END OF PROJECT EVALUATION

Peak Youth Tackling HIV Project: Restless Development Zimbabwe
Acknowledgments.

Restless Development is grateful to all those who participated in and facilitated this end of the Peak Youth project evaluation. We extend our gratitude to the National AIDS Council, the District Administrator, the Zimbabwe Republic Police, School Heads, and other implementing partners for their invaluable contributions in the evaluation.

Our sincere appreciation to respondents, participants and key informants identified in Hopley, Ushe wokunze, and Southlea Park, located in the South and South Western Harare. We would like to thank the Youth Leaders for mobilising the community to participate in the evaluation process.

Finally, we acknowledge the role played by the ACDRC team that carried out the end of project evaluation. We heartily thank all who participated in the process:

The Evaluation Team

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Mr. Archbold Nyere  Enumerator
Mr. Kudzai Makoni  Quality Assurance

List of Acronyms.

ACDRC  Africa Community Development and Research Centre
ASRH  Adolescent Sexual Reproductive Health
CRC  Convention on the Rights of the Child
CSE  Comprehensive Sexual Education
DA  District Administrator
DHS  Demographic Health Survey
ECD  Early Childhood Development
FFI  Formal Finance Institutions
FGDs  Focus Group Discussions
HIV  Human Immune Virus
ICPD  International Conference on Population and Development
IGA  Income Generating Activity
ISALs  Internal Saving and Lending Schemes
ISY  In School Youths
KAP  Knowledge, Attitudes and Perceptions
KII  Key Informant Interviews
M&E  Monitoring and Evaluation
MDGs  Millennium Development Goals
MEC  Monitoring and Evaluation Coordinator
MFI  Micro Finance Institutions
MICS  Multiple Indicator Cluster Survey
NGOs  Non-Governmental Organisations
OSY  Out of School Youths
SDG  Sustainable Development Goals
SRH  Sexual Reproductive Health
SRHR  Sexual Reproductive Health and Rights
STI  Sexually Transmitted Infections
YES  Youth Education Through Sport
YL  Young Leaders
YPN  Young People’s Network
ZNASP  Zimbabwe National HIV and AIDS Strategic Plan
# Table of Contents

Acknowledgments 2
List of Acronyms 2
Table of Contents 3
Executive Summary 4

## INTRODUCTORY BACKGROUND 8
1.1. Background of Restless Development 8
1.2. Programme Funding 8
1.3. Programme Design 8
1.4. Purpose and Objectives of the Evaluation 9

## EVALUATION METHODOLOGY 10
2.1. Study Sites 10
2.2. The Respondent Population 10
2.3. Data Collection, Tools and Techniques 10
2.4. Sampling, Sample Size, Frame and Distribution 11
2.5. Data Collection, Entry and Quality Control 12
2.6. Data Processing and Analysis 12
2.7. Characteristics or Demographics of the Sample 13
2.8. Limitations of the Evaluation 14

## EVALUATION FINDINGS AND DISCUSSION 15
3.1. Young People’s Knowledge of SRH, HIV and STIs 15
3.2. Sexual and Reproductive Health Attitudes and Practices 21
3.3. Access to Sexual and Reproductive Health Services 27
3.4. Young People and Civic Engagement 31
3.5. Sustainable Livelihoods 33
3.6. Program Relevance, Effectiveness, Efficiency and Sustainability 36

## LESSONS FROM THE EVALUATION 48
4.1. Lessons Learnt 48
4.2. Innovation and Good Practices 48

## CONCLUSIONS AND RECOMMENDATIONS 49
5.1. Recommendations 49
5.2. Identified Programme Gaps 51

## ANNEXES 52
EXECUTIVE SUMMARY

The endline evaluation for the Peak Youth Tackling HIV programme was commissioned by Restless Development, to assess the outcome results of its implementation in Hopley, Southlea Park and Ushewokunze, areas located in the Harare Province of Zimbabwe. The two—year Programme was funded by Comic Relief and Egmont Trust from December 2017 to November 2019. This report presents the findings, conclusions and recommendations.

The endline evaluation was conducted in December 2019. The evaluation used the mixed—methods approach (combining the use of qualitative and quantitative data collection and analysis methods). Data was gathered within a participatory and consultative atmosphere to maximize local people’s ownership of the process in line with Restless Development’s approaches of working with young people. The survey reached a sample of 255 young people from Hopley, Southlea Park and Ushewokunze.

Results at a Glance.

The endline evaluation’s assessment of results at outputs—level showed that the programme achieved and even surpassed all targets that it had set for numbers of young people to be reached with services. These findings are presented in the table below.

TABLE 1: ENDLINE EVALUATION PROGRAMME: OUTPUT—LEVEL RESULTS

<table>
<thead>
<tr>
<th>Outputs (No to be reached per outcome)</th>
<th>Target</th>
<th>Dec 2017 to Nov 2019 (A)</th>
<th>Dec 2018 to Nov 2019 (B)</th>
<th>Total (A+B)</th>
<th>Progress Achieved</th>
<th>Evaluation Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1 (reach)</td>
<td>8,640</td>
<td>4,521</td>
<td>5,042</td>
<td>9,563</td>
<td>+923 (110.7%)</td>
<td>Achieved</td>
</tr>
<tr>
<td>Outcome 2 (reach)</td>
<td>1,296</td>
<td>811</td>
<td>1,715</td>
<td>2,526</td>
<td>+1,296 (195%)</td>
<td>Achieved</td>
</tr>
<tr>
<td>Outcome 3 (reach)</td>
<td>220</td>
<td>87</td>
<td>192</td>
<td>279</td>
<td>+59 (126.8%)</td>
<td>Achieved</td>
</tr>
<tr>
<td>Outcome 4 (reach)</td>
<td>96</td>
<td>108</td>
<td>114</td>
<td>222</td>
<td>+126 (231.3%)</td>
<td>Achieved</td>
</tr>
</tbody>
</table>
As shown on page 4, the program exceeded its targeted reach, which means that its implementation was successful. Accordingly, it was effective at the first level of success.

As a result of the program’s surpassing of outputs targets, the evaluation revealed that the program tellingly contributed to significant positive changes in young people’s SRHR knowledge, attitudes and practices. Indeed, sharp differences were found between baseline and endline status as shown in Table 2:

**TABLE 2: ENDLINE EVALUATION PROGRAMME: OUTCOME—LEVEL RESULTS**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline Result 2017</th>
<th>Endline Result 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Outcome: Young people have comprehensive correct knowledge of Sexual Reproductive Health and Rights (SRHR) and confidence to claim SRHR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% YP with comprehensive knowledge on following SRH issues; HIV&amp;AIDS, signs and symptoms of STIs, physical development of the body, sexuality and contraception</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>43%</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>% YP who already engage in sex who can correctly and consistently use condoms</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>% YP who already engage in sex, engage in consensual, non-coercive sexual intercourse</td>
<td>78%</td>
<td>92%</td>
</tr>
<tr>
<td>% YP who are faithful to one partner and are aware of their HIV status</td>
<td>27%</td>
<td>25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Program Component</th>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Outcome: Increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment</strong></td>
<td>Service accessed</td>
<td>Baseline 2017</td>
<td>Endline 2019</td>
</tr>
<tr>
<td>% of YP accessing SRH services following training and awareness raising</td>
<td>HTS</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>STI screening and treatment</td>
<td>14%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>21%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td>60%</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>

*Table continues on the next page.*
Expected Outcome: Young people have the confidence, knowledge and skills to engage in decision making spaces and take action to influence targeted stakeholders

<table>
<thead>
<tr>
<th>Policy</th>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Youth Policy</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>NSRHS</td>
<td>31%</td>
<td>7%</td>
</tr>
<tr>
<td>ASRHS</td>
<td>45%</td>
<td>6%</td>
</tr>
</tbody>
</table>

% of young people with knowledge of policies affecting them

| National Youth Policy | 24% | 10% |
| NSRHS                | 31% | 7%  |
| ASRHS                | 45% | 6%  |

% young people participating in decision making platforms

<table>
<thead>
<tr>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Expected Outcome: Young people have skills and knowledge to claim sustainable livelihoods

<table>
<thead>
<tr>
<th># of YP engaged in sustainable livelihoods and Income Generating Activities</th>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>82 (22%)</td>
<td>21%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of YP participating in ISAL</th>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 (14%)</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

Recommendations.

i. Consider increasing technical support to young people in Hopley, Southlea Park and Ushewokunze to strengthen and intensify advocacy activities of demanding accountability and basic services and infrastructure (e.g. clinics, public schools, police post, community hall, recreational facilities, water and sanitation).

ii. As much as the evaluation proved that the program was generally successful in transforming the SRH situation of young people in the three sampled communities, there remains more work to be done before a possible exit of Restless Development from the communities. Therefore:

   a) Restless Development should start preparing local communities for its exit through meetings and workshops to reinforce the important lessons that they learned about locally managing the project during the program’s course.

   b) Restless Development needs to maintain a facilitating role, where its teams regularly visit the communities and hold meetings with young leaders to see how well they may be doing and support them in strategizing how best to address their challenges through home—grown solutions.

   c) The phase out process and its experiences should be started as a pilot process, being monitored and evaluated before happening at scale.

   d) Instead of a total exit from the communities, Restless Development may need to consider remaining in the same communities, but with a different thematic focus (e.g. economically empowering young people by supporting the meaningful establishment of ISALS and income—generating projects).
iii. Using increased funding proposed above, the programme will need to expand its scope to be implemented at scale to include the following recommended thrusts:

   a) Increasing mobile outreach services – have a day for service provision once a week. Include cancer screening in service provision.

   b) Increasing condom distribution points in the community.

   c) Introducing the peer educator model to institutions such as churches to broaden coverage and to reach community members within their environs.

   d) Building the capacity of teachers in private colleges to deliver comprehensive sexuality education to young people. This will contribute to the sustainability of the programme.

   e) Including public schools, health facilities, recreational areas and a police post in the target group of the programme.

iv. Improve the mode of SRHR information dissemination by:

   a) Use of visual aids such as videos, charts with pictures, drama and plays, and poems for effective delivery and retention of information by the beneficiaries.

   b) Facilitating parents—child communication activities on SRHR, involving open dialogues.

v. Expand the programme’s reach to the whole district to prevent or control for contamination of the target group with behaviours of neighbouring communities.

vi. Include decision makers in programme activities to engage with their communities. This can be achieved through platforms such as relevant parliamentary portfolio committees that the program established relationships with.

vii. Restless Development should increase the number of Young Leaders and teach them to be exemplary as they perceived as role models in the community.
1. INTRODUCTORY BACKGROUND

1.1. Background of Restless Development.

Restless Development is a global agency for youth—led development supporting young people to demand and deliver a just and sustainable world for all. The global agency is run by strategic hubs in ten countries across Africa, Asia and in the UK and USA—with a wider network of partners across the world. Restless Development has been working with young people since 1985 and its work is led by thousands of young people every year.

VISION: A world where young people demand and deliver a just and sustainable world
MISSION: To place young people at the forefront of development and change
GOALS: Restless Development works in 4 key goal areas which are:

A VOICE: A world where young people are active citizens, where institutions are accessible and responsive to young people, and where young people can influence those with power.

A LIVING: A world where young people can drive sustainable economies, where businesses and governments invest in and learn from young people’s enterprise, and where young people achieve a decent, sustainable living.

SEXUAL RIGHTS: A world where young people realize sexual and reproductive rights for all, where policies, attitudes and services advance people’s sexual and reproductive health and rights, helping to end AIDS and enabling young men and women to be free from discrimination

LEADERSHIP: A world where young people build resilient and sustainable communities, where the agency of young people and communities is at the heart of both preventing and solving arising challenges and emergencies.

1.2. Programme Funding.

The Peak Youth Tackling HIV programme was awarded £350,000 for two years (December 2017—November 2019) by Comic Relief for Hopley, Southlea Park and Ushewokunze and by Egmont in Ushewokunze.

In implementing other programmes, Restless Development is funded by donors that include Guard and Trust; Podcast Foundation; Amplify Change; HIVOS and DFID.

1.3. Programme Design.

The Peak Youth Tackling HIV Programme was implemented in Hopley Farm, Southlea Park and Ushewokunze, covering two districts of Waterfalls and Highfield. Epworth was dropped as a fourth area for programme implementation due to late approval.

The programme’s goal was to empower 8,640 young people aged 15—25 years so that they would be able to protect themselves against HIV and AIDS in the targeted areas.
Aim of the programme:
The programme was aimed at realizing the following specific objectives;
1. To empower young people with knowledge and skills to make better sexual health decisions to prevent contracting HIV
2. To increase access to treatment, care and support for young people
3. To build the capacity of young people in lobbying and advocacy skills to influence HIV and AIDS policies

Expected impacts of the program:
The expected impacts the program sought to contribute were the following:
1. Empowered young men and women aged 15—25 years have the capacity, skills and knowledge to mitigate the effects of HIV
2. Empowered young men and women aged 15—25 years have improved access to Youth Friendly SRHR services
3. Empowered young men and women aged 15—25 years engage actively with their duty bearers
4. Empowered young men and women aged 15—25 years engage in sustainable livelihoods

Program outcomes:
The following were the outcomes that the program expected to achieve;
1. Young people have comprehensive correct knowledge of Sexual Reproductive Health and Rights (SRHR) and confidence to claim SRHR
2. Increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment
3. Young people have the confidence, knowledge and skills to engage in decision making spaces and take action to influence targeted stakeholders
4. Young people have skills and knowledge to claim a sustainable livelihood

1.4. Purpose and Objectives of the Evaluation.

Purpose of the evaluation:
To assess the outcomes and impact of the Peak Youth Tackling HIV programme (Terms of Reference see Annex 1).

Main objectives of the evaluation of the evaluation were:
1. To enable Restless Development and its partners (e.g. Comic Relief, relevant ministries of the government of Zimbabwe and the community in which the programme was implemented, especially young people) to know and understand the outcomes and impact of the programme.
2. To determine the relevance, efficiency, effectiveness, impact and sustainability of the programme.

Specific objectives of the evaluation:
For the purposes of this end of programme evaluation, ACDRC evaluated the programme’s relevance, efficiency, effectiveness, programme outcomes and impact, sustainability. Consultants assessed Restless Development’s model of change as well as drew lessons learnt and made recommendations. Restless Development will utilize the results of the programme evaluation to improve the design of related programmes in the future.
2. EVALUATION METHODOLOGY

The evaluation applied the cross-sectional survey design, which entailed gathering data concerning the project’s activities and results at its various phases at one point in time without plans to collect similar information from the same sample. The evaluation used the mixed-methods approach (combining the use of qualitative and quantitative data collection and analysis methods). Data was gathered within a participatory and consultative atmosphere to maximize local people’s ownership of the process in line with Restless Development’s approaches of working with young people.

2.1. Study Sites.

The Peak Youth Tackling HIV programme in Zimbabwe programme was implemented by Restless Development in Harare Province in the outskirts locations of Harare that are known to be hotspots of HIV in the province. These were Hopley Farm, Southlea Park and Ushewokunze and they cover two districts of Waterfalls and Highfield.

