. Through research and consultation with SAY staff and medical personnel, she skillfully addressed both the social and the technical aspects of the letters. By going into the communities and recording youth discussion groups directly, she convinced people that the topics she discussed were for them and relevant to them. During the awareness raising activities, parents were encouraged to listen and discuss the issues together with their children, thus opening pathways of communication that are traditionally taboo. As a result of this approach, both the product and the process significantly reinforced the other project activities in the schools and communities.



*“Sissy Aminata” recording a radio session in the community*

## ***Community Awareness Raising***

Project Field Agents carried out a variety of community awareness-raising activities to prepare the communities for the in and out of school activities as well as to promote listening to Sissy Aminata on the radio. These included community meetings through churches, the local Village Development Committees, and other community organizations. They also included implementation of “diagnostic role plays”. These role plays posed dilemmas or challenges and were based on findings from the baseline social analysis. They were used to encourage community discussion of taboo issues.

## ***Out of School Youth Clubs***

Out of school youth are often more at risk for poor reproductive choices and health than their in-school counterparts due to isolation, poverty, and early marriage. As a result, the out of school clubs were formed to provide these youth with both a support group for positive behaviors and the opportunity to learn and discuss essential information without adult interference. Some of these clubs received assistance and support from interested adults in the community, and all of them participated in complementary social activities such as quiz competitions, a picnic gather them together, and football matches.



*Out of school youth listening to Sissy Aminata tapes for discussion*

## **Evaluation Methodology**

The purpose of this review, which took place as part of an overall review of the four Innovations Projects, was to:

1. Assess the accomplishments, achievements and impact of the Innovations projects, taking into account both social and health status changes.
2. Reflect on Innovations projects as they have influenced different levels and organizations both within and outside CARE: community/project/program – country office/partners – CARE organizational level
3. Make recommendations to guide further Innovations efforts in contributing to both organizational learning and programming for addressing improved health, human rights and the underlying causes of poverty.

There were quantitative and qualitative components to this review. The quantitative component consisted of a household survey done at baseline and endline, which was



complemented by routine monitoring data collected by the project. The endline survey sampled out of school youth in general, in-school youth in participating schools, and in school youth in NPRDI schools. The interviews were carried out in April, 2007, and the preliminary analysis was available prior to the qualitative field work.

The qualitative component of this evaluation, took place from May 11 – 21, 2007. Subsequent discussion with others from CARE who were also involved with implementation, and review of a series of case studies that are part of the project documentation added to the depth.

While a couple of interviews took place in Freetown, the majority of time was spent in Koinadugu District. After first meeting with the project staff to review the different implementation activities and to identify key questions for the evaluation, two teams were identified for collecting information in the field. A total of three project villages and Kabala Township were visited, making an effort to select both more and less active communities, a range of schools, and villages from both Muslim and Christian areas. Teams held group discussions with students and teachers in three primary schools and three secondary schools, with three out of school clubs, and with community leaders from the three communities. The teams also met one group each of Kabala primary and secondary school teachers to broaden the sampling of teacher input. Finally, other informants including government officials from education and health, people from the radio including “Sissy Aminata” herself, and CARE staff.

The implementation of the Sissy Aminata curriculum in schools as part of CARE’s NPRDI Project, gave this evaluation a unique opportunity to compare the results between the two projects. The quantitative survey sampled adequately to compare the NPRDI results with those of SAY. Qualitatively, one team spent one day in two NPRDI villages, gaining a general sense of some of the differences.

Each team synthesized their findings daily, compiling their observations by theme. A one-day synthesis meeting was then held with an expanded group, inviting a selection of teachers and DEO representatives to join the teams in developing accomplishments, challenges, recommendations and lessons learned based on both their own experience and the observations from the field work. These conclusions became the basis for debriefing meetings held both in Kabala and Freetown, and are now part of this report.

A list of the evaluation team members, people contacted, and sites visited are attached in Annex 3.

## **Project Accomplishments**

Both the quantitative survey and the qualitative findings indicate that knowledge and self-efficacy among targeted adolescents significantly improved. In addition, the experience of implementing the Sissy Aminata curriculum in a rural area with accompanying radio sessions contributes to the ability of both government and other NGOs to implement a Sissy Aminata participatory approach to life skills education for adolescents. Finally all

sixteen targeted schools are successfully implementing the Sissy Aminata curriculum with both the capacity and the potential for sustaining the effort.

The case studies indicated unequivocally that adolescents appreciate the Sissy Aminata curriculum. They learn new knowledge and feel the questions are relevant to them and the issues they are facing. The adolescents believe they (will) respond to situations around SRH as a result of their contact with the curriculum. Finally, it was clear that a supportive environment can have a positive influence on self efficacy and decision making, but that sometimes the environment can have a negative influence as in the case of peer pressure to have sex or parents' forcing youth into early marriage or encouraging coercive sex. .

The quantitative survey indicated that nearly an 80% of respondents had been exposed to the Sissy Aminata program on the radio, with 65% reporting weekly listening and the average duration of listening to the program was 10.3 months. 90% of in-school youth reported exposure to the curriculum, while 85% of out of school youth indicated they had been exposed to the clubs. The routine project data monitor the quantity of exposure, indication that 44% of out of school youth had attended at least 12 club sessions, and that 22% of in-school youth had attended at least six sessions. The number of in-school students is low, due to delays in getting started with the curriculum such that while all schools are now teaching it, a significant number of them have not yet had time to complete the six sessions in the indicator.

#### Summary of Coverage Relative to Target

Indicator	Target	Estimated coverage
Total number of adolescents listening to the radio	80%	80% exposed 65% listening weekly
Total number of out of school adolescents in 10 communities	50% - at least 12 sessions	44% - 12 sessions (monitoring data) 85% report exposure (survey)
Total adolescents in school covered by SAY	80% - at least 6 sessions*	22.4%* - 6 sessions (monitoring data) 90% report exposure (survey)

\* The original target was completion of 12 sessions, but due to the delays, no schools completed 12 sessions by the end of the project. Even those who completed 6 sessions were limited, explaining why only 22% had actually completed 6 sessions (see School-specific implementation issues for more explanation on this delay)

A table of the selected knowledge and self-efficacy indicators which the quantitative survey addressed, is included in Annex 4.

A more complete table of monitoring data is included in Annex 5.

For more detailed reporting on the quantitative survey, the reader should refer to the report by Adia Benton: “Endline Survey Report for Sexuality and Youth (SAY) Project” Sierra Leone, May, 2007. Meanwhile, the tables included in this report have been copied directly from her report.

## ***Project Impact***

### **Changes in Knowledge**

It was also clear both quantitatively and qualitatively that young people, and even the adults in the community, had a significant understanding of the sexual and reproductive health content covered by Sissy Aminata. The table below highlights some of the most significant changes in the SRH knowledge indicators selected by the project.

