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# END OF PROJECT EVALUATION REPORT

## JUNE 2016

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Final evaluation of the “Sexual and Reproductive Health Awareness and Support for young people in and out of school in Mashonaland West Province” - contract n. DCI-NSAPVD/2013/325-413



Evaluation conducted by  
The Institute for Resource Management  
June 2016



## PROJECT DATA

Number: DCI-NSAPVD/2013/325-413 Start date–planned: 1 February 2014 Start date – actual: 1 February 2014 End date – planned: 31 January 2016 End date – actual: 31 January 2016	Project authority: EU Delegation - Zimbabwe Sector – sub-sector: Social Sectors – Social Protection, HIV/AIDS
Project budget: Commission contribution: Pre-payment:	Euro 533.220.00 Euro 399.900.00 Euro 359. 910.00

## SUMMARY OF FINDINGS

Relevance	Highly Satisfactory
Efficiency	Satisfactory
Effectiveness	Satisfactory
Impact	Satisfactory
Potential sustainability	Above Average

## **ACKNOWLEDGEMENTS**

Special mention and gratitude is extended to all the members and partners who made this inquiry a success. Special thanks goes to the team from Caritas Education Secretariat headed by Sister Claris Gowo, and COSV led by Mr. Claudio Tonin for the support rendered in both their commitment and logistical assistance. We thank the COSV management and staff who contributed in various ways in ascertaining timely data collection and through mobilization of respondents and creating time for interviews during the inquiry process

Particular mention goes to all those who provided their time, patience, input to this evaluation process. We also thank the members from all the government departments that awarded time to be engaged in the evaluation. We thank all the Chegutu, Mhondoro and Zvimba Rural District Council members who made it possible to be able to execute this study in their districts and wards. We also thank the Municipality of Chinhoyi and Chegutu for their support. We acknowledge the cooperation of the government's institutions, National AIDS Council and the Ministry of Health and Child Care.

## ACRONYMNS

AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual Reproductive Health
COSV	Coordinamento Delle Organizzazioni Per Il Servizio Volontario
EU	European Union
HIV	Human Immune Virus
IEC	Information for Education and Communication
MDG	Millennium Development Goals
MoPSE	Ministry of Primary and Secondary Education
MoHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NAC	National AIDS Council
PSZIM	Population Services Zimbabwe
RDC	Rural District Council
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
YFCs	Youth Friendly Corners
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan
ZNFPC	Zimbabwe National Family Planning Council

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## EXECUTIVE SUMMARY

COSV Zimbabwe, in partnership with the Caritas Education Secretariat as co-applicant, with funding support from the European Union (EU) implemented a two year and a half Adolescent Sexual Reproductive Health (ASRH) project in 4 districts<sup>1</sup> of Mashonaland West Province. The Sexual and Reproductive Health (SRH) Awareness and Support for young people in and out of school in Mashonaland West Province targeted challenges that youth between the ages 12-25 years are facing in regards to Sexual Reproductive Health, HIV and AIDS in the selected districts. The focus of the project was to raise young people's ASRH awareness and access to services. According to information gathered in the baseline survey, adolescent women and men growing up in rural Zimbabwe face SRH challenges that range from early sexual debuts, abuse, limited access to SRH services (Youth Friendly Corners), teenage pregnancies and high prevalence of HIV, STIs and AIDS. The project sought to empower young people to make responsible decisions about their SRH, reducing their risk of HIV infection and be supported appropriately by their communities. This project was implemented within the broader context of the national SRH strategic plan (ZNASP) of the National AIDS Council of Zimbabwe. NAC is the SRH, HIV and AIDS coordinating body of the Zimbabwean government.

As the project nears its end, COSV commissioned an external End of Project evaluation. The overall purpose of this evaluation was to assess whether the action for "Sexual and Reproductive Health Awareness and support to in and out of young people in Mashonaland West Province of Zimbabwe" has brought about anticipated changes, to examine which factors have proved critical in helping or hindering change and draw lessons for future programming.

The evaluation found out that the implemented project was relevant to the needs of the target group. A baseline which was conducted prior to the intervention had indicated the strong need for awareness and sensitization mechanisms on SRH for young people in and out of school. The other indication of its relevance was on its adherence to National Policies on SRH directed by the NAC's Zimbabwe National HIV and AIDS Strategic Plan. This entails that its programming was not being informed by individual analysis only but responding to national driving statistics and findings from reputable government arms.

The project was efficient in its implementation of strategies and activities. There were clear management systems and procedures which outlined pellucid reporting lines for the project staff. A monitoring and evaluation system was implemented which was imbedded in the project activities. This allowed and facilitated the easy collection of data on grassroots levels. **98% of stakeholders indicated that they received information and communication on time** from COSV. This showed its efficiency in project management and communication.

Strategies implemented throughout the project were effective in educating and mobilizing young people to appreciate issues of Adolescents Sexual Reproductive Health. The project used Peer Education, ARTS and Youth Friendly Corners as mechanisms and mediums for imparting

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<sup>1</sup> Chinhoyi, Mhondoro, Chegutu and Zvimba

information and skills on SRH (HIV, AIDS, STIs and Personal hygiene). Feedback from stakeholders and beneficiaries indicated that there was an increase in awareness of SRH issues. In Chegutu, there was **a noticeable 65% reduction of drug abuse in the thematic area** of COSV implementation and a generalized increase in the positive behaviours of young people.