2.2. The Respondent Population.

The evaluation’s respondents included program participants/beneficiaries who included both ISY and OSY, program implementers i.e. Restless Development, programme partners who included, Zimbabwe National Family Planning Council, National AIDS Council, Population Services International Zimbabwe, programme stakeholders and/or duty bearers who included relevant staff from the Ministry of Government and Rural and Urban Development, Ministry of Youth, Sport, Arts, and Recreation, Ministry of Home Affairs and Culture and Ministry of Primary and Secondary Education.

2.3. Data Collection, Tools and Techniques.

The evaluation team administered a structured questionnaire, held in-depth group and individual interviews, facilitated Focus Group Discussions (FGDs) and reviewed relevant data as follows;

2.3.1. Individual Questionnaire

A survey which was based on a representative sample of beneficiaries from the target beneficiaries was conducted. A standardized beneficiary questionnaire schedule adapted from the Baseline study was used to acquire views on knowledge, attitudes and perceptions (KAP) to inform the evaluation findings using KoBo Collect. The focus was mainly on programme beneficiaries, so as to assess the situation before and after programme implementation.

2.3.2. Focus Group Discussions (FGDs)

Programme beneficiaries of all ages were mobilized with the support of Restless Development to identify beneficiaries’ collective perceptions of the programme. FGDs were audio-taped for later transcriptions for accuracy. Each FGD comprised of 10 participants which were disaggregated by sex and age 2 FGDs were conducted in each study area.
2.3.3. In—depth face—to—face interviews

District level NGO partners, representatives from relevant government ministries, community representatives and Restless Development Staff partook in the evaluation through in—depth interviews. These interviews were held face—to—face and one—on—one, with a semi—structured interview guide used to keep the questions focused to the evaluation criteria. Each class of evaluation respondents had their own semi—structured interview guide that contained discussion matters relating to their association with the programme. Notes were taken to capture responses that were given.

2.3.4. Desk Review of Key Documents

The evaluation team reviewed key documents and findings were triangulated with or validated against the findings of the primary data collection.

2.4. Sampling, Sampling Size, Frame and Distribution.

The consultants used the same sampling techniques that were prescribed at Baseline. Random sampling was used to select study participants. Young people were randomly drawn from the areas of program implementation and the sample size was guided by the total number of young people that were drawn for the program. The sample size was calculated using Raosoft Sample Size Calculators. Using standard confidence level of 95% and a margin error of 5%, the sample size that was drawn was (255). Overall, the program document outlines that the program expected to reach out to young people at a percentage ratio of 60% females against 40% males. For in—school youths (ISYs) and out—of—school youths (OSYs), the programme intended to reach out to 60% ISY and 40% OSY. This was taken into cognizant in distributing the sample size in terms of respondent’s sex (58% female; 42% male); ISY 57% and OSY 43%; and respondent’s educational status (whether ISY or OSY). Using the above criteria, the following sample, was reached and interviewed through the survey questionnaire.

### TABLE 3: SAMPLE FOR ENDLINE EVALUATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Hopley</th>
<th>Southlea Park</th>
<th>Ushewokunze</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>27</td>
<td>17</td>
<td>64</td>
<td>108</td>
</tr>
<tr>
<td>Female</td>
<td>45</td>
<td>38</td>
<td>64</td>
<td>147</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>55</td>
<td>128</td>
<td>255</td>
</tr>
</tbody>
</table>

**ISY**

<table>
<thead>
<tr>
<th>Male</th>
<th>Primary</th>
<th>0</th>
<th>0</th>
<th>34</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary</td>
<td>12</td>
<td>7</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>7</td>
<td>53</td>
<td>72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
<th>Primary</th>
<th>1</th>
<th>1</th>
<th>31</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary</td>
<td>16</td>
<td>17</td>
<td>7</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
<td>18</td>
<td>38</td>
<td>73</td>
</tr>
</tbody>
</table>

**OSY**

<table>
<thead>
<tr>
<th>Male</th>
<th>15</th>
<th>10</th>
<th>11</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>28</td>
<td>20</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>30</td>
<td>37</td>
<td>110</td>
</tr>
</tbody>
</table>

Table continues on the next page.
In Ushewokunze, the programme targeted young people aged 10—35 years. Therefore, in Ushewokunze the sample included ISY at primary level so as to reach out to the young people below the age of 10 to 15 years. Overall, the sample for Ushewokunze will be bigger than sample size for the other two areas. This is because the program activities in Ushewokunze were being funded by two donors which are Comic Relief (Targeting YP: 15—25 years) and Egmont Trust (Targeting YP: 10—35 years). Therefore, for cost efficiency, the evaluation for the two donors will be combined into one.

**Sampling for FGDs:** 60 participants were randomly sampled for two groups of OSY and Young Leaders who had not been selected as respondents to the questionnaire to avoid bias. Two FGDs were therefore held in each of the three sites (Ushewokunze, Southlea Park and Hopley Farm), one with OSY and another with Young Leaders. Ten participants evenly distributed along lines of gender participated in these FGDs.

**Sampling for in—depth interview respondents:** Fourteen key informants were purposively selected based on the evaluation team’s discretion of their work with young people. Key informants were identified from the Ministry of Government and Rural and Urban Development; the Ministry of Youth, Sport, Arts and Recreation, the Ministry of Primary and Secondary Education; the Ministry of Home Affairs and Culture; the Zimbabwe National Family Planning Council; the National AIDS Council; Population Services International – Zimbabwe; private college; Restless Development; and beneficiaries. The full list of in—depth interview respondents is annexed (Annex 3).

### 2.5. Data Collection, Entry and Quality Control.

Data was collected over a period of six working days and the team adhered to the fieldwork itinerary, visiting Hopley Farm (13—16 December); Ushewokunze (17—18 December) and Southlea Park from 19—20 December 2019.

The evaluation team’s approach to quality assurance was process oriented and it aimed at preventing unacceptable practices at every stage of the study as well as minimizing systematic and random errors in data collection. Enumerators were trained and provided with rigorous supervision during fieldwork to minimize non—sampling errors. Data validation checks and skip patterns in the electronic data collection template were used to ensure only valid entries were captured. The data manager constantly assessed the quality of data collected to ensure missing data and validity issues were addressed during fieldwork. Credibility, transferability, dependability and conformability were used as benchmarks for data quality assurance.

### 2.6. Data Processing and Analysis.

**Data processing:** Data validation checks were used to ensure that only valid data was captured. Frequency tables were used to check for completeness and consistency of data. Data was exported from KoBo to SPSS for analysis. Data matrices in Word and Excel were used to capture qualitative data onto the computer.

**Data Analysis:** A Likert scale model was used to assess progress made towards achieving the Peak Youth programme outcomes. The assumptions used in this report are based on a three—point rating scale that introduces differentiation between ratings and allows for a more distinctive performance assessment.
While additional assessments were qualitative, the performance status and ratings were:

i. Achieved: >50% is

ii. Partially achieved 40 – 49% is

iii. Not achieved: < 39% is

Cross tabulations and statistical tests were used for the assessment of programme Outputs to enhance interpretation of quantitative data were necessary. Data matrices in Word were used to analyse qualitative data from FGDs and KIIIs. A thematic content analysis in line with the evaluation objectives was conducted to interpret qualitative data. Reflective discussions on emerging themes and reference to key observations documented in field notes were used to aid qualitative data analysis.

2.7. Characteristics or Demographics of the Sample.

The evaluation surveyed 255 young people whose distribution along lines of gender and geographical location is displayed in Figure 1 below.

**FIGURE 1: DISTRIBUTION OF SAMPLE BY SEX AND AREA**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopley</td>
<td>45</td>
<td>27</td>
<td>72</td>
</tr>
<tr>
<td>Southlea Park</td>
<td>38</td>
<td>17</td>
<td>55</td>
</tr>
<tr>
<td>Ushewokunze</td>
<td>64</td>
<td>64</td>
<td>128</td>
</tr>
<tr>
<td>Total</td>
<td>147</td>
<td>108</td>
<td>255</td>
</tr>
</tbody>
</table>

Figure 1 above shows that 58% of the surveyed 255 young people were female and 42% male. The largest proportion of these was from Ushewokunze, where 128 youth equally distributed by gender participated, followed by Hopley (72 youth including 46 young men and 27 young women) and Southlea Park with 55 (38 young men and 17 young women). A further disaggregation of the sample by age and geographical location in displayed in Figure 2 below.

**FIGURE 2: DISTRIBUTION OF RESPONDENTS BY AGE AND AREA**

<table>
<thead>
<tr>
<th></th>
<th>Hopley</th>
<th>Southlea Park</th>
<th>Ushewokunze</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 15 Years</td>
<td>18</td>
<td>6</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>16 - 20 Years</td>
<td>41</td>
<td>34</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>21 - 25 Years</td>
<td>10</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>26 - 30 Years</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>31 - 35 Years</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>55</td>
<td>128</td>
<td>255</td>
</tr>
</tbody>
</table>
As shown in Figure 2, the sampled 255 young people were aged 10—35 years old. Most respondents were found to be in the 10—15 years age group (106), followed by those aged 16—20 years (99). Youth aged 26—35 years were made the smallest fraction of the sample (14). This is an area the programme may have to consider moving forward if the targeted young people should be aged above 25 years. Coupled with what was discussed under limitations (section 2.8) on the definition of out—of—school youth, this becomes even more important to explore.

2.8. Limitations of the Evaluation.

The evaluation was carried out during the school holidays, which made it difficult to mobilise the in—school beneficiaries of the programme. Most in—school beneficiaries had either travelled for the holidays or were just not reachable at the time of the survey.

Secondly, the focus on Grade 3 as the minimum for information sharing lumps together children that are 8 and 9 years and yet the minimum age to be included in the programme is 10 years. Even though they went through the sessions, the 8 and 9—year olds were included in the survey but are outside the minimum cut—off age of 10 years. They may be too young to be included in SRHR sessions. However, this was only experienced in Ushewokunze, an area expected to reach young people aged 10—35 years where funding is received also from Egmont Trust who pegged that age bracket, and 15—25 years in Southlea Park and Hopley.

Coupled with the above, community mobilization was not adequately done, especially in Ushewokunze, resulting in the sample for the survey component of the evaluation falling below the desired size.
3. EVALUATION FINDINGS AND DISCUSSION

This chapter presents the evaluation’s findings, and these are organized into themes that include young people’s SRH knowledge, attitudes and practices; young people’s access to SRH services, including information; young people’s participation in civic engagement and in sustainable livelihoods. On the basis of findings on these themes the chapter proceeds to delve into the performance of the project as measured by its relevance, effectiveness, efficiency, impact (if any yet) and sustainability.

3.1. Young People’s Knowledge of SRH, HIV and STIs.

Expected Outcome 1: Young people have comprehensive correct knowledge of Sexual Reproductive Health and Rights (SRHR) and confidence to claim SRHR.

Indicators:
- % YP with comprehensive knowledge on following SRH issues; HIV&AIDS, signs and symptoms of STIs, physical development of the body, sexuality and contraception
- % YP who already engage in sex who can correctly and consistently use condoms
- % YP who already engage in sex, engage in consensual, non—coercive sexual intercourse
- % YP who are faithful to one partner and are aware of their HIV status

The programme surpassed the set target for Outcome 1, with an achievement rate of 110.7% based on the 3 level Likert scale adopted for the evaluation of outcomes as shown in Table 4 below.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
<th>Dec 2017 to Nov 2019 (A)</th>
<th>Dec 2018 to Nov 2019 (B)</th>
<th>Total (A+B)</th>
<th>Progress Achieved</th>
<th>Evaluation Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Young people have comprehensive correct knowledge of Sexual Reproductive Health and Rights (SRHR) and confidence to claim SRHR</td>
<td>8,640</td>
<td>4,521</td>
<td>5,042</td>
<td>9,563</td>
<td>+923 (110.7%)</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

According to Table 4 above, the programme reached 9,563 young people of the targeted 8,640 through different modes of information sharing that included SRHR sessions in and out of school, campaigns, and community dialogues. Information disseminated covered the realities and implications of a range of SRH matters on lives of young people, including HIV and AIDS, signs and symptoms of STIs, physical development of the human body, sexuality and contraception.
3.1.1. Knowledge of HIV and AIDS

Comprehensive knowledge on HIV was measured by calculating respondents’ knowledge of risky behaviours of HIV, ability to reject myths about HIV and AIDS, as well as knowledge of the prevention of HIV.

Comprehensive correct HIV/AIDS knowledge is defined as the ability to correctly identify two major ways of preventing the sexual transmission of HIV and reject the most common misconceptions about HIV transmission. The young people who answered correctly on (i) HIV risk behaviours (ii) prevention measures for HIV and (iii) rejected the myths and misconceptions about HIV were deemed to have comprehensive knowledge. The endline evaluation adopted an average of 40% for males and females with comprehensive knowledge, as the minimum value (used at baseline) for young to be considered as having comprehensive knowledge.

Based on this minimum cut-off, the overall comprehensive knowledge for young males and females has increased from 40% at baseline in 2017 to 79% at endline in 2019, a 39% improvement over the two years (Table 5). Comprehensive knowledge has improved for young males and females across the three indicators of knowledge of risk behaviours, rejecting myths and misconceptions about HIV and having correct knowledge of preventing HIV infection. Comprehensive knowledge increased from 37% for females to 77% and from 43% to 79% for males.

TABLE 5: COMPREHENSIVE KNOWLEDGE OF HIV AND AIDS BY SEX

<table>
<thead>
<tr>
<th>Assessment Criteria</th>
<th>Female Baseline (N=218)</th>
<th>Female Endline (N=147)</th>
<th>Male Baseline (N=152)</th>
<th>Male Endline (N=108)</th>
<th>Overall Baseline (N=370)</th>
<th>Overall Endline (N=255)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with correct Knowledge of Risk Behaviours</td>
<td>32%</td>
<td>86%</td>
<td>36%</td>
<td>80%</td>
<td>34%</td>
<td>83%</td>
<td>49% points</td>
</tr>
<tr>
<td>% who correctly rejected myths and misconceptions about HIV</td>
<td>49%</td>
<td>68%</td>
<td>55%</td>
<td>68%</td>
<td>52%</td>
<td>73%</td>
<td>21% points</td>
</tr>
<tr>
<td>% with correct knowledge of the Prevention measures for HIV</td>
<td>31%</td>
<td>76%</td>
<td>38%</td>
<td>89%</td>
<td>35%</td>
<td>80%</td>
<td>45% points</td>
</tr>
<tr>
<td>Average Comprehensive Knowledge %</td>
<td>37%</td>
<td>77%</td>
<td>43%</td>
<td>79%</td>
<td>40%</td>
<td>79%</td>
<td>39% points</td>
</tr>
</tbody>
</table>

Similarly, comprehensive HIV knowledge disaggregated by type of youth (i.e. in—school versus out—of—school youth) improved. Overall, it increased by 35 percentage points from 41% at baseline to 76% at endline (i.e. from 34% to 79% for out—of—school youth and from 48% to 71% for in—school youth).