It is interesting to note that knowledge of pregnancy prevention was high at baseline so it is hard to identify the impact of Sissy Aminata on family planning knowledge. During the endline survey, while a small sub-sample, 57% of adolescents who reported being sexually active during the previous six months reported they were using something (most often condoms) to prevent pregnancy. These data had not yet been analyzed at the time of this report to determine the sub-groups most contributing to these results. Qualitatively, the adolescents in the out of school clubs were more aware of the family planning services in the primary health units than their in-school counterparts, and were also more aware of their options for contraceptives than the in-school adolescents. Programmatically, Sissy Aminata on the radio tended to focus more on delaying initiation of sex than on using contraceptives to prevent pregnancy – particularly for adolescents under eighteen.

#### **Sexual and reproductive health knowledge, by survey round**

<b>SRH KNOWLEDGE</b>	<b>Indicator/Measurement</b>	<b>Base line</b>	<b>End line</b>
STI awareness	% who can name at least two STIs	71.2	75.7
STI prevention	% who can state at least two signs and symptoms of STIs	11.9	64.9**
	% who can state at least three ways to prevent STIs	26.5	44.1**
Fertility/pregnancy awareness and prevention	% who can correctly state the period of days a girl is the most fertile	NA	0.0
	% who can state ways of preventing pregnancy/ family planning	100.0	97.5
Awareness of changes due to puberty	% who can state at least three physical changes in girls during puberty	44.2	71.3**
	% who can state at least three physical changes in boys during puberty	30.8	64.0**

<b>SRH KNOWLEDGE</b>	<b>Indicator/Measurement</b>	<b>Base line</b>	<b>End line</b>
	% who can state at least two emotional changes that occur during puberty	56.5	71.5**

\* significant at  $p < 0.05$ ; \*\*significant at  $p < 0.01$

It is also interesting to note that, when villages and Kabala Town are analyzed separately, most of the increase between the baseline and the endline actually occurred in the villages. The baseline in the villages was lower than in town, and the knowledge levels at endline were similar such that the knowledge gap had decreased between the rural and town areas. There was a similar decrease in the knowledge gap between in and out of school youth.

#### **Urban-rural and school-going difference on selected SRH knowledge indicators between baseline and endline**

	<b>Baseline</b>		<b>Endline</b>	
<b>SRH Indicator</b>	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>
% can name at least two STIs	90.0	52.3	91.2	72.9
% know at least two signs of STIs	15.4	8.5	80.4	64.5
% know at least three ways to prevent STIs	37.7	15.4	53	45.1
	<b>In-school</b>	<b>Out-of-school</b>	<b>In-school</b>	<b>Out-of-school</b>
% can name at least two STIs	77.3	40.9	82.5	81.6
% know at least two signs of STIs	12.5	9.1	71.2	68.4
% know three ways to prevent STIs	30.6	6.8	49.7	43.4

In addition to these comparisons, knowledge on SRH among the out of school club participants was higher than that of their non-participating counterparts. 73% of those in clubs knew signs and symptoms of STIs compared to 20% of the non-members, while 44% of the club members could cite three ways to prevent STI infections compared to 17% of the non-members.<sup>2</sup>

## **Changes in Attitudes and Social Relationships**

Even more significant than the changes in knowledge on sexual reproductive health, were the changes reported, both qualitatively and quantitatively, in social attitudes and relationships with respect to sexual reproductive health issues. Qualitatively, the level of enthusiasm in talking about the changes in the community was remarkable, particularly among adolescents. Many of the adolescents acknowledged being able to talk with their boyfriend or girlfriend about delaying sexual intercourse, they mentioned discussing sexual issues, particularly around the radio programs, with their parents; and they were able to ask advice from their teachers about sexual concerns. As several people indicated:

<sup>2</sup> Statistics from endline survey presentation – Adia Benton.

“What is hidden is almost out now”. The in-school students were emphatic about the importance of finishing their education, and were clear about the links between having sexual intercourse, exposing themselves to the risk of getting pregnant and subsequently dropping out of school.

*The most significant change highlighted by one staff member was:  
“Attending out of school sessions, members used to hide because of the stigma attached to the project. After a series of community sensitization meetings, parents started supporting their children to attend sessions.”*

*“Mr. X in one of the Muslim communities used to refuse young people from his shop attending sessions. After his attitude changed, he became active in sensitizing other community members and now supports young people in their activities. This action has change d a lot of parents’ attitudes towards young people including the Imams and the Chiefs”.*

The observed behavior among the mixed groups of adolescents was a remarkable validation of what they reported. Particularly in the secondary schools and the out of school clubs, although also in the primary schools, young people were able to relatively freely discuss sexual issues including delaying sexual intercourse, negotiating sexual relations with partners, masturbation, STI symptoms and prevention, and HIV/AIDS in mixed company. Parents and teachers noted that the adolescents are now “more bold” – both in terms of discussing these issues and in terms of questioning practices such as early marriage. Teachers indicated that the level of participation of SAY students in other classes had also increased.

One of the out of school club members mentioned that she reaches out to parents of her friends to encourage them to allow their children to join the club. Even though she is unable to be in school, she gives herself as a positive example of how the club can help a young person, and she is proud that she has managed to become a tailor and earn money before getting pregnant or married.

The quantitative survey used statements on general and SRH self-efficacy which were ranked by respondents on a Likert scale with lower numbers indicating greater self efficacy. While there were significant differences between baseline and endline SRH-related self-efficacy scores, there was no significant difference for the general self efficacy scores. Given the level of change (referring to the “boldness”) reported qualitatively, it is likely that the quantitative statements for general self efficacy were not sensitive enough to pick up the changes identified qualitatively by the evaluation team.

The most programmatically significant findings were that the gap between male and female self-efficacy scores narrowed between baseline and endline (males had lower



self-efficacy than females with respect to SRH issues at baseline), as did the gaps between in-school and out-of-school youth and between rural and urban youth.

In considering the table below, it is important to be aware that, in the first half of the table, the lower scores mean higher self efficacy since they are mean scores averaging the numbers from the Likert scale. The second half of the table cites the percentages of adolescents who responded with “strongly agree” on the scale, so the higher numbers are thus positively correlated with higher self efficacy.