# 1 INTRODUCTION

## 1.1 Background

COSV Zimbabwe, in partnership with the CARITAS Education Secretariat (Archdiocese of Harare) with funding support from the European Union (EU) implemented a two year Adolescent Sexual Reproductive Health (ASRH) project in 4 districts. The Sexual and Reproductive Health Awareness and Support for young people in and out of school was implemented in Chegutu, Zvimba, Makonde and Mhondoro-Ngezi. The project targeted at addressing challenges that youths between the ages 12-25 years are facing with regards to sexual Reproductive Health, HIV and AIDS in the selected districts. The focus of the project was to raise young people's ASRH awareness and access to services.

According to information gathered in the baseline survey, adolescent women and men growing up in rural Zimbabwe face SRH challenges that range from early sexual debuts, abuse, limited access to SRH services (Youth Friendly Corners), teenage pregnancies and high prevalence of HIV, STIs and AIDS. The project sought to empower young people to make responsible decisions about their SRH, reducing their risk of HIV infection and be supported appropriately by their communities. This project was implemented within the broader context of the national HIV and AIDS strategic plan (ZNASP) of the National AIDS Council of Zimbabwe. NAC is the SRH, HIV and AIDS coordinating body of the Zimbabwean government.

This evaluation was meant to enable COSV to measure the impact the project has had within the thematic area of intervention as defined by the project's indicators<sup>2</sup>.

It was to ascertain the effectiveness of project activities and intervention methodologies applied by the implementing agencies. The evaluation intended to give information on mapping the way forward for future programming, sharing of best practices and possible impediments to achievement of similar project goals. The evaluation also uprooted non-previously project or foreseen outcomes on beneficiaries and implementation partners and align the findings to set monitoring and evaluation systems. Such a process will enable the data to be fed meaningfully in policy making and project designs.

The methodology of this evaluation was a participatory problem and solution tree analysis method, with the participation of representatives from beneficiaries and all key stakeholders from District, Local and Government authorities and departments. The scope of the evaluation concentrated on both in and out of school activities and mapping COSV/Project and how it collaborated at different levels with communities, Local Authorities and Government.

According to much of the information obtained from documents such as project mid-term and annual reports, the project was able to bring about noticeable changes in its areas of intervention. The changes include the following: 50 000 people had gained basic information and knowledge

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<sup>2</sup> **Indicator 1:** reduction at local level of incidence of early pregnancies **Indicator 2:** reduction at local level of school dropout **Indicator 3:** reduction at local level of STIs in young people **Indicator 4:** increase of condoms and other contraceptives **Indicator 5:** increase at local level of young male circumcision



of SRH. **100% of the beneficiaries were now aware of where to find help** resources on **Sexual Reproductive Health**. 7 SRH clubs have been established in schools and are now serving the school community in offering peer education and support. 17 teachers are now equipped with relevant information to accompany young people and assisting them through their SRH formation processes. There are now 66 trained peer educators who are working in the rural communities of Mashonaland West who supporting other youth in maintain their Sexual Reproductive Health. The data used in the evaluation summarizes the findings under project relevance, effectiveness, efficiency and sustainability.

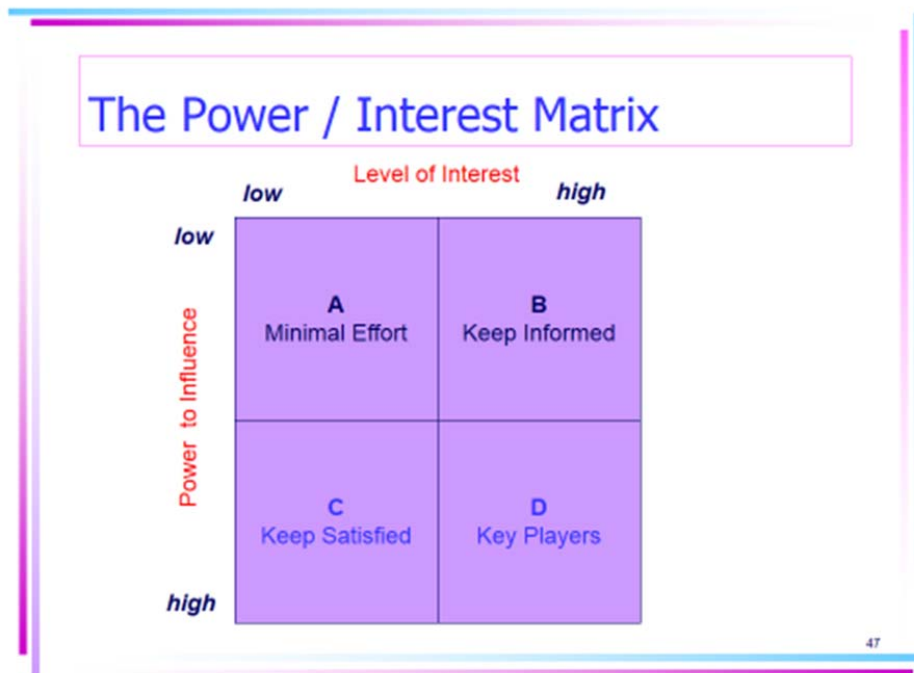
## 1.2 Implementing Partners and arrangements

The major strength of the project was the successful partnering done in the implementation process. COSV managed to map the priority stakeholders to engage in the project's design. These partners included Caritas Education Secretariat, MoHCC, ZNFPC, NAC and locally MoPSE. On the ground, further MoUs were developed with respective Rural District Councils. In 2014 Memorandum of Understanding were signed between the following Local Authorities and COSV:

<b>District</b>	<b>Responsible Authority</b>
Mhondoro Ngezi	Mhondoro Ngezi RDC
Makonde	Municipality of Chinhoyi
Chegutu	Chegutu RDC 3
Makonde	Makonde RDC
Chegutu	Municipality of Chegutu
Zvimba	Zvimba RDC 6

The signing of the MOUs legitimised the work of COSV in the respective rural areas. The illustration below shows how COSV managed the project stakeholders according to participation and policy making.