Lastly, an assessment of comprehensive knowledge of HIV by age of the young people indicates that it increased from 45% at baseline to 70% at endline evaluation. The effect of in—school sessions on SRHR information dissemination is clearly shown in the 10 to 15 years age group who had a low rate of comprehensive knowledge at 29% at baseline but increased to 77% at endline. A table with additional information on comprehensive knowledge by sex, age, and in and out of school is attached (Annex 2).
Focus Group Discussions confirmed that young people gained comprehensive knowledge on HIV and AIDS as a result of the programme’s efforts.

‘There is now behavioral change among young people and adults as well. The change is now noticeable as community members are now self-aware and no longer engage in risky or violent behaviours. We have noticed a positive change in young people’s health seeking behaviours’ (Young Leaders, Hopley Farm).

‘Before Restless Development came, the closest health facility was in Highfield and not accessible, and hence many people were not aware of their HIV status. Once mobile clinics were introduced, we found that some people could now opt to get tested. Many people were tested as a result’ (Young Leaders, Ushewokunze).

Restless Development debunked some of the myths that were previously held by young people.

‘People were relying on street knowledge, that is, different myths and people’s opinions not based on facts’ (OSY, Ushewokunze).

---

Some of the myths dispelled through SRHR sessions

i. A virgin cannot be living with HIV.

ii. One can know the HIV status of the next person judging by someone’s outward appearance.

iii. If one takes a bath soon after having unprotected sexual intercourse, s/he will not contract HIV or any STI.

iv. If one sexually engages someone with HIV, the HIV virus in the infected person will be transferred to his/her sexual partner, leaving him/her HIV-negative.

v. A girl or young woman will not fall pregnant through her first sexual encounter.

‘After being taught, we now know that even though a person has not slept with anyone, it is very possible that one can be living with HIV because people do not contract HIV only through sex, some contract HIV at birth and some might contract it though sharing of sharp objects with someone who is also positive’ (OSY, Ushewokunze).

---

3.1.2. Knowledge of STIs

There is a general increase in knowledge of STIs among both in-school and out-of-school youth (Figure 3). For example, in 2017 only 18% of in-school youth and 28% of out-of-school youth knew about Syphilis compared to 34% and 66% in 2019, respectively. For gonorrhoea, 16% of in-school and 22% of out-of-school knew about this STI compared to 40% and 71%, respectively, who knew at the end of the programme. A similar trend is observed for HIV, chancroid, candidiasis and herpes. A decline was observed in the percentage of those who had no knowledge from 22% to 6% for the in—school youth, and from 6% to 3% for the out of—school youth.
Young people confirmed in FGDs that they were taught about some of the STIs like Chancroid, HIV/AIDS, syphilis and Herpes; about risky behaviour that could lead one to contract STIs; and how to prevent STIs.

‘Most of the time when it comes to STIs, people do their business or know their statuses secretly. If people could hear that you had an STI it is very shameful as they could laugh at you. People still get treated secretly, the stigma and discrimination is still in the community’ (OSY, Southlea Park).

The increase of knowledge of STIs is further shown by how young people were able to identify STI symptoms as the percentage has increased at programme end-line evaluation compared to the baseline (Figure 4). The increase in knowledge is observed across all the symptoms for both in—school and out—of—school youth. The percentage of those who respondent ‘Don’t know’ decreased from 52% at baseline in 2017 to 13% for in—school youth, while it declined from 30% to only 6% for the out—of—school youth. An assessment of young people’s knowledge of the common symptoms of STIs is shown by the graph below.
In Focus Group Discussions, young people highlighted that Restless Development to protect themselves against HIV, STIs and unwanted pregnancies by using condoms, which are provided freely at clinics and other institutions. Young people were able to share information on some of the STI symptoms:

‘We were told that one can notice that he/she has chancroid when her/his private parts has sores and also one might have unusual rashes and an unusual discharge from their private parts’ (Ushewokunze OSY).

### 3.1.3. Knowledge of Human Development

An assessment of the changes that happen to girls and boys during puberty indicates that both in and out—of—school youth had high knowledge of what happens in the development of the human body. Young people considered to have knowledge of puberty were those who were able to list physical changes that happen in boys (broadening of chest and shoulders; increase in size of genitals; growth of pubic hair) and girls (growth of breast; growth of pubic hair; widening of hips; and onset of menstruation). However, the percentages for endline assessment were slightly lower than those from the baseline except for knowledge of changes in boys for in—school youth which increased from 60% in 2017 to 76% in 2019 (Figure 5).

![Knowledge of changes during puberty](image)

### 3.1.4. Young People Engaging in Non—Coercive and Consensual Sex

Young people are engaging in consensual, non—coercive sex. Of the 255 respondents in the survey, 63 were sexually active (46 females and 17 males). Of those sexually active, 87% of males and 54% females reported that they engaged in consensual sex at endline evaluation. The result at endline is higher for males (87%) compared to baseline (78%) while it is lower for females at 54% compared to 92% at baseline as presented in Figure 6. There is need to continue to strengthen young people’s capacities to negotiate for safe, non—coercive sex.

---

1 Sex was considered to be consensual if the respondent engaged in sex for the love of it, not because they were (a) forced, (b) manipulated and/or (c) too desperate to refuse.

2 (The number of young people engaging in consensual, non—coercive sex/the number of young people engaged in sexual activities) x 100
### FIGURE 6: YOUNG PEOPLE ENGAGING IN CONSENSUAL SEX

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endline 2019</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>13</td>
<td>46</td>
</tr>
<tr>
<td>YES</td>
<td>87</td>
<td>54</td>
</tr>
<tr>
<td><strong>Baseline 2017</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>YES</td>
<td>78</td>
<td>92</td>
</tr>
</tbody>
</table>

“Before I met Restless, I was overwhelmed by peer pressure in terms of engaging in sexual intercourse because in this area, sex is like buying a chicken, it is easily available and accessible. I was surrounded by sexually active friends and felt left out because I had decided not to engage in sexual intercourse, but I didn’t have enough information to justify my abstinence. But through this training we were taught that sex is not about something that you just do, it has responsibilities. So, when I stopped engaging in sex, I knew that no one would pressure me into having sexual intercourse because I now had the knowledge and I now know the consequences of engaging in sexual intercourse.”

(Young Leaders, Hopley Farm)
3.2. Sexual and Reproductive Health Attitudes and Practices.

**Expected Outcome 2**: Increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment.

**Indicators:**
- % of YP accessing SRH services following training and awareness raising, (HTS, family planning, contraceptives, STI screening and treatment)
- % of YP within the catchment area of the service report that the services they received are youth friendly
- # of health service providers supported to implement youth friendly SRHR service delivery

The Peak Youth Tackling HIV programme increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment. The programme target was to reach 1,296 young people and this target was surpassed as almost double the number was reached (2,526) giving an achievement rate of 195%. Table 6 below profiles the evaluation’s findings on programme performance under Outcome 2.

**TABLE 6: ASSESSMENT OF OUTCOME 2**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
<th>Dec 2017 to Nov 2019 (A)</th>
<th>Dec 2018 to Nov 2019 (B)</th>
<th>Total (A+B)</th>
<th>Progress Achieved</th>
<th>Evaluation Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2: Increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment</td>
<td>1,296</td>
<td>811</td>
<td>1,715</td>
<td>2,526</td>
<td>+1,296 (195%)</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

3.2.1. Measures to Protect Self from HIV and other STIs

The findings from the survey indicate, as shown in Figure 7, that there is an increase in the proportion of young people who are protecting themselves from HIV and other STI’s. Compared to the baseline data (17%), 48% of young people indicated that they protect themselves by correctly and consistently using a condom. Even though there is a decline in percentage against the baseline 38% abstained against a baseline of 42%. There was an increase in those being faithful to one uninfected partner from 13% at baseline to 35%. Lastly, only 5% indicated that they did nothing to protect themselves, which a significant decline from the 19% who had not protected themselves at baseline.
Young people acknowledged that they were taught about correct and consistent use of condoms to prevent HIV, STIs and unwanted pregnancies through the Peak Youth HIV programme. The SRHR sessions included demonstrations of how to use a condom.

‘We were corrected from some of the wrong information we had like to fully protect yourself using condoms you should wear more than one...we were told this was very wrong as the probability of bursting the condoms if they are more than one was very high’ (OSY, Ushewokunze).

‘We were also taught to be faithful to one sexual partner. We were also encouraged to abstain from sex’ (OSY, Southlea Park).

### 3.2.2. SRH Practices

Young people engage in various practices that expose them to the risk of infection and/or failure to prevent themselves from contracting HIV and STIs. At baseline, four questions were asked separately with Yes/No responses. For analysis purposes, the ‘Yes’ responses to the questions are presented in Figure 8 for comparisons of the practices among young people. The results show a general increase in knowledge across all the four indicators. The endline evaluation results indicate that 83% of young people engaging in sex know their HIV status compared to 26% at baseline. Similarly, 63% knew the HIV status of their partner compared to 15% in 2017; 53% used a condom at last sexual encounter compared to 13% at baseline; and 95% knew the risk of having multiple sexual partners against 41% at baseline in 2017.
Assessing the reasons why a condom was not used at the last sexual encounter, the reasons put forward at endline evaluation are similar to those given at baseline (Figures 9 and 10). What is worrying is the increase in the number of young people who didn’t think it was necessary to use a condom. 37% at baseline increasing to 57% at endline evaluation. This could be arising from the belief that once one is circumcised there is no need to use a condom for protection, and the use of PrEP mentioned in FGDs. Another finding to note is that even though 5% of young people indicated at baseline that they did not use a condom because they are expensive, none of the respondents mentioned expense at endline. This is an indication that the programme is reaching more young people with freely distributed condoms.

“Nowadays, young people are no longer afraid to take condoms to protect themselves from HIV and STIs. When we started the programme, it was embarrassing for young people to take condoms. Now they are free to take them. Even when we do exhibits, they come to ask for condoms and they are now free to even talk about engaging in protected sex. In terms of sexual rights, we know that some young people are already engaging in sexual intercourse, but as a result of these SRHR sessions, young people are now aware of their right to consensual sex and requesting to use a condom. They are also now aware of STIs and even when they engage in sex, this is from an informed position. Young people are also aware of sexual health beyond the sexual act, including good hygiene practices.”

(Young Leaders, Hopley Farm)
3.2.3. Frequency of Condom Use

Correct and consistent use of condoms is encouraged for all population subgroups as this prevent infections from HIV and STIs and prevents early and/or unwanted pregnancies. Young males use condoms more than their female counterparts, with an increase in use recorded at endline evaluation (Figure 11). 47% of young men reported using a condom every time at endline, increasing from 34% at baseline in 2017, while those who used condoms almost every time increased from 9% to 24%. Those who have never used a condom has declined from 17% to 6%.

For young females, 16% noted that they used a condom every time they had sex. However, this was a decline from the 30% who indicated condom use every time in 2017. There was an increase from 3% at baseline to 13% endline evaluation for young females who indicated that they use condoms almost every time. A decline was also noted in young people who never used a condom from 50% in 2017 to 41% at endline. Despite the decline, the percentage is still very high.

**FIGURE 11: FREQUENCY AND CONSISTENCY IN CONDOM USE**

Findings from FGDs confirm the increase in the use of condoms among young people, noting that the demand for condoms exceeds supply.

‘Demand for condoms has increased to such an extent that they are no longer enough to cater for everyone who wants to use them here in Hopley’ (OSY, Hopley).

‘Whenever someone seeks protection from here (Tariro clinic) he/she gets a pack with three condoms no matter how frequent you come to get them’ (OSY, Hopley).

Even though there is an increase in the number of young people who reported using condoms in the survey, Ushewokunze and Southlea Park still experience a limited supply of free condoms as expressed by participants in FGDs.

‘Use of condoms is not very common among youth for a number of reasons like unavailability of the services and the expenses of accessing the services’ (OSY, Ushewokunze).

‘In this community we can say there is no youth friendly healthy service delivery, the youth still have no access to cheap condoms for example’ (Young Leaders, Southlea Park).
3.2.4. Age of Engagement in Sexual Activities

The endline evaluation found contrasting trends in the ages at sexual debut for three different age groups as well as between males and females as shown in the chart below.

FIGURE 12: AGE AT FIRST SEXUAL ENCOUNTER FOR YOUNG PEOPLE IN VARIOUS AGE GROUPS

As shown above, there was a decline in the proportion of young people debuting sex at the ages of 11–15 years, albeit more so among males than among females. The proportion of young men who had sex in that age group sharply declined from 58% at baseline to 5% at endline – a 53 percentage points decline. This is decline much
sharper than for young women (from 22% at baseline to 10% at endline). A reverse pattern was noted for the 16—18 years group, as the proportion of these youth debuting sex increased from 12% at baseline to 45% at endline for males and from 25% to 45% for females. For those above 18 years the evaluation found contrasting results for young men and young women. Whereas for the former the proportion debuting sex at ages above 18 years increased from 30% to 50% among young men, it decreased among young women from 58% at baseline to 45% at endline. Here it is noticeable that less and less children (11—15 year olds) were found indulging in sexual activities, hence the increase in proportions of debutants of sex in the 16—18 years and above 18 years (young women only) age groups.

3.2.5. Young People Awareness of HIV Status
The Peak Youth Tackling HIV programme was very successful in reaching adolescents and young people with HIV Testing Services. The evaluation found a marked increase in the number and proportion of young people who knew their status from baseline to endline stages as shown below.

FIGURE 13: PERCENT OF YOUNG PEOPLE KNOWING OR NOT KNOWING THEIR HIV STATUS

As demonstrated in Figure 13 above, by the end of the programme 78% of young males and 85% of young women knew their HIV status compared to only 27% of young males and 25% of young females at the start of the programme. A gendered gap in HIV test uptake is readily visible here, as young women taking up HIV tests and knowing their status outnumbered young men who did the same by seven percentage points (i.e. 85% versus 78%). This may be due to the different health seeking behaviours between men and women.

Most young people had recently tested for HIV at the time of the evaluation. 57% had tested in the last 1—3 months while the majority of those who had tested at baseline (42%) had tested in the last 4—6 months.
3.3. Access to Sexual and Reproductive Health Services.

**Expected Outcome 2:** Increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment.

**Indicators:**
- % of YP accessing SRH services following training and awareness raising, (HTS, family planning, contraceptives, STI screening and treatment)
- % of YP within the catchment area of the service report that the services they received are youth friendly
- # of health service providers supported to implement youth friendly SRHR service delivery

3.3.1. Institutions for Accessing SRH Information and Education

The main sources of information on SRHR for both in—school youth (ISY) and out—of—school youth (OSY) in 2017 and 2019 were the hospitals, clinics and Community Centre. The table below enlists the sources of SRHR information that ISY and OSY relied on, differentiating between the baseline and endline stages.

**TABLE 7: SOURCE OF SRHR INFORMATION AND EDUCATION**

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Baseline 2017</th>
<th>Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ISY and OSY</td>
<td>OSY</td>
</tr>
<tr>
<td>Hospital</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Clinic</td>
<td>17%</td>
<td>30%</td>
</tr>
<tr>
<td>Community Centre</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Radio</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Television</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>School</td>
<td>42%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The above table demonstrates the programme’s positive influence on OSY and ISY information—seeking behaviour, given that there was a sharp increase in young people’s reliance on the clinics and community centres – the very channels through which the programme conveyed SRHR information.