**Table 1. Self-efficacy measures, by survey round**

<b>SELF EFFICACY</b>	<b>Indicator/Measurement</b>	<b>Baseline</b>	<b>Endline</b>
General self-efficacy	Mean general self-efficacy score /12 statements	21.5	21.6
Self-efficacy around SRH issues	Mean SRH-related self-efficacy /8 statements	18.9	16.8***
Overall	Mean composite score	40.3	38.4**
Refusal skills with partner	% who agree or strongly agree that they can refuse sex with their partner	77.7%	76.8
Refusal skills for transaction sex	% who agree or strongly agree that they can refuse sex for gifts	54.2%	65.8***
Decision making skills	% who agree or strongly agree that they can defer having penetrative sex until they are older	55.0%	71.8***
	% who agree or strongly agree they can be physically intimate with a partner without having penetrative sex	84.6%	77.5*
	% who agree or strongly agree they can choose not to have sex even if they are already sexually active	56.5%	67.7***
	% who agree or strongly agree they can have a position different from their peers	88.5%	90.4
Public confidence	% who agree or strongly agree they can solicit condoms	36.5%	34.6
Discussion skills	% who agree or strongly agree they can talk to their parents about household money issues	85.0%	72.0*
	% who agree or strongly agree they	46.5%	72.5***

	can talk to their parents about early marriage		
	% who agree or strongly agree that they can negotiate condom use with their partners	45.8%	41.8

\* significant at  $p < 0.05$ ; \*\*significant at  $p < 0.01$ ; \*\*\*significant at  $p < 0.001$

## Reported Changes in Behavior

While not quantified in the survey, the discussion groups found that people clearly believe there has been a reduction in teen pregnancy and early marriage. Multiple examples were cited highlighting these changes in behavior:

- Young people in school were standing up to their parents demanding that they be allowed to finish their education when their parents wanted to give them away in early marriage. They sometimes consulted with teachers and/or other adults to help convince their parents of the importance of delaying marriage and finishing school. A few had also taken on the financial support for their own education.
- Adolescents gave examples of how they negotiated delaying sex with their partner in order to give both the opportunity to finish school before getting pregnant. They gave examples of avoiding situations where they would be subject to peer pressure to have sex, deciding not break up with their girl friends rather than risk pregnancy, and emphasizing the importance of staying in school.
- During the case study interviews, while all of the respondents indicated they would do things differently during difficult situations they had faced as a result of their exposure to Sissy Aminata. The majority of these also were able to explain *how* they would do things differently, citing such variables as their increased knowledge, increased ability to speak publicly (as in to report sexual misconduct) about situations that had occurred, and increased confidence in their decision making.
- While it is difficult to verify (should incidence be going up due to increased reporting or down due to a decrease in the behavior?), both students and teachers mentioned decreased teacher harassment of students and increased reporting of such cases.
- Both adolescents and teachers clearly linked the importance of finishing school with the decision to delay having sexual relationships and prevent pregnancy.

## Changes within Sierra Leone

Given that the SAY project was an Innovations Project with an emphasis on learning, this evaluation also assessed the influence of the SAY project on programming in Sierra Leone – both in terms of national programming and policy, and within CARE. With respect to national programming, (semi-independently from the project efforts) UNICEF has trained staff and promoted Sissy Aminata in the Districts where it is working. Several other NGOs are also adopting the Sissy Aminata approach in their HIV/AIDS prevention programs. Save the Children went to Kabala to learn from the CARE staff before implementing an out of school program, and War Child has been consulting with the project staff as they prepare to implement the in-school curriculum. CAUSE Canada has also been working on implementing the in-school curriculum in other areas in Koinadugu District.

In addition to the NGOs, Ministry of Education, Science, and Technology (MEST) has also shown considerable interest, although they are juggling Sissy Aminata with other Life Skills approaches being promoted by other donors. The HIV/AIDS focal person in the MEST was clear that while the other life skills curriculum includes negotiated and approved content, the Sissy Aminata curriculum “practicalizes” that content – offering a way to actually bring that content into the classroom in an effective way. She visited the project and lent her weight when schools were resisting implementation of the curriculum. At the moment, while she withheld her full commitment for nationalizing the curriculum, she appreciates the project’s adaptation of the approach to rural Sierra Leone, and recognizes the significant reinforcement which the radio programs offered.

With respect to CARE itself in Sierra Leone, the most significant accomplishment is the commitment to continue and expand some of the more promising components of the SAY project. The continuation will be funded under the the HIV/AIDS Prevention Program. Technical guidance for developing the framework for scaling up will be provided by the joint WHO-University of Michigan project *Expandnet*. *ExpandNet* professionals will travel to Sierra Leone to work with CARE, MEST, Ministry of Health Services, and other partners to develop the strategy in June 2007. The HAPP / ExpandNet effort will allow for extension of the in-school component to more schools in Koinadugu District in the 2007-2008 school year, continued production and airing of Sissy Aminata on the radio, and will add a component for strengthening adolescent-friendly health services. The District MEST and MOHS will be the primary implementers for the expansion, with CARE providing technical and financial support. CARE SL is committed to seeking funding to expand these components to other districts in future years.

Other sectors within CARE Sierra Leone are also recognizing the effectiveness of the SAY project in changing the attitudes of youth and parents towards SRH and considering ways to incorporate its approaches in their programs. As mentioned previously in this report, the Sissy Aminata approach was written into the initial proposal for the NPRDI Project, and the in-school curriculum has been implemented as part of its broad scope of activities. Finally, the Youth and Livelihoods Sector Coordinator is interested in incorporating both the results from the case studies and the lessons learned from the SAY project as she develops this new sector within CARE Sierra Leone.

## Implementation Process

With respect to implementation, following are the key project accomplishments:

- Sissy Aminata curriculum being taught in all 16 of the SAY Project targeted schools.
- Students clearly appreciated the content and relevance of the Sissy Aminata curriculum. During the case study interviews they indicated the topics gave them new knowledge, were relevant to their lives, and reflect their personal experience.
- Out of school clubs functioning in the eleven targeted rural communities
- Weekly Sissy Aminata radio program aired since Feb. 2005 with 80% of survey respondents reporting they listen. Radio became the focus around which awareness raising activities and promotion of youth-adult dialogue occurred.
- Communities and community leaders, including Village Development committee members, religious leaders, and Mammy Queens (traditional women leaders) are supporting the Sissy Aminata program in the eleven targeted communities.
- Baseline and endline quantitative surveys, a comprehensive social analysis, and a report of in-depth case studies documenting adolescents' stories around their sexual and reproductive health experiences and challenges were completed.
- The project worked closely to develop the capacity of the MEST. Accomplishments include support for the Life Skills-Based Education Task Force at the District level, as well as ongoing technical assistance with operationalizing policies such as those for HIV/AIDS and adoption of the Life Skills Curriculum at the National level.

While the following sections go into more detail, the overarching finding of the evaluation was that the package of a popular radio program, the in-school participatory curriculum, and the community awareness-raising activities to minimize parental resistance was extremely effective in changing attitudes and some practices associated with adolescent sexual / reproductive health.

### ***General Design and Implementation Issues***

A compiled list of Lessons Learned and Recommendations is attached in Annex 1.

### **Project Design**

While the flexibility and freedom to reflect and be truly innovative were a significant factor in developing the final “products” of this project, the SAY project also benefited from the fact that the focus on adolescent reproductive health was defined from the beginning and that the Sissy Aminata curriculum offered concrete orientation. Using the curriculum as a starting point, the project was able to put together the more comprehensive and innovative package used to address adolescent reproductive health in rural Sierra Leone. The curriculum also gave the project something to “sell” to stakeholders, while the content provided a channel for challenging people’s assumptions about adolescent sexuality. There was a functional balance between “product” and “innovation”.