Fig.1.1 Stakeholder Management



**D - Government Institutions** – By involving and adhering to the stipulated regulations and bureaucratic measures as defined by policy makers, the project was able to run smoothly with little impediments in programming.

**C – Community gatekeepers and local authorities** – the training of teachers and headmasters and sensitization of community members ensured ownership of clubs and respective activities in schools. Also working with Rural District Councils was crucial.

**B – Primary and secondary Beneficiaries** – These were key to project success. By keeping them satisfied with incentives the project maintained their interest. Amongst these were trained peer educators and community members e.g. parents and guardians

**A – Action – intervention.** This represented the project in its initial engagement as it built its participation with the beneficiaries and the community gatekeepers.

There was a lot networking and collaboration which was conducted by COSV in order to implement the best practices in ASRH programming. COSV was a member of the ASRH Coordination Forum and took part in the coordinating meetings for the duration of the SRH project. The platform enabled it to network with sister organizations, MOHCC and ZNFPC among others.

### 1.3 Evaluation Objectives

The evaluation was designed to address the following objectives:

- Analyze the general results and impact of the project so far. Includes the relevance, efficiency, effectiveness and sustainability.
- To understand the involvement, commitment, efficiency and effectiveness of the schools and peers involvement strategy.
- To identify gaps in the specific area of intervention.
- To provide information on the degree of perception, understanding and knowledge of the people on the project by communities, peers and Local leaders and Authorities.
- To formulate recommendations for the future of the project and its sustainability

## **1.4 Evaluation Methodology**

The evaluation used a Cross-sectional Analytic Study Design employing an eclectic approach based on a combination of qualitative and quantitative techniques to analyze primary and secondary data. The primary data was mainly drawn from project's target group, other community members, community and national level stakeholders, policy developers and strategic partners. The evaluation was conducted in liaison with the COSV Country Representative and the COSV ASRH project officers. The process adopted a participatory inquiry approach with guidance being constantly provided by COSV staff. All key informants identified by COSV were engaged by the Institute of Resource Management Evaluation Team.

The study population comprised of project beneficiaries from the operational districts and wards, key informants at community, district and institutional level. The sampling strategies included purposive sampling for key informants and systematic sampling for the young people. Young people were selected from the purposively selected schools and surrounding communities for the out-of school youths. Those selected included those who participated and some who did not directly participate in any of the COSV project activities (ZNFPC peer educators).

The following strategy was adapted:

### **Data collection/Survey**

The data collection strategy focused on stakeholders from COSV, Policy makers, beneficiaries and service providers. The interviews although they were open to enable meaningful contribution from the stakeholders, they were short and precise. Interviews drew stakeholders' perspective on the SRH project, its implementation and impact.

**Focus Group Discussions:** A few strategic FGDs were conducted with beneficiaries from SRH clubs to solicit for a group perspective on the project. This was done mainly with beneficiaries from St Ruperts Makonde and St Michael's Mission.

**Key Informant interviews:** One on one interviews were conducted with the participating stakeholders the interviews were guided by a questionnaire. In total, 23 key respondents were interviewed in Chegutu, Mhondoro-ngezi, Zvimba, Chinhoyi, Banket and Harare. Respondents included COSV staff at national level, Rural District Councils' staff, teachers, National AIDS Council, Ministry of Education personnel and Ministry of Health. The table in Annex 1 shows the breakdown of respondents per organization.

**Desk review:** This process harnessed the relevant data collected in activity reports, indicator log frame, Project documents, financial reports, budgets and annual reports & in Monitoring and Evaluation reports over the course of the project’s implementation. All the documents provided were thoroughly assessed for relevance and cross checked for any discrepancies.

### **Limitations in the implementation of the Evaluation**

The evaluation was conducted smoothly with little to none limitations being noted.

- Due to the mobile nature of youths and despite intense mobilization efforts, the turnout of youth-out-of-school was low. The evaluation also faced challenges identifying volunteers as respondents to participate in the survey, although this study believes that those who were available represented the views of others who could not be reached.
- Because of the nature of some of the stakeholders’ professions, some were not available at the times of interviews regardless of appointments having been made prior to the visits.

## **2. MAJOR ACTIVITIES AND ACHIEVEMENTS**

The table 2.A shows the Major Activities planned and implemented by COSV. These activities form the core of the SRH intervention implemented through the project.

<b>Activity</b>		<b>Output</b>	<b>Beneficiaries</b>
<b>Peer Education Workshop</b>	Oct 2014	Peer educators from Shackleton, Chegutu Urban, Chinhoyi Rural Vocational Training Centre, Banket, St Ruperts and Shingirirayi Youth Centre were trained in Peer Education.	18
<b>Mapping Exercise</b>	2014-2015	This was an important exercise to help determine the existence of other stakeholders in ASRH and HIV and AIDS programming, their activities and their geographical coverage. It was also an opportunity for COSV to introduce its activities to the different stakeholders.	14
<b>Teachers Training</b>	Aug 2014	Headmasters and teachers of 5 hubs were trained on Sexual and Reproductive Health	17
<b>Comedy Performance</b>	Aug 2014 Nov 2014 May 2015	Performances were conducted courtesy of a Simuka Comedians. The aim of the comedy performance was to sensitize the community on COSV SRH activities/issues and disseminating information through irony, satire and laughter to break the realm of culturally “taboo” issues.	516
<b>School contest on mbira playing and</b>		20 schools participated in the event which saw prizes being given out on the 7 <sup>th</sup> of May	14 331