\(^3\)Questionnaire for the endline survey unintentionally missed ‘School’ as a category for question Q402
In our community, we do not have any clinic whatsoever unlike other areas where they have a clinic and a Youth Resource Centre as well. So, our community took advantage of those mobile clinics and we reached out to young people and informed them of the services they could get easily. Before mobile clinics were introduced, young people did not know where to access condoms. Right now, young people even come to us asking for condoms in the community.

(Young Leaders, Ushewokunze).

3.3.2. SRH Services Accessed by Young People

SRHR services accessed by young people in Hopley, Southlea Park and Ushewokunze include STI screening and treatment, HIV Testing Services (HTS) contraceptives and counselling services. The table below compares the proportions of young people in each programme site who accessed specific SRH services at baseline versus at endline.

<table>
<thead>
<tr>
<th>Service type</th>
<th>Uptake at Baseline 2017</th>
<th>Uptake by Endline 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hopley</td>
<td>Southlea Park</td>
</tr>
<tr>
<td>STI Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI Treatment</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>HTS</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>33%</td>
<td>16%</td>
</tr>
<tr>
<td>Counselling</td>
<td>33%</td>
<td>74%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 7 shows fluctuant patterns of evaluative interest. No baseline figures were available for STI screening uptake, but at endline Hopley recorded the highest STI screening uptake of 54%, followed by Ushewokunze (31%) and Southlea Park (15%). This uptake will serve as the baseline for the next evaluation of the programme, and it suggests that STI screening needs more intensive promotion, especially in Southlea Park and Ushewokunze. A decline in STI treatment is noticeable, from 25%, 5% and 13% in Hopley, Southlea Park and Ushewokunze to 14%, 0% and 0% respectively. This suggests a decline in STI incidence, according to the evaluation’s FGDS and in-depth interviews, which suggested positive behaviour change in the form of reduced risky sexual behaviours among the target group. Courtesy of the programme’s efforts, the uptake of HTS, which is the starting point of positive behaviour change, was found to increase markedly from 8% in Hopley, 5% (Southlea Park) and 0% (Ushewokunze) to 42%, 11% and 10% respectively. There is room for further improvement, nonetheless. Contraceptive and counselling uptakes, especially the latter, declined from 33%, 16% and 13% (contraceptives in Hopley, Southlea Park and Ushewokunze respectively) and 33%, 74% and 75% (counselling in Hopley, Southlea Park and Ushewokunze) to 14%, 4% and 14% (contraceptives) and 18%, 0% and 30% (counselling services) respectively. Reasons for the decline in the uptake of counselling services will need to be investigated through operations research and addressed.

‘People are treated here (Tariro clinic) and at Chiedza. People are very free to come here at Tariro Youth Centre and get tested. We come every Wednesday if we want to get tested... sometimes we even come just to relax at this Youth Centre... that’s how free and open it is’ (Hopley OSY).

Even though the findings indicate high reporting of condom use by young people, some are still not confident to use them, as expressed in FGDS in Ushewokunze:

‘As young people we are still being ashamed to talk about SRHR and we cannot even tell each other important information like where we can access protection as we are afraid of being judged and labelled. Even when we know who can give us the condoms like Restless Development Young Leaders, we are still ashamed to go and request them’ (OSY Ushewokunze).

3.3.3. Support Groups
Community systems such as support groups are very important for peer support and information sharing. An assessment on knowledge of availability of support groups, indicates that there is an increase in the number of young people who knew of a support group in Hopley and in Southlea Park compared to those who knew at the beginning of the Peak Youth Tackling HIV programme in 2017 (see Table 9). However, there was a decline in Ushewokunze.

<table>
<thead>
<tr>
<th>Status on support group membership</th>
<th>Southlea Park</th>
<th>Hopley</th>
<th>Ushewokunze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>81</td>
<td>162</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>94</td>
<td>185</td>
</tr>
</tbody>
</table>
3.3.4. Knowledge of and Engagement of Young People Network (YPN)

There is increased knowledge of and engagement with the Young People's Network in Hopley, Southlea Park and Ushewokunze. At the end of the Peak Youth Tackling HIV programme, 20% of young people noted that they knew of the YPN compared to only 6% at the beginning of the programme. The YPN is critical for young people in accessing SRH services, information and participating in SRH decision making. The percentage of young people engaged or had an interaction with the YPN increased from 2% at baseline in 2017 to 87% at the end of the two—year programme.

3.3.5. Assessment of Health Care Facilities and Youth Friendly Services

The baseline assessed health care providers in the areas of implementation. The assessment process used a scoring and rating system in which the health providers were assessed on the services they offer, the effectiveness, equitable, acceptability, and appropriateness. Note that the endline evaluation did not conduct such an assessment. As such there are no results to compare with the baseline. It is important, however, to highlight that of the three areas, only Hopley has a clinic and a Youth Centre. Southlea Park and Ushewokunze depend on outreach programmes, private clinics and commuting to other areas for health services.

Restless Development brought SRHR services through outreach to the three underserved areas, young people from Ushewokunze have expressed the need for more efforts to bring services closer to the people.

“ The programmes of STI screening here in Ushewokunze are very scarce. We do not have organisations or partners that are readily available in our community to offer us those services as is the case in other communities. The service providers come here and there, which is not enough. Sometimes we have to commute to access those services, which is a challenge for us as most of the time we can’t afford to commute. To make matters worse we must pay to get tested because we only have access to a private clinic.”

(OSY Ushewokunze).

Despite the achievements highlighted under outcome 1 and 2 above, Restless Development was unable to set up youth friendly health centres (with a library, computers). The areas of operation have no secure council owned space as the land is privately owned. This has affected the set—up process as some of the identified places require renovations and water and sanitation facilities. The lack of recreational facilities in the three areas gives the youth with idle time which can be spent in unbecoming behaviours such as alcohol and substance abuse.
3.4. Young People and Civic Engagement.

**Expected Outcome 3:** Young people have the confidence, knowledge and skills to engage in decision making spaces and take action to influence targeted stakeholders.

**Indicators:**
- % of young people with knowledge of policies affecting young people
- % young people participating in decision making platforms

Evaluation findings for the Peak Youth Tackling HIV programme indicates that Outcome 3 was achieved, surpassing the target by 26.8%. 279 young people were reached and have reported through the evaluation findings to having confidence, knowledge and skills to engage in decision making spaces and take action to influence targeted stakeholders. This was against a target of 220 young people giving an achievement rate of 126.8% (Table 10). Despite this achievement, a further analysis of knowledge of policies and young people consulted in decision making did not yield the same impressive result (Figures 14 and 15). The next table shows the evaluation’s findings under Outcome 3.

**TABLE 10: ASSESSMENT OF OUTCOME 3**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
<th>Dec 2017 to Nov 2019 (A)</th>
<th>Dec 2018 to Nov 2019 (B)</th>
<th>Total (A+B)</th>
<th>Progress Achieved</th>
<th>Evaluation Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 3: Young people have the confidence, knowledge and skills to engage in decision making spaces and take action to influence targeted stakeholders</td>
<td>220</td>
<td>87</td>
<td>192</td>
<td>279</td>
<td>+59 (126.8%)</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

3.4.1. Knowledge of Policies and Strategies

From baseline to endline, young people’s knowledge of national policies such as the National Youth Policy, the National Reproductive Health Policy and the Adolescent Sexual Reproductive Health Strategy did not significantly improve. Knowledge of the three policies ranged from 24 for the National Youth Policy to 45% for Adolescent Sexual Health Strategy by this declined at endline ranging between 6% for the Adolescent Sexual Health Strategy to 10% for the National Youth Policy.

**FIGURE 14: YOUNG PEOPLE’S KNOWLEDGE OF NATIONAL SRHR POLICIES AND STRATEGIES**

- National Youth Policy
- National Reproductive Health Policy
- Adolescent Sexual and Reproductive Health Policy

Baseline 2017   Endline 2019
3.4.2. Young People Consulted in the making of Community—Level Decisions

Participation of young people in decision making at community level remained low during the implementation of the Peak Youth Tackling HIV programme. Only 18% of youth indicated that they participated in decision making platforms at community level (Figure 15). This is a reduction from the 20% that were involved at baseline. The majority have either not participated, or they did not know of such platforms. But in the cases where young people have participated in decision—making processes, some key informants reported positive results:

‘Before the sessions, the children were very reserved, not opening up when they had problems. But now they know their rights and freedom of expression’ (Headmaster, Rujeko School, Ushewokunze).

Some key informants noted that youth participation in decision making at community level is under the banner of Restless Development Youth Leaders in different platforms such as District Administrator’s meetings, the Young People’s Network, and the Gender Action Committee. One such platform where the youth participated was when young people in Ushewokunze arranged for a meeting with their Member of Parliament, which was perceived as a great opportunity for advocacy.

Findings from FGDs confirm that these platforms where young people had a voice on community issues were not limited.

‘Because even in churches, it is very rare to find these discussions between the youth and adults taking place. Even in our families nowadays, some do not have communication, what more at community level.’ (Young Leaders, Ushewokunze).
3.5. Sustainable Livelihoods

**Expected Outcome 4:** Young people have skills and knowledge to claim a sustainable livelihood.

**Indicators:**
- # of YP engaged in sustainable livelihoods and Income Generating Activities
- # of YP participating in ISAL
- # of YP trained in Financial literacy/management

Outcome 4 was achieved, and the target was surpassed. The target was to reach 96 young people through IGAs, ISALs and training in financial management and the programme reached 222 youth, more than double the target giving an achievement rate of 231.3% (see Table 11).

**TABLE 11: ASSESSMENT OF OUTCOME 4**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
<th>Dec 2017 to Nov 2019 (A)</th>
<th>Dec 2018 to Nov 2019 (B)</th>
<th>Total (A+B)</th>
<th>Progress Achieved</th>
<th>Evaluation Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 4:</strong> Young people have skills and knowledge to claim a sustainable livelihood</td>
<td>96</td>
<td>108</td>
<td>114</td>
<td>222</td>
<td>+126 (231.3%)</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

**3.5.1. Engagement in Income Generating Activities**

At the end of the Peak Youth Tackling HIV programme, there is no change in the number of young people engaged in income generating activities (IGAs). Despite the trainings in entrepreneurial activities, only 21% of youth are engaged in IGAs at the end of the programme in 2019 which is the same as at baseline in 2017 (22%). The deteriorating economic conditions in the country also affected the viability of young people's entrepreneurial activities and saving schemes. More still needs to be done to strengthen the economic empowerment aspect of the programme.

**FIGURE 16: YOUTH ENGAGEMENT IN IGAs**

- Engaged in IGAs
- Not engaged in IGAs

Baseline 2017: 78%
Endline 2019: 79%

Baseline 2017: 22%
Endline 2019: 21%
Before Restless Development came, some of us would start small businesses but no one ever succeeded in them because we did not have the knowledge on how to start a business and we were not able to sit down and plan our things first. Some of us would spend money not meant to be spent, we were not even able to assess how our businesses were doing and we would end up spending more money than we are making. But the coming in of Restless Development enlightened us on how to start a business and the stages one can go through to have a successful business. Restless Development also taught us on how well to plan our businesses and there was a notable improvement for those who applied what they were taught because they were now skilled.

(OSY Hopley).

As was at baseline in 2017, the majority of young people do not generate much income from their IGAs. Most of the young people earn less than USD100 per month.

**FIGURE 17: YOUNG PEOPLE’S MONTHLY INCOME BY SEX**

<table>
<thead>
<tr>
<th></th>
<th>USD0-20</th>
<th>USD21-50</th>
<th>USD51-100</th>
<th>Above USD100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF YOUNG MEN ACCESSING DIFFERENT AMOUNTS OF INCOME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline 2017</td>
<td>53%</td>
<td>17%</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>Endline 2019</td>
<td>60%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>USD0-20</th>
<th>USD21-50</th>
<th>USD51-100</th>
<th>Above USD100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF YOUNG WOMEN ACCESSING DIFFERENT AMOUNTS OF INCOME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline 2017</td>
<td>79%</td>
<td>8%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Endline 2019</td>
<td>72%</td>
<td>28%</td>
<td>20%</td>
<td>0%</td>
</tr>
</tbody>
</table>
3.5.2. Internal Saving and Lending Schemes

Three questions were asked to young people on whether they were trained in Internal Saving and Lending Schemes (ISALs); in financial management; and whether they were part of an ISAL group thereafter. From the young people’s ‘Yes/No’ responses, Figure 18 was generated based on the ‘Yes’ responses only. 83% of young people indicated that they were trained young people in and 76% in financial management, under the Peak Youth Tackling HIV programme. Of those trained, 64% noted that they were part of ISAL groups that formed after the training.

FIGURE 18: YOUTH TRAINED IN ISALs

Input from FGDs show that young people appreciated the training they received on ISALs and some of them have benefitted from the scheme.

‘When the programme came, we were taught about ISALs, that is how to form the groups and the methodology of ISALs. They went a step further and taught us how to start a business with the money we would have saved’ (OSY, Ushewokunze).

‘The programme encouraged us to form groups for example of 10 people and contribute money either weekly or monthly of maybe 1 dollar to the group and whenever someone wanted to use that money for a business they could request the money from the group and invest it then return it with interest’ (OSY, Southlea Park).

‘From the time I learnt about ISALs from Restless Development I can now survive on my own. I do not have to wait for my husband to do everything for me anymore as before. It makes me feel good to know that I am now empowered economically’ (OSY, Southlea Park).

‘Since the introduction of ISALs we are finding that many youth are now actively looking for money, business ideas and implementing those ideas’ (Young Leaders, Ushewokunze).

However, not all ISAL groups that were formed were viable and are still running. Due the economic situation in the country some ISAL members were unable to continue contributing the group, and the groups were disbanded.

‘We were contributing RTGS$2 every week as a group and at the end of the month we would distribute that money to everyone in our group. The initiative did not produce much benefits for us as most of the youths who were part of these groups ended up not contributing any money to the group as a result, we ended up dissolving the group’ (OSY, Hopley).
3.5.3. Skills Needed to Improve Livelihood Situation

The findings of the endline evaluation show that even though young people have been trained in entrepreneurial activities, ISALs and financial management, more still needs to be done for their economic empowerment. Young people indicated that they need more technical skills in entrepreneurial activities, in market analysis and resource mapping. Restless Development can collaborate with organisations that focus on economic empowerment such as Institute of Youth for Africa already working in the three areas.

‘Young people need activities that give them hope, life skills, activities for self—sustenance... and possibilities of employment’ (KI, Harare).