The Social Analysis was an important step in the start-up of this project. Its findings contributed to the project design, particularly in developing the out of school youth, parental involvement, and the radio program approach of taping at the village level. It also led to the addition of new letters (new topics) for the in-school curriculum.

The Social Analysis was actually only carried out in two of the eleven target communities. As a result, while the communities are fairly homogeneous and the information was probably valid, only those two communities benefited from the mobilization effect of the participatory data collection. The project made up for this deficit by using the findings from the Social Analysis to develop skits for feedback to the other communities. These were so successful popular that they were further developed as an awareness raising tool: “diagnostic role plays”. These were more explicitly developed, based on the findings from the Social Analysis, to catalyze discussion in all of the target project communities around sensitive and taboo issues of adolescent reproductive health. These seemed to be an effective tool for efficiently bringing the social analysis process to all of the target communities, and for reaching a range of community leaders and parents. These sessions, complemented by the radio programs these adults were listening to, reinforced the importance of SRH for adolescents and set the stage for in-school implementation.

The three components of the in-school curriculum, the radio program, and the community awareness raising were very effective and well designed, simultaneously raising parent awareness, offering youth an opportunity to learn about and discuss SRH without adult interference, and promoting youth-adult dialogue through listening to the radio. However, the design for the out of school clubs was weaker. Neither the motivation nor the long term sustainability strategies were well developed and project staff tended to be overly involved.

As recognized during the midterm evaluation, the lack of coordination with and/or access to reproductive health services for adolescents is a gap in the design of this project. Adolescents from the focus groups discussions indicated they are sometimes refused services, that contraceptives are expensive even though they are reportedly distributed free from the District Health Office, and that providers are often rude to them. While small efforts were made through the District Ministry of Health to encourage outreach from the Primary Health Units to adolescents, this is a component that will be addressed in more depth during the expansion phase.

## **Project Implementation**

### Delay in Start Up

While there were management factors leading to delay in start up which are discussed in the section on management, general parent and teacher resistance to the project content seems to have been the most significant cause for delay. There was widespread belief that teaching young people about sex was encouraging promiscuity, talking about many of the topics went against cultural and religious taboos, and people felt the radio program was

teaching kids “to be rude”. Children standing up to their parents or teachers was a new behavior adults weren’t used to. The Field Agents held as many as ten meetings in each community with a wide variety of community leaders and groups in order to promote the radio and to overcome this resistance.

The in-school curriculum was the most delayed component of this project. Despite early training and orientation, most schools did not really get going with the curriculum until the project did a comprehensive needs assessment and thorough training revision in mid-2006. Teachers were then retrained, complementary activities for schools and in the communities such as quiz competitions were initiated, and people were beginning to be convinced by the radio.

There are several explanations for what finally managed to overcome the resistance and it is likely that it was actually a combination of all of them:

- After more than a year of radio programming, Field Agent visits to the community, and general encouragement in the schools, the “tipping point” may have been reached where the project was finally able to gain some traction.
- The support from the MEST, at both the District and national levels, was a significant factor. The District Education Officer was very enthusiastic about the in-school component, and made its implementation part of District policy. This, in turn, forced its integration into the regular school time table. In addition, both he and the national HIV/AIDS focal person got involved with promoting the curriculum and working to overcome parent and teacher resistance to its implementation. In some cases, the DEO’s push was the final assistance needed to convince the most resistant schools.
- The teacher needs assessment along with the reorganization and reinforcement of the teacher training helped give teachers more confidence to implement the curriculum. In particular, the revised curriculum contained more technical information and teachers were also provided with a technical reference manual.
- Introduction of complementary social activities such as the quiz competitions, the football matches, and the picnic provided opportunities to exchange ideas with other young people, to gain motivation, and to win prizes. However, these activities add both cost and effort to the intervention package, and it is hard to assess their relative benefit.
- Change in staffing such that there was a higher level and more proactive Project Coordinator in Kabala along with two additional field staff who helped move things forward. The program in general, realizing the importance of the in-school component for reaching a larger population, also focused more effort on this component during the last year.

The other implementation factor which led to delay was the emphasis on reflection and the concurrent investment in the Social Analysis, baseline survey, and other exploration.

Not only does it take time to go through these exercises, but other project implementation is delayed in order to maximize the benefit that the additional research and reflection can offer. This said, this project seems to have gotten less “bogged down” with the Social Analysis than the other Innovations Projects, perhaps because the Sissy Aminata curriculum provided a focus for using the information generated.

### Influence of Radio on Project Strategies and Messages

Because the radio was the first component of this project to really be developed, it tended to “lead” the rest of the project, becoming the foundation for promoting the in-school curriculum and the focus for community awareness-raising and promotion – including promotion of discussion between youth and adults. The project benefited significantly from Sissy’s leadership, and she brought a “star quality” to the project such that people everywhere saw her as a celebrity.

Staff met monthly with “Sissy” to review the letters that had come in and to “reflect” on the messages they felt should be emphasized. They managed to come up with messages on adolescent reproductive health that were put in a way that adults and youth both found them useful. Perhaps the biggest limitation to this approach was that only messages within the “comfort zone” of Sissy and the staff were considered. Messages on using contraceptives to prevent pregnancy, particularly for younger adolescents, are weak throughout the project because the radio was promoting staying in school and postponing sexual activity.

### Youth Involvement

Finally, there were opportunities throughout project implementation, where adolescents themselves were not as involved as they might have been. While initially this may have been due to the difficulties the project had in finding youth partners (see next section) it became a missed opportunity when the project did not reconfigure youth participation when they reconfigured the strategy after the initial youth partnerships did not work out. Particularly for the out of school clubs, project staff had the tendency to be the primary leaders and motivators where it might have been possible to “pass the baton” much earlier to the peer facilitators, other youth leaders, or even other community leaders who were interested in supporting the activities. While it is difficult to attribute cause because staff may have stepped in where momentum was lacking, their over-involvement is probably indicative of the lack of a more comprehensive vision or design for the out of school component. Similarly, some of the secondary school students expressed interest in being more involved with community outreach or working with their out of school peers, in addition to requesting more sessions during school.

A detailed table of project implementation activities is included in Annex 7.

## **Project Partners**

The primary partner for this project was the MEST at the District level, with the District Education Officer contributing significant effort and support. At the community level, CARE was the primary implementer, while at the school level CARE trained the teachers to implement the Sissy Aminata curriculum. Radio Bintumani and Talking Drum were instrumental partners in developing the radio component, with Frances Freeman from Talking Drum, taking the lead. For the next phase, the MEST will be the primary implementing partner, while Talking Drum will continue to assist with the radio component.

To the project's credit, the intention had initially been to work closely with existing youth groups, particularly in Kabala Township. However, it turned out that these groups tended to be made up of ex-combatant "youth" up to age 39 who had the tendency to demand significant remuneration and incentives for involvement. As a result, the project reoriented its strategy, redefining its target group as "adolescents" rather than "youth" and establishing new groups outside Kabala Township with which to work.

