Project Start Date:
January 23, 2013

Project End Date:
April 30, 2017

Total Project Budget:
$2,323,762

GAC: $1,682,633

World Renew: $641,129

S-065541

Protecting Adolescent Health and Rights in Senegal and Nigeria

FINAL PROJECT REPORT

World Renew
LIVING JUSTICE • LOVING MERCY • SERVING CHRIST

Global Affairs Canada | Affaires mondiales Canada

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LIST OF ACRONYMS

ACASI	Audio Computer-Assisted Self-Interviewing
AHGs	Adolescent Health Group
CECS	Le Comité Evangélique de Coordination de Santé (local partner, Senegal)
CEFOREP	Centre régional de formation, de recherche et de plaidoyer en santé de la reproduction (Senegal)
CPN	Child Protection Network (Nigeria)
CRCNA	Christian Reformed Church in North America
BHI	Beacon of Hope Initiative (local partner, Nigeria)
GAC	Global Affairs Canada
GALS	Gender Action Learning System
HCT	HIV Counselling and Testing
HIV and AIDS	Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome
HP4RY	HIV Prevention for Rural Youth Program
IDRC	International Development Research Centre
IYIP	International Youth Internship Program
NCs	Neighbour Councils
NGOs	Non-Governmental Organizations
OCIC	Ontario Council for International Cooperation
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
STIs	Sexually Transmitted Infections
SLDS	Services Luthériens pour le Développement au Sénégal (formerly EELS, local partner, Senegal)
UNFPA	United Nations Fund for Population Activities
USAID	U.S. Agency for International Development
YAGs	Youth Action Groups

PART A: OVERVIEW REPORT

A.1 EXECUTIVE SUMMARY

World Renew implemented a four-year project in Senegal and Nigeria to enhance the health, security, and life skills of adolescents age 12-25. A total of $2,323,762 was invested in the project. GAC made a contribution of $1,678,057 plus $4,576 in cumulative interest, a total investment of $1,682,633. World Renew contributed $641,129, which is about 27.7% of the total project cost. The contribution agreement was signed on January 23, 2013, and the project concluded on April 30, 2017.

The expected intermediate outcomes for this project included:

- Increased practice among adolescents of healthy behaviours that reduce risks from HIV and AIDS, sexually transmitted infections (STIs), and early/unwanted pregnancies.
- Improved protection of children and youth from violence and sexual abuse.
- Increased engagement in income earning activities by project participants.

Implemented in 71 communities in Senegal and Nigeria, the project reached 9,278 adolescent participants (6,799f, 2,479m), established 186 Neighbour Councils (NCs)/Parent Groups, and formed 153 Youth Action Groups (YAGs). Participants acquired knowledge about reproductive health (menstruation and pregnancy) and their own physical development, HIV and AIDS (its transmission and common myths), and STIs (myths, prevention and consequences of non-treatment). The project engaged parents, community leaders, and religious leaders in discussions of early and forced marriage and early and pre-marital pregnancy. Adolescents learned the communication skills they need to discuss sensitive topics with family members and to respond appropriately to harassment and unwanted sexual advances. Adolescents who are out of school were equipped with literacy and vocational skills to improve their economic opportunities. Over the past four years, World Renew and its partners achieved results in the following three areas.

Adolescent Health: In total, 9,278 young people (6,799f, 2,479m) have participated in 702 AHGs (AHGs) where they have acquired knowledge about reproductive health, their own physical development, HIV and AIDS, and STIs. Compared to the baseline, the percentage of participants who have abstained from sexual intercourse has increased by 7.3% in Senegal and Nigeria. The percentage of youth who have sought treatment for symptoms of STIs has also improved by 21.3% for both countries. In Nigeria, the percentage of youth who reported having more than one sexual partner decreased noticeably. These are good indications that the lessons on reproductive health are making an impact and helping youth make healthier decisions about their sexual lives and the importance of being faithful to one partner.

Safety and Security: The project improved the protection of children and youth from violence and sexual abuse by enhancing the ability of the parents, school administrators and community leaders to address concerns related to sexual abuse in the community and by encouraging people to recognize the rights of adolescent girls to reject early marriages and unwanted sexual advances. There has been a decrease in the percentage of youth who have had sex for money (overall weighted decrease for both Senegal and Nigeria of 6.4%), who have experienced sexual coercion (decrease of 5.9%), and who think it is justified to hit their female partners (decrease of 8.1%). There has been a corresponding increase in the percentage of youth who believe they could refuse unwanted sex (increase of 7.4%).

Since the beginning of the project, 186 NCs or Parents Groups have been established in Senegal and Nigeria. Along with 153 YAGs, the NCs/Parents Groups are promoting health messages and doing advocacy for better protection of girls' rights. There has been a slight increase in the percentage of NCs/Parents Groups that are engaged in community advocacy, the project has contributed to the increase in the ability of community leaders to identify, discuss and respond to reproductive to sexual abuse.

Literacy/Vocational Skills: The project empowered youth through vocational skills training and literacy to further reduce their vulnerability. Since the beginning of the project, 148 youth (145f, 3m) in Senegal have been linked to vocational skills training focused on sewing, hairdressing, basic nursing and catering. In Nigeria, 180 out-of-school youth (126f, 54m) were selected to receive vocational training directly from the project, 100 different set of youth (70f, 30m) were selected and received business training and start-up capital from the project averaging $325, and another 600 youth (420f, 180m) were selected to receive vocational training offered by other organizations in the community. To demonstrate commitment to their youth, community members came forward to support an additional 80 out-of-school youth (56f, 24m) and pay for expenses such as store rent, equipment and supplies.

A.2 INTRODUCTION

This final report of the four-year World Renew project **Protecting Adolescent Health and Rights in Senegal and Nigeria** celebrates the results achieved by World Renew and its local implementing partners. This final report begins with Part A – Overview of the project and includes 13 sections:

1) **Executive Summary:** Provides a synoptic description of the project, summary statement of results, and a discussion of progress achieved.
2) **Introduction:** Details on how the document is structured.
3) **Project Description:** Describes the project rationale and justification, identification of stakeholders, direct and indirect beneficiaries, total amount of investment, governance structure, and work breakdown structure.
4) **Project Context:** Provides an analysis of the context including the crosscutting themes of gender equality, environment and governance.
5) **Overall Project Performance Assessment:** Examines the outcomes achieved versus expected outcomes and explanation of variances.
6) **Project Management:** Describes how the project was managed including details on governance, monitoring, reporting, and Canadian engagement.
7) **Risk Management:** Provides an appraisal of the validity of the original risk assessment, changes in risk and risk response strategies during the life of the project.
8) **Crosscutting Themes and Priorities:** Gives a report on the implementation of the gender equality strategy, provisions to integrate environmental considerations, and approach to build local governance capacities.
9) **Budget Management:** Provides a brief analysis of the initial budget forecasts as set out in Appendix C of the Contribution Agreement.
10) **Success Factors:** Assesses the success factors including a) relevance, b) appropriateness of design, c) sustainability, d) partnership, e) innovation, f) appropriateness of resource utilization, and g) informed and timely action.
11) **Lessons Learned and Recommendations:** Examines the lessons learned and recommendations that will be useful to GAC to consider in planning other projects of this nature in the future.
12) **Final Financial Report:** presents an account of actual disbursements.

13) **Annexes**: as detailed in the List of Annexes (sent separately).

The final report continues with Part B Senegal Country Report and Part C Nigeria Country Report. Each of the country reports provides a synopsis of the project, includes an executive summary, and follows the same broad outline as the Overview Report, as detailed above.

A.3 PROJECT DESCRIPTION

A.3.1 Project Rationale and Justification

World Renew and its partners conducted baseline surveys of adolescents and parents in both Senegal and Nigeria at the beginning of the project. The baseline assessment showed:

- There was low knowledge about HIV, STIs and contraception among adolescents in both countries.
- In Nigeria, even though the adolescents had modest knowledge of HIV transmission, only a third of those who were sexually active were using condoms to avoid STIs.
- Sexual coercion and abuse was occurring in both project areas, and transactional sex was an issue that needed to be addressed in Nigeria.
- There was low utilization of health services by adolescents in both countries for reproductive health problems. Only about a half of those who had experienced symptoms of a STI sought treatment from a health professional.
- Adolescents did not have open communication with their parents on matters concerning their health and sexuality in Senegal or Nigeria.

The immediate and intermediate outcomes in the project logic model were targeted specifically at addressing these concerns:

- 1100: Increased practice among adolescents of healthy behaviours that reduce risks from HIV and AIDS, STIs and early, unwanted pregnancies.
- 1100: Improved knowledge among male and female adolescents about reproductive health, including HIV risk reduction and STI prevention
- 1120: Improved ability of male and female adolescents to talk openly with family members and boyfriends/girlfriends about reproductive health issues.
- 1200: Improved protection of children and youth from violence and sexual abuse.
- 1210: Increased community-level ability to identify, discuss and respond to reproductive health concerns and issues related to sexual abuse in the community

Because the focus was on out-of-school youth and there is a high rate of unemployment and poverty in the target group, we also added a new (smaller) component to the project related to economic empowerment. Many girls in Senegal and Nigeria, particularly those that left school early, have few prospects, and families have economic and social motivations to marry them off early. We were interested to test the theory that opportunities for vocational training might help the most economically vulnerable girls in the project postpone marriage and child bearing.

- 1300: Increased engagement in income earning activities by project participants.
- 1320: Improved vocational skills for out-of-school youth

In **Senegal** World Renew partnered with the Services Luthériens pour le Développement au Sénégal (SLDS)[1] and Le Comité Evangélique de Coordination de Santé (CECS) to implement the project. Peer educators engaged in working with AHGs to teach about reproductive health, to build their communication and decision making skills, and to improve their confidence. Most

of the participants were girls between the ages of 12 and 18 who had left school. About 20% of the participants in Senegal were male.

In **Nigeria** World Renew partnered with Beacon of Hope Initiative (BHI). The project in Nigeria recruited peer educators to lead AHGs and targeted both male and female youth, as well as youth who were in school and out of school. Beneficiaries ranged in age from 15 to 25. The project in Nigeria also engaged parents in community dialogue sessions where they discussed issues of sexual abuse, transactional sex and gender inequality. The goal was to increase community responsiveness to these issues and to reduce the vulnerability of adolescent girls to sexual harassment and abuse. Through connections made to vocational training, out-of-school youth gained livelihood skills, and girls are now less vulnerable to offers of material goods in exchange for sex and early marriage.

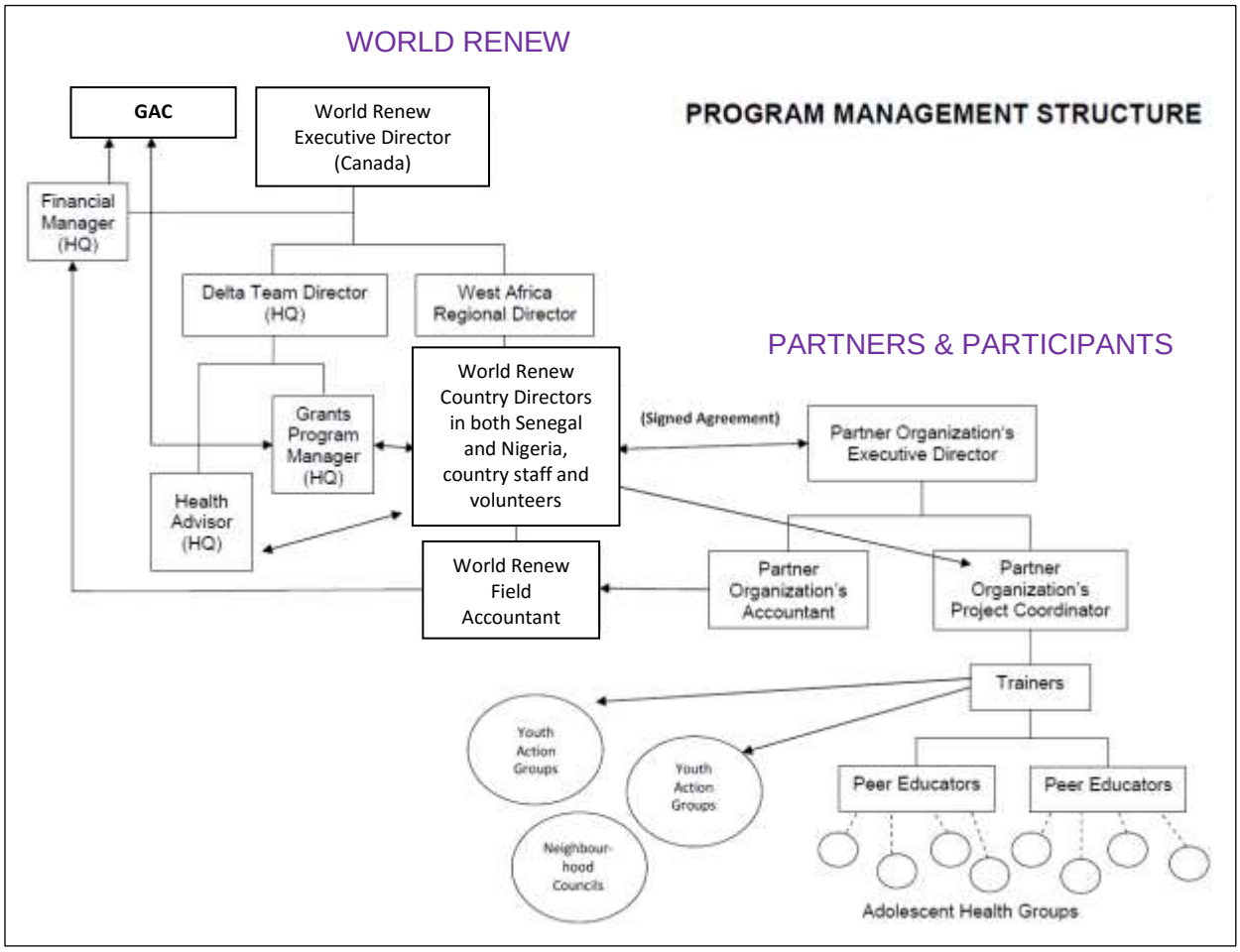
A.3.2 Identification of Stakeholder and Beneficiaries

Stakeholders involved in the project included:

- Global Affairs Canada (GAC) and the people of Canada who contributed to the financial resources needed for the project.
- With GAC's support, World Renew Senegal hosted one Canadian International Youth Internship Program (IYIP) intern who worked on our monitoring systems. Two Canadian volunteers based in Senegal and Nigeria who worked to enhance World Renew's adolescent curriculum.
- World Renew, the direct grantee of funding from GAC and the organization with responsibility for coordinating the partners, ensuring overall project management and providing accountability to GAC.
- BHI, SLDS and CECS, the local partners who had primary responsibility for day-to-day implementation of the project.
- The adolescents who were the direct participants in the project and who were the target for improved health and security.
- The parents of these adolescents, who desired to see benefits for their children in terms of health and social and cognitive development, as well as other family members (indirect participants).
- Members of Parent Groups, NCs and YAGs, as well as Peer Educators, who volunteered their time and passion to support and advocate on behalf of adolescents and received capacity building support from the project (also considered direct participants).
- The Government of Nigeria and Government of Senegal who are also working to improve health outcomes for its citizens.

Youth Action Group in Dakar, Senegal

A.3.3 Governance Structure and Work Breakdown Structure

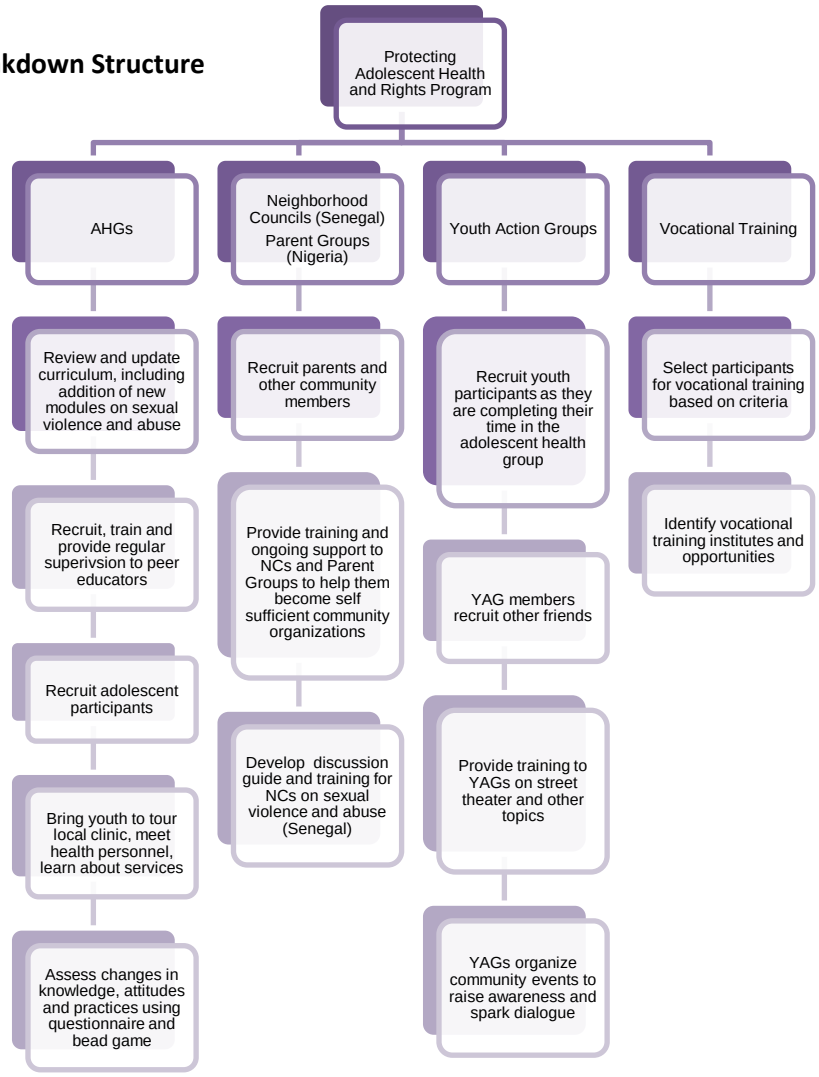


World Renew had the overall responsibility for the project in accordance with the GAC contribution agreement. World Renew signed cooperation documents with each of the three local implementing partners (BHI, SLDS, and CECS) to clarify responsibilities and requirements. World Renew's **Country Directors** in Senegal and Nigeria provided oversight to the local partners as they implemented the project. With the support of local staff, the Country Directors provided on-site consultation to the partners, clarified for them the terms of the agreement and project requirements, requested fund transfers to the partners, reviewed narrative and financial reports, and visited project locations to verify implementation and assess progress. During the final year of programming, two Canadian volunteers based in Senegal and Nigeria worked to modify the adolescent curriculum and incorporated feedback from World Renew and local partners. With their combined background in nursing, global health and education development and planning, the volunteers have contributed greatly to World Renew's efforts.

In Canada, World Renew's **Grants Program Manager** was responsible for monitoring organizational compliance with GAC regulations and adherence to approved plans and budgets. She communicated regularly with the World Renew Country Directors to coordinate the development of narrative and financial annual reports, work plans and the final report to GAC. She served as the primary point of contact between GAC and World Renew. World Renew **Financial Controller** authorized bank wire transfers to the World Renew field offices. He ensured proper accounting of project costs and prepared quarterly financial status reports and

financial forms for GAC. Also at headquarters, World Renew had a **Health Advisor** and a **Monitoring and Evaluation Advisor** who supported the country staff and partners. For details on local partner's governance structure, please refer to sections B.2.3 and C.2.3.

Work Breakdown Structure



A.4 PROJECT CONTEXT

The Adolescent Health and Rights project operated in Senegal, which is a GAC priority country, and Nigeria, which was among a Muskoka initiative priority country. Adolescents in both countries lack knowledge of HIV, STIs and contraception. According to a 2015 Population Council report,[2] just 32.8% of young Nigerian men and 27.1% of young Nigerian women demonstrate "comprehensive knowledge" of HIV. World Renew's project baseline assessments found a similar lack of knowledge of contraceptive methods, with less than 20% of project participants able to name three or more contraceptive methods at project baseline. Only 22% of youth entering the SLDS project could identify two or more ways to avoid contracting STIs.

Even among adolescents who have modest knowledge of HIV transmission, very few use condoms to avoid HIV, STIs and unwanted pregnancies. In the Dakar suburbs where the SLDS project was based, just 10.3% of sexually active 15- to 19-year-old females use any form of

contraception.[3] Condom use rates are somewhat higher in Nigeria (43% of adolescent females in Nigeria use condoms[4]) but are still lower than in many other African countries.

HIV prevalence rates are extremely high in four of the five Nigerian states where the project operated and are above national targets among specific sub-populations in Senegal. With the exception of Bauchi state, every Nigerian state in which the Adolescent Health and Rights project operated had HIV prevalence rates above 5.7%. One of the states (Benue) had the highest HIV prevalence rate of any state in Nigeria (12.7%).[5] While HIV is still concentrated among high risk groups in Senegal, the 2010 Demographic and Health Survey reported that women in Fatick and St. Louis, where CECS was implementing the project, have HIV prevalence rates above the government's target of less than 1% infection.[6]

World Renew has been working with its primary partners in Senegal and Nigeria—SLDS and BHI—to reduce youth vulnerability to HIV, STIs and early/unwanted pregnancies for over 15 years. Between 2005 and 2010, World Renew participated in a consortium in Nigeria which accessed PEPFAR (U.S. President's Emergency Plan for AIDS Relief) funding to implement a five-year HIV prevention project which was focused on youth. The PEPFAR project used a peer education methodology to reach several thousand young people and incorporated behaviour change communication, using the *Choose Life* curriculum which was developed by World Relief. In much the same way in Senegal, World Renew refined a peer education model through its many years of working with SLDS.