<b>script writing</b>		2015	
<b>Congregatio Jesu-Sisters training</b>	Dec 2014 Jun 2015	A training of the Nurse-Sisters from Congregatio Jesu was conducted with the purpose of imparting knowledge and skills on administration and accounting procedures, monitoring and evaluation, project cycle management and strategic planning.	6
<b>Support and orientation to Peer educators</b>		The trained peer educators were oriented in their districts on report writing and data collection on SRH project activities	66
<b>Stakeholders meetings</b>	2014-2016  2015-2016  Aug 2014 Oct 2015  May 2015  2015-2016	20 Adolescent Sexual and Reproductive Health Coordination Forum meetings provincial and national level. 2 National Technical Working Group on Young People and HIV and AIDS meeting 2 E.U Review meeting to share key achievements, results, challenges and lesson learnt National Review of ASRH interventions. Second ASRH Interventions Evaluation Findings Dissemination 4 National Family Planning Coordination Forum meetings.	
<b>Teachers Conference</b>	Feb 2015	A conference for teachers was held at Mandel training Centre in Marlborough to discuss on the way forward on the school contest	35
<b>Auntie Stella peer educators training</b>	Feb 2015	Peer educators from Mash West were trained for on the use of Auntie Stella by TARSC. The objective of the training was to deepen the peer educators' understanding of participatory approaches to working with young people in reproductive health	12
<b>SRH video screening</b>		The videos helped to brainstorm with young people for discussions on SRH issues and challenges that young people face.	43
<b>EU Monitoring visits</b>	Feb 2015 Mar 2016	Monitoring visits were conducted to evaluate the impact, sustainability, relevance, effectiveness and efficiency of the first and second year of the project implementation.	28
<b>Peer Educators training in collaboration with PSZ</b>	Mar 2015	Peer Educators' Training workshop	23
<b>Support and linkages to Youth Friendly Corners</b>	2014-2016	6 YFCs were identified and recommended in consultation with MOHCC and ZNFPC. 6 peer educators were linked to the YFCs	6

<b>Post Monitoring Exercise</b>	Aug 2014 Oct 2014 Feb, Mar, Sept 2015 May 2016	In order to find out the views and feeling of participants as a way of soliciting feedback from activities that were conducted, Post monitoring exercises were conducted. The activities that had Post monitoring conducted are, 1. Comedy performances at Shackleton in Makonde district and Book Café in Harare, 2. Training of Peer Educators, 3. Training of a core team of headmasters/teachers, 4. Training of Congregatio Jesu Sisters.	
<b>Mid-Term Evaluation</b>	<b>June 2015</b>	The mid-term evaluation was carried out by an external evaluator to analyse the general results and impact of the project so far through assessment of the involvement, commitment, perception and knowledge of the communities, peer educators, local leaders and Local Authorities.	19
<b>Short Movies</b>	Jun 2015	3 Movies were produced from the winning scripts of the competition held earlier in the year	
<b>Purchase of bicycles</b>	2015-2016	26 bicycles were purchased for distribution in 4 districts by the Chinhoyi Office	26
<b>Community Sensitization meetings</b>	May, July 2015 Apr, May 2016	The purpose of the meetings was to appraise community leadership and stakeholders about the SRH project funded by the EU and jointly implemented by COSV and Caritas.	141
<b>Provision of incentives to active peer educators</b>	Sep – Dec 2015	Active peer educators were identified for the provision of incentives to support and motivate them to keep on carrying out activities.	21
<b>Training of Peer Educators</b>	Sep 2015	Peer Educators were trained in SRH, Life Skills and Behaviour Change	19
<b>School folktale project</b>	Oct 2015	A school folktale project was conducted in collaboration with Let Them Trust in Zvimba district (Banket). The purpose of the project was to disseminate educative information on puberty and abstinence to the primary school pupils and on alcohol abuse, peer-pressure teenage pregnancies and STIs to the secondary students.	2350
<b>ROM Exercise</b>	Nov 2015	The ROM exercise was performed by an External Evaluator to assess the relationship between COSV and stakeholders including beneficiaries and also on the progress of the project so far implemented based on relevance, effectiveness, efficiency, impact	28

		and sustainability.	
<b>Community Performance</b>	Nov 2015	A community educative program was carried out in Banket conducted by Let Them Trust in partnership with COSV at Kuwadzana Primary School. The purpose of the community educative program was to bring both the young and old to a discussion on issues that are affecting the young and how the parents and guardians can help.	43
<b>International Conference on AIDS and STIs in Africa (ICASA) Event</b>	Dec 2015	COSV in partnership with Antique productions screened a documentary on Gender Based Violence (tears from inside) in the community village. A discussion followed which explored factors contributing to GBV.	200
<b>Peer Educators Support Visits</b>	Oct – Dec 2015 Jan-June 2016	Data from the Peer educators was collected and it showed that 16 706 young people had been imparted through the works of peer educators on the ground	16 706
<b>Refresher training workshop in collaboration with PSZ</b>	May 2016	20 peer educators participated in a refresher workshop on SRH and family planning.	20

**Picture1 – Interview to peers in Mhondoro – St. Michael Mission**



### 3 RELEVANCE OF THE PROJECT

According to the last monitoring and evaluation exercise conducted by the E.U. delegation from Zimbabwe led by Mr. Calisto Chihera in March 2016, the project proved to have been relevant as it was addressing the key issues challenging young people in Mashonaland west. The project was implemented at a time when Zimbabwe is facing serious economic meltdown that has seen a near collapse of health and social services leaving young people vulnerable to ill-health management. There was therefore an apparent need to scale up SRH, HIV and AIDS prevention and support projects targeting the most vulnerable rural communities.