3.6. Program Relevance, Effectiveness, Efficiency and Sustainability.

3.6.1. Relevance and Appropriateness of the Program

The evaluation findings showed that the Peak Youth Tackling HIV programme scored highly on relevance when assessed against a) the international, regional and national policies and standards b) the beneficiaries’ needs and c) the programmes responsiveness to the root causes of the problems in SRHR and livelihoods. A key informant from Restless Development reported that, “before the programme was implemented a comprehensive baseline study was conducted to make sure that the programme responds to the needs of the Youth”. This was one of the major reasons why the programme scored highly on relevance.

a) The Programme is aligned to international, Continental, and Regional policies

At the international level, the Peak Youth Programme is aligned to the 1994 International Conference on Population and Development (ICPD) Programme of Action6; Sustainable Development Goals6 (SDGs) and UNAIDS Fast Track, which focus on achieving 90—90—90 targets by 2020 and eventual ending AIDS by 2030. The ICPD Programme of Action focuses on the needs, aspirations and rights of individual women and men, with the aim of improving individual lives. It provided a foundation for the Millennium Development Goals (MDGs) and has contributed to significant improvements in poverty reduction, health, education and gender equality. The 17 Sustainable Development Goals (SDGs) adopted by all United Nations Member States in 2015, address a range of social needs including education, health, equality and job opportunities by 2030.

At continental and regional levels, the revised Maputo Plan of Action (MPoA) 2016—20307 provides a framework to achieve universal access to comprehensive SRHR and services in Africa in the post—2015 period. It was developed by the African Union Commission and follows on from the Maputo Plan of Action 2007—2015. Further, the programme is aligned to the Strategy for SRHR in the Southern African Development Community (SADC) Region 2019 – 20308 and builds upon the SADC Sexual and Reproductive Health Strategy (2006 – 2015).

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7https://sustainabledevelopment.un.org/
8African Union Commission. MAPUTO PLAN OF ACTION 2016 — 2030
To end poverty in all its forms

The Peak Youth Tackling HIV programme introduced the income generating activities and ISALs in order to reduce poverty among the Youth. However due to the deteriorating economy not much has materialised.

Ensure healthy lives and promote well-being for all at all ages

The programme invested in tackling the HIV/AIDS and STI challenges faced by the youth. The programme improved availability, access and uptake of the SRHR services and commodities. The youth knowledge on HIV and AIDS, STIs, and SRHR was enhanced through trainings held by Restless Development with both in and out of school youth.

Achieve gender equality and empower all women and girls

The programme taught participants about gender-based violence, sexual abuse and rape. The police through the Victim Friendly Unit supported survivors and apprehended the perpetrators, while the clinics provided PrEP to survivors within 72 hours to prevent HIV infection.

**b) The programme complemented government strategies, policies and priorities**

At national level the Extended Zimbabwe National HIV and AIDS Strategic Plan III (ZNASP 3) 2015–2020\(^8\) whose goal is to improve wellbeing and healthy lives for all population groups through universal access to HIV prevention, treatment, care and support services. ZNASP prioritise adolescents and young people as a vulnerable subgroup that requires targeting with SRHR services and products. Other policies are the National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II 2016–2020\(^9\), the National Gender Policy 2013\(^10\) aiming at eradicating gender discrimination and inequalities in all spheres of life and development; and the National Youth Policy\(^11\) which encourages youth empowerment.

The different government officials who participated in the research showed that they were embracing the Peak Youth Tackling HIV programme as it did not replace the government strategies and priorities but rather complemented these. Table 13 profiles some of the important strategic priorities of selected government ministries or departments and shows how the programme contributed to or complemented each.

\(^8\)NAC. Extended Zimbabwe National HIV and AIDS Strategic Plan III (ZNASP 3) 2015–2020


\(^10\)Ministry of Women Affairs, Gender and Community Development. 2013.

TABLE 13: PROGRAMME ALIGNMENT AND CONTRIBUTION TO GOVERNMENT POLICIES

<table>
<thead>
<tr>
<th>Government ministry or department</th>
<th>Strategic priorities</th>
<th>Programme activities that contributed to government priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Youth, Sports, Arts and Recreation</td>
<td>Ministry aims to holistically empower young people, especially economically.</td>
<td>The programme trained the youth in livelihoods skills such as how to start businesses and how to run productive income saving and lending schemes (ISALS). Restless Development partnered with other organisations and/or companies like Novatek to capacitate the youth to implement income—generating programmes (IGPs). The Youth Education through Sport tournaments were conducted through the programme which align with the ministry’s priorities.</td>
</tr>
<tr>
<td>The Government of Zimbabwe in general</td>
<td>The government endeavours to end all forms of gender—based violence (GBV). In 2011 it passed the Anti—GBV Act for this purpose.</td>
<td>The programme held intensive sessions of teaching the in—school and out—of—school youth on GBV. One young woman leader in Southlea Park confirmed this as follows: “We taught in and out of school youth about the different forms of GBV and the importance of reporting any abuse to the police”.</td>
</tr>
<tr>
<td>The Family Health Department of the Ministry of Health and Child Care (MoHCC)</td>
<td>Department promotes sexual and reproductive health (SRH), aiming to reduce the rate of teenage pregnancies from 24% to 12% by 2020 and to increase the availability, uptake and utilisation of quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).</td>
<td>The programme complemented this department by increasing the availability and uptake of the SRHR services. One of the Youth Leaders who were facilitating the trainings reported that, “I have some of my friends who are now constantly asking me for the contraceptives like condoms, before the programme the situation was different”.</td>
</tr>
<tr>
<td>National AIDS Council (NAC)</td>
<td>The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) promotes a multi—sector response to HIV and AIDS under one national coordination mechanism.</td>
<td>The programme’s activities were centrally geared towards reducing the incidence and prevalence of sexually transmitted infections (STI), including HIV and AIDS. Restless Development operated in close collaboration with NAC, sharing information on the activities of the programme and its outcomes therewith.</td>
</tr>
</tbody>
</table>

c) The programme responded to the root causes of the SRHR and livelihoods problems among the Youth.

The evaluation findings showed that the programme responded to the root causes of the problems that the Youth were facing when it comes to Gender Based Violence, SRHR services and livelihoods. The baseline study showed that the Youth in Hopley, Southlea Park and Ushewokunze had limited knowledge on SRHR as well as gender—based violence. The programme responded to the following root causes of high prevalence rates...
of HIV a) unavailability of SRHR services, for instance in Southlea Park and Ushewokunze where there are no clinics for the Youth to access these services b) limited knowledge among the Youth when it comes to HIV/AIDS and other STIs c) poverty and unemployment among the Youth and d) drug abuse.

The programme responded to these challenges through awareness campaigns, community dialogues and sessions to educate the Youth on HIV/AIDS and other STIs as well as GBV and incoming generating activities and Income Savings and Lending Schemes. Likewise, poverty among the Youth was found to be resulting from limited knowledge on entrepreneurship and financial illiteracy as well as unavailability of capital. The programme capacitated the Youth on financial management, and they were also taught how to start businesses. In addition, drug abuse and poverty were highlighted as major causes of GBV. One of the Young Leaders in Hopley reported that, “... we found out that some of these GBV occurrences were happening because someone was dependent on a bread winner who could take advantage of his better economic status and beat up his wife”. Some of the root causes the programme responded to are poverty, limited knowledge and unavailability of the SRHR services as well as drug abuse (both a challenge and a causal factor towards GBV).

d) The programme targeted an area with dire need for the services that it delivered.

The Baseline report clearly shows that in Harare Province, the locations of Hopley, Epworth, Ushewokunze and Southlea Park are known to be hotspots of HIV and the Youth in those areas have limited knowledge on SRHR and GBV. The baseline study showed that only 40% of the Young people in these areas had comprehensive knowledge on SRH, HIV/AIDS, signs and symptoms of STIs, physical development of the body, sexuality and contraception and also of the Young people who were already engaging in sex only 17% could use condoms consistently and correctly. The study also showed that only 14% were accessing STI screening and treatment. Only 22% of the Youth in the target areas were engaged in sustainable livelihoods and 14% in Income Savings and Lending schemes. To confirm this one of the FGD participants of Southlea Park reported that “Most of the people did not have correct and enough information on HIV/AIDS and other STIs, many of them used to live reckless lives they did not take into consideration some of the effects of not using contraceptives”.

In responding to whether the programme responded to needs in their communities, some respondents had this to say:

“A lot of people did not know or/and they did not want to use the contraception like condoms. People were relying on street knowledge that is different myths and people’s opinions not based on facts like just by looking at outwards appearance of someone one could tell whether the person is HIV positive or not which is so no true. Also, many believed that after having unprotected sexual intercourse then you go and take a bath soon after you will not contract HIV or any STI. Some of us did not even know our rights as a result we would be victims of GBV, however when Restless Development came, we were taught about our rights and the procedures to follow when we were victims of GBV” (FGD participant, Ushewokunze).

“We could see that Youth were not aware of some of the forms of GBV as they would argue against during dialogues. So, one of the reasons why some were committing GBV was because they did not know they were committing GBV” (Young Leader, Southlea Park).

e) The programme delivered a holistic solution to local problems.

The Peak Youth Tackling HIV programme provided a comprehensive response to a number of intricately related challenges. For example, it complemented ISALs trainings with business trainings. Although the programme was targeting the Youth, it is clear that it indirectly addressed some challenges faced by the communities. Also, by teaching the Youth on the negative effects of drug abuse, the programme was addressing the health
aspect of the Youth as well as GBV which in most cases was emanating from drug abuse. One Southlea Park Youth who participated in the evaluation reported that, “one of the reasons why there was a high prevalence of Gender Based Violence in our area was because of drug abuse among both the Youth and adults”. Further, by addressing poverty through income generating activities training, the programme has a potential of improving the economic status of the Youth in the long run, reduce the abuse of drugs and risk sexual behaviours. It was found out through the baseline study that poverty and Youth unemployment were causal factors towards risk sexual behaviours. However, the evaluation findings show that much still need to be done to improve the livelihoods of the youth.

‘As much as Restless Development helped us with the skills on how to start businesses and ISALs, we still have not done anything in that area because we do not have capital. I would appreciate it if Restless Development was to help us with some capital for us to start our own businesses’, said one participated of the FGD in Hopley.

f) The programme had the buy—in of the community and it complemented local efforts.
The evaluation found that the programme successfully secured the local ownership of target communities in the following ways:

i. The target communities embraced and owned the programme as shown by their participation, ‘The program is also relevant in that whenever we announce that we have a program now for Restless Development, people come in numbers and we even face challenges of huge numbers which makes this space too small showing that participants are happy about the program’ (Hopley Young Leader).

ii. Instead of replacing local stakeholders like the Police and Health department (clinics) plans in delivering health services, as well as preventing GBV and drug abuse, the programme supported these stakeholders financially and technically. Some of the trainings were entirely facilitated by these experts and stakeholders. One Youth Leader confirmed that during some of the training sessions on drug abuse they got assistance from the drug abuse department. The National AIDS Council and the DA were always available during the training sessions, especially those on HIV/AIDS and SRHR. The programme was structured in such a way that the community fully participated, for instance, some of the trainings were delivered in the form of dialogues between the communities and the programme implementers. ‘With Restless Development staff we are just like brothers and sisters. Our relationship is good to the extent that we are not afraid to ask anything and vice versa’, confirmed one Youth in Hopley.

iii. The programme relied on local Young Leaders for most of the training initiatives. It facilitated their prior training in skills of delivering the trainings which they were using even during the time of the evaluation in the absence of Restless Development. ‘The Youth in this community are not even aware that the programme has come to an end because we still help them here and then even though we are no longer on contracts, we do it voluntarily. The Youth even after the programme ceased have been demanding a lot of the services we used to deliver to them for example; we used to distribute contraceptives like condoms on some of our HIV/AIDS and SRHR sessions in partnership with National AIDS Council’, said one Youth Leader in Southlea Park.

3.6.2. Effectiveness of Programme Implementation
There has been an increase in uptake of SRHR services by young people through the outreach activities conducted. Targets for all the four Outcomes of the Peak Youth Tackling HIV programme were achieved, surpassing set targets in the two—year implementation period (Outcome 1 – 110.7%; Outcome 2 – 195%; Outcome 3 – 126.8%; and Outcome 4 – 231.3%).
These achievements were accomplished despite disturbances to implementation of activities during the post-election period in August 2018 and thereafter; and the cholera outbreak which saw the suspension of community activities that involved gatherings.

The peer education model has been described as very effective in reaching young people. The programme utilises young people in the area to teach and discuss with their peers on SRHR services and products, prevention of HIV and STIs, treatment of STIs and AIDS, and entrepreneurial and technical skills for their economic empowerment.

‘Peak Youth Programme is implemented by locals. Youth in the community can share information with other youth a cascade that allows for continued information sharing and dialogue’ (KI, Harare).

‘Now, when a child faces a problem and they meet you in the street, they are now able to reach out to us and share their problems and we counsel them and tell them of existing referral pathways’ (Young Leaders, Hopley Farm).

‘Young leaders are able to disseminate information to the community with minimal support. They also identified pertinent issues from their peers which informed programming e.g. GBV cases, drug and substance abuse. Young people influenced decisions in community meetings’ (KI, Restless Development).

‘Because the young leaders reside in these communities, makes door—to—door mobilisation of the youth for any planned activities possible’ (KI, Harare).

At the end of the programme, young people have comprehensive correct knowledge of SRHR and confidence to claim SRHR. The endline evaluation established that young people have increased knowledge and awareness of HIV&AIDS, signs and symptoms of STIs, physical development of the body, sexuality and contraception compared to baseline results of 2017. Significant increases in comprehensive knowledge of HIV was noted by sex, age, and type of youth i.e. in—school and out of school.

‘The processes of educating young men and women showed us that most women were victims of emotional abuse, but they did not know it. Similarly, several young men reported that the training helped them discover that they, too, were emotionally abusing young women and hence committing GBV unawares’ (Young woman leader, Southlea Park).

Mobile outreaches have been a huge success, as they brought free, convenient and youth friendly health services to young people. Young people accessed services such as family planning, contraceptives, condoms, voluntary medical male circumcision, STI screening and testing, and HIV testing services. Partners reported an increase in the number of youth reached with services than before the programme was implemented.

‘Targets set in the programme were surpassed due to the high—volume outreach activities and the in—school sessions’ (KI, Restless Development).

The Peak Youth Tackling HIV programme instilled confidence, knowledge and skills into young people to engage in decision making spaces and take action to influence targeted stakeholders. Young people identified issues from their peers which informed the programme direction e.g. drug and substance abuse, and GBV. They influenced the way things are done in their communities through participation in community meetings, decision making through advocacy, and delivered to the community with minimal support.

‘The youth managed to call for a meeting with the Member of Parliament for the area...great advocacy work’ (KI, Restless Development).
Furthermore, young people’s research skills were strengthened, and the evidence generated was used to hold
decision makers to account and to influence SRH service delivery. This has amplified young people’s voices and
set standards for engagement for young people and their leaders. A livelihoods study conducted in Highfield,
Glen Norah (A, B, and C), and Glen View (0—8) provided baseline information on the status of young people, the
activities they are engaged in and the areas they require support. The DA for the area was excited with the
study findings noting that ‘this gives us required evidence for planning livelihood activities for young people’.

Young people were trained and supported in entrepreneurial activities, financial management and establishment
of ISALs for economic empowerment and sustainable livelihoods. Despite the economic meltdown, some of the
ISALs were viable leading to some of their members establishing buying and selling businesses.