The project's vocational and literacy skills components addressed the documented connections between youth poverty, low educational attainment, and sexual activity in Senegal and Nigeria. In 2013, a Gates Foundation-funded study showed that poorer female youth in Senegal and Nigeria were systematically more likely to become sexually active sooner than wealthier female youth in the same countries. Higher levels of education were also associated with youth delaying sexual activity.[7] In both countries, girls who become pregnant are often married early to shield the family from community disapproval, and they are also likely to leave school. In fact, many teachers continue to support the practice of expelling pregnant girls from school.[8]

The project's multi-faceted approach to promoting adolescent security is not just complementary to other active GAC-funded projects, such as the "Action for Adolescent Girls: Accelerating Action to end Child Marriage" project in Nigeria, it's also consistent with the national priorities of Senegal and Nigeria. One of the three pillars of Senegal's national development plan (Senegal Plan Emergent) is a significant increase in the well-being of the population, not just through economic growth, but also through decreased vulnerability to disease, including HIV. In much the same way, Nigeria's Vision 2020 connects the goals under its human development pillar with the Vision's economic growth pillar, emphasizing the government's commitment to invest in the population's well-being as a catalyst for economic growth. By combining vocational skill development with reproductive health education, the Adolescent Health and Rights project not only decreased the incidence of early/unwanted pregnancy and early marriage in vulnerable communities in Senegal and Nigeria, it also increased the likelihood that girls in these communities would be able to live economically productive lives.

A.5 OVERALL PROJECT PERFORMANCE ASSESSMENT

A.5.1 Project Performance Assessment by Outcomes

Overall, the project increased adolescent health and security in the communities in Senegal and Nigeria in which it operated. Male and female adolescents have increased their knowledge of

reproductive health, and that knowledge has improved their ability to talk openly with family members, supporting the intermediate outcome of increased healthy behaviours that reduce risks from HIV and AIDS, STIs and early/unwanted pregnancies. Youth are more aware of their rights, and communities are also better able to identify, discuss and respond to allegations of sexual abuse, though the extent to which these community-level networks connect with formal legal structures varies. There was also variance in the extent to which the project was able to engage youth in income earning activities, with a comparatively greater percentage of Nigeria project participants benefitting from vocational and other skills training.

Intermediate Outcome: 1100 Increased practice among adolescents of healthy behaviors that reduce risks from HIV and AIDS, STIs, and early/unwanted pregnancies.

As Table 1 shows, project participants in both Senegal and Nigeria reported a decline in risky sexual behaviours between the baseline and when their respective cohorts completed the project. Roughly 7% fewer participants reported having had recent sexual intercourse (in the past six months in Nigeria or within the past 30 days in Senegal) than at baseline. Youth who completed the project were also 21.3% more likely to seek treatment for STIs than they were at project baseline, with Nigerian youth reporting a nearly 8% decrease in risky sexual behaviour.

Table 1: Change in Adolescent Health Practice

Indicator	Country	Baseline Data[9]	Data from Completed Cohorts	Overall Weighted Change
Percentage of youth age 12-25 (f/m) who have not had sexual intercourse in the last 6-months (Nigeria) and last 30 days (Senegal).	Senegal[10]	**87%f**	**94%f**	7.3%
	Nigeria	**83.2%** (78.5%f, 94.2%m)	**90.6%** (88.4%f, 95.7%m)	
Percentage of youth age 12-25 (f/m) who experienced symptoms of STI in the last 6-months and sought treatment from a health professional.	Senegal	**31.5%**	**50%**	21.3%
	Nigeria	**62.4%**	**84.2%** (84%f, 84.9%m)	
Percentage of youth age 12-25 (f/m) who report having more than one sexual partner in the past 6-months.	Senegal	**0%**	**0%**	-6.6%
	Nigeria	**12.3%**	**4.5%** (3.9%f, 7.4%m)	

Immediate Outcome: 1110 Improved knowledge among male and female adolescents about reproductive health, including HIV risk reduction and STI prevention.

The behavioural changes which occurred at the intermediate outcome level (Table 1) are relatively modest in comparison with the dramatic increases in adolescent knowledge of reproductive health. The weighted average of youth who were able to identify two or three methods of contraception increased by an astonishing 88% from baseline, suggesting that project participants had little to no knowledge of modern contraceptive techniques before beginning the project (see Table 2). Nearly all female project participants could identify two or more health risks for young pregnant girls and her child by the time they completed the project, whereas just over half had been able to identify two or more risks at baseline. The increase in knowledge of modes of HIV transmission was more slight, especially in Nigeria, but that result is consistent with other studies which have shown that in-school students in Nigeria are fairly knowledgeable about modes of HIV and AIDS transmission[11], perhaps because HIV and AIDS education is provided in a number of government-run secondary schools through the Family Health & Life Curriculum. In Senegal, in contrast, the Adolescent Health and Rights project

worked exclusively with out-of-school youth, since it's not surprising that the Senegal youth would demonstrate greater gains in knowledge of modes of HIV transmission.

Table 2: Knowledge Change Among Adolescents Regarding Reproductive Health

Indicator	Country	Baseline Data[12]	Data from Completed Cohorts	Overall Weighted Change
Proportion of youth age 12-25 who can identify two or more potential health risks to young pregnant girl and her child.	Senegal[13]	50%	95% (all female)	41.6%
	Nigeria	54%[14]	95% (96%f, 95%m)	
Proportion of youth age 12-25 (f/m) who can name two contraceptive methods for preventing pregnancy.	Senegal	28%	97% (all female)	88%
	Nigeria	6%	97% (99%f, 93%m)	
Proportion of youth age 12-25 (f/m) who can name three contraceptive methods for preventing pregnancy.	Senegal	17%	91% (all female)	70.6%
	Nigeria	6%	76% (74%f, 80%m)	
Proportion of youth age 12-25 (f/m) that can correctly name two or more ways that a person can become infected with HIV.	Senegal	63%	94% (all female)	11.9%
	Nigeria	89%	97.5% (97%f, 98%m)	
Proportion of youth age 12-25 (f/m) that can correctly name two or more things a person can do to avoid getting an infection through having sexual intercourse.	Senegal	19%	78% (all female)	31%
	Nigeria	72%	98% (98%f, 98%m)	

Immediate Outcome: 1120 Improved ability of male and female adolescents to talk openly with family members and boyfriends/girlfriends about reproductive health issues.

While adolescent ability to talk openly with family members about issues of physical development, sexuality and/or reproductive health issues was consistently robust for nearly all Senegal and Nigeria project participants (see Table 3), a marked difference was observed across the two countries in communication with boyfriends/girlfriends regarding issues of contraception, unwanted pregnancy and STI/HIV transmission. Although the project was still associated with increases in Senegalese girls being able to talk with their boyfriends about these issues, an average of just 24% of Senegalese girls who had completed the project reported being able to talk to their boyfriends about these issues – versus 74% of Nigeria project participants. Similarly, just a 25% of Senegalese girls were able to talk to their boyfriends about wanted or unwanted pregnancy by the completion – versus an average of 74% in Nigeria.

Table 3: Increased Communication on Sexuality				
Indicator	**Country**	**Baseline Data[15]**	**Data from Completed Cohorts**	**Overall Weighted Change**
Proportion of adolescents (f/m) who have talked with their father or mother about issues of physical development, sexuality and/or reproductive health issues in the past year.	Senegal[16]	50%	86% (all female)	38%
	Nigeria	40.8%	79.5% (77.8%f, 83.4%m)	
Proportion of adolescents age 12-25 (f/m) who currently have a boyfriend/ girlfriend/ partner who have talked with their partner about the use of contraceptives.	Senegal	5%	24% (all female)	59.6%
	Nigeria	7.5%	74.3% (76.5%f, 69.2%m)	
Proportion of adolescents age 12-25 (f/m) who currently have a boyfriend/ girlfriend/ partner who have talked with their partner about wanted/unwanted pregnancy.	Senegal	21 %	25% (all female)	-0.7%
	Nigeria	75.5%	74% (75.1% f, 71.3% m)	
Proportion of adolescents age 12-25 (f/m) who currently have a boyfriend/ girlfriend/ partner who have talked with their partner about STDs or HIV and AIDS.	Senegal	19%	37% (all female)	22.5%
	Nigeria	51%	74.3% (76.5%f, 69.1%m)	

The comparative difficulty that Senegalese girls face in discussing issues of contraception and pregnancy with their boyfriends is associated with a deep-seated cultural belief that contraception is only to be used by married couples as a means to space pregnancies. Seventy-five percent of the focus groups that were convened for female project participants in Senegal reported that any discussion of contraception with a boyfriend was impossible because it was either taboo or it was too embarrassing a subject to discuss. A Gates Foundation-funded research study also confirmed that extremely low rates of contraception use are commonplace in Senegal, with just 8% of sexually-experienced females in Senegal using contraception during their first sexual experience – versus 16-17% in Nigeria and Kenya[17]. An expert on Senegalese reproductive health attitudes who has visited the main SLDS project centre in the Dakar suburbs informed the project team that the stigma around unmarried Senegalese women using contraception is so great that they will not report using it even if their knowledge of contraceptive methods has increased as a result of the peer educator project.

The comparative difficulty that female Senegalese project participants face in acting on the knowledge that they gain regarding contraception points to the other socioeconomic and cultural factors that help explain why the dramatic increases in participant knowledge (see Table 2) are not automatically translated into changes in practice (see Table 1). The same Gates Foundation-funded research study that revealed consistently low contraceptive use rates in Senegal also found that poorer female youth in Senegal and Nigeria were systematically more likely to become sexually active sooner than wealthier female youth in the same countries. Higher levels of education were also associated with youth delaying sexual activity. Given the impact that poverty and lack of education have on average age of first sexual intercourse in Senegal and Nigeria, it's not surprising to find only relatively modest behaviour change among the Adolescent Health and Rights project participant -- a considerable portion of whom were out-of-school female youth from marginalized communities.

Intermediate Outcome: 1200 Improved protection of children and youth from violence and sexual abuse

As Table 4 shows, youth who participated in this project were less vulnerable to violence and sexual abuse than they were at baseline. Project participants in both Senegal and Nigeria reported that they engaged in less transactional sex (6.4% decrease) and experienced fewer instances of sexual coercion (5.9% decrease). There was a corresponding increase in the number of youth who said that they could refuse sex if they didn't want it (7.4% increase).

Table 4: Improved Protection of Youth from Violence and Sexual Abuse

Indicator	Country	Baseline Data[18]	Data from Completed Cohorts	Overall Weighted Change
Proportion of youth age 12-25 (f/m) who have had sex for money or other form of exchange in the past year.	Senegal[19]	1%	0% (all female)	-6.4%
	Nigeria	12.3%	5% (5.3%f, 4 m)	
Proportion of youth age 12-25 (f/m) who report they experienced sexual coercion (i.e. involuntary or unwanted sexual intercourse or rape) in the past year.	Senegal	16%	11% (all female)	-5.9%
	Nigeria	13.6%	7.5% (8.7 f, 4.8 m)	
Proportion of youth age 12-25 (f/m) who think it is justified for a man/boy to hit his girlfriend, wife or partner.	Senegal	6%	1% (all female)	-8.1%
	Nigeria	11.3%	2.7% (2.1%f, 4.3 m)	
Proportion of youth (f/m) who believe they could refuse sex if they didn't want it.	Senegal	91%	97% (all female)	7.4%
	Nigeria	89%	96.7% (96.5%f, 97.1%m)	

The observed increase in adolescent protection was not just a result of the heightened community-level ability to identify, discuss and respond to issues of sexual violence and increased recognition of adolescent rights. It also demonstrates the positive impact that the project sessions had on girls' self-esteem. A 2012 review of a Gates Foundation-funded HIV and AIDS prevention project in Nigeria's Cross River State cited low self-esteem and fatalism as factors in risky sexual behaviours in high HIV prevalence areas, along other drivers like lack of knowledge of modes of HIV transmission and a lack of parental oversight that were addressed by this Adolescent Health and Rights project.[20] Given the low life expectancy and persistent poverty in Nigeria, individuals with low self-esteem tend to be more inclined to engage in risky sexual behaviours, dismissing any long-term potential health risks that might be associated with transactional sex for short-term material, sexual or psychological gains.

Both Senegal and Nigeria project participants consistently reported that they gained increased self-esteem as a result of the project sessions. Adolescent focus groups in all five of the Nigerian states in which the project operated (Bauchi, Benue, Cross River, Plateau and Taraba) reported that the project increased their self-esteem, as did 92% of the SLDS focus groups in

Senegal. Roughly half of the parent focus groups in Senegal and Nigeria reported increases in self-esteem among those children who had participated in the Adolescent Health and Rights project. Sixty percent of the SLDS NC focus groups also reported an increase in participant knowledge, including increases in knowledge of how to prevent abuse.

Immediate Outcome: 1210 Increased community level ability to identify, discuss and respond to reproductive health concerns and issues related to sexual abuse in the community.

The Adolescent Health and Rights project created over 100 community-level groups in Senegal (NCs) and Nigeria (parent groups) that have helped support improved protection for youth from violence and sexual abuse. These groups have distributed educational literature and organized conferences with local religious leaders on how to combat adolescent abuse and discrimination against HIV-positive individuals. They have also held dialogue sessions with parents in communities on abuse prevention, early/forced marriage, and the dangers of early pregnancy. Parents in 60% of focus groups in Nigeria and 40% of focus groups in Senegal reported that youth in their communities are now more educated about their rights and that abuse is now being better addressed in their communities.

The extent to which groups that were established through the Adolescent Health and Rights project were connected to formal legal structures that can effectively respond to sexual abuse allegations was greater in Nigeria than in Senegal, however in Nigeria, the Benue State parent group reported that it had referred suspected cases of abuse to the police, as well as the church council. The YAG in the capital of Plateau State, Anglo-Jos, also noted that it has become a trusted referral mechanism for cases of suspected abuse to an established coalition of Nigerian government agencies and NGOs that are responsible for handling such cases. Some NCs in Senegal have also begun to take action on abuse cases, with prominent adult women accompanying victims to the clinic and helping families to report rapes to the authorities. This is in contrast to the deeply established norm of handling such cases through community or family structures in an effort to not bring public shame to the family. Less than 40% of Senegal adolescent focus groups[21] indicated that it was customary to refer suspected abuse allegations to the police.

Immediate Outcome: 1220 Increased recognition of the rights of adolescent girls to reject early marriages and unwanted sexual advances, especially by men and adolescent boys in the community.

As Table 5 (next page) shows, a greater percentage of project participants in both Senegal and Nigeria indicated that they were more aware of their right to refuse unwanted sexual advances and early marriage at the completion of the project than prior to joining the project.

Table 5: Increased Recognition of Adolescent Girl Rights				
Indicator	**Country**	**Baseline Data[22]**	**Data from Completed Cohorts**	**Overall Weighted Change**
Proportion of youth (m/f) surveyed who recognize rights of adolescent girls to refuse unwanted sex.	Senegal[23]	92%	96% (all female)	10.2%
	Nigeria	85.5%	96.8% (98.6% f, 92.8% m)	
Proportion of youth (m/f) surveyed who recognize rights of adolescent girls to refuse unwanted marriage.	Senegal	86%	96% (all female)	8.6%
	Nigeria	85.5%	93.8% (94.4% f, 92.3% m)	

Adolescents who participated in the portion of the Senegal project that was implemented by CECS experienced comparatively larger gains in their awareness of their rights. For the CECS cohorts that were operating during the final two years of the project (2015 and 2016), the project assessment team found a 16% increase in youth who felt that they could protect themselves from sexual violence and agreed that women had the right to resist sexual approaches from men. This increase was largely due to the fact that CECS was operating in more rural, conservative areas where youth were less aware of their rights when the project began. When they entered the project, just 66% of participants in CECS' 2015 and 2016 cohorts agreed that women had the right to resist sexual advances from men and felt comfortable protecting themselves from sexual violence. In some communities, nearly no adolescents were aware of their rights when the project started. Less than 15% of the 2015-2016 project participants in Tocambel and Thiadiaye, Senegal, indicated they knew how to protect themselves from sexual violence when they started the project.

Despite the considerable gains in CECS participants' knowledge of their rights, final results from CECS were still below the baseline levels for Nigeria and the SLDS portion of the Senegal project. At the conclusion of the project, 83% of CECS project participants believed that they knew how to protect themselves from sexual violence and agreed with the statement that women have the right to protect themselves from unwanted sexual advances. While a considerable improvement over their baseline figures, there is still a considerable need to increase awareness of adolescent girl rights in rural areas in West Africa.

"Many adolescent participants that were interviewed said that they did not know how to respond appropriately to unwanted sexual advances before this program started. But now they are more confident to respond and seek the support of their parents and trusted adults. Some expressed appreciation for their increased ability and courage to prevent abuse from escalating, whether at home or in public settings. Some parents have admitted to ignoring situations where they know that their children are being abused. These parents now embrace their responsibilities in upholding the rights of their children and are committed to protecting them. School administrators are asking for more opportunities to collaborate with World Renew and BHI to facilitate comprehensive sex education and prevent and respond to sexual based violence."

- David Tyokighir, Country Director for Nigeria, pictured in the middle during final evaluation in Jaki Benue State

Intermediate Outcome: 1300 Increased engagement in income earning activities by program participants.

The extent to which the literacy and vocational skills component contributed to the desired ultimate outcome of enhanced adolescent health and security varied between communities in Senegal and Nigeria. Although youth in Senegal and Nigeria both received vocational skills training, the proportion of youth who were engaged in income earning activities was only raised in Nigeria (see Table 6). Not only are poorer female youth in Senegal and Nigeria systematically more likely to become sexually active sooner than wealthier female youth in the same countries,[24] research has also shown that Nigerian youth are more likely to get tested for HIV if they have a job.[25] Individuals who lack any formal education were also found to be less likely to get tested for HIV than their more educated peers,[26] further reinforcing the positive health implications that are associated with project participants gaining vocational skills and engaging in income earning activity. Interviews with recipients of vocational skills training and capital grants in Nigeria also revealed a very strong linkage between financial independence/self-confidence and desire to delay marriage until after age 18. Roughly 94% of interviewees indicated that they now wished to delay marriage until at least age 18, with some respondents expressing a desire to wait to marry until as late as their mid-20s.

Table 6: Proportion of Participants Engaged in Income Earning Activity

Indicator	Country	Baseline Data[27]	Data from Completed Cohorts	Change
Proportion of program participants (m/f) who are engaged in an income earning activity.	Senegal	30%	29% (all female)	-1%
	Nigeria	17.6%	44.8% (44.2%f, 46.2%m)	27.2%

Vocational skills training was only provided to a small sub-set of (about 8% of) Senegal project participants, but it had a noticeable impact on the individuals that were selected for this intervention. Attrition contributed to the lack of an appreciable effect on the percentage of Senegal project participants who were engaged in an income earning activity. Fourteen individuals dropped out of SLDS cohort one in 2013, 52 of the youth that started SLDS cohort 2 in 2014 did not finish, and 23 individuals did not complete SLDS cohort 4 in 2016. Some of these 89 project dropouts were engaged in income earning activities, so their leaving the project before its completion had the effect of skewing the final proportion of Senegal project participants who were engaged in income earning activity downward, resulting in a net change of zero for Senegal.

A.5.2 Project Assessment Methods

The final project assessment was conducted from January to March 2017. The assessment relied on a mixed methods approach, using both qualitative and quantitative methods to ensure that all relevant stakeholder views were included, particularly those of women and girls. The assessment had the following main components:

1. Review of existing project documentation, including baseline and project monitoring reports, disbursement reports, progress reports, action plans, and other information which available from World Renew or its in-country partners (SLDS, CECS and BHI).