Our findings showed that the HIV and AIDS and STIs rates amongst this age group have been impacted with a downward trend in new incidences being recorded. The stakeholders managed to highlight how the project responded to the needs of the young people in particular availing information and knowledge which was scarcely available in these areas. NAC is implementing the ZNASP<sup>3</sup> and confirmed that this project was in line with the key areas of intervention under the strategy. The operational system according to the government of Zimbabwe requires all NGOs and CSOs to implement according to the guidelines and framework of the coordinating body and the respective Ministry, in this case MoHCC and MoPSE. Thus having the project endorsed by these authorities proved its relevance satisfactorily.

The project design enabled it to contribute to national level efforts towards achieving the Millennium Development Goals (MDGs) particularly MDG 6, Combating HIV and AIDS, malaria and other diseases. The appropriateness of the project was reinforced by its use of the Peer education strategy. It targeted and involved beneficiaries (young people) in leading the implementation of the project through activities and promoting uptake of good behaviours and positive attitudes. Dual targeting of In and Out of School enabled a wide reach to out of school youth who tend to be missed by most interventions. By working closely with existing community structures, the project ensured a quick buy-in of the stakeholders.

In its own baseline survey conducted by COSV prior to the implementation of the project, **95% of respondents affirmed that SRH should be taught to young people in and out of school** in Mashonaland West Province. In this regard the project was relevant and responded to the needs of the intended beneficiaries. All stakeholders assessed during the End of Project evaluation indicated that the project was responsive to the Sexual and Reproductive Health needs with a strong efficacy of the projects towards reduction of risk behaviours, unwanted pregnancies and HIV incidence rates. For instance in Chegutu, there was a 65% reduction on drug use among the High school students. 1 case of teenage pregnancy was experienced in 2015 -16 compared to known 7 cases in 2013. Although other sites like Banket did not give specific figures, generalized indications were given towards noticeable changes.

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<sup>3</sup>ZNASP III is aimed at promoting smart investment focused on children, adolescent, young people, girls, key populations and women and prioritized geographical locations; while building on the successes of the last five years. The plan also domesticated most global instruments and commitments such as 90.90.90 and fast tracking, post 2015 SDG, prioritizing the cities and the Africa Union roadmap on domestic sustainable financing, ending AIDS. (UNESCO)



The relevance of the project was also highlighted by its response to the changing narrative on HIV and AIDS to an integral approach to Sexual Reproductive Health. Prior the paradigm shift, players in the AIDS Service thematic area focused primarily on HIV and AIDS alone. The new narrative embraces a holistic and more responsive approach to formation of young people which brings together issues of HIV, AIDS, STIs, family planning and general Reproductive Health Hygiene. In this regard, most stakeholders saw the project as being adequate in responding to the thematic area of SRH.

### **3.1 Community and Stakeholder's participation in the project**

In general, beneficiaries and stakeholders committed all they could to the project starting from time, to resources like travel costs and provision of platforms for meetings. Teachers in the 5 hubs (7 schools) received additional money incentives but some did not, even though they were able to organize and ran the SRH clubs. The extent of commitment is also indicated by the integration into local organizational structures. One of the clubs has been integrated in the Mission Pastoral Program and all the school clubs are now part of the School Co-Curricular activities.

At St Michaels Mission, the stakeholders mainstreamed SRH programming in their youth and community programming. Peer educators are supported with infrastructure for meeting and helped in organizing community events. In most educational institutions, the schools provided teachers as patrons or resource persons to accompany and facilitate the works of the young people in clubs. They also provided classrooms and transport to enable the peer educators to carry out their activities.

#### **Picture 2 – Interview to Father Nhundu Responsible authority S.Michael Mission**



#### **4. EFFICIENCY**

The project's implementation success points out to efficient project management systems and procedures. There were clear reporting lines for the project staff and there was direct monitoring from the project manager. Project implementation and management was led by specifically dedicated personnel with clear reporting lines and structures. The project manager oversaw the entire management of the project and had the technical support of the Finance and Administration Manager. The project management was also reflected by the overall activity and timeline compliance. All the process indicators showed positive compliance to the annual schedules and plans.

With regards to the management of grant funds, comparison of the project budget and financial reports as stated by the audit June 2016 did not show any discrepancies. The project followed set procedures in procurement and disbursing of funds. It also followed line item management of funds as indicated by the budget.

COSV used implementation mechanisms which were effective towards the attainment of the expected results. The use of Peer Education as a mechanism was relevant to the imparting of SRH knowledge and skills. Edutainment mechanisms such as use of poetry and competition enabled the alluring of young people towards appreciating SRH awareness content. Training of teachers, headmasters and peer educators was effective as it equipped these groups with skills to accompany young people and to reach out to others in the community.

However the following points were noted:

- Limited resources were allotted to hospital clinics' friendly corners as COSV followed the indication of the John Hopkins study on the YFCs that they are not effective as a strategy to reach out to the young people. However the baseline conducted prior to the intervention indicated that this was one of the preferred source of information on SRH particularly were service provider initiated youth accompaniment is concerned.
- The radio, another preferred source of information was unfortunately not utilized yet it had been cited as another preferred source of information from the baseline which was conducted prior to the intervention. It is noted that the radio campaign was not conducted by COSV mainly because many organizations such as SAFAIDS, Restless Development and Action Institute had radio programmes with radio stations hence covering this thematic area of intervention.