At the national level, efforts were made to coordinate the Sissy Aminata intervention with both UNICEF and the department for HIV/AIDS and Life Skills-Based Education under the national MEST. This was with the hope that the experience in Koinadugu would serve as a spring board for implementing the Sissy Aminata curriculum on a national scale. The disorganization and competing interests at the national level continue to make this difficult. As a result, the project – in both this phase and the upcoming one, is shifting its focus more towards the District level. Meanwhile, momentum is growing through other NGOs who are adopting Sissy Aminata approaches. While still weak, Canadian CAUSE was implementing some of the Sissy Aminata curriculum in other target schools in Koinadugu, Save the Children is using the approach with out of school groups, and War Child is preparing to introduce the curriculum as well. GTZ, through its local partners, is also hoping to have Sissy Aminata included in its adult education curriculum in five districts of the country.

## ***Component-Specific Implementation Issues***

### **School specific**

The project faced several implementation issues that were unique to the in-school component. The Headmaster / teacher resistance mentioned earlier, was probably due both to the new participatory methodology and to the content. In hindsight, the first teacher training was probably too hasty, taking teacher capacity and interest for granted. It was the teacher "retraining" with more time taken to address teachers' comfort with both the content and their new roles as facilitators, along with the policy push from the DEO, that seem to have finally made the difference for in-school implementation. Teachers also mentioned experiencing jealousy from the teachers who had not been trained. The fact that a limited number of teachers led to this jealousy, and also means that there is risk of losing momentum due to attrition when trained teachers are transferred.



Due to difficulties in fitting the curriculum into the regular school timetable, the curriculum was first implemented as an extra-curricular activity. Teachers demanded incentives for taking on the extra work and students weren't motivated to stay after school, such that this approach was essentially an effective delaying tactic. With Headmaster resistance, it was also difficult to find time in the regular school timetable to fit in Sissy Aminata.

As mentioned previously, the considerable support offered by the DEO contributed significantly to overcoming this resistance. Once he declared inclusion of the Sissy Aminata curriculum as District policy, Headmasters were obligated to find time in their schedule for its teaching. The DEO also personally visited schools that were lagging in implementation to urge its adoption. Ultimately, schools found time in any of a variety of class schedules including biology, health and physical education, home economics, and even English.

The presence of the radio program in the community with the same messages as those taught in school gave the teachers significant credibility. This, along with Sissy Aminata's "fame" mitigated parental resistance.

Finally, while easily fixed, some of the primary school teachers pointed out that the words and level of the curriculum were too difficult for some of their primary school students, even though they are within the targeted age group and the content was appropriate.

### **Recommendations for Transition**

- Develop and encourage a Training of Trainers approach within the existing schools in such a way that the current trained teachers can at least replace the teachers lost through attrition, if not expand the cadre of trained teachers within each school. Teaching more teachers might have the added benefit of orienting the teachers to participatory methodologies which could spill over into their other teaching.
- Continue to hold sessions with teachers (annually, or more often if feasible) to reinforce lessons learned and to encourage their participation in and ownership for the program.
- Continue to encourage the District Inspector of Schools's enforcement of his policy for implementing Sissy Aminata in the District schools, including facilitating his ability to monitor participating schools.
- Make sure each school has enough manuals to provide at least one set of cards per discussion group of 20 students. The number of manuals needed will be determined by the number of students in the largest class.

### **Recommendations for Expansion**

- With plans for this project to expand within the District this evaluation also led to several recommendations which should be considered during this expansion:
- Given that some schools are already requesting Sissy Aminata, those schools should be prioritized for the expansion in order to avoid/minimize the delays and extra effort caused by resistance.
- Current teachers would like a role in training new teachers and convincing them of the benefit of the curriculum. This will provide some incentives while at the same time increasing their ownership for the program.
- While the need may be less than in the original project due to the prolonged exposure to and fame of the radio program, there still needs to be a strategy for sensitizing the wider community to the importance of SRH education for adolescents. This might be done through the Community Teacher Associations, development of drama presentations by students, or mobilization of community leaders to assist with sensitizing others. Use of diagnostic role plays should definitely be considered. This activity cannot depend solely on project staff.
- Take advantage of information from the case studies to enhance the positives that can come from supportive peers and parents while minimizing the negatives such as peer pressure to have sex or community stigmatization.
- Incorporate the Sissy Aminata curriculum into the regular school time schedule from the beginning rather than starting as an extra-curricular activity.
- With less intensive staff input, it will be important to cultivate closer links with the Primary Health Units both for referrals and as a source of additional technical information as needed. As the next project adds this as a focus, approaches such as involving adolescents in Partner Defined Quality or working with health staff to use a self-review check list for adolescent - friendly services are strategies that might be considered. The District Health Officer has contraceptives that are supposed to be available for free, and is ready to work with the project to reinforce these services.
- Add definitions and explanations of the big words to the manual, particularly for use in the primary schools.

## **Radio specific**

About four months after the radio began broadcasting Sissy Aminata, community representatives from Kabala Township organized to shut the program off. The project responded by encouraging them to form an editing committee to review the programs before airing. While the group has continued to meet and review the programs, very little has actually been changed. However, their involvement in the process seems to have dissipated their resistance.

The other issue faced early on by the radio was the sense that programs developed in Freetown were not relevant to life in Koinadugu. By putting letter boxes in all the schools for collecting young people's letters, and by actually going out to the District communities to record discussion groups with young people from the District, local people were convinced of the relevance of the radio program.

Listening to the radio is limited by the availability of radios as well as by the coverage of the signal. The radio signal is available in all of the SAY Project targeted communities, and the Child Survival Project facilitated listening by providing some radios in their target communities. The community awareness promotion also facilitated people's prioritizing Sissy Aminata for their listening time. However, radio reach will become a more significant issue as the project expands to areas where the signal may not reach or people are more poor and do not have access to radios.

### **Recommendations**

- Both the process and the product of the radio component were integral to the success of the project and should be maintained.
- Now that adolescent reproductive health topics are more accepted in the communities, the radio should add sessions on family planning choices and alternatives to abstinence, including issues around accessing adolescent health and family planning services.

### **Community Specific**

Particularly with the help of the social analysis, the project identified and addressed some of the issues associated with out of school youth. These included illiteracy, poverty, a sense of isolation particularly for young, married girls who are living with their husband's family, limited availability of reproductive health services, and acknowledgement that many of these factors also mean these young people are at high risk for unsafe SRH decisions. Strategies included taping the Sissy Aminata curriculum sessions so participants could learn the content without reading, developing clubs to serve as peer support groups and as forums for discussing SRH issues without adult interference, and emphasizing the radio as a means for reaching a large number of these youth in a cost-efficient way. Despite the challenges, the monitoring system indicated the project may actually have reached 44% of the out of school youth in the target villages with 12 or more Sissy Aminata sessions.