2. Site Visits and Interviews (Senegal and Nigeria)

a. Key informant interviews with senior managers and staff in World Renew's Senegal and Nigeria Country Offices; managers and staff from SLDS, CECS, and BHI; government ministry staff, local healthcare providers and school administrators. A list of interviewees appears in Annex L.

b. Focus group discussions
    - *Senegal*: 21 focus groups representing 251 (219f, 32m) project peer education group participants from 2013 through 2016[28]
    - *Nigeria:* 42 focus groups representing 703 (383f, 320m) project participants[29]

    For the final project assessment, data on participant reproductive health behaviours was collected through an anonymous survey technique which is known, colloquially, as the "bead game." Similar techniques, like audio computer-assisted self-interviewing (ACASI), have been shown to provide evaluators with more accurate data on adolescent sexual behaviour than traditional face-to-face interviews,[30] so the final "bead game" data enabled the project assessment team to verify the accuracy of the performance monitoring data which had been collected through participant questionnaires.

c. Focus group discussions with peer educators (2 group discussions in Nigeria and 2 group discussions in Senegal) and YAGs (6 groups in Nigeria and 1 group in Senegal)

d. Focus group discussions with NCs (5 from Senegal) and parent groups: Senegal – 6 parent groups representing 61 parents (58f, 3m), Nigeria – 4 parent groups representing over 50 parents
    - In-depth interviews with 13 project participants from Senegal
    - Key Informant Interviews with school administrators and community leaders in Senegal and Nigeria
    - Interviews with 30 beneficiaries of the project's vocational skills development / capital grants project in Nigeria

e. Key informant interviews with North America-based academics who are experts on adolescent reproductive health behaviour in Senegal and Nigeria
    - Dr. Eleanor Maticka-Tyndale (University of Windsor – Canada)
    - Dr. Dinah Hannaford (Texas A&M University) and Dr. Ellen Foley (Clark University – Massachusetts)

f. Review of relevant academic and international development literature

The project assessment team was aware of the critical importance of gender to the overall assessment, so it tried wherever possible to use data collection techniques that would allow adolescent girls to have as much comfort as possible in sharing their experiences with the Adolescent Health and Rights project. In addition to more common techniques like having separate female-only adolescent focus groups that were facilitated by females, the assessment team used a technique that was modeled on some of the tools that have been developed by the Gender Action Learning System (GALS) to facilitate some of the feedback sessions with female peer educators. Recognizing that not all of the stories from women and girls are often adequately told with conventional international development project monitoring and evaluation methods, the assessment team first had youth write or draw their own individual experiences

with their peer education sessions on a sheet of flip chart paper. With larger groups, like the peer educator group in Zull, Nigeria, adolescent girls completed this visioning exercise individually before reconvening as a group to discuss, while with smaller focus groups, like the group of peer educators in Dakar (Yeumbeul), Senegal, the peer educators completed the writing/drawing exercise together before reconvening as a group to discuss with the project assessment team. This method, which was based on the "diamond" exercise which was developed by GALS,[31] helped ensure that a greater number of the girls were able to communicate their experiences as peer educators than would have been possible with a simple focus group discussion format.

A.6 PROJECT MANAGEMENT

Implementation of the project by SLDS and BHI was highly successful, and output targets were exceeded in many cases. There were some project management issues with CECS that were addressed by World Renew.

SLDS Project Management Findings: SLDS demonstrated a high level of competence to recruit participants and peer educators and to run a high quality program over the past four years. The only management issue was related to late reporting. Both financial reports and performance reports from SLDS were regularly a few days late. But the quality of reports was very good quality when received. This did not impact overall operations.

The CEFOREP (Centre régional de formation de recherche et de plaidoyer en santé de la reproduction) contract for the new SLDS sexual violence modules was managed by World Renew rather than SLDS. Everyone seemed satisfied with this arrangement, and the contract was completed as expected.

CECS Project Management Findings: The management structure of CECS, however, proved to be problematic during implementation. CECS is run by a volunteer board with representatives from the three church denominations that comprise the association. The board leaders were responsible for supervising the Coordinator that was implementing the Adolescent Health and Rights project. There were slow to review and approve plans and budgets and to release funds that were needed to carry out planned activities. For example, there was money to purchase a new computer for the Bookkeeper to replace the one that was broken, but it took four months for the Board to approve a purchase, and in the meantime financial reports were not completed.

During the first two years of the project, CECS had turnover in the Coordinator position twice and extended periods of vacancy in the role. World Renew assigned one of its own staff members to serve temporarily as the Coordinator while CECS was working to fill the vacancy during this period. During the last two years of the project the staffing situation at CECS stabilized and project performance improved as a result, but the Coordinator still experienced obstacles in his work related to administrative slowness on the part of the CECS board.

CECS hired a new bookkeeper in 2014, filling a position which had been vacant for a long stretch in the first half of the project. The new bookkeeper did not know how to use Quickbooks, so World Renew personnel trained her and served as a de facto supervisor to her. World Renew also advised the CECS bookkeeper on requirements of Senegalese labor law. This bookkeeper was responsive to World Renew's guidance, and financial reporting of CECS improved significantly in the last half of the project

CECS lacked proper registration with the government of Senegal when the grant began in 2012. The organization was registered as an association, which had been adequate for a volunteer board that used contracted trainers from time-to-time. But in order to hire a salaried coordinator and a bookkeeper, CECS really needed NGO registration. CECS was not able to pay taxes and make contributions toward the employees' social insurance accounts. The process to register as an NGO took three months and occupied the time and attention of World Renew and the CECS bookkeeper in 2014. This was an organizational capacity issue that World Renew in its consulting role should have identified at the start of the grant and addressed in 2011.

There was really high demand for the project in all CECS working areas. In response, they formed significantly more groups than were originally planned. This in turn impacted the ability of CECS to attend to activities like strengthening of Local Committees and organization of community debates that were planned. Nevertheless, there was extremely high uptake of the program by adolescents who enrolled in groups in the last two years of the program. So although the CECS project had a slow start, it seems to have hit its stride and reached the peak of community engagement just as it was ending.

The CECS adolescent health project was implemented in four different geographic regions of Senegal, including Saint Louis and Fatick, which far away from each other. The reason for this geographic spread was that CECS is an association of the Methodists, Protestants and Lutherans in Senegal. The churches are each represented in different concentrations around the country. Whereas the Lutherans have many congregations around Fatick, the other churches are more concentrated in St. Louis and the other zones. The geographic spread added to the challenges for the CECS Coordinator to be present in the community and spend time working with community leaders and members of the Local Committees.

BHI Project Management Findings: BHI's project management team—made up of the Coordinator, M&E Officer and Accountant—worked well to ensure that project activities were carried out according to plan. The World Renew Country Director and Project Advisor provided good support. BHI's board was engaged, and BHI staff were encouraged when several board members visited their project sites and heard testimonies from parents, YAGs, adolescent participants, community and religious leaders, and school administrators. As a result, a strong sense of ownership, sustainability and project efficiency was maintained throughout the project. BHI staff have developed good working relationships with target communities and have enhanced their organizational reputation among participants, school administrators, and community leaders.

The BHI accountant received regular feedback and mentoring throughout the life of the project from the World Renew Business Manager in the Nigeria field office. This support greatly facilitated timely and accurate financial reporting.

A.7 RISK MANAGEMENT

During the planning stage of the project a risk assessment was completed. The assessment evaluated the level of risk and likelihood of occurrence for the following four types of risks: operational, financial, development, and reputation. Using the project's Risk Register (refer to Annex M) risk was monitored and responded to using the defined mitigation measures.

Under development risks, there was the potential that women and girls would be prevented from full and equal participation in the project. To mitigate this risk BHI staff worked with community chiefs to gain their support for their project so that they would encourage parents to allow their

children to participate. The Parent Groups that were established by BHI advocated on behalf of individual girls. Other mitigation measures included building governance capacities of community-based organizations, based on gender equality principles, and working to increase the number of women in leadership positions. Gender justice discussions helped to ensure that topics such as girl-child education, transactional sex and exploitation were included in community dialogues.

A risk that was unpredictable was the West Africa 2014 Ebola outbreak. Fortunately, for both Senegal and Nigeria, both governments took actions to successfully prevent Ebola-infected people from crossing their borders. An exchange visit with the Senegal project staff to Nigeria was scheduled for October 2014 but was delayed due to the Ebola outbreak and then never rescheduled because of security concerns.

Given that we have worked in Nigeria since 1969 and have partnered with BHI since 2001, World Renew had a fairly accurate appraisal of the level of risks involved, including political and ethnic conflict that might create insecurity and inference. Throughout the project, Nigeria continued to experience terrorist activities and other forms of violence in several areas especially in northern Nigeria and the Niger Delta region. During the first and second of the project, Boko Haram had led a number of attacks near many of the targeted communities. People became fearful that Boko Haram would attack their communities. To protect BHI staff, they were prohibited from travelling at night and activities were limited to daylight hours. In one situation where the security risk was very high, the BHI field staff did not travel to specific communities until the violence in the area had decreased. To continue to provide support for the community, the staff maintained contact with the peer educators and community by phone, but did not travel by road to visit them during that time. At the community level however, the activities across the states continued. There was no instance where a staff member, peer educator, or participant was a victim of this regional violence.

A.8 CROSSCUTTING THEMES AND PRIORITIES

A.8.1 Gender Equality Strategy

The Adolescent Health and Rights project's principal contribution to GAC's Policy on Gender Equality and Sustainable Development Goal 5 was in increasing the ability of adolescent girls to articulate their needs and interests and shape fundamental decisions like those that are related to sexuality, reproductive health and marriage. Not only were project participants more aware of their rights (see Table 5 on page 18), the increased communication that the project fostered between parents and youth also resulted in increased parent support for girls' rights. In two of the four Nigerian states where the project assessment team convened parent focus groups, the groups reported that the project had led not just to youth being more informed of their bodies and rights, but also changes in parents' attitudes regarding the appropriate age for marriage and rights of girl children. In Senegal, 60% of the NC focus groups indicated that they had changed their opinions regarding adolescent health and rights in the last two or three years, with three of out five SLDS NC focus groups saying that girls now have the right to refuse marriage.

As is detailed below in the "Success Factors" section of this report (see Section A.10), the engagement of the community, especially parents, was vital to the project's ability to help adolescent girls better shape decisions regarding their own sexuality, reproductive health and marriage. When parents in Senegal were interviewed in focus groups at the end of the program,

a majority of parents reported that their own daughters had been a major influence on their thinking and helped to change their opinions on the correct age for marriage. Parents and community leaders are now engaged in discussions about the rights of adolescents through parent groups, NCs and community events. Parents, many of whom were raised at a time when out-of-school girls were expected to undergo the challenges of early marriage and early pregnancy, have been successful in persuading faith leaders to speak out against these practices because of the danger they pose to adolescent girls.

A.8.2 Environment

World Renew's organizational policies on environmental management reflect the Government of Canada's desire to integrate environmental sustainability in international development programming. Although the focus of this Adolescent Health and Rights project was on education and health promotion rather than infrastructure or health services, an effort was made to include environmental concerns that were relevant to the communities in which the project operated.

In Nigeria, open disposal of solid waste is widespread because local governments lack of waste management systems. In one of the Nigerian states in which the project operated, Plateau state, over 60% of waste is disposed in open areas or backyards.[32] Given the connection between environmental quality and good health, the project included messaging which discouraged indiscriminate dumping and encouraged houses to be free of litter and people to use proper latrines. YAGs carried out awareness campaigns using skits to communicate the health benefits of maintaining a clean environment. Posters promoting a clean environment were also produced and displayed in all target communities.

In Senegal, meanwhile, the project worked with communities to reduce the extent to which stagnant water was contributing to vector-borne illness. Sixty percent of the CECS parent focus groups described how the project had encouraged them to organize village cleanup days where they eliminated sources of stagnant water. One group also noted that they had helped distribute mosquito nets and provided anti-parasite medication to children. Those parent and youth groups that expect to continue after the project ends may be able to sustain some of the environmental protection awareness efforts that were begun under the Adolescent Health and Rights project.

A.8.3 Governance Considerations

World Renew's emphasis on empowering communities resulted not only in several examples of communities in Senegal and Nigeria being better able to connect with existing governance structures (see Section B.7.3 and Section C.7.3 below), it also built sufficient capacity to allow some community organizations to fill in existing public sector service delivery gaps. In Bauchi State, Nigeria, for example, just half of all health clinics do any community outreach programming.[33] One parent group in Bauchi State shared examples of how they had convinced faith leaders to speak to their congregations about the dangers of early pregnancy, allowing critical public health messages to reach a much larger audience. An assistant imam in the Dakar suburbs of Senegal relayed a story of how the community theater that SLDS organized had reinforced the public health and safety messages that he had been disseminating. Both churches and mosques in the area are now educating their congregations on HIV prevention.

In Senegal, some NCs have also begun to serve as extension arms of local health service providers. One of the SLDS NCs in the Dakar suburbs reported that it had organized a screening day for HIV, while another parent focus group indicated that they had been engaged in providing free health consultations, including cancer screenings. A CECS parent group,

meanwhile, described how they had provided trainings to parents on proper child nutrition. Given the inconsistent capacity of Senegal's local health huts to provide medical services[34], the project's development of community-level capacity to deliver preventative health care was very important.

At the same time, there were instances where the project would have benefitted from more close coordination with local health clinics and units of local government. Youth were encouraged to visit health centres in Nigeria, for example, but clinics often lacked the necessary supplies to meet the upsurge in demand for testing and contraceptives. In Bauchi state, past surveys have shown that 13.5% of health facilities had available condoms for youth.[35] In some instances, health clinic staff also lacked the necessary training. A 2009 survey reported that just 37% of medical clinic staff in Bauchi state had received in-service training on STI diagnosis and treatment.[36] In Senegal, project participants learned about their legal rights, but cultural norms often precluded abuse victims from accessing formal legal channels. Given families' concern about being exposed to public shame, less than 40% of the adolescent focus groups in Senegal indicated that abuse allegations are ever referred to the police.

A.9 BUDGET MANAGEMENT

Between January 1, 2013 and March 31, 2017, World Renew and its local partners spent a combined total of $2,323,762 to implement the Protecting Adolescent Health and Rights Program. GAC contributed $1,682,633 (72.4%), while World Renew contributed $641,129) (27.6%).

1.1 Remuneration and 1.2 Local Employees

Overall project spending exceeded the original planned budget. Over-spending was concentrated in two costs areas: 1) World Renew personnel in the headquarters office and 2) World Renew personnel in the Senegal field office. In both locations more staff time was needed to support the project than was originally included in the plan. World Renew contributed additional private resources to cover the staff time that exceeded the budget.

In Senegal the local partner CECS experienced vacancies in two key positions in the first 18 months of the project. World Renew provided its own personnel to fulfill key staff roles of Program Coordinator and Finance Manager for the CECS project while new people were recruited for the vacancies. Once new personnel were hired, World Renew continued to provide close supervision and support to the new CECS project staff as they learned their positions. As a result, CECS spending on personnel costs was lower than expected, and their under-spending on personnel helped to off-set spending on personnel by World Renew in Senegal.

In Nigeria compensation costs for local staff were lower than expected due to the devaluation of the Naira in relationship to the Canadian Dollar. Employee contracts and salaries for BHI personnel were fixed in Naira, so it cost fewer dollars to cover the salaries than expected.

1.4 Fees - Subcontractors

Spending on local and international consultants was lower than expected. World Renew had anticipated the potential for hiring more local consultants to provide training services, but we found that the project staff were capable of doing the work without additional trainers from outside. Contract fees were only paid to two consultants: 1) a firm called CEFOREP in Senegal was contracted to develop the new sexual abuse modules for the training curriculum, and 2) at the home office a technical writer was contracted to help with writing and editing of reports.

1.6.1 Travel Costs

The field offices and partners in Senegal and Nigeria spent less on travel than originally planned. Fuel prices were lower than expected during the implementation period. SLDS did not incur many travel costs because the bulk of project participants are located in Dakar within close proximity to the training center where the project staff are based. The staff that were focused on Linguère were based there instead of traveling regularly from Dakar to monitor activities. The same was true in Nigeria, where the key staff for each of the five target states were based in the state where they were responsible for adolescent groups.

World Renew spent more than budgeted on headquarters travel in the final year of the project because of the final evaluation. The work involved in evaluating the project in two countries and writing the report required a team of three people. The lead evaluator traveled to both Senegal and Nigeria (travel in West Africa can be expensive because there are few flight routes connecting Francophone and Anglophone countries), while the second team member focused on Nigeria and the third focused on Senegal.

1.6.4 Training Costs

Training costs in Nigeria were lower than expected because of the devaluation of the Naira. Overall Canadian dollars went further and purchased more in Nigeria as the economy declined in recent years in response to lower world prices for oil, Nigeria's main foreign exchange earner.

1.6.7 Project Administration Costs

Allthe local partners came in under-budget on project administration costs, as did the World Renew office in Nigeria. But there were higher than expected project administration costs incurred by World Renew/Senegal. This was directly related to the extra administrative support that World Renew provided to CECS when their finance position was vacant.

Private Support from Canadians

World Renew was able to provide a robust private match to co-finance this project because of generous support from members of the Christian Reformed Church in Canada. World Renew has been sharing the project's success with its 236 supporting church congregations and 77,760 Canadians to raise the private match for the project ($645,700 over four years).

World Renew staff celebrating with the Let Kids be Kids after they received their OCIC Global Changemaker award (Toronto, Canada)

Having been inspired by a keynote speech that World Renew's Director, Ida Kaastra Mutoigo, made at the All Ontario Youth Convention in 2013, students at Hamilton District Christian High School formed *Let Kids Be Kids*. The group started by organizing small fundraising events, including bake sales and car washes, and educated their supporters on how the project improves the health and security of adolescents. During International Development Week in February 2015, the Ontario Council for International Cooperation (OCIC) recognized *Let Kids be Kids* as Global Changemaker Youth Ambassadors. The group was honoured for actively engaged in promoting international cooperation. *Let Kids be Kids* surpassed their fundraising goal and raised a total of $21,000 for the project.

Audit

In 2015 GAC contracted Welch LLP to conduct an external audit of the Adolescent Health and Rights project for the project period of January 23, 2013 to December 31, 2014. The audit identified several items that required audit adjustments (for details on the rationale for individual adjustments refer to the Audit Letter in Annex I).

- Remuneration—Employees based in Canada and on Short-term assignment in the field: $1,622
- Remuneration – Local Employees: $11,652
- Fees – Subcontractors: $150
- Travel Costs – Senegal: $206
- Other Training Costs – Senegal: $2,355
- Goods, Assets and Supplies – Equipment and Assets: $1,271
- Goods, Assets and Supplies – Program Inputs: $4,030
- Project Administration Costs Directly Related to the Project – Senegal: $1,895
- Overhead: $2,782
- Financial report overstated – Recipient's Contribution: $8,560

The total of the maintained adjustments was $34,523 - GAC's portion (75%) represents $19,472 and World Renew's portion (25%) represents $12,268 in adjustments. As a result, World Renew revised our subsequent financial report to include four new columns to note the adjustments amount of $34,523: Audit adjustments GAC portion, Final actual cost after audit adjustments GAC portion, Audit adjustments organization portion, and Final actual cost after audit adjustments organization portion. Upon satisfactory receipt of the financial report with all adjustments corrected and individually reported, GAC closed the audit.

A.10 SUCCESS FACTORS

Achievement of Results: The Adolescent Health and Rights project met or exceeded performance targets for over 80% of its indicators (see final Performance Management Framework in Annex N). The project produced dramatic increases in youth reproductive knowledge (see Table 2). Program participants grew in their ability to talk to family members and boyfriends/girlfriends about reproductive health issues (see Table 3), and improved communication helped foster changes in communities which resulted in youth being better protected from abuse and sexual violence (see Table 4). Program participants are now generally more likely to avoid risky sexual behaviour and seek treatment for STIs (see Table 1), though cultural taboos prevented the project from seeing consistent improvements in health seeking behaviour in Senegal in the way that it did in Nigeria. In fact, the percentage of SLDS project participants who said that they used a form of contraception to prevent pregnancy or avoid getting HIV actually fell during the course of the project. The percentage of youth who sought treatment for STIs rose from 31% to 50% in Senegal, but this figure was still below the target of 65%. Additional detail on the Senegal portion of the Adolescent Health and Rights project appears in Section B.

Relevance: As of 2015, Nigeria had the fourth highest maternal mortality rate in the world, surpassing even South Sudan, Somalia and Afghanistan.[37] Given these statistics, the project's success in convincing parents and communities to delay marriage for girls until at least age 18 will likely result in fewer adolescent girl deaths from pregnancy in the states in which it was operating. The knowledge that adolescents have gained about modes of HIV transmission is also especially vital for Nigeria, given that HIV prevalence rates are above 5.7% in four of the five states where the project operated.

In Senegal, the Adolescent Health and Rights project provided out-of-school adolescent girls with new information about how contraceptives can help them have better control over reproductive health decisions. Senegal has among the lowest contraceptive use rates in the world, with just 10.3% of sexually active 15 to 19 year old females in the Dakar suburbs using any form of contraception.[38] Significant stigma still exists regarding the use of contraceptives by unmarried women in Senegal (just 24% of adolescent girls who completed the SLDS project said that they were able to talk to their partner about the use of contraceptives vs. 74.% in Nigeria – see Table 3), but the information that the project provided is a still a critical first step in changing norms and attitudes regarding adolescent reproductive health rights.

The results that the Adolescent Health and Rights project achieved are also complementary to the work that Canadian organizations and other donors are doing in both Senegal and Nigeria. Like the Adolescent Health and Rights project, GAC's active child marriage prevention project with United Nations Fund for Population Activities (UNFPA) is providing education to adolescent girls in Nigeria and working to improve their vocational skills. The UNFPA project also builds off of the work that was done at the community level through the World Renew project, supporting national, regional and local authorities in building an evidence base for the abolition of child marriage and adolescent pregnancy. In Senegal, meanwhile, the Adolescent Health and Rights project is complementing a 5 year, $40 million (USD) community health promotion effort that was funded by the U.S. Agency for International Development (USAID) and implemented through ChildHealth Consortium. The USAID-funded activity worked to improve the quality of and access to information, products and services at community health clinics in Senegal, improving linkages and collaboration between community-level organizations and regional/district medical teams. ChildFund's efforts to strengthen community ties to local health clinics are directly complementary to the effort that the Adolescent Health and Rights project made to educate adolescents on the importance of utilizing local health services, often through organizing youth visits to local health providers.

Cost-Effectiveness: The Adolescent Health and Rights project cost to results ratios are consistent with expected benchmarks for similar activities in West Africa. As Table 7 shows, the ratio of the total Government of Canada contribution to the total number of participants reached was somewhat more favorable with the Adolescent Health and Rights project than with the HIV Prevention for Rural Youth (HP4RY) that was implemented in Nigeria with IDRC funding.