In the interest of not leaving anyone behind, the programme piloted the inclusion of young people living with
disability. A mapping exercise was undertaken and identified people living with disability were included in the
programme.

However, although there was notable progress recorded towards the planned activities, the establishment of Youth
Friendly Centres (YFCs) was not achieved. The fact that the programme locations are not fully serviced, and the
absence of council owned space has made it difficult for the Restless Development to secure space for YFC set up.

3.6.3. Cost Effectiveness and Efficiency

The Peak Youth Tackling HIV programme was awarded £350,000 for two years (December 2017—November
2019) by Comic Relief for Hopley, Southlea Park and Ushewokunze and by Egmont in Ushewokunze. The
resources received were deemed adequate to achieve Programme set objectives and targets. A no cost
extension was approved to February 2020.

Governance systems and structures are in place. Restless Development has a Board of Directors providing
oversight and strategic direction, and a well—structured management organogram with clear roles and
responsibilities for staff members.

Restless Development received funding in tranches as per agreed schedule. The organisation submitted
an annual report and financial acquittals upon which payment for the year two was disbursed. In place,
is a competent grant management team working with the parameters of organisations Finance Manual,

Fiduciary systems were in place for efficient financial management of the programme. The organisation uses
a financial package – Financial Force – for real time information management. There is an Internal Auditor
as per the requirements of the Board and SOPs. The finance unit has risk registers were reviewed quarterly
and relevant measures were taken to mitigate financial risks. To complement this, leadership meetings on
management of accounts were held monthly. Additional financial checks and balances, other Comic Relief
funded organisations peer reviewed Restless Development to ascertain financial discipline. Furthermore,
the organisation was audited externally by Nolands and the last audit report was unqualified.

Restless Development participates in several meetings that address SRHR issues for adolescents and young
people. These include quarterly stakeholder’s meetings through the SRHR forum; DAC meetings; Taskforce
meetings; Young People’s Network Meetings. Restless Development represents other NGOs at the DAC meetings.

‘Restless development observe protocol and are apolitical’ (KI, District Level).

The Peak Youth Programme was monitored through the Monitoring, Evaluation and Learning Plan.
Tools to track Programme Outcomes and Outputs were developed and utilised. Youth Leaders were the primary
source of data which they collected through registers for meetings and sessions attended by in—school and out—of—school youth. However, a possibility of double reporting of clients reached was raised, as partners may be reporting on the same client. A baseline assessment was carried out at the inception of the programme, and this end—of programme evaluation examines achievements against the baseline.

Challenges that were highlighted by the Restless Development Finance Department were financial risks associated with Monetary Policy changes in use of USD and ZWL/RTGS, affecting access to funds and spending, which ultimately affected programming. Political activities such as protests, and elections delayed programme implementation.

3.6.4. Sustainability of the Program Intervention and Results
Sustainability in this evaluation related to the ability of beneficiaries in local communities and their stakeholders to preserve the positive outcomes and impacts with minimal or no further support of Restless Development. It is this evaluation’s assessment that the Peak Youth Tackling HIV Programme demonstrated consciousness of the importance of instituting mechanisms for the programme’s sustainability to preserve its positive results beyond the expiry of programme’s term. These mechanisms include (i) working through local youth to implement the program; (ii) utilising existing and trusted government systems and structures; (iii) securing the buy—in of local community; (iv) collaborating with other implementing partners operating in similar communities, (v) investing in skills transfer, awareness—raising and capacity building, (vi) linking young people to existing key services and infrastructure, and (vii) strengthening local livelihoods.

a) Working through youth to implementing the programme.
Through the peer educator model, the programme trained young local leaders in SRHR, advocacy entrepreneurship, and life skills before commissioning them to influence their peers to seek key SRHR services and to participate in empowering dialogues that could positively influence policies that affect their lives. This prior training of the young leaders equipped them with skills that they can autonomously apply in their lives in future even in the absence of Restless Development. The programme’s application of edutainment through its use of games to mobilise young people for SRH programs will keep its young participants motivated to participate. Regarding this, a Hopley Farm Youth Leader said:

“...The programme ended but we are continuing as young leaders, we are still conducting sessions with OSY, we are still doing dialogues, everything we used to do while the programme was still going on. Given a chance we can even organize a YES league without funding and the community will still attend. The program opened our eyes so that we could see the problems that we were facing as a community and how to address them. People now know that we are from Restless and they believe in us. Whatever we teach them becomes gospel truth because they associate us with Restless. Our mantra being Once Restless always Restless. The programme opened our eyes and we realized that we do have the passion for working in our community. As young leaders it is now difficult for us to ignore issues in the community because we know our responsibility in our community. We even have condoms at our homes and we are still distributing them.”

The likelihood of the trained young people to continue partaking in SRHR programs on their own initiatives is high because they are the population cohort most directly affected by SRHR challenges, being highly sexually active. That increases their motivation to pursue programmes with potential to protect them from STIs and HIV. It strengthens their emotional attachment to SRH matters. In addition, young people are the future, and targeting them guarantees a future adult generation that will prioritise SRH programming. However, this may be hard to monitor and validate in the long term.
HOWEVER:

As much as young people may be highly motivated to carry on participating in SRH initiatives in the absence of Restless Development teams, their momentum is likely to die down in cases where their monetary input or investment of resources may be required. Most youths showed that they were victims of unemployment.

b) Program’s strategy of integrating its activities with and utilizing or capitalising existing government structures and systems to implement its activities.

The program’s work with in—school youth was done within the school systems and calendar, supported by the Ministry of Primary and Secondary Education (MoPSE). Further, a Gender Action Committee under the Ministry of Women Affairs, Gender, Community and Enterprise Development identified GBV and sexual abuse cases in Ushewokunze to refer them to the Victim Friendly Unit of the Police (Ministry of Home Affairs) and/or to the Department of Social Welfare (Ministry of Labour, Public Service and Social Services). The program additionally rode on the Youth Education through Sport (YES) approach that the Ministry of Youth, Sport, Arts and Recreation coordinates in collaboration with the National AIDS Council (NAC). NAC has a national budget for activities to complement partners’ input. The program further worked through District Administrators’ (DA) office which oversees local development activities, ensuring that they are linked and integrated.

The sustainability of these mechanisms lie in the following strengths:

• The work of the program perfectly fits the new schools’ curriculum that includes life skills education. Such work and its positive results are guaranteed to continue under the management of schools and MoPSE.

• Government ministries and their decentralized structures of cadres in districts and communities are there to stay and their primary mandate is to spearhead developments such as the one that the evaluated program started. So by linking young people in the three program areas to a referral network of government cadres, the program’s work and results will be sustained by these.

• Edutainment attracts young people’s interest, and sport will continue to serve as a motivator whenever young people will need to be mobilized to access SRH information and/or services. The support of the Ministry of Youth, Sports, Arts and Recreation through the YES Program is a strategic mechanism that will bridge the communities to the next phase of sustainable autonomy.

• NAC has a budget for the kind of youth—led SRH activities that the project initiated, so these will be sustainable through this support.

The evaluation however identified the following threats to the sustainability of operating in partnership and using systems of existing government structures and systems for grassroots development:

• Transfers of teachers who mentored students participating in the program may douse the momentum created by the program.

• Government ministries and departments were found to lack resources that may be needed to provide a good service. For example, in cases of GBV, the police does not have shelters for GBV victims’ protective custody, which keeps them vulnerable to victimisation. The evaluation in fact showed that the program financially supported the government officials who delivered trainings to the young people. Therefore, as much as government structures will sustain program activities, they may not sustain the same levels of quality.
c) Focusing on areas of behavior change that that influence an individual for a lifetime.

The programme promoted HIV testing and STI screening and supported young people who decided to take these diagnostic tests, especially through outreaches involving edutainment. Getting to know one’s HIV or STI status is a proven best practice that can change one’s life for good and inspire them to positively influence others. Young people who found out that they were HIV—positive will for life seek healthcare, take part in support groups and encourage others to know their HIV status. The evaluation found evidence suggesting that some youths accessed HIV tests at facilities outside their communities after receiving information from their peers. A negative HIV status assures sustainable behavior change, according to young people engaged by the evaluation, who showed that they would demand to use condoms in casual relationships and initiate prior HIV tests before settling into serious intimate relationships in future.

However, that may not entirely guarantee sustainability because although young people’s uptake of STI screening and HIV testing increased, leading to positive behavior change, poverty could still force young women into risky sexual behaviors in a future without Restless Development’s support. The program included some economic empowerment actions to curb this challenge, but the evaluation still found poverty levels high enough to strengthen the lure of sex work and compromise young women’s bargaining position in pre—sex negotiations.

d) Strengthening livelihood skills.

The program trained the youth in skills of running internal savings and lending schemes (ISALS) for their empowerment. These trainings attracted young people’s interest and were very well attended, although the evaluation did not find evidence suggesting that ISALS were vibrant yet. As the evaluation confirmed that poverty compromises young people’s bargaining power during pre—sex negotiations, their expected application of the entrepreneurial knowledge gained through the ISALS trainings can sufficiently empower them economically to strengthen their bargaining position.

However, the instability of the economic environment in Zimbabwe fuelled by shortages of cash, illicit trade of cash amid an ever devaluing local currency and high prices of essential goods and services may erode profits and perpetuate poverty.

e) Securing the buy—in of local communities.

Restless Development succeeded in creating healthy relations with local communities and stakeholders as well as getting their buy—in. Young people reported that they considered the program as their own. The more local communities and stakeholders own a program, the more sustainable it can be under their management, although things do not happen as simplistically as this. Real sustainability is possible if the implementing organization exits a community through a phased process that facilitates sufficient preparation of local communities for the total takeover of a program. The evaluated phase of the program was dominated more by activities to drive behavior change than preparatory processes of exiting the community. Therefore, as much as local program ownership is noticeable, an abrupt community exit may see a collapse in momentum.

f) Investing in skills transfer, awareness—raising and capacity building.

The program strongly emphasized on capacity building and transferred SRH knowledge, leadership and self—organizing and entrepreneurship skills. Knowledge gained will remain useful for the trained person for the rest of their lives and they can apply such knowledge discretionally in addressing varied situations even in the absence of the trainer, Restless Development in this case.
g) Collaborating with like-minded partners.

Partner organizations providing complementary services in the communities where the project operated reported an increase in the demand for their services by adolescents and young people since they started working with Restless Development. Demand for SRH services from these young people was said to be much lower before the coming of Restless Development and in communities where the organization is not present.

The next table profiles the different partners that the program collaborated with in promoting positive behavior change among young people in the three communities of reference. The increased access of the youth to services of these collaborating partners will continue to accrue positive benefits to them in future even in the possible absence of Restless Development.

### TABLE 14: PARTNERS AND THEIR AREAS OF FOCUS

<table>
<thead>
<tr>
<th>Partner</th>
<th>Area of focus</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Health Department</td>
<td>HIV Testing services; Child development</td>
<td>All 3 areas</td>
</tr>
<tr>
<td>Population Services International – Zimbabwe</td>
<td>Family Planning, STI screening and treatment; Family planning</td>
<td>Hopley</td>
</tr>
<tr>
<td>Hope Foundation</td>
<td>Counselling; Menstrual Hygiene and management; SRHR</td>
<td>Hopley</td>
</tr>
<tr>
<td>NAC and Itch</td>
<td>HIV testing services; Condom distribution</td>
<td>Hopley</td>
</tr>
<tr>
<td>Family Support; and the Adult Rape Clinic</td>
<td>Supporting survivors of sexual abuse and rape</td>
<td>Hopley</td>
</tr>
<tr>
<td>FHI360</td>
<td>Health information dissemination and commodity distributions</td>
<td>Hopley</td>
</tr>
<tr>
<td>Chiedza</td>
<td>Child protection against violations of the SRH rights</td>
<td>Hopley</td>
</tr>
<tr>
<td>ACT</td>
<td>SRH information dissemination</td>
<td>Hopley</td>
</tr>
<tr>
<td>The Centre for Sexual Health &amp; HIV/AIDS Research (CeSHHAR) – Zimbabwe</td>
<td>SRHR; Research</td>
<td>Hopley</td>
</tr>
<tr>
<td>Mavambo</td>
<td>Economic empowerment through ISALS; Families matter programme; Child Rights &amp; Responsibilities; School uniforms</td>
<td>Hopley</td>
</tr>
<tr>
<td>ZNFPC; Mhuri Programme</td>
<td>Family Planning</td>
<td>Ushewokunze</td>
</tr>
<tr>
<td>Zichire</td>
<td>Information sharing and demand creation; Parent to Child Communication; Sister to Sister programme; Brother to Brother Programme</td>
<td>All 3 areas</td>
</tr>
<tr>
<td>2Gether as One</td>
<td>Human Rights; Health education and Livelihoods</td>
<td></td>
</tr>
</tbody>
</table>
Through services accessible through partnerships reflected in the above table, young people reported that the program introduced them to complementary SRH services delivered by other organizations at the beginning, but they were freely seeking and accessing those services on their own initiatives and will. This was taken as a sign of sustainability of positive service-seeking behavior. In addition, Restless Development recently established a relationship with the Parliament of Zimbabwe SADC PF SRHR, HIV and AIDS and Governance Programme Desk which provides opportunities for civil society actors and the general public to meet with the parliamentary portfolio committee on Health (2017—2018 Report).

The only threat to this mechanism of sustainability can be expected from the mobility of young leaders from their communities through marriage, economically motivated migration and related causes. Their absence in their communities will deprive their peers of the kind of agency that was Restless Development provided.

In view of the above, the following conclusions can be made:

a) The likelihood of the program’s positive results to be sustainable are very high depending on how well Restless Development will manage its exit from the communities.

b) If Restless Development is to consider an exit from the communities that partook in the evaluated program, then such exit must not be abrupt, but phased in a way that enables program participants to adequately prepare for a future without the organization.

c) An exit from communities should not mean an entire disconnection from and/or dissociation with the three communities, as the evaluation clearly showed that the facilitating and catalyst role of Restless Development may be difficult, if possible, to replace.

The recommendations in Chapter 5 provides clarity in how the above cautions can be pragmatically taken.
4. LESSONS FROM THE EVALUATION

The evaluation illuminated lessons from the findings presented and discussed in Chapter 3, identified innovations and good practices of the programme, challenges faced and gaps in programme interventions that could be filled in the next phase. These insights are the basis of the recommendations in Chapter 5.

4.1. Lessons Learnt.

i. Collaboration of partners on events and activities reduces costs as resources are pulled into one basket by different partners.

ii. Any programme working with local authorities and is objective oriented, will achieve more. The Peak Youth Tackling HIV Programme was implemented by locals, to benefit their community. This led to improved dialogue and access to SRHR services and referrals.

iii. An integrated approach to service provision through a ‘one stop shop’ is an effective method to reach the community.

iv. Active stakeholder engagement brings out clarity of a programme, and a shared vision and goals, for example the DA’s Committee brings together staff from Ministry of Youth, Sport, Arts and Recreation; Ministry of Primary and Secondary Education; Ministry of Home Affairs and Culture; National AIDS Council and implementing partners in the district to discuss progress and challenges encountered in reaching the communities with different services.

v. Peer education model is effective and produces results. The programme built the capacity of young people in SRHR, HIV and AIDS, STIs, and entrepreneurship, enhancing their confidence in decision making.

vi. A holistic approach to the provision of SRHR services is important. Even though the programme was focused on SRHR, ended up collaborating with Empower Bank on financial support packages they have for the youth livelihoods.

vii. Some young people in the three programme areas face several social challenges that include not going to school, lack of recreational facilities, and lack of privacy in the one roomed accommodation shared between parents and children which exposes them to sexual activities.