In terms of involvement of stakeholders in planning, implementation and evaluation, it appears that there was more of communication than active participation. Important partners like CARITAS, stakeholders and peer educators by and large responded to this question that information was adequately communicated by COSV. 55% of the interviewed respondents cited little to no involvement in the planning processes. This point toward less active participation in coming up with activities and direction and more to passing down already defined activities. Furthermore the evaluation study indicated that:

- However as indicated above, all stakeholders applauded COSV on the ability to communicate timely and effectively. Rural District Councils, MoPSE and MoHCW were given regular updates on projects and their activities.
- Young people were not adequately involved in planning process but were more on the implementation as the educators or club members but with no capacity to change or decide on program direction. 71% of the beneficiaries indicated little to no active participation in decision making forums. However youth engagement in evaluation was done constantly which can argumentatively indicate the youth consultation process in project alignment. Maybe the tool used for the survey was not properly understood.
- Teachers on one activity of Script Writing Competition indicated that they were engaged in planning of dates for the activity only.

## **5. EFFECTIVENESS**

Although this project was only implemented in two years, the evaluation finds that to a larger extent, what was planned was achieved, and whilst it has been difficult to measure results due to the limited support from the MoPSE, which did not grant the project access to government schools, the majority of activities were implemented in all the four participating districts. Final assessment notes that the original targeted number of 50 000 beneficiaries were reached and benefited off the 7 SRH clubs in schools, 17 teachers, 66 trained peer educators and 7 community sensitization meetings. Training of teachers, headmasters and peer educators was effective as it equipped these groups with skills to go into the community to disperse information rather than direct program staff, the outputs indicate that this was a success.

All school clubs visited proved a high degree of effectiveness as evidenced in the sustenance of group membership ranging between 30-90 peer students. Focus group discussions conducted both by school clubs and communities through peer educators managed to increase information dissemination levels and awareness.

However access to information and knowledge fell short of the expected impact. From the data gathered from peer educators and other stakeholders like hospitals and RDCs, it was quite evident that there was lack of adequate IEC materials to help disseminate information. Most of the YFCs that were supposed to be supported claimed lack of these materials as a shortchanging factor.

### **5.1 Quality of outputs**

The quality of the outputs is unquestionably high. Stakeholder emphasized how seeing the plays, speeches and testimonies showed a high level of understanding, even the primary school children. The beneficiaries particularly the peer educators gained not only information, but by their own report, confidence, an increased level of relating with peers, skills useful to their lives even outside the project. Additionally the project had a capacity building effect on all trainees both teachers and students that is well documented.

### **5.2 Outputs' efficacy towards the attainment of outcomes**

Implemented activities have yielded several outputs which have pointed towards the right outcomes. Feedback from stakeholders and testimonies from beneficiaries show that there were improvements in behaviours of beneficiaries. In Chegutu, St Francis High School previously struggling from a drug problem among its pupils indicated a **65% reduction of the use of drugs after the intervention** of the Peer Education project spearheaded by COSV. 100% of the respondents; teachers, peer educators and community gate keepers indicated an increase in overt display of positive behaviours among the beneficiaries.

## **6 SUSTAINABILITY OF THE INTERVENTION**

The project managed to ensure project sustainability in schools programming in two broad ways. Firstly by ensuring the ownership of SRH clubs to beneficiaries and their school administration, it is with no doubt that these clubs will continue to function under the school structures. The clubs were run by the children with the guidance of an assigned teacher. Hence COSV had little functionality in the day to day running of the clubs but the co-applicant Caritas-Education Secretariat had. 95% of the interviewed respondents (children and teachers) confirmed that the clubs will continue running after the end of the project. The partnership with CARITAS Education Secretariat means the clubs in their schools will be maintained.

COSV also signed MoUs with the Government Ministries, MoHCC and MoPSE which enables the project to be mainstreamed in the national responses to SRH and HIV and AIDS. This will compel the government to assist the Sexual Reproductive Health Groups in schools and communities making sure that they receive the necessary support to access appropriate and up to date SRH services. MoUs with other partners like PSZ and ZNFPC will make sure the project's activities are mainstreamed in their own programming.

Regarding community groups, Peer educators were linked to some of the organizations mentioned above hence they will be further assisted as they had already been working in partnership with these organizations' peer educators. However their continuation is less predictable as compared to those in schools as their full integration in other organizations is a process.

### **6.1 Availability of resources within local stakeholders to sustain the intervention**

The question of resources is in three parts, human, financial and material. Local organizations that were involved in the project such as schools, NGO's, Government arms such as district councils as well as church arms such as Parishes indicated that they were willing to provide mostly non-financial resources Caritas Education Secretariat in varying levels of planning, implementation and evaluation points toward appropriate resources by way of knowledge on how the project runs. However, financial resources are not as easily available, so in that respect not all local stakeholders have the appropriate resources to sustain the project. What this combination means is that activities that need little financial investment but require knowledge of teachers and trained peer educators will continue, ie school clubs; however activities needing

financial investment will fall short so overall, stakeholders do not have enough resources to sustain all the facets of the project but only some parts.

## **6.2 The project's survival beyond the implementation period**

- School clubs have made it clear they will continue existing and performing their function within their educational settings. The office of Caritas Education Secretariat in May had over 350 teachers from their country wide school network come together so that the trained teachers could share the SRH Club concept, all this with the view of extending the clubs to the rest of the country.
- However friendly corners and out of school interventions will struggle to continue after the end of the project because of the lack of financial resources. The local players at this level that is district councils, NAC and government ministries already have strained budgets and have not integrated the program into these budgets or even their program calendars of activities. The beneficiaries indicated that they are willing to continue with their Peer Education responsibly however at a small scale as they cannot meet the resource needs to sustain their activities on a grand scale hence the trajectory is less optimistic.
- It should be noted that stakeholders such as the Ministry of Health and Child Welfare and the Rural District Councils have indicated to continue providing the infrastructure such as rooms for Youth Friendly Corners. They indicated their limitation on personnel and financial resources needed to accompany the youth.