The biggest issue with the community component is that it wasn't really designed or implemented with sustainability and replication in mind. For the out of school youth clubs, project inputs were intensive. These youth were hard to find, to motivate, and to maintain, and expectations for material inputs and financial motivation were high as a result of expectations set by previous projects. However, those reached were some of the most "at risk" youth in terms of both behaviors and isolation. Project staff attended most every meeting, provided ongoing guidance and leadership, and managed the equipment needed for listening to the Sissy Aminata sessions. As a result of motivation issues and

staff (over) involvement, even though peer facilitators were trained they never really had a role in managing the groups. In some communities significant adults stepped forward to assist with these groups, but staff still maintained a central role. While a few of the groups may have the capability and momentum to continue meeting after the end of the project, overall the current model was time intensive and not very successful at reaching either a large number of out of school youth or doing so sustainably.

For the community awareness component, the diagnostic role plays were an effective tool for catalyzing community support for adolescent SRH. For awareness, sustainability is less crucial because at some point community members become aware, and the awareness-raising activities can drop off. However, the level of intensity required up front for this component in the SAY Project has serious implications for replication on a larger scale. While such activities may not need to be as intense in the future due to the already-established radio contribution, an alternative to CARE staff providing all of the mobilization will need to be found. It is clear that adults and parents need to change their attitudes in order for youth to also have the information to make good choices.

### **Recommendations for Transition**

- For those groups that have momentum and internal support to continue meeting, the project should explore ways to leave the tapes and a cassette player with a responsible adult in the community.
- For those groups that are not likely to continue meeting, the project should consider some kind of graduation and celebration of what the participants learned by being part of the groups.

### **Recommendations (Ideas) for the Future**

Given the difficulties with the out of school intervention, the following are ideas, perhaps more than recommendations, for trying to approach this component differently in the future. It does not look likely that the out of school clubs will be part of the existing funding/plans for expansion.

- Increase youth involvement in the formation, planning, and managing of the groups from the beginning in order to develop their ownership. Be clear up front that project inputs are limited in quantity and duration.
- Consider supporting Primary Health Unit staff to do outreach to out of school youth.
- Strengthen the role of the peer facilitators and consider linking them into a network.
- There might be ways to link the out of school youth and/or their parents with adult literacy activities since there may be funding for this. Adult literacy could then become a platform for the Sissy Aminata curriculum.

- An alternate strategy might be to link the adolescent activities with some kind of micro-credit or savings and loan strategy since supporting themselves is such an immediate concern for this group.

The recommendation about the importance of maintaining the community awareness component as part of the “package” along with radio and in-school interventions is included in the section on expanding the in-school / total package above.

## Project Costs

While budget analyses were not done in depth as part of this evaluation, a rough review of expenses by component leads to some of the same conclusions as the other evaluation findings:

Summary of Project Costs by Component

Component	Total Costs July 2006 – June 2007	Estimated cost per Beneficiary
Radio – 8 slots per month with a total of 48 different programs in a year	\$20,479	\$41.88 (only counting adolescents in the direct target area and not secondary beneficiaries elsewhere in the district)
In School Training / Activities – 16 schools with 50 teachers trained	\$32,727	\$22.13 (only counting students who have participated in 6 or more sessions)
Out of School Clubs	\$28,231	\$224.06 (counting only those adolescents who completed 12 or more sessions)

As expected, staff time is the largest item in all three of these components.

A more complete budget analysis is included in Annex 6.

## Exit Strategy

With the availability of continued funding under the HAPP Project, the plans for replication and expansion are component specific:

- The project will be working through the MEST at the District level to implement the in-school Sissy Aminata curriculum on a wider scale. The MEST will increasingly take responsibility for training and monitoring, rolling the existing schools into the larger program. The Training of Trainers element, or other ways to cover for attrition are still to be developed.
- Recognizing its importance, CARE has found funding to continue developing and airing the radio program, and is hoping to continue to receive free production services.

- Also recognizing the importance of the complementary package, the project will be working to develop ways to reinforce community awareness while not depending on CARE Field Agents to do so.
- The project will add a health services strengthening component focusing on youth-friendly services.
- Health program staff will continue to patiently try and move the adoption of Sissy Aminata forward at the national level.
- There was little planning for sustaining the out of school youth clubs and these will not be supported by the continuation funding.

### ***Adaptation to Northern Province Rehabilitation and Development Initiative (NPRDI) Project***

The incorporation of the Sissy Aminata in-school curriculum into the NPRDI Project offered an opportunity to replicate the approach even before it was fully documented during the pilot phase. While more time would need to be spent investigating the differences in the implementation process and the experience of the communities with the curriculum in order to draw more detailed conclusions about the relative advantages of the different implementation steps, a summary of some of the conclusions that *might* be drawn includes:

- Despite resistance in the schools, the NPRDI project managed to get more sessions implemented than the SAY Project. Incidentally, there was less exposure to the radio, partly due to areas where the signal did not reach.
- The NPRDI project took more of a “get it done” approach with less participation and process orientation.
- Learning from the SAY Project difficulties, they implemented the Sissy Aminata curriculum directly into the school timetable.
- Support from the DEO was still an important contributor to its success.
- Survey results indicate that knowledge and self efficacy were lower despite the greater exposure to the curriculum.

There were some significant differences between the NPRDI schools and the SAY schools. The NPRDI areas were more rural, teachers’ capacity may have been less, and there was less general awareness and support for the interventions. Despite later initiation of the intervention, and less awareness, the NPRDI schools generally managed to complete more lessons than the SAY schools with NPRDI students completing an average of 5.7 sessions compared to 4.4 for the SAY students. Community people tended to have less access to the radio, and survey respondents reported listening to the radio less, with 55% NPRDI respondents indicating exposure compared to nearly 80% in the SAY respondents.

Conversely, implementation benefited from being part of a very large project with a wide variety of interventions and with a “get it done” approach to implementation. Staff were also motivated to implement Sissy Aminata because they recognized the need. There were less specific community awareness activities, but the momentum of the large project

helped with acceptance for Sissy Aminata. Like with the SAY Project, the DEO provided significant support – both during training and in encouraging Headmasters with implementation. The program was implemented directly into the regular school schedule rather than “losing” time trying to implement it as an extra-curricular activity.

With respect to the results from the NPRDI project, knowledge levels were significantly lower among the NPRDI students than those for the SAY project, despite the fact that students in the NPRDI schools had completed significantly more sessions. Without a baseline for NPRDI, it is hard to know whether a lower baseline in the more rural NPRDI areas might have contributed to the lower results at endline while knowledge may have improved comparably, or whether the knowledge improved significantly less than in the SAY schools, with the lack of complementary participatory community activities and less radio listening as a possible explanation.