Table 7: Cost / Beneficiary Ratios for Government of Canada-Funded Adolescent Health and Education Projects

Project Name	Funding Agency	Canadian Implementing Organization	Years	Countries	Gov't of Canada Cost (CAN$)	Number of Program Participants	Cost Ratio (Cost per Program Participant)
Adolescent Health and Rights	Global Affairs Canada	World Renew	2013 - 2017	Senegal, Nigeria	$1,678,057	9278	$180.86
HIV Prevention for Rural Youth (HP4RY)	IDRC under Canada Health Sciences Initiative	University of Windsor	2008 - 2012	Nigeria	$1,866,000	9289	$200.88

Although HP4RY reached a nearly identical number of youth, the size of the IDRC grant was approximately $188,000 higher, resulting in a slightly higher cost per participant ratio. In fact, the cost savings between the World Renew-implemented Adolescent Health and Rights project and HP4RY were likely a bit greater, since the community component ran throughout the life of the Adolescent Health and Rights project as opposed to being phased in, as it was as part of the HP4RY research design.

Sustainability of Results: The extent to which achieved results can be maintained after the project ends varies. Some of the NCs established by SLDS in the Dakar suburbs are quite mature and high functioning and have established connections with local community leaders that will allow them to continue to elevate adolescents' concerns after the project ends. However, similar connections were not achieved in the CECS communities. The project assessment team believes that further donor investment will be needed not only in the CECS project areas, but also in the nomadic communities around Linguère where SLDS was operating (see Recommendation #2 in Section B.10). Sustainability of achieved results similarly varies across the states in which the project operated in Nigeria. In Cross River State, the Secretary of the Ministry of Education is recommending that the BHI manual be integrated into the school health education curriculum (see Section C.3), raising the possibility that the BHI manual could be rolled out to tens of thousands of secondary school students in Cross River. In other states in Nigeria, BHI has not been able to forge such formal linkages with the state education ministries, but several parent and YAGs that were formed through the Adolescent Health and Rights project expect to continue to meet after the project formally ends.

Partnership: SLDS and BHI are strong partners with long track records of doing successful adolescent health projects. Because of their good institutional reputations and relationships of trust in the communities, the project was able to mobilize quickly to recruit participants. Both SLDS and BHI had experienced staff with special knowledge in this topic area who knew the language and culture of the participants. Partnering with local organizations like these enabled World Renew to launch the project much more quickly than if we had come in and tried to establish this capacity on our own at the start of the project.

Appropriateness of Design: The Adolescent Health and Rights project had two critical design elements that allowed it to leverage accumulated best practices in development experience.

*Community Component***:** Research has shown that including a community engagement component with youth HIV prevention programming, as the Adolescent Health and Rights project did, is more successful in changing reproductive behaviours than school-based instruction alone. A systematic review of 22 youth HIV prevention programs in developing countries showed that for projects which target entire communities, projects that use "traditional kinship networks," like parent groups, "were most successful in demonstrating [both] gains in knowledge and skills as well as behaviour change."[39] Projects which included community-wide events, like the community theater that was used by the YAGs, were also successful in "raising awareness and mobilizing communities to plan action that could reduce the vulnerability of young people"[40] to abuse and sexual violence.

There was also more recent evidence from Nigeria which validated the importance of designing the Adolescent Health and Rights project around a community-led approach. In 2012, a Canada Health Sciences Initiative-funded HIV prevention project concluded in Edo State, Nigeria. The project, which was known as HP4RY, provided experimental evidence that behaviour change (rejection of myths about HIV transmission and improvement of attitudes related to abstinence and condom use) only occurred in adolescent males who received school-based instruction and

participated in a community-based HIV prevention project, while females decreased sexual activity and rejected myths about HIV transmission if they only received school-based instruction.[41] Another study, which was conducted in one of the cities where the Adolescent Health and Rights project operated (Jos, Nigeria) also showed that projects that provided instruction only have limited effects on adolescent reproductive health behaviour. The Jos study revealed that health education only delayed the start of sexual activity for youth participants who were not already sexually active when they started the project. For students that were already sexually active, health education had no impact on behaviour.[42]

*Peer Education Format***:** In addition to engaging the community, the Adolescent Health and Rights project also utilized a peer education format. World Renew's many years of experience of adolescent health programming in Senegal had revealed that peer education was an effective means to develop young leaders, allow youth to discuss sensitive sexual and reproductive rights, and provide support to one another. The peer education format was not only effective at transferring knowledge, it was also particularly helpful in allowing adolescent girls to gain confidence in communicating their thoughts and opinions. Every one of the peer educator focus groups that was surveyed for the final project evaluation indicated that they liked the peer to peer sharing that occurred in their groups.

Several of the results in the project performance assessment were consistent with existing research on peer-led HIV education projects (see Section A.5). A 2010 review of 24 HIV peer education projects showed that peer education tends to be effective in producing "positive change in areas related to HIV prevention, especially knowledge, community norms and condom use."[43] The Adolescent Health and Rights project produced similar results, with project participants in both Senegal and Nigeria showing dramatic increases in knowledge of contraceptive methods, pregnancy risks and modes of HIV transmission (see Table 2). The project assessment team also found evidence of changes in community norms related to upholding rights and addressing abuse.

Innovation: The Adolescent Health and Rights project was unique in its ability to engage both the Christian and Muslim faith communities in project delivery. In both Senegal and Nigeria, engaging religious leaders was essential to the project's ability to not just access communities but also enlist their support in promoting the project. Several parent groups in Nigeria shared examples of how local faith leaders were helping to promote project messages. In Senegal, meanwhile, the project assessment team heard from both imams and the head of an Islamic school about the SLDS' project's impact in the Dakar suburbs. Given the influence that religious leaders and institutions have on reproductive health issues, a recent Georgetown University report described "efforts to engage religious leaders on issues around family health and family planning" in West Africa as "promising" and something to be "carefully watched."[44]

Appropriateness of Resource Utilization: Differences in the way in which the CECS, SLDS and BHI portions of the Adolescent Health and Rights project were organized impacted the way in which resources were utilized to obtain desired project outcomes. Unlike the SLDS project, which was geographically concentrated in the suburbs of Dakar, Senegal, the CECS-managed project was implemented in several different cities and villages which were scattered across four distinctly different geographic regions of Senegal. The CECS implementation model resulted in relatively high travel costs, especially given that CECS had only a single coordinator who was based outside of Dakar.

BHI operated in a larger number of villages than CECS did, but it was able to deliver the program in a comparatively more cost effective manner because it was operating at a larger

scale and had project personnel based in each of the 5 states in which the project operated. In addition to saving money on travel costs, BHI was also able to get individuals to volunteer to serve as unpaid peer educators and convinced business people in the community to become capital grant sponsors for youth. In Senegal, peer educators were paid a salary, making the program more expensive and limiting the number of youth that could be reached.

The project also benefited from Canadian volunteers who gained experience in the international development sector while supporting the project in Senegal and Nigeria. These volunteers reviewed and updated the project's current curriculum—doing helpful research in the process. They also assisted in important ways with the evaluation of the project and identified ways to strengthen it for the future. Volunteers have written blog posts about their experiences for the World Renew website, enabling World Renew to communicate with more Canadians about the program. The Senegal project was additionally supported by an IYIP intern, who helped to enhance World Renew's monitoring systems and reporting tools for 6 months in 2013.

Informed and Timely Action: World Renew was able to work with its partner organizations to make mid-course implementation adjustments that helped the Adolescent Heath and Rights project achieve its intended results. In Nigeria, BHI added a second staff person in Cross River State when it became clear that the project was attracting far more participants in the region than had been planned for. In Senegal, meanwhile, World Renew's Senegal Country Office provided critical support to CECS, which enabled the organization to deliver more robust results during the second half of the project.

A.11 LESSONS LEARNED AND RECOMMENDATIONS

The project assessment team's review confirmed lessons learned from both the Senegal and Nigeria portions of the Adolescent Health and Rights project which, in turn, supported two overall recommendations:

Recommendation 1 – Additional support needed for programming that addresses adolescent health behaviours and social norms, including programming related to adolescent sexual and reproductive health

Programs that translate knowledge gains into changes in adolescent reproductive health behaviour are essential for reducing incidence of disease and early pregnancy. Yet, behaviour change-focused projects like the Adolescent Health and Rights project represent just a small fraction of overall donor funding for international health programming. In fact, the total budget for the Adolescent Health and Rights project is equal to less than 0.3% of cumulative Global Fund disbursements for HIV and AIDS programming in Senegal and Nigeria.

Given their potential to achieve demonstrable results, the project assessment team particularly encourages funding for adolescent health behaviour projects that employ a community-based approach. By utilizing a randomized control experimental design, HP4RY was able to demonstrate the added benefits of having youth participate in community-based HIV prevention projects in addition to just receiving classroom instruction. The study found that behaviour change (rejection of myths about HIV transmission and improvement of attitudes related to abstinence and condom use) only occurred in adolescent males who received school-based instruction and ALSO participated in the community-based project.[45] The Adolescent Health and Rights project found that engaging the community not only supported behaviour change among adolescents, it also helped bolster the project's long-term sustainability by cultivating community support for the activity and transforming cultural norms.

Recommendation 2 – More consistent engagement needed between NGOs and existing local health delivery and governance structures

The assessment team also recommends that future community-based adolescent health and rights projects have a more consistent focus on engaging local health delivery and governance structures. This will enhance long-term sustainability and scalability because it will enable a greater degree of resource leveraging.

The Adolescent Health and Rights project that World Renew managed in Senegal and Nigeria connected with some local health providers and governance structures. One of the project activities was to take participants on a tour of the local health facility so that they could meet the health workers, learn about the services offered there and have an opportunity to access voluntary HCT. This was one of the main ways the project linked with the local Ministry of Health. In Dakar some of the NCs have become partners with health clinics in organizing testing days. In Linguère (Senegal) the SLDS project coordinator introduced the peer educators to the local health hut workers along with making connections to the government office that covers youth affairs. Some of the villages in the area have since put in requests for additional health huts. In Jos (Nigeria), meanwhile, the YAG that the project helped establish has become a trusted source for referrals of suspected abuse cases to a coalition of Nigerian government agencies and NGOs that are responsible for responding to cases of suspected child abuse.

These were good beginnings, but the project would have benefitted from more close coordination with local health clinics and units of local government. Health centres in Nigeria shared that while the project encouraged youth to visit them for HCT, they did not receive support to pay for testing strips and laboratory fees. Feeling overwhelmed by the increase in youth visiting their clinics, the health centres requested that future projects involve them so that they can ask the Ministry of Health to provide more resources earlier on, as opposed to being reactionary. In Senegal, meanwhile, there was considerable variation in the extent to which parent groups and NCs had established relationships with local government. While the project assessment team found evidence that some of the SLDS NCs had established connections with neighbourhood chiefs that will allow them to continue to advocate for expanded adolescent rights after the project ends, parents of CECS participants had not made these connections with village leadership. As a result, the assessment team is less confident that project impacts in Senegal will be maintained in the future in CECS communities in the same way that they will be in SLDS communities.

Country-Specific Recommendations

In addition to the overall lessons learned and recommendations above, the project assessment team had several recommendations which were specific to the Senegal and Nigeria portions of the Adolescent Health and Rights project. These recommendations are listed below and discussed in further detail in the Senegal and Nigeria sections of this report.

<u>Senegal</u>

1. **When there is more information available regarding the availability of funds, World Renew and CECS should discuss the feasibility of adopting a new model of implementation to continue the AHGs.**

2. **Continue the adolescent health and rights project in Linguère. The need in the community is not yet satisfied. Modify the training materials to facilitate the inclusion of girls who are married.**

3. **Explore the feasibility of adjusting the adolescent health and rights project in Dakar to expand participatory AHGs to youth who are <u>in-school</u> in the Dakar suburbs.**

4. **Increase focus on condom use for those who are sexually active, particularly the boys.**

5. **Increase focus on improving communication between girlfriends and boyfriends about risks of unwanted pregnancy and STIs.**

6. **Prior to providing funding to a local NGO partner, World Renew should do an assessment to verify that the NGO has the appropriate registration and management systems that are needed to manage project implementation.**

<u>Nigeria</u>

1. **Enhance engagement with the state ministries of health and local health clinics.**

2. **Assess the current Adolescent Health and Rights manual and make improvements to the curriculum.**

3. **Analyze the long-term benefits of vocational skills development and mentorship. Examine how to make vocational skills development more gender and economically transformative.**

4. **Consider working in fewer communities and states so to allow for better coverage.**

5. **Analyze whether the use of social media can be used to share stories and resources.**

A.12 FINAL FINANCIAL REPORT

Between January 2013 and March 2017, a total of $2,323,762 was invested in the project. GAC made a contribution of $1,678,057 plus $4,576 in cumulative interest, a total investment of $1,682,633. World Renew contributed $641,129, which is about 27.7% of the total project cost.

The total amount invested in the Senegal portion for the project was $1,062,375 (GAC: $790,431, World Renew: $271,944).

The total amount invested in the Nigeria portion for the project was $850,889 (GAC: $638,167, World Renew: $212,722).

Please refer to financial Form C for other line item breakdowns.

PART B: SENEGAL COUNTRY REPORT

B.1 EXECUTIVE SUMMARY

In Senegal the Adolescent Health and Rights Program sought to address threats to adolescent health, including HIV, STIs, and early/pre-marital pregnancy by:

- Increasing practice of healthy behaviours by adolescents that reduce threats from HIV and AIDS, STIs, and early/unwanted pregnancies;
- Improving the protection of adolescents, especially girls, from violence, exploitation and sexual abuse; and
- Improving the literacy and vocational skills among participating out-of-school youth, especially girls.

Participants have acquired knowledge about reproductive health (menstruation and pregnancy), their own physical development, HIV and AIDS (its transmission and common myths) and STIs (myths, prevention and consequences of non-treatment). The project also sought to prevent early and forced marriage and early and pre-marital pregnancy and taught adolescents the communication skills they need to discuss sensitive topics with family members and to respond appropriately to harassment and unwanted sexual advances. A sub-set of the adolescent participants—out-of-school girls from the poorest families—were equipped with literacy and vocational skills in order to improve their economic opportunities. The project also reached parents, community leaders, and religious leaders and engaged them in actions to address threats to adolescents, especially girls.

In Senegal World Renew partnered with two local organizations to implement the project:

- Services Luthériens pour le Développement au Sénégal (SLDS)[46] and
- Le Comité Evangélique de Coordination de Santé (CECS).

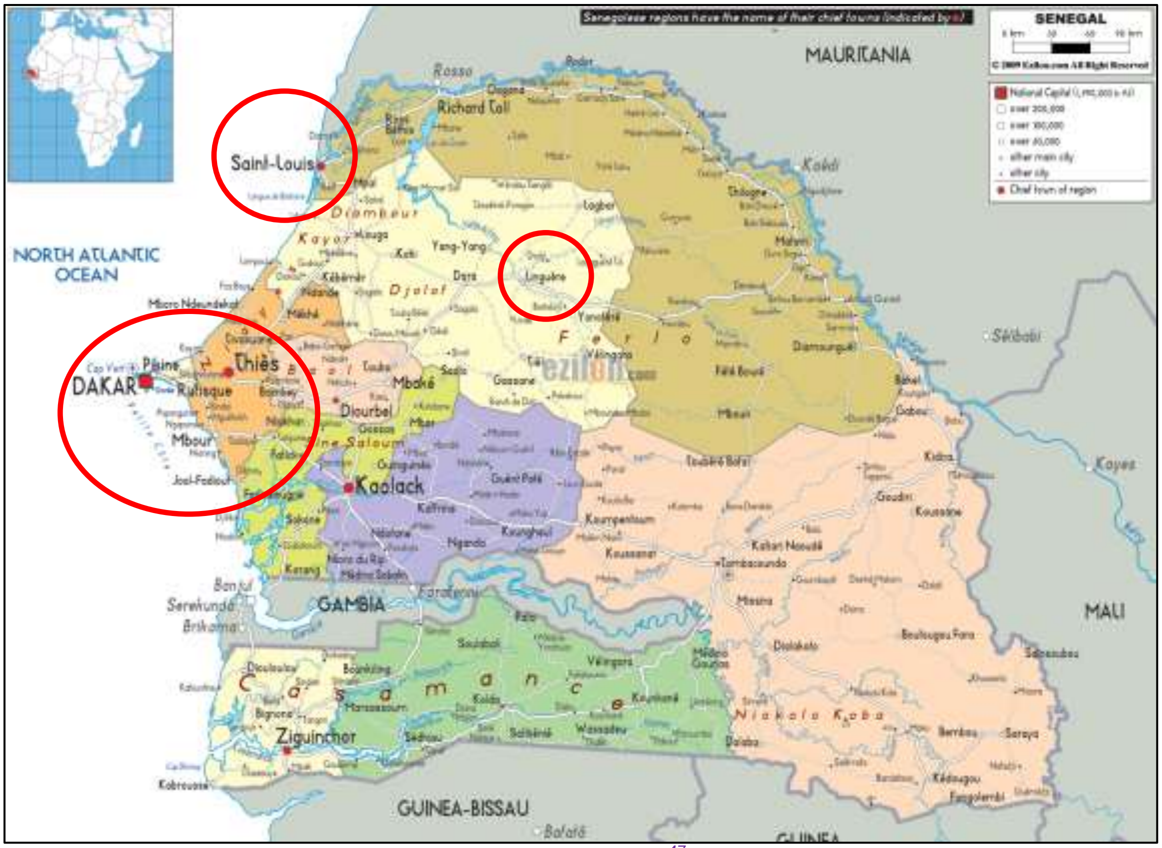
Peer educators were recruited and trained to facilitate AHGs. In these groups, the youth were taught about reproductive health and enhanced their communication and decision making skills. Most of the participants were girls between the ages of 12 and 18 who had left school. About 20% of the participants in Senegal were male. Parents and other community members were engaged in the project through NCs—parents' groups that provided support to the project and the participants did local advocacy to raise awareness of the health issues of adolescents and their rights. The broader community also received education about issues such as sexual violence, early pregnancy, STIs and HIV from street theater and community debates that were organized by the NCs, YAGs and the project staff.

Participants: Between the two local partners, there was a total of 2,174 adolescent participants, including 1,749 girls and 425 boys between the ages of 12 and 18.

CECS: 921 (526f, 395m)

SLDS: 1253 (1223f, 30m)
Dakar: 1089f
Linguère: 134f, 30m

Locations: SLDS implemented the project in Yeumbeul, Malika, BeneBarack and Keur Massar, all suburbs of Dakar, and in Linguère. CECS implemented the project in the communities of St. Louis, Loul-Sessene, Thiadiaye, Mboukhoutour and other small towns in Senegal.



Map illustrating where the project was implemented in Senegal[47]

Activities: Between January 2013 when the project began and December 2016 when project implementation ended, the following activities were completed:

- ✓ 2,174 youth, including 1,749 girls and 425 boys, were reached with educational and motivational messages related to adolescent health and rights.
- ✓ SLDS gave training and support to 20 NCs, which are groups of parents whose daughters participated in the project, along with other community volunteers. These groups advocated for youth in the community.
- ✓ SLDS established 23 YAGs in Dakar. The membership of these groups consisted primarily of adolescent girls who had completed the health education project, but the groups also included other youth in the neighborhood, including boys, who were friends of the project participants.
- ✓ The YAGs and NCs organized more than 300 community events and other advocacy and awareness raising activities, many of them involving street theater. CECS staff organized 49 events where the youth received certificates of completion at the end of the project and performed skits and asked quiz questions of audience members who included parents, friends and neighbors.
- ✓ Participants in Senegal visited health clinics to learn about services available. A total of 1,146 adolescents (1,087f, 59m) were taken on visits to local clinics to learn about HCT services, STI treatment and reproductive health.
- ✓ The SLDS training curriculum was revised and expanded to include five modules on protecting adolescents from sexual abuse and harassment. These lessons were taught

to all the AHGs in Dakar (urban groups) starting in February 2015. In addition, SLDS staff were trained on a protocol for how to respond when they become aware of a project participant who has been a victim of violence or abuse.

- ✓ Seventy of the adolescent participants in Senegal were offered vocational training opportunities, including courses on sewing, hairdressing, first aid/basic nursing (offered by the Red Cross) and catering.

B.2 PROJECT DESCRIPTION

B.2.1 Project Rationale and Justification

Funding from GAC for this project began in January 2013, but SLDS had been implementing adolescent health programming in the suburbs of Dakar since the early 2000s. World Renew sought to expand the impact of SLDS' project which had been delivering strong results for several years. The idea was to increase the number of groups in Dakar, expand the model to Linguère, a rural area, and mentor another local partner (CECS) in the project model.

World Renew and its partners conducted a baseline survey in Senegal at the beginning of the project in 2013. The baseline assessment showed:

- There was low knowledge about HIV, STIs and contraception among adolescents;
- Sexual coercion and abuse needed to be addressed;
- There was low utilization of reproductive health services by adolescents. Only about a half of those who had experienced symptoms of a STI sought treatment; and
- Youths did not have open communication with their parents on matters concerning their reproductive health or physical development.