4.2. Innovation and Good Practices.

The endline evaluation identified two activities of the Peak Youth programme that can be defined as innovative and good practices. These are the research by youth in the community and the Rollout of the GBV referrals database.

Research by Youth in the Community: Youth led research has been a huge success as it generated evidence to inform and influence young people’s engagement with duty bearers. Two studies were carried out during implementation of the Youth Peak programme. Besides the Restless Development studies, some of the Youth Leaders participated in other studies such as the Danish Aid study, the Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2019 Rural Livelihoods Assessment, and the Zimbabwe Population—HIV Impact Assessment (ZIMPHIA) 2020.

“Restless Development activities are results oriented and driven by findings on the ground” (KI, District level)
The second research was conducted in Glen Norah (A, B & C); Highfields and Glen View (0 to 8) areas of Harare with the following objectives:

- To understand the position of unemployment in Zimbabwe considering non—formal employment vis—à—vis livelihoods.
- To identify economic opportunities or platforms available for young people to have a decent livelihood.
- To get the perceptions and suggestions from young people on possible suggestions to enhance young people economic opportunities or improve their livelihoods.

**Rollout of the GBV referrals database:** Table 14 on page 46 shows some partners that Restless Development collaborated with in addressing diverse SRHR needs of young people, especially violations emanating from sexual and gender—based violence (SGBV). For example, Restless Development partnered with the Ministry of Women Affairs, Gender, Community and Enterprise Development in conjunction with Msasa Project, and the Victim—Friendly Unit (VFU) of Zimbabwe Republic Police (ZRP) to respond to SGBV. It will be critical then to strengthen this referral network through creating a database of SGBV cases and relying on young leaders to link SGBV survivors to relevant services.

**5. CONCLUSIONS AND RECOMMENDATIONS**

This evaluation has shown that Restless Development implemented all of its plans for the Peak Youth Tackling HIV Programme and positive results were achieved when programme outcomes are compared with the status of target groups at baseline stage. On the basis of this, the evaluation found firm grounds to argue that the programme was both efficient and effective. Its assessment of programme relevance showed positive results, suggesting that the programme complemented efforts of Zimbabwe’s Ministry of Health and Child Care, especially because of reaching out to young people and women – highly delicate population cohorts that have been found to be at high risk of HIV infection. The programme’s support of entrepreneurship is highly commended as economic empowerment is a national priority of the government of Zimbabwe.

Now, in view of the findings and their discussions in Chapter 3 as well as lessons in Chapter 4, the following recommendations are proffered for serious consideration as a follow up to the evaluated phase.

**Recommendations.**

i. Consider increasing technical support to young people in Hopley, Southlea Park and Ushewokunze to strengthen and intensify advocacy activities of demanding accountability and basic services and infrastructure (e.g. clinics, public schools, police post, community hall, recreational facilities, water and sanitation). The evaluation showed that the lack or poor quality of these social services was tellingly behind the SRH concerns that the project addressed. Improved government policies and social services infrastructure will be a sure way to sustain the positive results of the evaluated project.
ii. As much as the evaluation proved that the program was generally successful in transforming the SRH situation of young people in the three sampled communities, there remains more work to be done before a possible exit of Restless Development from the communities. For example, the evaluation showed high levels of poverty, and their continuance may still see young women plunging into risky sexual behaviors regardless of the SRH knowledge that they now possess because of their poor bargaining position in pre—sex negotiations. The evaluation showed further that as much as trainings in skills of managing ISALS were done, actual entrepreneurial activity was low and will need boosting. Besides, the program’s attention to imparting SRH knowledge and influencing positive behavior change closed room for preparing local communities for the exit of Restless Development. This informed the following recommendations for exiting the communities, and these should be viewed as suggestions that Restless Development can discuss before taking a position:

a) Restless Development should start preparing local communities for its exit through meetings and workshops to reinforce the important lessons that they learned about locally managing the project during the program’s course. These preparations must include officially handing the project over to relevant local stakeholders and agreeing on the new roles that these should play. An easy—to—use manual may need to be developed to serve as a guide for the young leaders in continuing the program on local initiative.

b) Restless Development needs to maintain a facilitating role, where its teams regularly visit the communities and hold meetings with young leaders to see how well they may be doing and support them in strategizing how best to address their challenges through home—grown solutions.

c) The phase out process and its experiences should be started as a pilot process, being monitored and evaluated before happening at scale.

d) Instead of a total exit from the communities, Restless Development may need to consider remaining in the same communities, but with a different thematic focus. On the evidence of this evaluation, that thematic focus would be economic empowerment of young people, involving the follow—up of ISALS trainings with support for participants to actually initiate meaningful income—generating projects and income saving schemes.

iii. Using increased funding proposed above, the programme will need to expand its scope to be implemented at scale to include the following recommended thrusts:

a) Increasing mobile outreach services – have a day for service provision once a week Include cancer screening in service provision;

b) Increasing condom distribution points in the community;

c) Introducing the peer educator model to institutions such as churches to broaden coverage and to reach community members within their environs.

d) Building the capacity of teachers in private colleges to deliver comprehensive sexuality education to young people. This will contribute to the sustainability of the programme.

e) Including public schools, health facilities, recreational areas and a police post in the target group of the programme.

iv. Improve the mode of SRHR information dissemination by:

a) Use of visual aids such as videos, charts with pictures, drama and plays, and poems for effective delivery and retention of information by the beneficiaries. Additional materials to be given as hand—outs to the participants. “Teaching with illustration is much effective; if the person sees for example what warts look
like, he/she can actually change their sexual behaviour. If you tell someone by mouth the dangers of STIs for example they can take you for granted but if you show them, they surely take you seriously. These visual aids can be in the form of catalogues and charts’ (Young Leaders. Southlea Park).

b) Consider utilising social media and, preferably, launch an innovative SRHR App to share information with young people along the lines of the Khetha App on HIV in South Africa. The evaluation team observed that most young people had access to mobile phone technology and that could be exploited to maintain information sharing on SRHR with the Restless Development experts even at the expiry of the current program term.

v. Facilitating parents—child communication activities on SRHR, involving open dialogues.

vi. Expand the programme’s reach to the whole district to prevent or control for contamination of the target group with behaviours of neighbouring communities.

vii. Include decision makers in programme activities to engage with their communities. This can be achieved through platforms such as relevant parliamentary portfolio committees that the program established relationships with. The change that will need to be made will be to make dialogues with these parliamentarians more structured and deliberate enough to appear in young leaders’ calendars. These dialogues can empower young people to regularly communicate their concerns and demand feedback from these decision—makers.

viii. Restless Development should increase the number of Young Leaders and teach them to be exemplary as they perceived as role models in the community.

Identified Programme Gaps.

i. Service delivery is not easily availed to meet the demand created through community mobilization carried out by Restless development.

ii. There is not much happening in establishing Income generating activities. Areas are breeding places for thieving, sexual work and drug abuse due to economic hardships.

iii. Most adolescents and young people of school going age in Hopley, Southlea Park and Ushewokunze are not going to school.

iv. The three areas that Restless Development are implementing the programme do not have basic services such as health facilities, government schools, adequate accommodation, and a community mainly in Ushewokunze and Southlea Park. No health post for youth friendly service provision (condoms, treatment of STIs)

v. The programme does not provide supplementary reading materials to the participants for further reading and reference.

vi. Methodology of information dissemination is more lecture time, rather the use of visuals (videos, pictures, drama) can enhance learning and retention of information.

vii. Programme offered soft skills on livelihoods with no start up support and resources for youth empowerment. The livelihood activities are not extended to the community.

viii. Definition of ‘out of school youth’ need to be revised. The youth should be within the school going age and they are not currently attending school. Those above 25 years may not be considered out of school, as by that age one would have completed a first degree at university.

ix. Limited cancer screening and awareness activities.
ANNEXES

1. Terms of Reference.

Section 1: Background and Context

Restless Development is a global agency for youth led development. Since 1985, the agency has been working with young people supporting them to demand and deliver a just and sustainable world for all. Restless Development works to ensure young people have a voice, a living, sexual rights and are leaders in preventing and solving the world’s challenges. We listen to young people, our work is led by young people and together we help young people make lasting change in their communities.

In December 2017, Restless Development with support from Comic Relief embarked on a two year programme that sought to empower vulnerable young people in three peri—urban informal settlement communities with knowledge and skills to make better sexual health decisions so that they can have an improved quality of life by preventing contracting HIV. The programme was aimed to realize the following specific objectives:

- To empower young people with knowledge and skills to make better sexual health decisions to prevent contracting HIV
- To increase access to treatment, care and support for young people
- To build the capacity of young people in lobbying and advocacy skills to influence HIV and AIDS policies

Over the past two years, Restless Development has been working with and through vulnerable young people aged 15 —25 years in three locations in the outskirts of Harare: Ushewokunze, Southlea Park and Hopley Farm. The programme has been equipping young people with knowledge and skills to prevent them from contracting HIV and accessing youth friendly services. This was achieved through a peer led community mobilisation approach. The programme identified young leaders who were equipped with knowledge and skills to cascade comprehensive sexuality education to their peers through SRHR sessions, awareness campaigns and sporting tournaments. The awareness campaigns were combined with direct service provision conducted through coordinating with other service provider partners. Young people were supported throughout the programme so that, they were able to lead and inspire positive individual and collective action to address the challenges they face as young people in their communities.

Beyond young people, Restless Development also worked with health service providers to offer youth friendly services to young people. In addition, the programme strengthened young people’s skills in lobbying and advocacy to influence HIV and AIDS policies. This was achieved by equipping young people with research skills enabling them to identify needs and gaps on HIV and AIDS prevention and mitigation and the creation of platforms which allowed the engagement of young people with decision makers and amplify their voices presenting evidence generated from research.

Restless Development Zimbabwe is therefore seeking the services of a suitably qualified expert for the purpose of conducting an End of Programme Evaluation to assess the outcomes and impact of the “Peak Youth Tackling HIV” programme.
Section 2: Objectives and Scope of the End of Programme Evaluation

The main objective of the end of programme evaluation is to enable Restless Development, Comic Relief, programme partners including government line ministries and the community in which the programme was implemented in particular young people to know and understand the outcomes and impact of the programme. The results of the programme will further help to improve the design of related programmes in the future. The evaluation will also determine the relevance, efficiency, effectiveness, impact and sustainability of the programme. The specific objectives of the evaluation are to assess;

2.1. Assess relevance of the programme

The consultant will review whether or not the programme has addressed the key problems as set out in the programme proposal and how well it has been done. Within this objective, the program activities that were implemented since December 2017 shall be examined to ascertain:

- Relevance of the programme interventions in relation to young people’s needs
- Relevance of the programme in building the capacity of young people to make better sexual health decisions as well as the relevance of mobile outreaches in bringing services to young people
- Relevance of the programme in building the capacity of young people to meaningfully engage with decision makers through the safe spaces provided for by the programme

2.2. Assess programme efficiency

The consultant shall review the extent to which the program has used the least possible resources to achieve its outcomes in terms of cost effectiveness and value for money. The key areas of focus under this objective are to determine the optimal utilization of resources vis—a—vis the quality of outputs and programme delivery and results. Another key area of focus is to assess the efficiency of the strategies or implementation models used.

2.3. Assess programme effectiveness

The consultant shall assess and analyse the effectiveness in terms of among other things; how the programme has effectively delivered on set targets as outlined in the programme proposal, log frame and programme plan since programme inception. The programme management will also be assessed in terms of:

- How technical support has been provided to the Young Leaders and Youth Researchers
- How stakeholders were involved in the programme
- How programme management contributed to the programme outcomes

2.4. Assess programme outcomes and impact

The consultant shall undertake a systematic analysis of changes brought in the lives of young people, their communities and other stakeholders in improving their knowledge on their SRHR and advocacy skills to engage decision makers at all levels with respect to the programme’s theory of change. Specific issues to be examined include whether the programme led to:

- An Increase in young people reporting safer sex practices
- An increase in young people up taking SRHR services (HTS and family planning services, condoms, contraceptives, male circumcision, STI screening and treatment)
- Increased engagement of young people in decision making processes at community, district and national levels
2.5. Assess programme sustainability
The consultant shall assess the extent to which the programme has established and built institutional capacity that ensures the continuation of programme outcomes. Specific issues to be examined are:

- How the programme has been able to support and build the capacity of young people participating in the programme
- How the programme has been able to work with existing government, community and other stakeholder structures in building their capacity to be able to sustain the programme
- How the programme is integrated into other Restless Development programmes and programmes in other districts.
- Identify the various challenges that may affect the sustainability of the programme and suggest solutions

2.6. Assess the impact of the Restless Model for change
The consultant shall assess how significant an impact the Restless Development Model can have on preventing HIV amongst adolescents and young people in new urban informal settlement areas. Specific areas to be explored include:

- To what extent the holistic approach of supporting systemic change through capacity building of a) the youth populations with information and the service institutions to better serve and meet the needs of young people will result in lasting change for this Peak Youth generation.
- To what extent this comprehensive intervention model will be scalable in all new developing peri-urban informal resettlement communities.

2.7. Lessons learnt, conclusions and recommendations
The consultant shall review all data and information gathered and;

- Outline key lessons learnt, conclusions and recommendations to inform future interventions
- Outline any organizational policy lessons drawn from the programme.

Section 3: Methodology
The Consultant is expected to adopt a mixed method approach in conducting the evaluation. The methodology used should be a combination of participatory qualitative and quantitative data collection techniques to allow a comprehensive examination of all aspects of the programme. The consultant will also be expected to review primary and secondary data to inform the assessment of the evaluation objectives. Comparisons are to be made against baseline and mid-term results, existing literature and practice of similar interventions. The following steps are proposed for conducting the evaluation;

- Preparatory meetings
- Review of documents
- Development of data collection tools and pilot testing
- Field work/data collection
- Data entry, report writing and presentation of first draft
- Case study for each location
• Impact brief
• Final report production
• A PowerPoint presentation and an impact brief with major findings, learnings and recommendations

Study participants
The evaluation should target the following study participants

• Young people in school
• Young people out of school
• District level NGO partners
• Government ministries of Primary and Secondary Education, Health and Child Care, Youth, Sports and Recreation, Public Service, Labour and Social Welfare, Women Affairs and City Health Department
• Local traditional leaders and community representatives
• Elected leaders (Councilors & Members of Parliament)
• Restless Development staff

Section 4: Evaluation Report format
The evaluation report should have the following sections:

i. Executive Summary
ii. Introduction
iii. Methodology
iv. Findings and Discussions
v. Conclusion, key learnings and Recommendations
vi. Annexes

NB: The body of the report, excluding the annexes shall not be more than 30 pages

Section 5: Reporting and payment plan
The consultant shall be expected to produce the following:

1. Inception report upon signing of the contract which should attract an initial payment of 40% of the total consultant fee agreed upon. This should have a detailed methodology and proposed work plan and will be approved by the management team before task commencement.