**Table 2. Sexual and reproductive health knowledge, by project**

<b>SRH KNOWLEDGE</b>	<b>Indicator/Measurement</b>	<b>SAY</b>	<b>NPRDI</b>
STI awareness	% who can name at least two STIs	82.5	64.9**
STI prevention	% who can state at least two signs and symptoms of STIs	71.2	58.0**
	% who can state at least three ways to prevent STIs	49.7	29.3**
Fertility/pregnancy awareness and prevention	% who can correctly state the period of days a girl is the most fertile	0	0
	% who can state ways of preventing pregnancy/ family planning	98.4	94.8
Awareness of changes due to puberty	% who can state at least three physical changes in girls during puberty	78.0	60.9**
	% who can state at least three physical changes in boys during puberty	72.5	54.6**
	% who can state at least two emotional changes that occur during puberty	78.0	65.5**

- significant at  $p < 0.05$ ; \*\*significant at  $p < 0.01$

With respect to self efficacy, there was minimal significant difference between NPRDI and SAY students’ scores, with NPRDI students indicating slightly more willingness to defer penetrative sex, while SAY students indicated slightly more willingness to discuss the issue of early marriage with their parents.

Despite being part of the larger project, the team noted that relatively little actual thematic integration had occurred. Some of the Sissy Aminata students helped with implementation of International AIDS Day activities in the community, but otherwise there was little cross fertilization between the different interventions, even within the same project. Given the apparent effectiveness of the more coordinated package including community awareness raising along with in-school implementation in the SAY

communities, it might have been interesting to integrate some of the Sissy Aminata messages with the other NPRDI community-based activities.

## ***Lessons Learned – Implementation***

The experience of the SAY Project as a pilot project for an integrated package of interventions for SRH education targeting adolescents in rural Sierra Leone yielded a significant number of lessons learned which will be helpful as the package is replicated within the District and consideration is given to replicating it elsewhere:

- Multiple channels reinforce both program implementation and social change: The package of radio, in-school curriculum, and community awareness raising contributed significantly to the success of this project.
- The participatory approach to learning led to changes in attitude and behavior: While this was most notable in the schools where participatory discussion methodologies are not usually used, the participatory nature of both the radio programs and the diagnostic role plays in the communities were also examples.
- Changing community norms takes time and intensive engagement: It was evident at this point that the Sissy Aminata program had a wide range of support in the communities which helps reinforce the in and out of school programs, but it took a significant number of community meetings as well as the radio to achieve this support. It took both time and “critical mass” to develop the momentum the project is currently enjoying. The radio editing committee was a great example how involving people in their own change process decreased resistance.
- Missed opportunities for youth participation and leadership contribute to less ownership: While this is particularly a concern for the out of school clubs which are currently lacking in ownership for sustainability, youth throughout the other components could have been tapped more than they were.
- Policy support from the DEO was integral to adoption of Sissy Aminata into the school curriculum: Even though the policy for implementing Sissy Aminata nationally may be mired down in politics, the DEO at the District level has both the authority and the weight to assist with integration of the Sissy Aminata curriculum directly into the regular school schedule.
- The radio was a powerful tool which formed the foundation for most of the other project activities: Given the leadership and effectiveness stemming from this component, this was definitely an asset. However, in other situations it might be helpful to have more guidance and interaction with the other components.

## **Project Management**



With respect to responsible operational management, this project did not have any significant problems. Logistics, procurement, and budget spending and tracking were all generally appropriate. With respect to human resources management, there were a few rocky months in the middle of the project where staff turned over, and management and reporting lines did not provide the support needed. Overall, CARE tried several creative ways to assure provide the human resources support necessary for this project to function in spite of its small size and limited staff capacity. (see below)

This said, there were two areas where significant support from CARE Sierra Leone was needed. This project did not have its own vehicle, and it was thus dependent on administration for assistance with its transportation needs. While this might have led to efficiencies, it left staff “feeling like beggars”, and their programs often fell second to those with more direct access to vehicle support. If CARE hopes to increase its vehicle efficiency by sharing vehicles across projects, there might be ways to more equitably manage the allocation of vehicles.

The other area where this project was on the receiving end from CARE Sierra Leone was in technical and management support. Not only did this project receive extensive technical support from Headquarters (see below), it received significant support from Health Program staff and long-term consultants within the country office. At various times in the project, they contributed to research integral to the project (baseline, mid-term, final evaluations as well as the social analysis and case study project), as well as the overall direction for and management of the project and the design of the scale-up at the end of the SAY project. They provided significant staff training in the use of qualitative information; program design, monitoring, and evaluation; and assistance with developing the training materials. The project’s close ties with CARE’s Child Survival Project had the advantage of leading to sharing and cross-fertilization between projects. Particularly where the Project Manager for Child Survival was also overseeing the SAY Project, staff from both projects as well as their respective programs benefited from each other. This included joint participation in the social analysis, mutual sharing of resource material, training in Safe Days Method for family planning, and coordination of some project activities. The incorporation of Sissy Aminata into the NPRDI project was also a result of proposal writer’s involvement with the SAY project.

However, it is also fair to ask why the SAY project, in particular, needed this extra support beyond the already extensive support from Headquarters. The evaluator attributes this to a combination of small size / understaffing and the higher level capacity needed to manage a learning project. The SAY Project was a small project with few staff and little “critical mass”. While this was a benefit in that it allowed more focus and an ability to aim for excellence on a small scale, it was also challenging. Particularly for the first two years, the project was working with 3.5 full time equivalents (FTEs) for staff, with somewhat limited capacity and experience. This meant that, at a time when the project needed a lot of advocacy and mobilization to overcome the resistance and get going, the staff were few and their ability to articulate the project and its purpose was limited. With a lower level “ Field Supervisor” immediately responsible for the project, the Child Survival Project Manager had to provide more “higher level” guidance than had been

anticipated. This dependence on “weight and influence” from outside the immediate project staff also likely contributed to the delay in start up because staff were less likely to ask for help in a timely way. By June, 2006, additional Field Agents and a higher level Project Officer were added, and the project was also developing significant momentum (see project implementation section on delayed start up).

The ability to respond flexibly and to creatively experiment with approaches to challenges is one of the significant advantages offered by the Innovations Projects. However, a higher level of staff skill is required to effectively do this. Staff need to be able to implement the exploratory activities, analyze the results, and respond flexibly, appropriately, and in a timely way. They also need to develop and maintain an ongoing vision for the project as different challenges and findings arise. Without this capacity, the flexibility and lack of pre-determined structure may leave staff without a sense of direction, they are unable to effectively and efficiently respond when challenges require adjustments, and project accomplishments will be less.

Finally, it is clear that this project had consistent and positive technical assistance from Headquarters, including long-term support from a reproductive health advisor who made technical assistance visits to the project every six months. Given the high level of staff turnover both in and supporting the project, the advisor provided a vital thread or memory for the entire life of the project. Her visits offered a focus for the project to review its progress and need for adjustments, facilitating the staff to maximize the flexibility in both program design and budget. She further provided valuable technical assistance project design as well as in research and evaluation design, training materials development, documentation, and scaling the project up.