While HIV is still concentrated in high risk groups in Senegal, those in the general public who are at greatest risk are females between 15 and 24 with little education level. Although enrolment is high in Senegal, school attendance by young adolescent females is low. Training methods are designed specifically for participants with low levels of literacy, and group activities are designed to build literacy and decision making skills. The peer education model used has proven to be appropriate for young Senegalese women with low education, since they gain a sense of efficacy by learning from and with peers through dialogue, reflection, and problem solving. World Renew has identified a need to further enhance the project by developing a new training module that addresses sexual abuse and by creating a protocol for staff and educators to guide them as they deal with reports of sexual abuse or violence against participants.

B.2.2 Identification of Stakeholder and Beneficiaries

Stakeholders involved in the project included:

- GAC and the people of Canada who contributed to the financial resources needed for the project.
- With GAC's support, World Renew Senegal hosted one Canadian International Youth Internship Program (IYIP) intern who worked on our monitoring systems
- World Renew, the direct grantee of funding from GAC and the organization with responsibility for coordinating the partners, ensuring overall project management and providing accountability to GAC.
- SLDS and CECS, the local partners who had primarily responsibility for day-to-day implementation of the project.

- The adolescents who were the direct participants in the project and who were the target for improved health and security.
- The parents of these adolescents, who desired to see benefits for their children in terms of health and social and cognitive development, as well as other family members (indirect participants)
- Members of Neighborhood Councils and YAGs, who volunteered their time and passion to support and advocate on behalf of adolescents and received capacity building support from the project (also considered direct participants).
- The Government of Senegal who is also working to improve health outcomes for the people of Senegal.

B.2.3 Governance Structure

World Renew had overall responsibility for the project in accordance with the GAC contribution agreement. World Renew signed sub-agreements with each of the two local partners in Senegal—CECS and SLDS—to clarify responsibilities and requirements. A full description of the project governance model is provided in section A.3.3 above.

B.3 PROJECT CONTEXT

Senegal is a predominantly Muslim society where sex is sanctioned only in the context of marriage, particularly for females. The norm of women's virginity until marriage remains deeply rooted in the culture, and there is stigmatization of girls who are found to be sexually active before marriage. However, this norm is not equally applied to males. As in most of the world, there is a double standard, and premarital sex by young men is widely tolerated. In fact, for males there is status to be gained by having numerous sexual conquests.

All women are expected to get married in Senegalese society. Getting married is the way that women gain adult social status, thereby liberating themselves from parental control. An ideal husband must fulfill his marital duties by providing his wife (or wives) with material support and performing acts of care and generosity toward his wife and her family. Unlike women, men do not achieve adult status through marriage; they achieve manhood through earning money and achieving economic stability. This is considered a pre-requisite for men to marry. Young men tend to marry at a later age than their female counterparts. High rates of unemployment and under-employment among youth in Senegal, along with lack of affordable housing in Dakar, have contributed to the later age at which people marry and couples leave their parents' home to establish their own households.

With age of marriage being delayed, it is becoming more common for young women to have sexual relationships before marriage. However, the stigma associated with this behaviour and with early, unplanned pregnancy is still quite strong, and celibacy until marriage is still the expectation (for women). The social stigma attached to pregnancy outside marriage contributes to many young women seeking illegal abortions to conceal the transgression. Another popular strategy for dealing with unplanned premarital pregnancy is for the young woman to attempt to marry the man who caused the pregnancy, which is an accepted way to deal with the problem and remove the stigma. The social expectation to remain a virgin has an impact on sexual practices as well; partners sometimes practice non-penetrative sex, commonly referred to as "flirt" in Dakar, to avoid problems of early pregnancy.

In Senegal, family planning projects only expanded in the 1990s. When they first began, family planning projects initially targeted only a small fraction of the population—the more educated

people in urban areas. Only later were these projects expanded to rural areas of the country. For this reason it is not a big surprise that contraception use rates in Senegal are very low. As in many sub-Saharan African countries, contraception is seen primarily as a means of birth spacing for married women. Given the stigma associated with unmarried girls having sex, most girls, even if they are sexually active, will not seek out contraception. According to the Multiple Indicator Cluster Survey conducted in Senegal in 2015-16, only 10.3% of females age 15-19 who are in a relationship (married or have a boyfriend) reported using any form of contraception. And only 1.2% reported using a condom.[48]

The typical role of husband in Senegal—as the provider of material needs—influences the expectations of young women as they interact with male suitors. It is normal in Senegalese society for boyfriends to pay for things and provide gifts to girlfriends. Single women in their 20s may exploit this social pattern using a practice called *Mbaraan*, where they will have several boyfriends at the same time who do not know about one another with the goal of using these men for financial and material support. Because of these normative gender roles, it is not surprising to find that girls in this Adolescent Health and Rights Program frequently name poverty or materialism as a reason why girls might get into a sexual relationship with a boy.

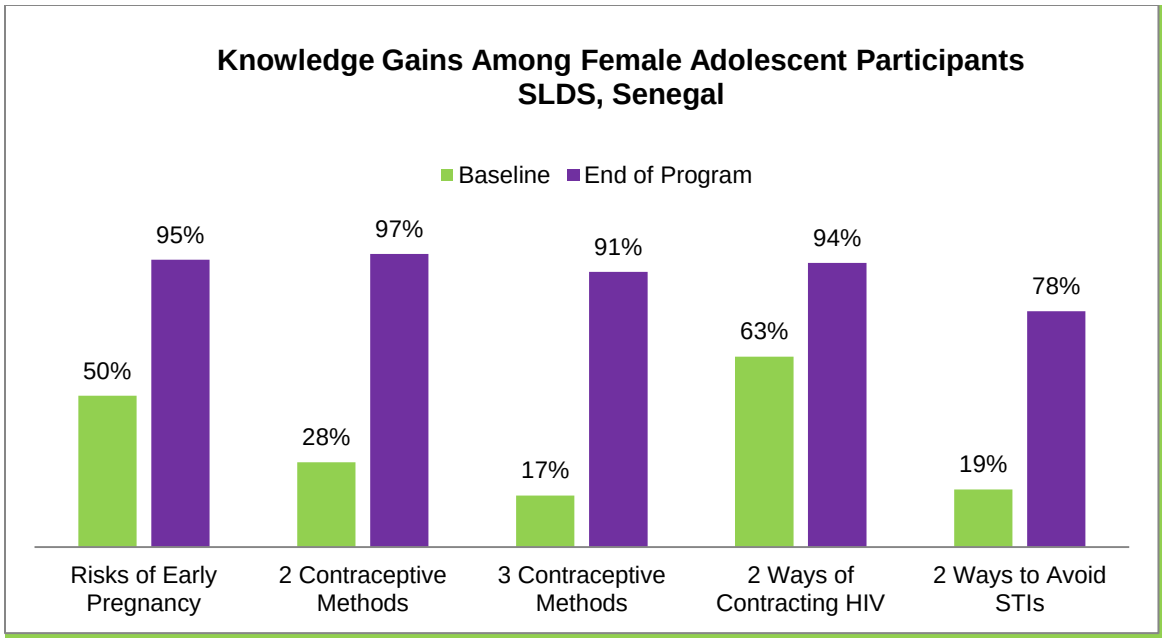
The Senegal project was implemented in both urban and rural communities in Senegal. In Linguère, a rural area, the project was targeting the semi-nomadic Pulaar people group. They cultivate millet part of the year and follow their cattle part of the year. Child marriage, early pregnancy associated with higher rates of maternal mortality, promiscuity, and greater prevalence of STIs and HIV infection are all common in this population. The Linguère project was planned to accommodate the typical patterns of the transhumance so that activities would correspond with the times that the people were staying in the village rather than herding cattle. The project also had to be modified to include girls who were married. Although the target group for the project was unmarried girls between the ages of 12 and 18, it was difficult find many unmarried girls in Linguère due to the practice of child marriage. So in the end SLDS included all girls in the target age range in the groups, whether they were married or unmarried.

B.4 OVERALL PROJECT PERFORMANCE ASSESSMENT

B.4.1 Project Performance Assessment by Outcomes

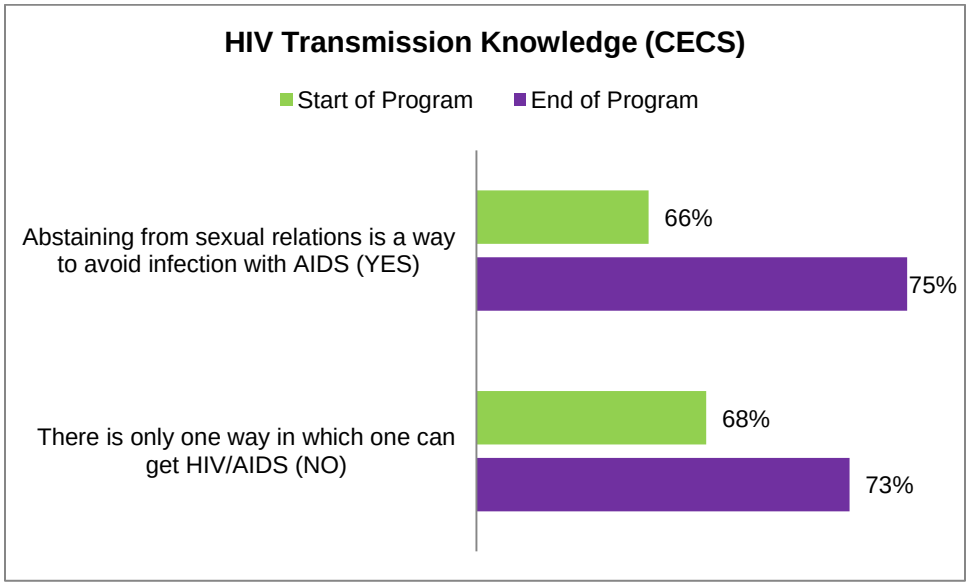
Immediate Outcome: 1110 Improved knowledge among male and female adolescents about reproductive health, including HIV risk reduction and STI prevention.

The knowledge indicators in Senegal showed a significant improvement over the course of the project. The chart below shows the large knowledge gains experienced by girls in the SLDS project, including project sites in both Dakar and Linguère.



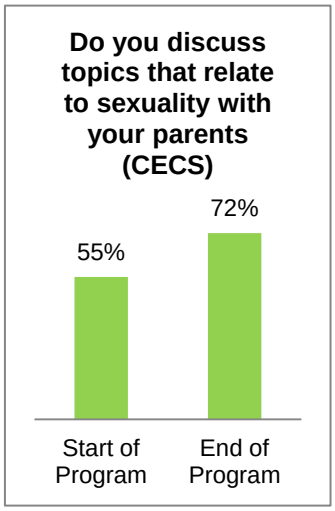
Data for CECS were more uneven, but they still showed a definite improvement in knowledge overall (see figure on next page). Parents of CECS participants were very impressed with the knowledge their adolescent children gained during the project and marveled at the questions they were able to answer at the community event. The new knowledge most appreciated by CECS youth and parents were related to knowing how to prevent STIs and HIV and how to prevent early pregnancy.

In Senegal, many people said about both the SLDS and the CECS project that it “woke up the youth” or “opened their eyes.” They became conscious of their rights for the first time and more aware of the risks and consequences of sexual activity.



Intermediate Outcome: 1200 Improved protection of children and youth from violence and sexual abuse

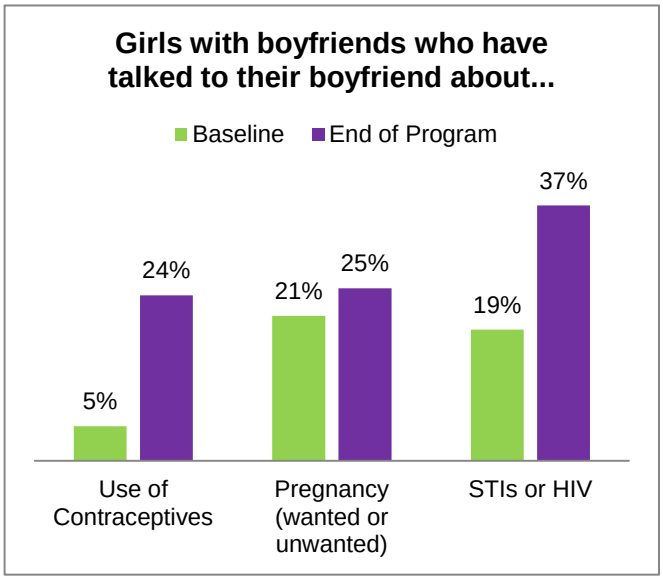
There have been significant improvements in the adolescents' ability and willingness to talk openly with family members about reproductive health issues. When interviewed during the final project evaluation, parents of participants uniformly confirmed that they have better communication with their adolescent children related to sexual and reproductive health. The participants were encouraged by the peer educators to share after each meeting what they learned with their family at home. Mothers said that their children told them after every meeting what they learned. This behaviour spilled over into other parts of life as well. Children who attend school also started sharing with their parents what they learned at school.



At the end of the project parents and youth had better communication than they did at the start of the project. There was also less conflict at home and more respect demonstrated by children toward parents. This was confirmed by adolescent participants, mothers of participants, and the project staff. The parents also gained knowledge, because the adolescents shared with their parents what they learned.

Information shared by the adolescent participants in focus group discussions confirmed that, as we might expect, children are much more comfortable sharing with their mother than their father. Most focus group participants reported that they were ashamed to share with their fathers. Only 3% of girls and 29% of boys said that they share about the lessons with their fathers. Fathers are often absent or busy working, or they are seen as strict and aloof. The adolescents feel more comfortable discussing sexual and reproductive health with their mothers and their friends. Only 3% of participants did not feel comfortable sharing with anyone.

Only mothers were available to be interviewed in the CECS project area that was visited, and when we asked about the fathers, many of them were working away from the village (absent) or were involved in a much less significant way than the mother. In spite of their lack of involvement, fathers still seem to support the project overall and regard it as a positive influence on their children. It will take more time to impact the attitudes of Pulaar fathers in the SLDS Linguère project area; attitudes about female subordination are more deeply ingrained there.



While the adolescents started communicating much more with their parents—mothers in particular—about sexual and reproductive health issues, there were fewer improvements in communication with boyfriends and girlfriends. At the end of the project girls

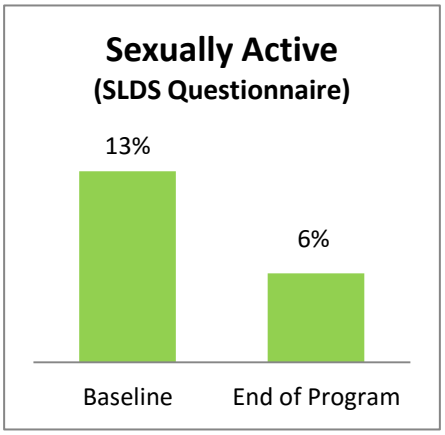
were still very reluctant to talk to their boyfriends about topics such as sex or condom use.

Through interviews with peer educators it was learned that girls and boys tend to have better overall communication with each other, but they didn't necessarily talk with each other about taboo subjects. Girls did not appear to have become more comfortable with discussing topics related to sex with their boyfriends, particularly if they had decided not to have sex and did not want to give the wrong impression. Over 90% of the adolescents reported that they have been abstaining from sex. (This data was collected anonymously in order to maximize the possibility of honest answers.)

Intermediate Outcome: 1100 Increased practice among adolescents of healthy behaviors that reduce risks from HIV and AIDS, STIs, and early/unwanted pregnancies.

Due to deeply ingrained taboos about discussing sexuality, it is very difficult to measure changes in the sexual practices of youth. Are they engaging in sex? If so, what forms of sex (intercourse vs. non-penetrative sex)? Are they using contraception, and if not, why? Are they engaging in sex in exchange for money or material goods?

Anticipating the sensitivity of asking youth these kinds of questions, we tried to make the survey process as anonymous as possible. We used a method called the Bead Game in which participants are asked a yes-or-no question, a bag is passed around the circle, and the respondents discreetly place a bead in the bag, using green for yes and red for no. When data was collected in this manner from the participants during the final evaluation, only five individuals out of 246 (2%) said they had been sexually active in the last 30 days, although 50% of them currently have a boyfriend or girlfriend.



In the face-to-face questionnaire, 13% of SLDS participants who were in the project between 2013 and 2017 reported being sexually active when they entered the project. When they completed the questionnaire again on their way out of the project, only 6% reported being sexually active. Of the small number who were sexually active when the project ended, 21% said they had used a condom and 29% said they had used contraception the last time they had sex. Neither indicator improved during the project.

During the focus group discussions, there were many comments that supported the idea that girls may be protecting themselves from STIs and unwanted pregnancies by avoiding sex rather than by using condoms or other forms of contraception. Girls seem to avoid talking about sex with boyfriends as part of the strategy for avoiding sex. It is embarrassing, a taboo subject and they are afraid their intentions will be misjudged. If you aren't planning to have sex, do not bring it up. You might give the wrong impression. More than one story was shared about girls who gave up their mobile phones as a way to stop using the phone to arrange meetings with boys.

Parents and CECS peer educators reported a noticeable decline in early pregnancy among unmarried girls in Ndiosmone, a community that is near a major road with a lot of truck drivers who stay overnight. A female peer educator employed by CECS who served this community reported that she personally had one-on-one conversations with a number of adolescent girls and mothers to address the issue of girls exchanging sex for money with the drivers. This extra

intervention, along with the education done in the peer groups, seems to have altered the behavior of girls in the community who had not fully realized the risks of their behaviour.

As noted in the context section above, in Senegal contraception is perceived as something that is used only by married women to use to space pregnancies. There are generally very low rates of contraception use among unmarried youth. In fact, only 10% of girls age 15-19 in Senegal who say they are married or have a boyfriend report using contraception in any form. Some religious leaders are against contraception. The SLDS peer educators tend to talk about contraception in the context of marriage, generally sending the signal that abstinence before marriage is best. This fits with what is acceptable to parents and religious leaders in the community, making it easier for parents to feel comfortable sending their daughters to the project. On the other hand, the shortcoming of this approach is that the stigma attached to purchasing or accessing free contraception remains unaddressed, and the girls that are engaging in sexual activity are not able to overcome the stigma to protect themselves.

This is a particular concern in the context of material poverty, in which girls may feel pressured to engage in sex in exchange for gifts, money or material support. Even if it is not overtly transactional, most courting and marriage relationships in Senegal are premised on the man providing material support for the woman. When asked the question "If a girl has decided she doesn't want to have sex until she is married, what things may make it hard for her to keep this commitment?," the most common responses were: expectations of peers (mentioned in 86% of focus groups); money/materialism/poverty (62%); and pressure from boyfriend (43%). In three groups "pressure from parents/mother" was recorded as a response, a possible indication that mothers in some cases are complicit in encouraging their daughters to find boyfriends in order to increase resources for the household.

Other Behaviour Changes

Some of the key behaviour changes named by the parents and adolescents interviewed in CECS were not related to sexual behaviors. Adolescents demonstrated improved personal hygiene. They became more respectful to parents and elders, and were less likely to sneak off with friends. They helped more around the house with chores. And they had more open communication with parents, particularly mothers. These behaviour changes were noted by almost everyone asked and seem to have contributed greatly to the enthusiasm parents felt about the project.

Many people also noted the impact of introducing the youth to the health clinic. Afterwards youth were more likely to visit the clinic for health issues. There is evidence from the focus groups that girls have sought treatment for suspected STIs at a somewhat higher rate than they did previously. The clinic workers have been amazed that the boys, who are never seen at the clinic, have been showing up for the first time to receive treatment for injuries.

The CECS peer educators also said that they saw changes in their own behavior and attitudes as a result of the training they received to prepare them to facilitate the adolescent groups.

Immediate Outcome: 1210 Increased community level ability to identify, discuss and respond to reproductive health concerns and issues related to sexual abuse in the community.

One of the goals of the project was to improve protections for adolescents so that they would be less vulnerable to sexual violence or abuse. Engaging the community was an important part of the strategy to achieve this goal. There is evidence that the community groups did take action

during the project to respond to incidents of sexual assault. The SLDS Dakar NCs have women in them who have become advocates for girls that are victims of rape or abuse. These “aunties” have been known to accompany a girl to the clinic after an assault or help the family to make a report to the police. SLDS conducted training sessions on sexual abuse and taught NC members how to respond. This training contributed to several of these women emerging as advocates. Some of them are women who have worked as health workers or have connections to other projects in the community.

Some Neighborhood Councils organized a conference of local religious leaders and had them encourage families to report cases to the police. Many families are reluctant to report cases because of how the reputation of the family will be affected. It is hard to prosecute abusers and rapists unless they are caught in the act. Many cases are never pursued by the police because of lack of proof other than the girls’ testimony.

When asked to provide specific examples of actions they had taken in the community to reinforce good health and safety of the youth, members of the Neighborhood Councils said that they had organized conferences with religious leaders on combatting discrimination against HIV positive individuals and abuse against adolescents; organized HIV testing days; facilitated community discussions on sexual abuse; and used street theater to do advocacy and education in the broader community.