## **7 CONCLUSIONS AND RECOMMENDATIONS**

- The project used the IEC materials gathered from other organizations such as SAFAIDS, ZNFPC, PSZ, PSI, NAC and Action Institute as a means of disseminating information to the out of school young people and communities.
- The catholic schools involved other government schools in SRH activities though the foreseen target of 50 government schools was not reached.
- The project spent more than 70% of human and material resources and around 30% directly on the beneficiaries.
- The project despite one or two reservations was a good concept and we would recommend a national rollout because this project; (1)Builds the capacity of teachers and students (2) Give information desperately needed in the remote parts of the country (3) Give pupils a platform to discuss issues and get guidance they often do not get from home
- Bureaucracy should be factored into planning to avoid delays and changing of activities. It takes normally a year or more to get MoPSE approval and is now the exception rather than the rule to get authorization, something that should have been picked up in project planning.
- Project beneficiaries need increased mobility, especially the peer educators if the hub-satellite model is to be effective. While bicycles are cheaper in the long-term, transport allowances instead may be more practical in a case where multiple people need to travel.

- Rescheduling of projects should also automatically trigger updated logical frameworks, baseline data, budgets and all facets of the program so that the best use of resources is achieved in an efficient and focused manner

## **8. APPENDICIES**

- a) Evaluation Interview Guide for Stakeholders
- b) Evaluation Project
- c) Evaluation Interview Guide for Beneficiaries
- d) List of the Stakeholders and Beneficiaries interviewed for the evaluation.

## **APPENDICES**

a) **Evaluation Interview Guide for Stakeholders**

**Evaluation Interview Guide**

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am conducting an end of project Evaluation for COSV. The information we collect will help COSV to assess the impact of its interventions in complementing the government's efforts towards improving health services. The questions usually take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our evaluation team. You don't have to be in the evaluation, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you agree?

Do you have any questions? May I begin the interview now?

NAME OF INTERVIEWER:  
.....

SIGNATURE OF INTERVIEWER: .  
.....DATE:.....  
.....

STAKEHOLDER NAME  
.....

STAKEHOLDER INSTITUTION  
.....

EMAIL:  
.....

PHONE NUMBER  
.....

RESPONDENT AGREES TO BE INTERVIEWED	
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED	



Starting Time: ..... Ending  
Time.....



<b>1</b>	<b>RELEVANCE</b>
1.1	Did the project respond to the needs of the target groups? (If yes or no = explain)
1.2	Was the project adequate in its thematic area of intervention (SRH)? If yes or no = explain)
1.3	To what extent did you commit your participation as a stakeholder to the project?
<b>2</b>	<b>EFFICIENCY</b>
2.1	As an important stakeholder, did you find the COSV chosen implementation mechanisms conducive for achieving the expected results?
2.2	Was there involvement of stakeholders in planning, implementation, monitoring and evaluation of the project?
<b>3</b>	<b>EFFECTIVENESS</b>
3.1	Were the expected progresses in terms of outputs properly achieved?
3.2	Is the quality of outputs obtained from the processes satisfactory?
3.3	Are the outputs obtained leading to the expected outcomes?
<b>4</b>	<b>SUSTAINABILITY</b>
4.1	To what extent to do you, community and relevant stakeholders commit to the ownership of the project?
4.2	Do local stakeholders have appropriate resources to sustain the project/ interventions?
4.3	Do you see the project surviving beyond the implementation period?
<b>5</b>	<b>Recommendations and other observations</b>
5.1	What other observations did you note on the implementation of the project?

5.2	Any recommendations you may have for this project and COSV
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b) Evaluation Project

	<p>Title of the Action: Sexual and Reproductive Health Awareness and Support for young people in and out of school in Mashonaland West Province.</p>	
<p><b>Action implemented with assistance of the Delegation of the European Union to the Republic of Zimbabwe - contract n. DCI-NSAPVD/2013/325-413</b></p>		

**Final Evaluation**

Planned activity	Location	Time	Date
Travelling to Banket	Banket	08:30-09:30hrs	<b>Mon 30 May 2016</b>
Visit to Sacred Heart Club	Banket	09:30-10:30hrs	
Visit to peer educator	Banket	10:35-11:35hrs	
Travelling to Murombedzi	Murombedzi	11:35-12:45hrs	
Visit to Zvimba RDC	Murombedzi	14:00-15:00hrs	
Visit to St Bernards Club	Murombedzi	15:20-16:20hrs	
Come back to Harare	Harare	16:20-17:00hrs	
Travelling to Chinhoyi	Chinhoyi	08:00-09:10hrs	<b>Tue 31 May 2016</b>
Visit to Chinhoyi Municipality	Chinhoyi	09:10-10:10hrs	
Visit to PAC	Chinhoyi	10:15-11:15hrs	