## **SAY Project as a Global Innovations Learning Project**

The SAY Project contributes to all three of the Reproductive health Trust fund goals for the Innovations Projects:

1. It addresses attitudes towards adolescent sexuality as an underlying cause for poor adolescent SRH. Use of participatory methods to approach the issue through multiple channels led to unprecedented dialogue on the topic of adolescent SRH among parents, community leaders and youth. By opening up the topic, the expectation was the adolescents would have the information, skills, and supportive environment to make better SRH decisions.
2. The next phase of the project will offer an opportunity for the project to scale up its “package” on a larger scale throughout Koinadugu District.
3. The other goals of the Innovations Projects focus on organizational learning. There are several levels of organizational learning and this project had a significant contribution to most of them.

## ***Different Elements of Learning***

- **Project learning:** The project effectively used the social analysis as a tool to orient their interventions and extended learning to the communities themselves through the diagnostic role plays. It also made an effort to incorporate learning throughout project implementation through reflection and review, and to use that learning to adjust project strategies. However, the project did manage to integrate ongoing use of tools such as the social analysis for learning throughout implementation.
- **Staff Learning:** Staff indicated their own learning had been considerable. Facilitated by the emphasis on learning and by the extra technical assistance – both from Headquarters and from within CARE Sierra Leone, their skills in qualitative research and analysis, as well as group facilitation, were enhanced. In addition, they now felt comfortable talking about sexuality issues, were able to promote these issues openly in front of mixed gender community groups, and were able to talk about these issues with their own children.
- **CARE Sierra Leone:** There are several structures within the Country Office which contributed to organizational learning. These included:
  - The assignment of one Project manager for both Child Survival and SAY contributed to cross fertilization between these two projects in an ongoing way.
  - The theme group for health and HIV/AIDS offers a forum for sharing ideas and incorporating new strategies across projects. This is particularly evident in the development of follow-on funding for expanding Sissy Aminata as part of the HIV/AIDS program.
  - The centralized unit for program design, monitoring and evaluation led to incorporation of Sissy Aminata into the NPRDI proposal and possibilities for incorporating the approach into the Youth and Livelihoods Sector. Such integration may also be facilitated by the post-conflict setting and more donor commitment to general integrated development programming.
  - Staff from the SAY project who stay with CARE will advise CARE SL on Sissy Aminata specifically and adolescent sexual and reproductive health more generally
- **Global Learning:** The Sissy Aminata package is in a position to contribute globally if the broader organizational components which are needed to turn a promising approach into an accepted strategy, fall into place. Its strength is that it is a fairly discrete and user-friendly package for addressing adolescent SRH issues. Its effectiveness has been documented and it is consistent with CARE's emphasis on rights based programming and addressing the underlying causes of poverty. It can also fit relatively easily into the more results-oriented frameworks expected by most donors. However, referencing the IDEAS model developed for replicating the INHP-

II CARE Project in India<sup>3</sup> there are several more steps needed before this approach will be replicable outside of Sierra Leone. These include documentation and “packaging” for easy adoption, external marketing, and building the capacity of potential users. A “champion” to move these steps forward would certainly facilitate the process.

The experience of the social analysis in Sierra Leone was also included as a case study in the CARE Working Paper No. 3: “Addressing the Social Dynamics of Sexual and Reproductive Health”<sup>4</sup>

## ***Lessons Learned – Organizational***

In addition to the program-specific lessons learned cited earlier, the experience from this project also brings up several organizational lessons:

- There are advantages and disadvantages to small, focused projects: While a project such as this offers the luxury of flexibility, focus, and the ability to really strive for excellence, it can also be difficult to establish the momentum needed to get a difficult project going, particularly in the face of expectations for material inputs. It is also difficult for small projects to recruit and maintain the level of staff needed to truly manage the learning aspects.
- Organizational structure contributes to learning: The common Project Manager, the theme group, and the centralized project design and monitoring unit contributed to integrating the Sissy Aminata approach into other CARE Programs.
- From piloting to scaling up takes time: Even with a discrete and successful package, the Sissy Aminata curriculum still has a ways to go before it will be easily replicable on a large scale. The Expand Net involvement with the next phase should significantly enhance this progression.
- Addressing underlying causes of poverty is difficult: Even with a concrete curriculum to offer as an “input” and a relatively focused project, there were significant delays in getting started. With such complex issues there are multiple layers of resistance to move through, ranging from internally within project staff to government, the other stakeholders, and ultimately within the beneficiaries. It takes perseverance to keep things moving when it feels like they are not.

## **Conclusions - Project Model / Next Steps**

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<sup>3</sup>Bailey, Laura, et al; “The Ideas Model for Demonstration and Replication: An Experience”, CARE Sexual Reproductive Health Working Paper No. 2; June, 2005.

[http://www.care.org/careswork/whatwedo/health/downloads/20050906\\_ideasmodel.pdf](http://www.care.org/careswork/whatwedo/health/downloads/20050906_ideasmodel.pdf)

<sup>4</sup>Palmer, Louise et al; “Addressing the Social Dynamics of Sexual and Reproductive health; CARE SRH Working Paper Series No. 3, June 2006.

[http://www.care.org/careswork/whatwedo/health/downloads/srh\\_social\\_dynamics.pdf](http://www.care.org/careswork/whatwedo/health/downloads/srh_social_dynamics.pdf)

In conclusion, this evaluation found that the SAY project developed a discrete and successful package of interventions for addressing issues related to adolescent SRH. Having benefited from the flexible learning approach during the pilot phase, this package can now, relatively easily, be incorporated into a more results- oriented project. According to the conclusions of this evaluation, the essential components of this package are:

- Radio programming that includes both a participatory process for identifying issues and resolving concerns, and a product that is much appreciated at the rural community level.
- An in-school curriculum that uses participation and revolves around real-life case studies, facilitating discussion of otherwise sensitive issues among students, between students and teachers, and between students and their parents.
- Some community awareness-raising activities to promote listening to the radio, dialogue about adolescent SRH issues, and acceptance for teaching Sissy Aminata in school.

In terms of next steps:

- Both the process and the product of the radio component should be readily replicable.
- A small amount of further development is needed for the in-school component. While outlined in detail under recommendations for expansion in the section on the in-school component, elaboration is needed for cultivating and supporting the DEO role in promoting the program, refining of the teacher training approach including some kind of training of trainers approach to least for manage attrition of trained teachers, and for developing closer links with the Primary Health Units.
- Without Field Agents to work intensively on community awareness-raising at a large scale, strategies will need to be developed to mobilize people within the communities or the schools to take on some of these activities.
- While this approach is well positioned to move forward at the District level, CARE will need to continue to position itself nationally to maximize its impact through facilitating adoption of the approach by other NGOs and/or eventually by integrating it with the national Life Skills interventions.

The out of school clubs, while useful for those who participated and effective in reaching high risk youth, were time intensive and there was no evident strategy for sustaining them. It is possible that other NGOs working with this approach might develop more effective strategies to reach these youth using the Sissy Aminata approach. Alternatively, should funding become available, CARE might be able to take some of the ideas raised in

the section on the out of school clubs and redesign this component to more efficiently and sustainably reach this high risk group.