Ndye Maty Diagne, YAG facilitator performing in a community theatre

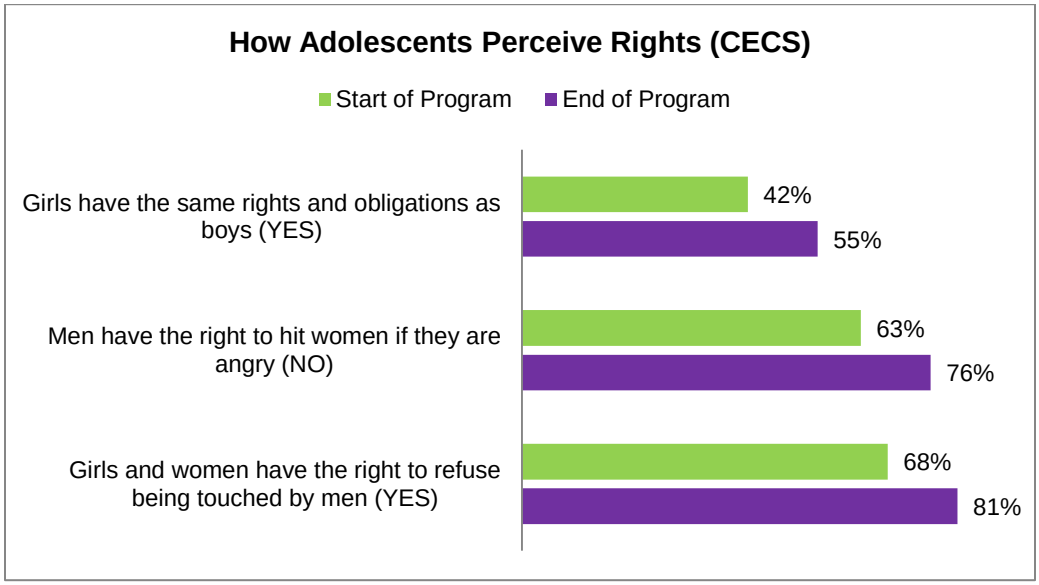
YAGs also did a lot to raise awareness in the broader community about the problem of sexual violence and abuse. They used street theater to good effect and engaged people in discussing a topic that is usually taboo. During the final project evaluation, 80% of the SLDS Neighborhood Councils that participated in focus group discussions noted “abuse” as a topic that their own daughters had discussed with them. When asked in the focus group who has influenced their opinion about adolescent health topics, almost every group of parents mentioned that their own adolescent child had been a significant influence on them.

CECS did not have YAGs and active parent groups (Neighborhood Councils) like SLDS did. Although CECS did not have YAGs, many of the youth who have completed the project reported that they teach the smaller children in the community what they have learned. Many of them aspire to be peer educators/animators too. Some groups of youth have taken the initiative to organize events to educate youth in neighboring villages.

Immediate Outcome: 1220 Increased recognition of the rights of adolescent girls to reject early marriages and unwanted sexual advances, especially by men and adolescent boys in the community.

One of the desired outcomes of the project was to achieve an increase in the recognition of the rights of adolescent girls to reject early marriages and unwanted sexual advances, especially by men and adolescent boys in the community. Adolescent female participants from SLDS Dakar demonstrated a change in their perception about rights over the course of the project. Right to

refuse sex increased from 91% to 99% in 2014 and 2015. Right to refuse unwanted marriage increased from 90% to 97% in 2014 and 86% to 98% in 2015.



Adolescents who participated in the CECS project experienced even more significant gains in their awareness of their rights. For the CECS cohorts that were operating during the final two years of the project (2015 and 2016), the evaluation team found a 13% increase in youth who agreed that women had the right to resist sexual approaches from men. This increase was largely due to the fact that CECS was operating in more rural, conservative areas where youth were less aware of their rights when the project began. When they entered the project, just 68% of CECS participants agreed that women had the right to resist sexual advances from men.

The project also worked on the issues of early marriage, educating participants, parents and the wider community about both the health risks to early pregnancy and the right of girls to refuse early/forced marriage. By the end of the project the vast majority of youth and adults who participated in focus groups and interviews expressed the opinion that it was best for girls to be 18, the legal age in Senegal, before marrying.

Overall there was a general consensus that if a girl doesn't want to get married early, she can say so. But when focus group participants were asked who makes this decision about when to marry, the answers were divided between the girl and the parents/father. The complexity of social dynamics in the family makes it hard to determine when a girl is being “forced” to marry against her will and when she is being influenced by more subtle social pressure from her family. It is rare for a young woman to be overtly forced to marry against her wishes. According to parents interviewed in focus groups for the final evaluation, their daughters are strongly asserting their rights, particularly related to early marriage. About 75% of parents interviewed accept the decision of daughters to refuse early marriage.

Overall the project was quite successful in influencing the normative age of marriage, pushing it to 18 rather than 16. The message about physical maturity and health risks seems to have been more influential that taking a rights approach. Participants interviewed at the end of the project were quick to offer the following rationale for marrying at 18 or later: they need to wait for their bodies to be mature before they start having children. They quickly name the risks of early

pregnancy for the mother and child, including the possibility of death. Most people surveyed at the end of the project said the best time for a girl to marry is between the ages of 18 and 20.

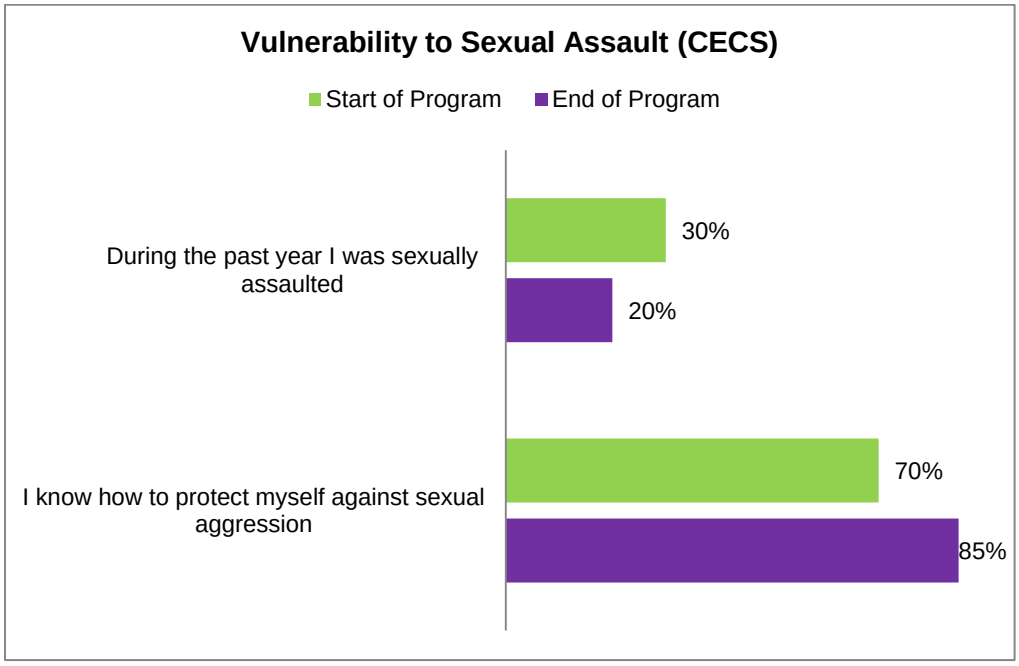
However, it is also obvious from interview answers that many girls are strongly influenced by what the other girls in their peer group are doing. If many of them are getting married before 18 and they are not, they feel left behind. However, when many of them are waiting until they are older, it becomes easier for girls to wait. This is a good reason for striving to achieve coverage of a majority of adolescents and parents in a community with behavior change messages. A small number of people will not have influence to change the norms and may not be able to go against social norms, even if they have improved knowledge about their risks.

Another factor that seems to influence age of marriage is opportunity for work. Parents are more likely to be willing to delay a daughter's marriage if the girl has a chance to make money. Most of the families who had a daughter in vocational training were inclined to wait and see how things turned out—whether or not it would lead to economic opportunity for the daughter—rather than pressuring her to marry.

The problem of child marriage is more severe among the Pulaar people in Linguère. Being semi-nomadic, they have customs that favor giving a girl in marriage at an age closer to 9 years old. Most Pulaar girls have their first baby by the age of 14 or 15. The interventions done by SLDS in Linguère resulted in a noticeable change in attitudes among Pulaar people in that location. They now have a saying that "it is best to let the grass grow to maturity before it is cut." SLDS previously had a small AIDS project in Linguère. Currently they have a primary health care project in the area. Because of these past and current services, the people of Linguère were already exposed to information about child marriage and the impact on health. But the marriage age only changed after the Adolescents Health Program was implemented. The thing that brought about change was when the girls started sharing what they learned with their families. The girls were the ones that convinced their parents of the problems with early marriage. In villages where the Adolescent Health Program operated the girls are now getting married later than the girls in the villages that were not targeted by the project.

Intermediate Outcome: 1200 Improved protection of children and youth from violence and sexual abuse.

As was illustrated above, the project was successful in changing attitudes among the youth about whether a girl had the right to resist sexual aggression or unwanted touching. But did this translate into reduced vulnerability for the youth? The end-of-project data seem to indicate that it did. At the end of the project, CECS participants were 10% less likely to have experienced a sexual assault in the past year. And 85% of them expressed confidence that they could protect themselves against sexual aggression, as the chart below illustrates.



In some CECS communities, the baseline situation was quite poor. Less than 15% of the 2015-2016 project participants in Tocambel and Thiadiaye indicated they knew how to protect themselves from sexual violence when they started the project.

When the Bead Game was used to collect anonymous responses at the end of the project, none of the adolescent participants reported that they had engaged in sex for money. This type of sexual coercion was very rare among the Senegalese participants.

However, many girls in Dakar—about 25% of them—reported that they had been touched in an inappropriate area of their body against their wishes. (In some communities, the rate was much higher.) In the focus group discussion guide there was a question that asked, "In what situations are girls most vulnerable to experiencing harassment, abuse or sexual assault." The answers given indicate that girls feel vulnerable in every part of their lives, whether at the house, at school (with both fellow students and teachers), in the place where they work, when they go out in the evening to socialize, in the forest, and when walking in alleys and deserted roads. Sexual harassment and the fear of sexual assault is very prevalent for these girls.

Most of the peer educators have encountered girls who have been victims of abuse during the course of the project. There are usually one or two in each group that report during the bead game that they have experienced molestation, abuse or an attempted rape. It often surfaces when the topic of discussion for the day triggers an emotional response from a participant and the peer educator talks privately with the individual after the group meeting adjourns.

There is only so much that can be done to protect girls by working with girls. Even if they have increased confidence, better communication skills and have been taught how to resist sexual aggression, it is still a fact of daily life in their environment. This is why addressing norms of masculinity and working to change the attitudes and behaviours of boys is an important component of the solution.

Literacy: The girls in Linguère requested literacy training, so SLDS developed a literacy training component to meet the demand. This was added as a separate activity after the series of adolescent health lessons were completed. Literacy training was offered instead of vocational training, because there were no vocational training providers in Linguère. The literacy instruction was done by the peer educators who were trained by qualified Literacy Instructors. In Linguère, 45 participants received specific literacy classes after the adolescent health modules. In Dakar, there were 29 participants receiving formal literacy and numeracy training as part of their vocational training course. In total 74 SLDS participants received specific literacy training.

Vocational Skills Training: SLDS enrolled 148 female participants in vocational training courses during the project. Those who were selected for this part of the project greatly appreciated the opportunity to develop a livelihood. It is unusual for girls who have been out-of-school and who have relatively low literacy to be accepted into vocational training courses. Usually these types of girls are considered immature and unlikely to be successful. But the vocational instructors were amazed to find that the girls from the SLDS project conducted themselves with a lot of maturity and were good students. This is a testament to the influence the project had on their conduct and attitudes.

Parents agreed not to encourage or pressure their daughters to marry while they were enrolled in the course so that they would not drop out before finishing. Most parents were very supportive of their daughters as they pursued these opportunities to learn hair dressing, tailoring, catering and first aid and contributed money to help them purchase supplies. As noted elsewhere, being enrolled in vocational training was a good deterrent to early marriage, because parents were willing to wait and see how things would turn out for the girl in terms of income earning opportunities rather than using marriage as a strategy for alleviating the family's economic pressures. The girls selected for these opportunities were the ones whose families were experiencing the most financial hardship and who were deemed most in need. An unexpected result was that some of the "better off" girls that were not selected for vocational training managed to convince their parents to pay for them to enroll in a vocational training course too (another example of peer influence). However, including vocational training in the project was very expensive. Going forward it is hard to see how this component could be sustained without a large source of outside funding.

Intermediate Outcome: 1300 Increased engagement in income earning activities by program participants.

Only 7% of the SLDS participants and none of the CECS participants were linked to vocational skills training. Because this was a small number of people (only 148 total), it was not enough to influence the overall rate of employment among the Senegal participants. The rate remained at about 30%, about the same as it was at the start of the project. It may be too early to assess the impact on income earning, since many of the vocational training participants finished their courses during 2016, right before the project ended.

B.5 PROJECT MANAGEMENT

SLDS has had a partnership with World Renew for approximately two decades. The project ran very smoothly. Implementation proceeded according to plan, and targets were met for recruitment of participants, training of peer educators and formation of health circles.

Both financial reports and performance reports from SLDS tended to be a few days late, but they were usually good quality reports when they were received. The SLDS Administrator

received financial reports from the project offices in Linguère and Yembeul (Dakar suburb) and needed to review and validate expenses before sending the consolidated financial report to World Renew. The layers of management and need for field offices to sign off on reports probably contributed to the trend of late reporting.

The CEFOREP contract for the new SLDS sexual violence modules was managed by World Renew rather than SLDS. Everyone seemed satisfied with this arrangement.

The management structure of **CECS**, however, proved to be problematic during implementation. CECS is run by a volunteer board with representatives from the three church denominations that comprise the association. The board leaders were responsible for supervising the Coordinator that was implementing the Adolescent Health and Rights project. There were slow to review and approve plans and budgets and to release funds that were needed to carry out planned activities. For example, there was money to purchase a new computer for the Bookkeeper to replace the one that was broken, but it took four months for the Board to approve a purchase, and in the meantime financial reports were not completed.

During the first two years of the project, CECS had turnover in the Coordinator position twice and extended periods of vacancy in the role. World Renew assigned one of its own staff members to serve temporarily as the Coordinator while CECS was working to fill the vacancy during this period. During the last two years of the project the staffing situation at CECS stabilized and project performance improved as a result, but the Coordinator still experienced obstacles in his work related to administrative slowness on the part of the CECS board.

CECS hired a new bookkeeper in 2014, filling a position which had been vacant for a long stretch in the first half of the project. The new bookkeeper did not know how to use Quickbooks, so World Renew personnel trained her on it and served as a de facto supervisor to her, because the CECS board was not capable of providing the needed supervision. World Renew also advised the CECS bookkeeper on requirements of Senegalese labor law. This bookkeeper was responsive to World Renew's guidance, and financial reporting of CECS improved significantly in the last half of the project

CECS lacked proper registration with the government of Senegal when the grant began in 2012. The organization was registered as an association, which had been adequate for a volunteer board that used contracted trainers from time-to-time. But in order to hire a salaried coordinator and a bookkeeper, CECS really needed NGO registration. CECS was not able to pay taxes and make contributions toward the employees' social insurance accounts. The process to register as an NGO took three months and occupied the time and attention of World Renew and the CECS bookkeeper in 2014. This was an organizational capacity issue that World Renew in its consulting role should have identified at the start of the grant and addressed in 2011.

There was really high demand for the project in all CECS working areas. In response, they formed significantly more groups than were originally planned. This in turn impacted the ability of CECS to attend to activities like strengthening of Local Committees and organization of community debates that were planned. Nevertheless, there was extremely high uptake of the program by adolescents who enrolled in groups in the last two years of the program. So although the CECS project had a slow start, it seems to have hit its stride and reached the peak of community engagement just as it was ending.

The CECS adolescent health project was implemented in four different geographic regions of Senegal, including Saint Louis and Fatick, which far away from each other. The reason for this

geographic spread was that CECS is an association of the Methodists, Protestants and Lutherans in Senegal. The churches are each represented in different concentrations around the country. Whereas the Lutherans have many congregations around Fatick, the other churches are more concentrated in St. Louis and the other zones. The geographic spread added to the challenges for the CECS Coordinator to be present in the community and spend time working with community leaders and members of the Local Committees.

B.6 RISK MANAGEMENT

The Pulaar people who live in Linguère are semi-nomadic. This cultivate millet part of the year and follow their cattle part of the year. In year two, the drought in Linguère caused participants to leave the area. The situation improved in year three, and the Linguère environment mostly recovered from the drought. Herders did not have to leave their villages early in year 3, and so the transhumance did not affect the project more than normal. The Linguère project was planned to accommodate the typical patterns of the transhumance so that activities would correspond with the times that the people were staying in the village rather than herding cattle.

B.7 CROSSCUTTING THEMES AND PRIORITIES

B.7.1 Gender Equality Strategy

Decision-Making: Participants of the Adolescent Health and Rights project say in public that they do not want to marry early or get pregnant as a teenager. This kind of expression of their intention to make decisions about their own bodies was unheard of before the project began. The Senegal project has a strong focus on girls who have not been to school (or who only attended for a very short time), because it is generally acceptable in Senegal for educated girls to make these choices. There is a clear difference in parents' thinking about girls who are in school and those who are not. Girls who are not in school are thought to be more impulsive, and as they are mostly involved in domestic work, it is considered a good step towards adulthood for them to get married early. Girls who have not been to school are not usually taken seriously when they express their desires and intentions to their parents. However, by participating in the project, they have learned communication skills and gained confidence and are able to demonstrate that they have knowledge and can back up their decisions with reasoned arguments. Their participation in the project gave parents more confidence in their daughters' social skills ('seriousness' as it is called in Senegal).

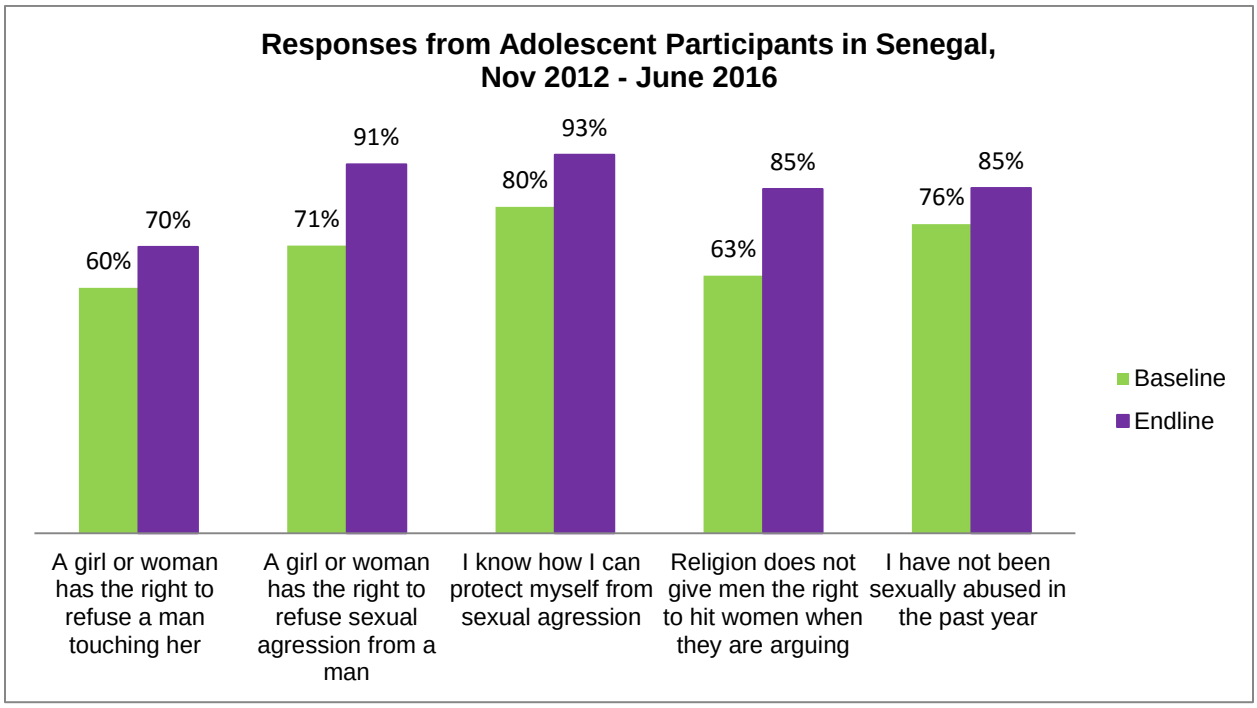
Fatou Bintou Fall, one of the participants, noted that her participation in the project gave her the skills to persuade her parents that she should not be given in marriage before the age of 22.

Interviews and focus groups with parents of participants have shown very clearly that adolescent girls in the project have been major influencers of the adults, convincing them of the rationale for waiting to marry until they are older and influencing their opinions on other topics related to health. Many parents express wonder at their daughters' opinions, as previously they just did not talk about these issues. Parents grew up at a time when most women got married early. Before the project, these parents assumed that their uneducated daughters would follow the same path as them. But instead their opinions have been transformed because their daughters have made themselves heard and have demonstrated that they are serious enough to be able to avoid getting pregnant as they wait for a more appropriate age for marriage.

Both mothers and daughters have also seen themselves grow in their leadership capacity by participating in the project. By becoming active in the NCs, mothers of uneducated girls from

poorer families manage to become informal leaders in their communities. And the adolescent girls who join the YAGs become advocates who speak at public events, doing street theater and giving talks to educate others about difficult topics. In this way, they gain influence in the community, have their voices heard and become seen as experts on a topic that people want to learn more about.