2. First Draft Report: to be presented to the Restless Development in a half day meeting. A satisfactory draft will attract another payment of 20%.

3. A final Report will be produced after incorporating comments from the draft and submitted together with 3 Case Studies, an Impact Brief and PowerPoint presentation and all materials used in the evaluation to the Program Quality Manager in both electronic and 2 hard copies. All video or pictorial materials together with data sets and other statistical information to be submitted to Restless Development Monitoring and Evaluation Coordinator. The remaining 40% will be paid once the final report is approved.
Section 7: Users of the evaluation
The primary users of the final report produced will be Restless Development, the funder Comic Relief and its partners. Restless Development is also committed to sharing the learning from the evaluation with the broader youth development sector, including the observed impact as well as the identified areas for improvement. The final report will therefore be shared with partner organisations, beneficiaries and donors. The report may also be made available through the Restless Development website.

Section 7: Time Schedule
The evaluation is expected to be concluded in a month as detailed below:

<table>
<thead>
<tr>
<th>Evaluation Process</th>
<th>Key dates</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising/invitation of tender bids</td>
<td>30 October 2019</td>
<td>Head of Operations</td>
</tr>
<tr>
<td>Closing and receiving bids</td>
<td>10 November 2019</td>
<td>Procurement Committee</td>
</tr>
<tr>
<td>Opening of tender bids</td>
<td>11 November 2019</td>
<td>Procurement Committee</td>
</tr>
<tr>
<td>Adjudication of bids — short listing</td>
<td>14 November 2019</td>
<td>Procurement Committee</td>
</tr>
<tr>
<td>Interviewing and selection of consultant</td>
<td>15 November 2019</td>
<td>Procurement Committee</td>
</tr>
<tr>
<td>Contracting suitable consultant</td>
<td>18 November 2019</td>
<td>Head of Operations</td>
</tr>
<tr>
<td>Inception report</td>
<td>21 November 2019</td>
<td>Consultant</td>
</tr>
<tr>
<td>Documents review, tools development, pretest and planning meetings</td>
<td>22 — 25 November 2019</td>
<td>Consultant</td>
</tr>
<tr>
<td>Field work and data collection</td>
<td>26 November — 3 December 2019</td>
<td>Consultant</td>
</tr>
<tr>
<td>First Draft Report and Feedback, case studies</td>
<td>13 December 2019</td>
<td>Consultant</td>
</tr>
<tr>
<td>Restless Development review of the report &amp; feedback to the consultant</td>
<td>18 December 2019</td>
<td>Restless Development</td>
</tr>
<tr>
<td>Submission of Final Report, case studies, impact brief</td>
<td>12 December 2019</td>
<td>Consultant</td>
</tr>
</tbody>
</table>

Section 8: Application Process
Consultant(s) Specification:
Restless Development invites applications from consultant(s)/ agency, able to demonstrate the following skills, knowledge and experience:

- The Lead Consultant should have an advanced degree (Masters or PhD preferred) in Social Sciences or a related discipline with at least 5 years of provable experience working with young people and Sexual and Reproductive Health and Civic participation programmes, leading evaluations and research. The consultant(s) should demonstrate ability to use participatory research techniques and understanding of quantitative and qualitative methods.
• Experience of planning, implementation and evaluation, ideally with a focus on SRHR and civic participation programmes

• Excellent interpersonal and verbal communication skills

• Excellent report writing skills

• As per our safeguarding policy, the contracted consultant and his team will be expected to undergo a criminal background check

• Due to the nature of the assignment, the consultant and his team will need to be based in Zimbabwe during the duration of the assignment.

How to apply:
Bids in the form of a Technical and a Financial proposal should be addressed to the Procurement Committee and submitted to 1 Adylinn Road, Room 116, Marlborough, Harare, Zimbabwe in an envelope clearly marked “PEAK YOUTH TACKLING HIV — END OF PROGRAMME EVALUATION — 11/2019” or emailed to jobszimbabwe@restlessdevelopment.org on or before 1700HRS on 10 NOVEMBER 2019.

Shortlisted applicants will be invited to an interview to be held on 15 NOVEMBER 2019.
### 2. Comprehensive Knowledge Sex, In and Out of School, and Age.

<table>
<thead>
<tr>
<th>Assessment Criteria</th>
<th>Female</th>
<th>Male</th>
<th>Overall</th>
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<tbody>
<tr>
<td></td>
<td>Baseline (N=218)</td>
<td>Endline (N=147)</td>
<td>Baseline (N=152)</td>
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<tr>
<td>% with correct Knowledge of Risk Behaviours</td>
<td>32%</td>
<td>86%</td>
<td>36%</td>
</tr>
<tr>
<td>% who correctly rejected myths and misconceptions about HIV</td>
<td>49%</td>
<td>68%</td>
<td>55%</td>
</tr>
<tr>
<td>% with correct knowledge of the Prevention measures for HIV</td>
<td>31%</td>
<td>76%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Average Comprehensive Knowledge %</strong></td>
<td>37%</td>
<td>77%</td>
<td>43%</td>
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<table>
<thead>
<tr>
<th></th>
<th>Out—of—school youth</th>
<th>In—school youth</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline (N=218)</td>
<td>Endline (N=147)</td>
<td>Baseline (N=152)</td>
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<tr>
<td>% with correct Knowledge of Risk Behaviours</td>
<td>40%</td>
<td>81%</td>
<td>29%</td>
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<tr>
<td>% who correctly rejected myths and misconceptions about HIV</td>
<td>44%</td>
<td>59%</td>
<td>63%</td>
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<tr>
<td>% with correct knowledge of the Prevention measures for HIV</td>
<td>29%</td>
<td>98%</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Average Comprehensive Knowledge %</strong></td>
<td>34%</td>
<td>79%</td>
<td>48%</td>
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<table>
<thead>
<tr>
<th></th>
<th>10—15 years</th>
<th>16—20 years</th>
<th>21—25 years</th>
<th>26—30 years</th>
<th>31—35 years</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with correct Knowledge of Risk Behaviours</td>
<td>26%</td>
<td>79%</td>
<td>38%</td>
<td>86%</td>
<td>41%</td>
<td>89%</td>
</tr>
<tr>
<td>% who correctly rejected myths and misconceptions about HIV</td>
<td>36%</td>
<td>55%</td>
<td>63%</td>
<td>72%</td>
<td>66%</td>
<td>76%</td>
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<tr>
<td>% with correct knowledge of the Prevention measures for HIV</td>
<td>26%</td>
<td>96%</td>
<td>34%</td>
<td>57%</td>
<td>45%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Average Comprehensive Knowledge %</strong></td>
<td>29%</td>
<td>77%</td>
<td>45%</td>
<td>72%</td>
<td>51%</td>
<td>73%</td>
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3. List of Respondents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Ministry/Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Nyaradzo Tagarira</td>
<td>District Administrator – South Western Harare</td>
<td>Ministry of Local Government, Rural and Urban Planning</td>
</tr>
<tr>
<td>Mrs. S. K. Charakupa</td>
<td>District Sport and Recreation Officer</td>
<td>Ministry of Youth, Sport, Arts and Recreation</td>
</tr>
<tr>
<td>Mr. Donald Dube</td>
<td>Marketing and Communications Officer</td>
<td>Zimbabwe National Family Planning Council</td>
</tr>
<tr>
<td>Mr. Charles Mufiri</td>
<td>District AIDS Coordinator – South Western Harare</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>Mr. Lloyd Sinandima</td>
<td>District AIDS Coordinator – Southern District Harare</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>Ms. Pauline Sivare</td>
<td>District Facilitator for Young People’s Network</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>Melissa Perekwa</td>
<td>Programme Manager</td>
<td>Restless Development</td>
</tr>
<tr>
<td>Tsaurai Dzomba</td>
<td>Finance and Administration Manager</td>
<td>Restless Development</td>
</tr>
<tr>
<td>Mr. Washington Tsiga</td>
<td>Nurse and Team Leader</td>
<td>Population Services International – Zimbabwe</td>
</tr>
<tr>
<td>Constable Mukombero</td>
<td>Victim Friendly Unit – Southlea Park Police Station</td>
<td>Ministry of Home Affairs and Culture</td>
</tr>
<tr>
<td>Mr. T Bhunu</td>
<td>Headmaster – Rujeko Primary School Ushewokunze</td>
<td>Ministry of Primary and Secondary Education</td>
</tr>
<tr>
<td>Ms. Velmah Chinyadza</td>
<td>Beneficiary</td>
<td>Ushewokunze</td>
</tr>
<tr>
<td>Mrs. Musavengana</td>
<td>Owners</td>
<td>Great Academias College</td>
</tr>
<tr>
<td>Mr. Musavengana</td>
<td>Owners</td>
<td>Great Academias College</td>
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</tbody>
</table>
## 4. List of Documents Reviewed.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Name of Documents/Websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoHCC</td>
<td>2016</td>
<td>National Adolescent and Youth Sexual and Reproductive Health (ASRH) strategy II 2016–2020</td>
</tr>
<tr>
<td>Ministry of Youth Development, Indigenisation and Empowerment</td>
<td>2013</td>
<td>The National Youth Policy</td>
</tr>
<tr>
<td>Ministry of Women Affairs, Gender and Community Development</td>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>SADC</td>
<td>2019</td>
<td>Strategy for sexual and Reproductive Health and Rights in the SADC region 2019–2030</td>
</tr>
<tr>
<td>NAC</td>
<td>2015</td>
<td>Extended Zimbabwe National HIV and AIDS strategic Plan III (ZNASP 3) 2015–2020</td>
</tr>
<tr>
<td>UN</td>
<td></td>
<td><a href="https://sustainabledevelopment.un.org/">https://sustainabledevelopment.un.org/</a></td>
</tr>
<tr>
<td>Restless Development</td>
<td></td>
<td>Programme Proposal to Comic Relief</td>
</tr>
<tr>
<td>Restless Development (Jefrey Shumba)</td>
<td>2017</td>
<td>Monitoring, Evaluation and Learning Plan for Peak Youth Tackling HIV program</td>
</tr>
<tr>
<td>Restless Development</td>
<td>2018</td>
<td>PEAK YOUTH TACKLING HIV Baseline Evaluation report</td>
</tr>
<tr>
<td>Restless Development</td>
<td>2018</td>
<td>Restless Development Annual report</td>
</tr>
<tr>
<td>Restless Development</td>
<td>2019</td>
<td>Restless Development 6 months Update (January–June 2019)</td>
</tr>
<tr>
<td>Restless Development</td>
<td>2018</td>
<td>Baseline Survey Questionnaire</td>
</tr>
<tr>
<td>Restless Development</td>
<td>2019</td>
<td>6 month report (April–September 2019)</td>
</tr>
</tbody>
</table>
5. Case Studies.

Case Study 1:

19—year old ISAL Member Runs Viable Tuck shop in Ushewokunze

My name is Velmah Chinyadza, aged 19 years. I reside in Ushewokunze with my parents. I sat for my Ordinary Level examinations in 2016 but did not obtain all the 5 subjects required for a full certificate. I could not go back to school in 2017, due to other circumstances. However, in 2018 I sat for additional subjects which I passed, and I am now a holder of a full Ordinary Level certificate.

In 2018, I attended a two—day training on entrepreneurship facilitated by Restless Development where we were taught about how to run a business and the benefits of Internal Saving and Lending Schemes (ISALS). Soon after the training, 15 of us formed an ISALS group which we named ‘A Thousand Miles’. We agreed on the modalities of running the group and amount to be paid by each member. Of the 15, only for us managed to make the initial payment of USD5.00. One of us borrowed the USD20.00 we had raised at 10% interest. The Journey of a thousand miles had begun.

To raise my subscriptions, I borrowed some money from my parents to buy petroleum jelly which my father sold on my behalf as he sold his wares. Through these sales, I was able to meet my financial obligations at the ISALS group. Meanwhile, I continued participating in all the activities that Restless Development brought to our community.

In June 2019, we were asked to write business proposals for possible funding from Restless Development. I submitted my proposal which was accepted and funded to the tune of USD400. Our ISALS group was developed in September 2019 when we were contemplating on increasing subscriptions from USD5 to USD10. Due to economic hardships, all the members opted out. We shared the proceeds and each member received USD40.00.

Because I had secured support from Restless Development, I did not despair. I used the funds to open a Tuck shop and stocked it with grocery items such as cooking oil, rice, soap, kitchen utensils, matches, basically all the basics that meet the needs of the community. I raise between USD75 and USD100 per month. My plan is to open a second Tuck shop. But my vision is to open a flea market so I can also sell clothing items. When we are connected to electricity, I intend to open a butchery as well.

I want to thank Restless Development for the training and for the financial support. You motivated me and other youth in our community and I am committed to my programme. In 2020 I am going back to school after securing placement at the Harare Polytechnic. I opted for evening lessons, so that I can run my business during the day.
Case Study 2:

Saved from Drug Abuse — Hopley Farm

I am a young man aged 21 years and I was raised in Mabvuku. I was introduced into drugs when I was 15 years. I finished my ordinary level in 2015. When I started doing drugs, I spent all my times doing drugs and I would not even do chores at home. So drugs started affecting my health in ways that I felt. When I was smoking or using drugs, I would feel heart pains and I could tell my internal organs were no longer functioning well. But because I was addicted, there was nothing I could do about it, I continued spending all my time doing drugs. When I did not have money to buy drugs and skipped my routine I would shiver and feel like going to the spots we would do drugs with my peers. These places were risky because one could get arrested. This affected my social life such that I no longer had a relationship with my parents and that bothered me a lot.

My friend introduced me to Restless and I started attending lessons. They taught me effects of drugs and what my future would be like if I continued taking drugs. I saw that drugs were bad for my health. However, despite having that knowledge, stopping was difficult because I was still addicted to drugs. I was then sent for rehabilitation and I was helped and managed to stop abusing drugs. Rehabilitation really helped me, and I can say that I am now normal. Restless really helped me in my life because I had lost hope I was now living for drugs. There are other youths who really want to stop abusing drugs but it’s impossible for them to do it on their own because they are addicts. Rehabilitation is therefore needed and very important going forward so that they can also be helped and stop abusing drugs.

Case Study 3:

Saved from drug abuse in Southlea Park

I was on the verge of becoming a drug addict due to the circle of friends I used to hang around with. The main challenge that I faced was peer pressure due to the community that I live in.

Since Southlea Park is a new suburb, we have different forms of social ills that I almost found myself in. I was rescued from the friends who were bad influence on me by Youth Leaders from the Restless Development programme. They helped me to overcome drug abuse problems and dating underage girls. Also, the information I received from the SRHR sessions were very helpful in changing my behaviour: I regained my confidence and became more responsible.

I would like to thank Restless Development for helping me find myself again.