Visit to MOHCC	Chinhoyi	11:20-12:20hrs		
Visit to Alpha/Lomsec College	Chinhoyi	12:20-13:20hrs		
Visit to Tariro Hope Club	Chinhoyi	14:00-15:00hrs		
Visit to Makonde RDC	Lionsden	15:00-16:00hrs		
Come back to Harare	Harare	16:00-17:20hrs		
Travelling to St Michaels	Mhondoro-ngezi	08:00-09:30hrs	<b>Wed 1 Jun 2016</b>	
Visit to Parish Priest+Peers	St Michaels Parish	09:30-10:20hrs		
Visit St Michaels High club	St Michaels	10:25-11:00hrs		
Visit St Michaels Primary Club	St Michaels	11:05-12:00hrs		
Visit to St Michaels Hospital	St Michaels	12:05-13:00hrs		
Travelling to Mhondoro RDC	Mamina	14:00-14:30hrs		
Visit to Mhondoro RDC	Mamina	14:30-15:30hrs		
Come back to Harare	Harare	15:30-17:00hrs		
Travelling to Chegutu	Chegutu	08:00-09:30hrs		<b>Thurs 2 Jun 2016</b>
Visit to Chegutu RDC	Chegutu	09:30-10:30hrs		
Visit to Municipality of Chegutu	Chegutu	10:35-11:35hrs		
Visit to St Francis high and primary club	Chegutu	11:40-13:00hrs		
Visit to Peers	Chegutu	14:00-14:50hrs		
Travelling to Martindale	Out of Chegutu	14:50-15:20hrs		
Visit Martindale Club	chegutu	15:20-16:20hrs		
Come back to Harare	Harare	16:20-17:00hrs		

Travelling to Chinhoyi	Chinhoyi	08:00-09:30hrs	<b>Fri 3 Jun 2016</b>
Visit to St Ruperts Peers (peers from St Ruperts to come to Chinhoyi)	Chinhoyi	10:00-11:00hrs	
Travelling to Mhondoro- Rural hospital	Mhondoro-Mubaira	11:00-12:30hrs	
Visit to Mhondoro Rural hospital	Mubaira	14:00-15:00hrs	
Come back to Harare	Harare	15:00-16:45hrs	

c) Interview Guide for Beneficiaries

## Evaluation Interview Guide

### INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am conducting an end of project Evaluation for COSV. The information we collect will help COSV to assess the impact of its interventions in complementing the government's efforts towards improving health services. The questions usually take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our evaluation team. You don't have to be in the evaluation, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you agree?

Do you have any questions? May I begin the interview now?

NAME OF INTERVIEWER:

.....

SIGNATURE OF INTERVIEWER: .

.....DATE:.....

.....

STAKEHOLDER NAME  
.....

STAKEHOLDER INSTITUTION  
.....

EMAIL:  
.....

PHONE NUMBER  
.....

RESPONDENT AGREES TO BE INTERVIEWED	
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED	

Starting Time: ..... Ending  
Time.....

<b>1</b>	<b>RELEVANCE</b>
1.1	Did the project respond to the needs of the target groups? (If yes or no = explain)
1.2	Was the project adequate in its thematic area of intervention (SRH)? If yes or no = explain)
1.3	To what extent did you commit your participation as a stakeholder to the project?
<b>2</b>	<b>EFFICIENCY</b>
2.1	As an important stakeholder, did you find the COSV chosen implementation mechanisms conducive for achieving the expected results?
2.2	Was there involvement of stakeholders in planning, implementation, monitoring and evaluation of the project?
<b>3</b>	<b>EFFECTIVENESS</b>
3.1	Were the expected progresses in terms of outputs properly achieved?
3.2	Is the quality of outputs obtained from the processes satisfactory?

3.3	Are the outputs obtained leading to the expected outcomes?
4	<b>SUSTAINABILITY</b>
4.1	To what extent do you, community and relevant stakeholders commit to the ownership of the project?
4.2	Do local stakeholders have appropriate resources to sustain the project/ interventions?
4.3	Do you see the project surviving beyond the implementation period?
5	<b>Recommendations and other observations</b>
5.1	What other observations did you note on the implementation of the project?
5.2	Any recommendations you may have for this project and COSV

a) List of the Stakeholders and Beneficiaries interviewed for the evaluation.

Name	Email/number	Institution
SR. Claris Gowu LCBL	archedusec@gmail.com	CARITAS – Archdiocese of Harare Education Secretariat
Kudzai Gomo	0776656597	Mhondoro-Ngezi RDC
Beauty Nyamwanza	bnyamwanza@nac.org.zw	NAC National office
Aveneni Mangombe	mangombeaveh@gmail.com	MoHCC
Yvonne Chavunduka	ychavunduka@nac.org	NAC Chinhoyi province
Morgan Maboreke	mpmaboroke@gmail.com	St Francis Primary School Hope Tariro Hope Primary School
Mrs. Chinhoyi		Hope Tariro Hope Primary School
Tsitsi Magwaro	makonderdc@gmail.com	Makonde RDC
Mrs. Mwenemusa	0773393004	Martindale Primary School
Mr. Matero	0715285583	Martindale Primary school
Tawanda Kangai	tawanda.kangai@yahoo.com	Chegututu RDC
Miss Lutuli	0778792406	St Benards Primary school
Sipariyasi Mugadagada	cosvsrhchinhoyi@gmail.com	COSV
Persuade Gwaba	persuadeg@cosvzimbabwe.co.zw	COSV

Chingama Andrew	andrewchingama@gmail.com	Mhondoro rural Hospital
C.N. Sango	0713265377	St Michaels Primary
Manzungu R	Manzungurobert@gmail.com	St Michael's Primary School
Miss Chataika	0779524873	St Michael's High
Mrs. Chitara	0775598824	Sacred Heart High school - Banket
Hope Rukawo	feliruki@gmail.com	St Francis High school
Andile Tembo	0717732492	Beneficiary/peer educator
Chesa		Beneficiary/ peer educator
Victor Bopoto	0783710938	Peer educator
Victor Mudzingwa	0771619673	Peer educator
Decent Machona	0774809069	Peer educator