Rights: Parents and community leaders have been engaged in discussions about the rights of adolescents through NCs and community events organized by the YAGs. In interviews and focus groups, the adults affirm that girls are worthy of protection and that they are too old to have decisions made for them. The adolescents in the project demonstrated changes in how they perceive their own rights and what sort of behaviour should not be tolerated from men. The table below shows the change in attitudes of the adolescents who participated in the SLDS and CECS AHGs between November 2012 and June 2016. These responses were obtained using the bead game.



CECS included boys in the project. At the beginning the boys were at first annoyed about some of the lessons because they felt that the project was revealing to the girls the tricks that boys use to manipulate them. But over time they grew in their appreciation for the project, and by the end the boys really appreciated all that they learned. Project staff commented that they had seen a real impact on the boys' attitudes. They seem to have adopted views that are more egalitarian as a result of the lessons and discussions on gender roles. They are now more open to expressing their feelings, and they endorse the idea that boys and girls have the same rights.

The story of Fatou Bintou Fall is a good illustration of the impact this project is making for adolescent girls in the area of rights. Fatou was also able to help her older sister who had been raped. Using the information she was taught in the project about sexual violence and the laws and rights in Senegal, her family was able to bring the case to the court system and the perpetrator is now in prison. It is not typical for rape and abuse cases to be taken to government officials in Senegal. Usually families try to protect their honor and reputation by keeping the

situation secret. But because of the emphasis this project placed on discussing problems of abuse and sexual violence, the Neighborhood Councils are much more active in seeking justice for the girls who have been assaulted.

Access to Development Resources and Benefits: Youth who participated in the project, either through the AHGs or YAGs, gained access to important information that can improve their health and their relationships. Many participants were able to visit their local health clinic where they were given a tour and had all their questions answered by the staff. Many of the girls mentioned this was one of their favourite parts of the project. These visits increased the accessibility of the clinics to the girls who learned what services are available and became comfortable with talking to the clinic personnel about STI symptoms, HIV questions, pregnancy, and so forth.

About 7% of the participants also benefited from the opportunities for vocational training. As the project did not have sufficient budget to enroll a large number of participants into vocational training courses, SLDS selected those from the poorest backgrounds that were very regular attenders of the health groups (all female).

B.7.2 Environment

As assessed at the beginning of the project, this project had very little environmental impact. There are no potential negative or adverse immediate and long-term cumulative effects that the project would have on the physical environment. This is because the main activities were training, group facilitation, and community awareness campaigns. There are no physical works and/or undertakings in relation to a physical work (construction, operation, modification, decommissioning, and abandonment) in the project in Senegal.

B.7.3 Governance Considerations

World Renew's approach emphasizes community-led change and empowering communities to take ownership for their own development initiatives, to mobilize their own resources and to do their own networking and advocacy with their local governments. In this project, parents were organized into Neighborhoods Councils and youth were helped to form YAGs. This element of the project added to the local community ownership of the initiative and enhanced sustainability, particularly in Dakar where SLDS has been making an investment in building up these Neighborhood Councils for many years. (CECS is not as far along with the community engagement strategy.)

In Dakar and Linguère, SLDS has established a network of religious and community leaders and given them training to lead community events. They have organized many small group discussions in the community ("tea debates") on topics such as neighbourhood leadership and preventing and responding to sexual violence. Some of the leaders organize their own tea debates with local groups that are unrelated to the Adolescent Health and Rights project.

Neighbourhood Council members were trained on preventing sexual violence and harassment and have been engaged in discussions about this problem. This was greatly appreciated. Parents feel it is a big problem, but they find it hard to confront since it is a taboo topic. Project staff observed that more parents are now speaking up in public meetings and are ready to support girls in their neighbourhoods who are victims of sexual violence. The "aunties" who have emerged in these groups as strong advocates for victims of rape have been accompanying girls to clinics and families to court, thereby strengthening the linkages between

the Neighborhood Councils and the government agencies intended to serve the needs of citizens. Community leaders have also been linking with public health personnel to organize HIV testing days. Religious and community leaders who have been trained by SLDS have spoken up at large scale events in the neighbourhoods in support of the project and HCT.

B.8 SUCCESS FACTORS

Relevance: This project met an important need for adolescents in Senegal who have few opportunities to receive education about sexual and reproductive health. Even the youth that remain in school are not provided with any school based education about sexual reproduction and health until they reach grade 10 (age 16-17), which is really too late to prevent poor health outcomes. Sex is a very taboo subject in this conservative culture, and most parents do not typically discuss physical development or sexuality at home with their children. As a result, many girls don't learn how to protect themselves from unwanted pregnancy and STIs. Another factor is that the promotion of contraception in Senegal only began in the 1990s, much later than in other neighboring countries in West Africa. The culture of Senegal has still not embraced contraception, and many religious leaders still speak out against it. Rates of contraception use among women who are married or have a boyfriend remain stubbornly low (10% for girls 15-19, 28% for women 20-24). This project was successful in increasing knowledge about STIs, HIV, and contraception among participants by such a significant amount because the youth started at such a low baseline of knowledge.

Appropriateness of Design: The participatory style of the AHGs contributed a lot to the success of the project. Participants sat on the ground in a circle facing each other, at the same level as the peer educator who was facilitating the meeting. Good communication was modeled in this format. Everyone was encouraged to speak. Dialogue is more effective in internalizing learning and changing social norms and attitudes than the rote style of lectures and repetition that are normal in school instruction in West Africa.

Involvement of community was also vital. As was highlighted in the Overall Success Factors in section A.10, other studies in West Africa have demonstrated that there are greater knowledge gains, particularly among boys, when the education piece is paired with a community engagement intervention. Involving parents and community leaders in the project and mobilizing them to initiate their own actions to support the youth in the community increases the uptake.

Because it was promoted as a "health" project and not an "HIV" project, this project avoided stigmatization and appealed to a wide audience. Parents were happy to have their children learn how to have good health, where they would have been reluctant to allow them to attend any project focused on a topic that they associate with the loose morals of Western societies.

Sustainability: The establishment of strong Neighborhood Councils and YAGs by SLDS did the most to enhance the sustainability of the project. Some of the NCs have been in place for several years now and have achieved a level of institutional maturity where the NC members are capable of carrying on many project activities on their own. They have increased their linkages over time with the public health system and are partnering in some locations to deliver HIV testing days and help with other health actions in the community. There is still room to improve engagement with the public health system and law enforcement in order to enhance sustainability further in the future.

Partnership: SLDS is a strong partner with a long track record of doing successful adolescent health projects. Because of their good institutional reputation and contacts in the neighborhoods, the project was able to mobilize quickly to recruit participants. SLDS has experienced staff with special knowledge in this topic area who know the language and culture of the participants. Partnering with a local organization like this enabled World Renew to launch the project much more quickly than if we had come in and tried to establish this capacity on our own at the start of the project. SLDS was running adolescent groups within the first quarter.

Interviewing members of a Neighborhood Council in the Dakar suburbs during the final evaluation

The Senegal portion of the project was designed in a collaborative manner, employing NCs to organize community dialogues that served as avenues for parents and adolescents to talk openly about pertinent reproductive health topics. These dialogues were the spring board for participatory action planning where community members decided on how they would use the project to work together to address abuses in their communities and to uphold girls' rights. During the final project evaluation, SLDS' project staff indicated that World Renew/Senegal did a good job of allowing them the requisite flexibility to design and implement a project that would be truly responsive to community needs.

Informed and Timely Action: There were issues with the other local partner, CECS, during the first 18 months of the project. However, because World Renew had a country office with staff based in Dakar and because there was frequent communication and monitoring of the project, World Renew was able to step in and provide management support and extra capacity when CECS had staff vacancies. The timely intervention performed by World Renew was successful in putting the project back on track so that implementation was robust in the final two years of the project.

B.9 LESSONS LEARNED AND RECOMMENDATIONS

Vocational Training: Providing vocational training to a small sub-set of the highest need participants was a new component that had not previously been a part of the adolescent health project delivered by SLDS. In that way, it was something like a pilot test. World Renew and SLDS discovered that vocational training was much desired by the adolescent participants and their parents and that it contributed to delaying marriage for the girls involved. But it was expensive and could not be extended to a large percentage of the participants. Because it was new for SLDS, there was not a clear strategy for the vocational training component in place at the start of the project. It took time to investigate training courses offered in the vicinity. Many of them turned out to be courses that took too much time and could not be completed before the grant ended. So training opportunities with shorter time frames had to be identified. World Renew learned from this experience about what vocational training centers exist in the project area and how to better plan for this component of the project in the future.

The Senegal partners may be able to learn from the experience in Nigeria, where World Renew and BHI expanded the number of vocational training opportunities by recruiting community sponsors that contributed money to pay for vocational training and small enterprise start-up

capital for some of the youth. This approach could bring down the cost, expand the impact and draw in business leaders and community supporters to have a more active role in developing the livelihoods of the youth through mentoring and apprenticeships.

Married girls in Linguère: Another new aspect of the SLDS project was the expansion to Linguère. When the project staff in Linguère began to search for group participants that met the demographic profile of the project design—unmarried, out-of-school girls between the ages of 12 and 18—they discovered that most of the girls that age were already married because child marriage is so prevalent among the Pulaar people. A decision was made to recruit both married and unmarried girls. However, the curriculum was not revised to address more specifically the needs of married girls. See below a recommendation related to this.

Reaching boys: Where SLDS was focused almost entirely on out-of-school girls, CECS created groups for girls and groups for boys. Having two partners taking different approaches to targeting participants was helpful for comparison. There was a definite benefit to engaging boys in the project, as we saw their attitudes about girls' rights change over time and their behavior towards the girls improved. However, there is a need to customize the messages for boys instead of using the same messages for boys and girls. Boys are raised in a cultural context in which they are expected to abide by a different set of norms than girls. And it is not possible to fully address the situation of girls of without addressing the behavior of boys who have more power and privilege in relationships.

Low rates of contraception use: While girls showed impressive gains in knowledge regarding different forms of contraception, we did not notice any increase in their reported use of contraception. This should not have been a surprise, since such a low percentage of women anywhere in Senegal use contraception (10% for girls 15-19 who are in a relationship). This should have been an indication that changing behavior related to contraception use was going to be more difficult than other project objectives. It probably needed more sustained behavior change strategies based on a doer/non-doer analysis (formative research) at the beginning. We did observe that boys in the project who reported being sexually active were quite likely to use a condom, indicating that targeting boys with messages about condoms may be an easier win.

Recommendation #1: When there is more information available regarding the availability of funds, World Renew and CECS should discuss the feasibility of adopting a new model of implementation to continue the AHGs.

The "new model of implementation" that recommended by the assessment team has two components. First, the current management structure in CECS is not adequate for efficient implementation, as was described in the Project Management section above. There were delays in the execution of planned activities while the Coordinator waited for board member approval. The board was not able to function properly as a supervisor to the Coordinator. We recommend that this model of project management not be repeated in future joint programming between World Renew and CECS. If a new project is funded in the future there should be an arrangement that ensures that the person managing the day-to-day implementation has enough authority to implement activities that are within the project plan and budget so that delays are minimized. Supervision should be performed by someone who is readily available.

The second component of this "new model" is a different approach to geographic targeting of beneficiaries. The adolescent health project was implemented in four different geographic regions of Senegal, including Saint Louis and Fatick, which are a long distance away from each other. The reason for this geographic spread is that CECS is an association of the Methodists,

Protestants and Lutherans in Senegal. The churches are each represented in different concentrations around the country. Whereas the Lutherans have many congregations around Fatick, the other churches are more concentrated in St. Louis and the other zones. Our recommendation for future programming is to concentrate resources into one geographic zone only, especially if the grant is for less than $30,000 USD per year. The advantage of this approach is that more people can be reached at a lower cost per person. Fewer resources are devoted to staff traveling to various locations. The Coordinator can be present in the community and spend time working with community leaders and members of the Local Committees. With more resources it would be possible to put a Coordinator in each zone. This would be better than having one Coordinator trying to cover multiple geographic zones.

The other advantage of concentrating in one location is that you can provide fuller coverage to all the youth in the community. The kind of social change this type of project seeks to achieve-which is so dependent on both peer pressure and perceptions about what other people in my social group are doing—is best achieved when the majority of people are making the change as a group instead of isolated individuals here and there having increased knowledge.

Of course there are political difficulties in selecting a location to focus on when CECS's board feels an obligation to all of its various constituents to be fair and spread the benefits of the project to all the churches. But more people will be served and a greater impact will be achieved with limited resources by not allowing organizational politics to dictate strategy.

The evaluation found that targeting in-school youth along with out-of-school youth was effective for CECS, and it is recommended that, if a future phase of programming is envisioned, the project intentionally target both in-school and out-of-school youth. The schools are asking for the project because it meets a need not currently addressed by the school curriculum.

The CECS animators expressed a desire to be able to do more education with the parents, in addition to the youth. The community dialogues might have accomplished some of this, if they hadn't been dropped from the plan. The animators suggest that the messages for parents address problems of family violence, including physical abuse of children by adults in the household and intimate partner violence.

World Renew/Senegal and CECS will need to decide on the way forward, and the decision will depend on: a) the availability of funding and the amount; b) whether or not World Renew and CECS can arrive at agreement on a management structure for the project; and c) whether or not World Renew and the CECS board can agree on which geographic zone(s) should be the focus of the next project.

Recommendation #2: Continue the adolescent health and rights project in Linguère. The need in the community is not yet satisfied. Modify the training materials to facilitate the inclusion of girls who are married.

The Pulaar people in Linguère, who are semi-nomadic, have a custom of marrying girls while they are as young as nine years old. Many girls have their first baby at age 13 or 14. This population is distinctly different than the one in Dakar, and they have much worse health outcomes. This is a more challenging population to work with for many reasons: they move around a lot; they have low population density and are spread over a large terrain; and they are more mistrustful of outsiders and the health system. While acknowledging these challenges, the assessment team recommends a continuation of work focused on improving health for adolescent girls in Linguère, to the extent the resources are available. The girls in Linguère are

at much higher risk for the maternal mortality and poor health related to early pregnancy. Early pregnancy is associated with obstructed labor and fistula and low birth weight of babies. Girls in Linguère also tend to be anemic due to their low protein diet. Because many people have multiple sex partners in a relatively small, contained population, the rates of STIs and HIV are higher among this people group than in the general population.

If further programming targeted toward adolescents is pursued in the future, we recommend that the curriculum be updated and modified to include topics that are pertinent to the needs of girls between the ages of 12 and 18 who are already married, particularly lessons related to child spacing, nutrition during pregnancy, and recognizing danger signs during pregnancy and seeking care. We encourage SLDS to look for ways to have greater integration between the SLDS Primary Health Care Program in Linguère and the work with the adolescents.

We also recommend that SLDS find a way to reach boys too. This will require a different strategy since the boys move around with the cattle. But changing their attitudes and behaviors is critical for making a positive and sustainable impact on girls and women over the long-term.

Recommendation #3: Explore the feasibility of adjusting the adolescent health and rights project in Dakar to expand participatory AHGs to youth who are in-school in the Dakar suburbs.

It is a challenge to find enough out-of-school girls to form groups of 20 in the suburbs of Dakar. The effort that is involved in finding participants drives up the cost of the project. It has also been difficult to engage male youth who are out of school, since they are often working or apprenticed and are not available for project activities.

We recommend that SLDS broaden its approach to include both girls and boys between the ages of 12 and 18 who are enrolled in school. The groups for out-of-school girls should continue, as well. However, adding a focus on school-going youth will allow SLDS to reach a larger number of adolescents at a lower cost per person, while also making it possible to reach boys. Since the public health issues of early pregnancy, sexual violence and STIs are driven in large part by male behavior, it is important to influence the attitudes and behaviors of boys.

School-going youth have as much need for this project as out-of-school youth, because this information is not usually provided to students until they are in grade 10 (age 16-17), which is too late. One of the major reasons that girls leave school is unplanned pregnancy that occurs between grades 6 and 10. Having an intervention that focuses on school-going youth could help to prevent unplanned pregnancies, allowing more girls to finish their education. It is important to reach school girls at age 12-14. Some schools have requested this project already and are eager to partner. Working with the schools does not mean abandoning the participatory model with its emphasis on group dialogue and community engagement. This is not a recommendation that the project be turned into a school curriculum taught by classroom instructors, only that there be a partnership with the schools to identify students who want to participate and organize peer education groups that are affiliated with the schools. (The existing, but poorly functioning, health clubs in the schools might be revitalized to serve as groups.) The participatory and community based elements of the project are what make it effective, so those elements should be retained. The school-based groups should be gender segregated and conducted in the local language to enable the youth to have free conversations.

If the project is going to be implemented with school-going boys, it will need to be modified to ensure that there are appropriate messages for boys, messages that focus on appreciation for

girls' rights, understanding the importance of consent, understanding what constitutes harassment, and how to hold male peers accountable for their behavior. There will also need to be male peer educators recruited and trained.

Recommendation #4: Increase focus on condom use for those who are sexually active, particularly the boys.

Both SLDS and CECS should develop some key messages around condom use—focusing on protection provided (benefits of using), how to correctly use them, and destigmatizing condom use. These messages should be integrated into all relevant lessons in the curriculum. Peer educators will need to be trained on how to talk about condoms and facilitate conversations on the topic. It would also be good to develop some street theater stories to promote condom use and destigmatize their use in the wider community.

The drawback of the current approach is that even though girls are learning about condoms and other forms of contraception, they aren't making the leap to actually using them because 1) it is embarrassing to access condoms if you are not a married woman, 2) it is embarrassing to discuss the use of condoms with a male partner, and 3) men may resist using a condom. The messages currently being conveyed by peer educators in group discussions perpetuate the idea that condom use is only appropriate in marriage and that unmarried girls are expected/assumed to be abstinent. This can further stigmatize condom use for the adolescents in the group that are sexually active. Focusing on the behavior of boys can help to establish new norms for condom use among boys who are not burdened with the same expectation of abstinence until marriage that the girls are. This is an added reason to find a way to include more boys in the project.

Recommendation #5: Increase focus on improving communication between girlfriends and boyfriends about risks of unwanted pregnancy and STIs.

At the end of the project in Senegal only a quarter of girls with boyfriends reported that they had talked about unwanted pregnancy with their boyfriends. Only 42% had discussed STIs and HIV. There remains a high level of discomfort with these topics. It will be important to understand the reasons for their reluctance to have these conversations. It's possible that avoiding these discussions is part of the girls' strategy for avoiding sex. But a significant proportion of girls experience pressure from boys for sex, and role playing possible ways to respond to their boyfriends in these situations may be helpful. More practice discussing these topics openly and practicing conversations through role play may help to lessen the stigma and taboo that surrounds these topics and further build girls' confidence and readiness to respond.

Recommendation #6: Prior to providing funding to a local NGO partner, World Renew should do an assessment to verify that the NGO has the appropriate registration and management systems that are needed to manage project implementation.

One problems that CECS encountered during implementation was that they were registered as an association and not as an NGO. In future World Renew should verify that all the management requirements are in place before signing a sub-grant agreement with the partner.

PART C: NIGERIA COUNTRY REPORT

C.1 EXECUTIVE SUMMARY

In Nigeria, the Adolescent Health and Rights Program sought to address threats to adolescent health, including HIV, STIs, and early/pre-marital pregnancy by:

- Increasing practice of healthy behaviours by adolescents that reduce threats from HIV and AIDS, STIs, and early/unwanted pregnancies;
- Improving the protection of adolescents, especially girls, from violence, exploitation and sexual abuse; and
- Improving the vocational skills of participating out-of-school youth, especially girls.

Compared to its planned targets, World Renew and its local implementing partner BHI were able to double its achievement and reach. Approaching the 18-month mark of the project (completion of the first cohort) it became evident that the project could be expanded with the existing funds available. The high level of community reception and enthusiasm for the project, coupled with BHI capability to mobilize communities, made this increase possible. Other factors that allowed for expansion included: a large population of adolescents living in a concentrated geographic area; efficient use of resources made possible through recruiting volunteer peer educators; and increase in the Canadian dollar's buying power against the Nigerian naira.

Since the project started in January 2013, the following activities were completed:

- ✓ BHI gave training and support to 620 peer educators (412f, 208m). Using their Adolescent Health and Rights manual, peer educators were equipped to lead their groups in sensitive sexual rights and abuse discussions. 98.5% of the peer educators passed exams to test their knowledge.
- ✓ 7,104 youth (5,050f, 2,054m) participated in 620 AHGs (412 female groups, 208 male groups) where they acquired knowledge on reproductive health and their own physical development, HIV and AIDS and STIs. 98% of Adolescent Health Group members participated in at least 80% of the sessions.
- ✓ Participants in Nigeria visited health clinics to learn about adolescence-related health issues and the services available. A total of 7,006 adolescents (4,972f, 2,034m) were taken on visits to local clinics to learn about HCT services, STI treatment and reproductive health.
- ✓ 160 Parents Groups were established to engage in community advocacy and actions to reduce harassment. Parents Groups promoted health messages and advocated for better protection of girls' rights.
- ✓ 130 YAGs were formed to reach out to communities through street theatre plays, family interventions and other forms of advocacy. Community outreach events organized by both YAGs and Parents Groups have been an effective forum to dramatize and spark discussion on sensitive yet common sexual abuses that are often hidden. A total of 353 community outreach events have been organized using street theatre and another 210 using community dialogue and discussions.
- ✓ A total of 100 out-of-school youth (70f, 30m) were trained in business management and also given start-up capital grants (averaging $325), while community members provided financial assistance to an additional 80 adolescents (56f, 24m) to start a small business (e.g. hair salon, kiosk, tailoring). BHI and community mentors working in a trade provided 180 adolescents (126f, 54m) with instruction on a variety of trades including barbering, tailoring, hairdressing, welding, shoemaking, roadside vehicle repairs, carpentry, baking, animal rearing and video production. Given the great need

and interest in vocational training, BHI also helped link another 600 out-of-school youth (420f, 180m) to other service providers for instruction in trades and vocational training.

C.2 PROJECT DESCRIPTION

C.2.1 Project Rationale and Justification

Since 2001, World Renew and BHI have been programming to respond to the HIV and AIDS pandemic by promoting HCT, prevention education, care of orphans and vulnerable children, and home-based care for people living with AIDS. From 2005 to 2010 World Renew participated in a consortium which accessed PEPFAR funding to implement a five-year HIV prevention project focused on youth. World Renew and BHI served as the country lead for Nigeria and was responsible for coordinating other partners in country and liaising with the USAID mission. This youth-focused prevention project used a peer education methodology to reach several thousand young people, incorporated behaviour change communication and used the *Choose Life* curriculum developed by World Relief.

As BHI engaged with youth on health issues, it has become increasingly evident that the high rates of unemployment was having an impact on youth and behaviors impacting their health, including early marriage and child bearing and transactional sex. World Renew and BHI have worked together on economic empowerment of youth for many years and incorporated vocational training and business start-up activities in the project to address the economic drivers that were impacting health outcomes for youth.

Canadian and Nigerian governments have been working closely to improve health outcomes for mothers, newborns and children, and Nigeria was among Canada's Muskoka initiative priority countries. The Canadian government also recognized the need for meaningful, sustainable employment, especially critical for youth, and is addressing this through programming on sustainable economic growth. The goals of the Nigerian Government's economic empowerment and development strategy include poverty reduction, wealth creation, employment generation and values reorientation. This includes training on skill acquisition, entrepreneurship and life skills as well as capital grant for start-up. The instruments for protecting vulnerable youth include education, entrepreneurial development, skill acquisition, access to credit, and prevention and control of HIV and AIDS and other STIs.

As World Renew worked with BHI both before and during the PEPFAR award, it became clear that while many organizations in Nigeria were working on HIV and AIDS under the Global Fund's National Action Committee on AIDS, more attention was needed on improving school curricula on HIV prevention, especially in rural areas. The Adolescent Health and Rights project developed its own curriculum in response to this need. At the time that the project began, just 23% of schools were providing life skills HIV prevention education even though the Government of Nigeria had indicated in Nigeria Vision 2020 that family life education should be part of the junior secondary school curriculum. The comprehensive curriculum that was developed addressed adolescent health issues holistically, covering not just the biology of pregnancy or HIV transmission but also the sexual coercion and abuse that contribute to youth vulnerability to HIV, STIs and early/unwanted pregnancy. During 2009, World Renew and BHI conducted an evaluation of their PEPFAR programming and stakeholders surveyed and interviewed expressed a need for an adolescent health project and especially highlighted the problem of transactional sex. Moreover, BHI recognized the need among youth to create wealth and employment and reorient their values from violence to becoming productive members of society.

In 2011 World Renew proposed a four-year project in Senegal and Nigeria to enhance the health, security, and life skills of adolescents. BHI planned to train peer educators with the objective of increasing healthy behaviours among youth that would reduce threats from HIV or STIs. Staff engaged parents by conducting participatory community dialogue sessions where they discussed true stories of sexual abuse and coercion from various places in West Africa. Their goals were to reduce the vulnerability of adolescent girls to sexual harassment and abuse and to increase community responsiveness to the issue.

The interventions focused on in-school youth and extended support to schools in developing policies and procedures that prevent abuse. BHI worked with communities to improve access to equitable education, ensure that schools are safe places for students to be educated, protect children from violence and exploitation and also work with peer educators to do health promotion and HIV prevention with youth. Through connections made to vocational training, out-of-school youth gained opportunities to become productive members of their communities and girls became less vulnerable to offers of material help in exchange for sex.

C.2.2 Identification of Stakeholder and Beneficiaries

World Renew and BHI took a strategic approach to identifying the geographic focus of the project; with a priority placed on states that have a high HIV prevalence. According to Antenatal Sentinel Sero-Prevalence Survey (2010) HIV prevalence by quartile, the following states have HIV rates of 6.1%-12.7%: Benue, Cross River, and Plateau[49]. Described as in the HIV red belt zone, these states have HIV prevalence rates above the national average of 3.6% to 4.6%[50].

While Bauchi State has the lowest HIV prevalence of 1-2.7%, this area was selected because the Canadian Government has a geographic focus on this state, along with Cross River State. Taraba State with an HIV prevalence of 4.2%-6% was also added[51]. Specifically, the project was implemented in the following communities:

- Benue State: Adikpo, Iyon, Jato-Aka, Achia, Jaki, Katsina-Ala, Alam, Sai;
- Cross River State: Alege, Angiaba, Begiading, Ipong, Obudu, Ukpe, Utugwang, Odajie, Ogoja, Akumtak, Idum, Bansan, Egbe, Edide;
- Plateau State: Anglo-Jos, Kuru, Vom, Bukuru; and
- Bauchi State: Bayara, Kafin Tafawa, Gangu, Tirwun, Toro, Magama-Gumau, Rimin-Zayan, Nabordo, Zull.
- Taraba State: Sabongida-Lissam, Takum, Chanchaji, Abako, Kashimbila;

BHI staff met with religious and community leaders, parents, youth leaders, and young women in the states to solicit their endorsement of the project and also their input for the project's design. BHI worked through existing community structures, religious bodies both Muslim and Christian, local government and civil society organizations to ensure ongoing support.

Within these communities World Renew and BHI sought to engage a combination of government and private schools that would be committed to support the implementation of the project for 4 years in their schools. This meant that school teachers and administrators would be supportive of peer educators and AHGs meeting on a weekly basis, either during break times or afterschool; would assign one male and one female school staff to the AHGs to oversee the groups and provide guidance; and would work with the BHI field staff assigned to that state to provide suggestions on enhancing the project.

Map illustrating the five states where the project was implemented in Nigeria[52]

To select the students enrolled in the project, the school's registration list of those who would be entering senior secondary level 1 and 2 was used and divided into a girls list and a boys list. To select out-of-school youth, BHI promoted the project in youth fellowship meetings, community sports events and other community clubs. The selection criteria specified that 70% of the participants should be female between the ages of 15 to 25 and unmarried, statistical sampling was used to identify potential participants both in-school and out-of-school. After participants were identified, BHI staff met with both the participants and their parents or guardians to explain the project and topics that would be covered. If there was any disagreement with being involved in the project, the potential participant was taken off the list and another was selected. The same selection process was used to select participants for cohort 1 and cohort 2, each 18 months in length. Over the life of the project, a total of 7,104 participants (5,050f, 2,054m) were selected (2,518f and 1,023m during cohort 1 and another 2,532f and 1,031m during cohort 2). Over the life of the project, a total of 620 peer educators (412f, 208m) were selected (206f, 104m during cohort 1 and another 206f, 104m during cohort 2).

Of the out-of-school youth enrolled in the project, 180 youth (126f, 54m) were selected to receive vocational training directly from the project. A separate set of 100 youth (70f, 30m) were selected to receive business training and start-up capital from the project averaging $325. Another 600 youth (420f, 180m) were selected to receive vocational training offered by other organizations in the community. World Renew and BHI staff facilitated selection of the 100 youth to receive capital grants from the project funds based on the criteria that the youth participated in at least 80% of the adolescent health group sessions, showed a keen interest in developing their own business in a trade that was economically viable, possessed strong

leadership skills, and that there was a fair representation of youth from the 40 targeted communities. As a means to demonstrate community ownership, community members came forward to support an additional 80 out-of-school youth (56f, 24m) and pay for expenses such as store rent, equipment and supplies.

C.2.3 Governance Structure

World Renew had the overall responsibility for the project in accordance with the GAC contribution agreement. World Renew signed cooperation documents with BHI to clarify responsibilities and requirements, and World Renew's Country Director and Project Advisor in Nigeria provided oversight to the local partners as they implemented the project.

BHI had six key field staff. One field staff each was assigned to the states of Benue, Plateau, Bauchi and Taraba. Given the large number of groups and that the groups were spread across the state of Cross River, two field staff were hired to ensure proper coverage and to manage the workload. Field staff were responsible for training and supervising peer educators and visiting AHGs. Field staff also supported Parent Groups and YAGs in their advocacy and awareness raising activities.

The Coordinator, M&E Officer and Accountant made up BHI's project management team and ensured that project activities were being carried out according to annual work plans and outcomes were contributing to the project's goals. World Renew Country Director and Project Advisor would also attend the management team meetings to provide leadership and guidance in project compliance. BHI's Board received and reviewed project reports and provided encouragement and moral support. BHI staff have developed good working relationships with target communities and have enhanced their organizational reputation among participants, school administrators, and community leaders.

C.3 PROJECT CONTEXT

With a population of about 186 million, Nigeria is the most populous country in Africa and the seventh most populous country in the world[53]. Nigeria also has one of the largest youth populations in the world, with 62% of its population under the age of 24[54]. According to estimates in the 2015 UNAIDS report, 3.5 million people in Nigeria are living with HIV[55]. Young women age 15-24 have an HIV prevalence rate of 2.9%, while young men in the same age range have a prevalence rate of only 1.2%. Women in Nigeria are more likely than men to be poor because they have fewer economic opportunities and generally receive less formal education than males. Sexual coercion of women with money and material support is common. Young women are also at higher risk than young men due to the inter-generational nature of sexual relations. World Renew conducted an evaluation of its PEPFAR project in Nigeria in 2009. Eighty seven percent of respondents surveyed in that evaluation said that *"Girls who lack money sometimes have sexual relations with men to receive material help."* In addition, 58% said that *"Male teachers pressure female students to have sexual relations."* In this environment, there is a high tendency toward multiple concurrent partners, which has the potential to accelerate the spread of HIV. Moreover, talking about sex is taboo in Nigeria, and sex education is hindered by religious and cultural resistance.

In a society where 50% of the population is Muslim, 40% Christian, and 10% of indigenous beliefs[56], BHI is respected as a faith-based NGO that has successfully worked with both Muslims and Christians to responded to the HIV and AIDS pandemic and other health issues. Churches and mosques are important institutions at the center of

community life and serve as a great basis for mobilizing participants. Throughout the project, churches offered their church buildings for activities that were open to all members of the community. BHI networks and coordinates with the Civil Society Network on AIDS and the Plateau State Action Committee on AIDS. BHI also collaborated with the Social Welfare Department of the local government, the Nurses' Association, and several grassroots women's organizations and faith based organizations in the geographic areas where the project was implemented. As a result of its reputation and networks, BHI has been able to work in Muslim cultures with much harmony and success. For example, when this project was first introduced in Taraba State, many parents and imams were opposed to having their children participate. But as they came to understand the lessons being taught and witnessed the changes in some youth, they encouraged their children to make it their priority to participate.

Given that this project required working in both government and private schools, from the beginning BHI worked to receive the approval and endorsement of the project in each of the five zonal education offices of the Ministry of Education. During the final evaluation the Secretary of the Ministry of Education in Obudu Cross River State, Goodwill Andoya, shared that he appreciated that the two BHI field staff worked with him from the beginning of the project and visited his offices to provide ongoing updates and to ask for his input. Having visited schools enrolled in the project and having thoroughly reviewed the adolescent health and rights manual, Goodwill Andoya, has met with the Ministry of Education commissioner and council specifically on this project and is recommending that sessions and the peer educator approach be integrated into the Ministry's health education approach. BHI will continue to work with the Ministry of Education to see how the curriculum can be used in parallel with the country's National Family Life and HIV Education Curriculum.

The HP4RY Nigeria project, which was implemented during the period of April 2008 to January 2012 (with funding from the IDRC, International Development Research Centre), aimed to develop and use research evidence to build and evaluate HIV prevention for youth delivered through schools and communities in Edo State, Nigeria. It had an approach to working with adolescents that was very similar to the one used by World Renew and BHI, but it was more focused on integrating lessons and messages into the school curriculum. About half of the program participants also benefitted from an additional community intervention, where a broader group of adults in the community were also engaged in activities intended to strengthen local support for adolescent health. The HP4RY format was reliant on a significant amount of management input and Corpers' required guidance as a group, but they were successful in engaging with the communities and initiating change activities"[57]. One of the key findings from the HP4RY project was that the community component increased outcomes for all the adolescent participants, but it was especially important for the male participants who showed little change in knowledge or attitudes without the community component.

C.4 OVERALL PROJECT PERFORMANCE ASSESSMENT

C.4.1 Project Performance Assessment by Outcomes

Intermediate Outcome: 1100 Increased practice among adolescents of healthy behaviors that reduce risks from HIV and AIDS, STIs, and early/unwanted pregnancies.

Compared to baseline numbers, the percentage of participants who have abstained from sexual intercourse has increased by 7.4%. The percentage of youth who have sought treatment for symptoms of STIs has also improved (21.8%). In Nigeria, the percentage of youth who reported

having more than one sexual partner decreased by 7.8%. These are good indications that the lessons on reproductive health made an impact and are helping youth make healthier decisions about their sexual lives and the importance of being faithful to one partner.

Immediate Outcome: 1110 Improved knowledge among male and female adolescents about reproductive health, including HIV risk reduction and STI prevention.

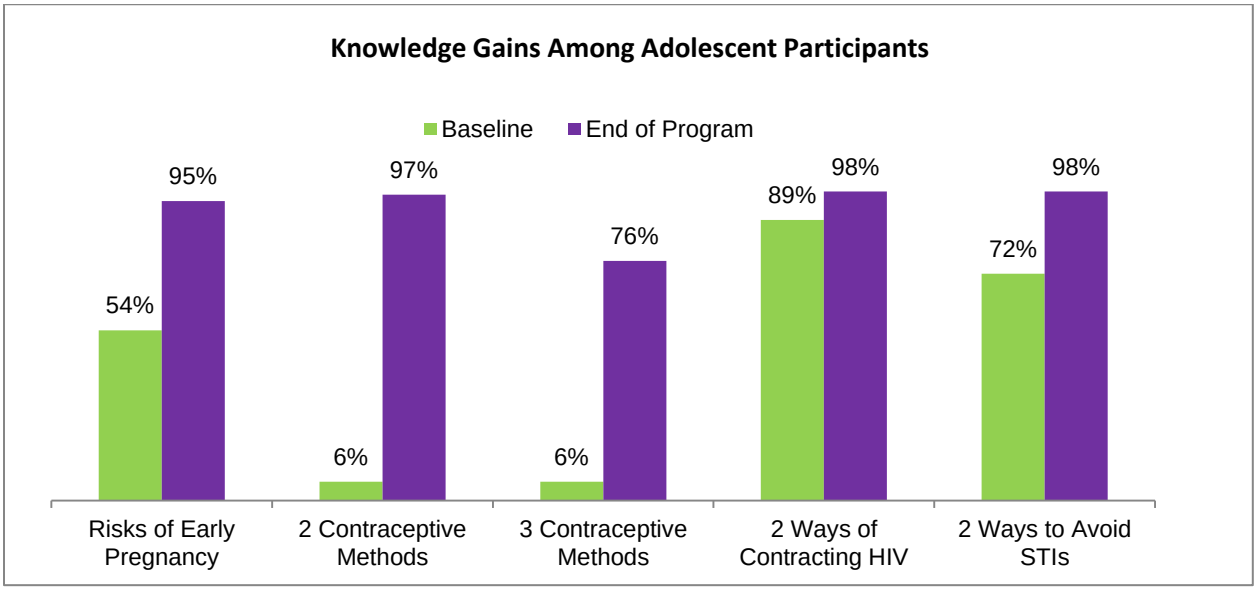
In Nigeria the greatest change between baseline and end line can be seen in the knowledge indicators. Adolescents who participated in the BHI AHGs improved significantly in their ability to name the risks of early pregnancy, contraceptive methods, methods of HIV transmission, and methods of STI prevention. The chart below shows the large increase in knowledge. Most notable are the increases in the percentage of youth who can name two or three contraceptive methods, representing a 91% and 70% increase, and identity two or more potential health risks of young pregnant girls, representing a 41% increase.

Particularly for girls, the increased knowledge about reproductive health has led to increased confidence. The percentage of youth who believe they could refuse sex if they did not want it continues to increase. Approximately 96% of adolescents in the project recognized the rights of adolescent girls to refuse unwanted sex and 91% to unwanted marriage, respectively.

Girls were empowered with the knowledge that they can say no, prevent sexual advances, and seek support from their teachers, parents and community leaders. Peer educators and participants in the project also spread the message to their friends and siblings. Throughout the project, we have had powerful stories of daughters talking to their parents and community leaders about why they do not want to be married off and parents coming to the realization that their daughters have rights over such life decisions.

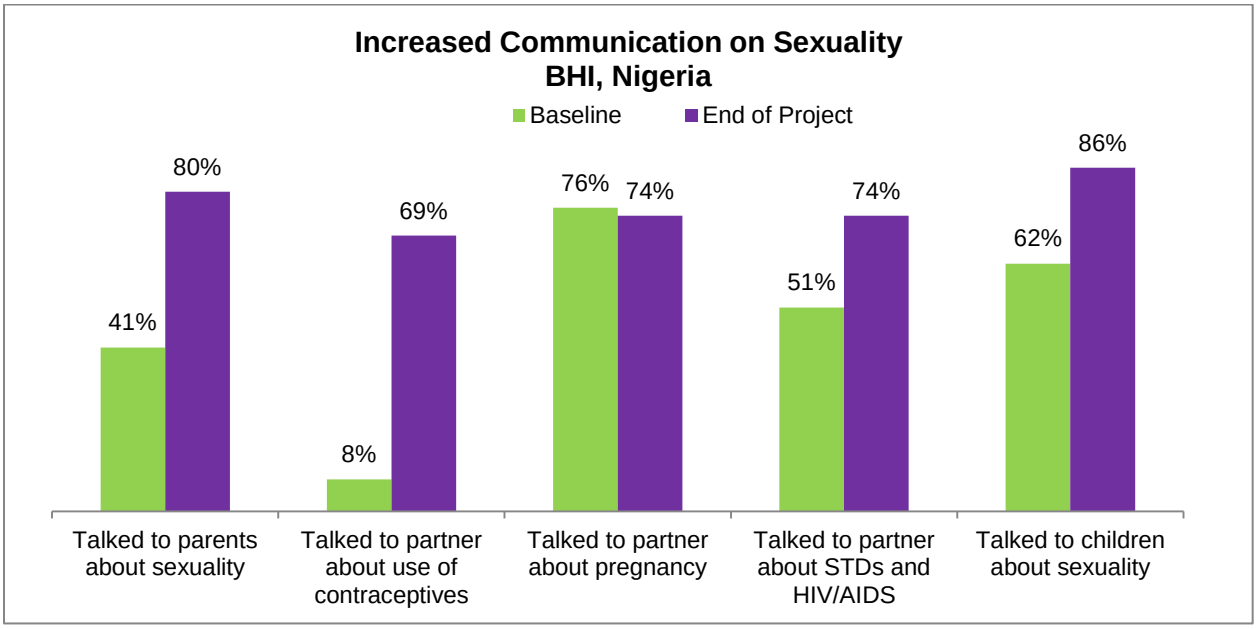
"I learned a lot from this program about my health rights. I'm confident to say no to sexual advances with my voice, body, and action. The girls and friends that I have been able to mentor are learning about setting safe boundaries, not allowing boys to touch them inappropriately, and we're committed to remaining pure and keeping ourselves for marriage."

- Peace, peer educators Adikpo NKST (Universal Reformed Christian Church) Secondary School, Benue State



Immediate Outcome: 1120 Improved ability of male and female adolescents to talk openly with family members and boyfriends/girlfriends about reproductive health issues.

In Nigeria culture, where even talking about sex is taboo, this project has helped to form a basis of knowledge and open the lines of communication. A significant change between baseline and end line can be seen in the communication indicators. As shown in the chart below, there have been notable increases in the percentage of participants that are having conversations with their partners and family members about issues that are rarely discussed.



The one exception is “number of females in Nigeria that have talked to their boyfriends about pregnancies,” which has decreased. This is because as participants learn about the risks associated with early pregnancy and how having a child too early can compromise their future aspirations, more dating couples are committing to abstinence. Such committed couples are still talking about methods that reduce risks for STIs and HIV, including using contraceptives, but less about pregnancies since they are trying to avoid sex. With the reduction in the number of unwanted pregnancies following project interventions, there has also been a reduction in the number of conversations about pregnancy.

The increase in conversations around sexual issues can be attributed to the increase in knowledge and being informed on reproductive health. During a focus group discussion with a parents group in Bauchi State during the final evaluation, one mother shared that she did not talk to her children about sexual reproduction because she herself did not feel confident with the little knowledge she had. As her daughter attended the Adolescent Health Group sessions and lessons, the daughter would come home with her manual and discuss what she learned. As they together unpacked issues such as menstrual hygiene and maintaining positive relationships with the opposite sex, mother and daughter learned and shared experienced. Other mothers explained that because their children are receiving sex education earlier in their lives, they are coming to their parents to discuss the physical changes they are experiencing early on and hoping to avoid making mistakes.

Together, adolescents and their family members are trained in the communication skills they need to discuss sensitive topics. As a result, parents have a better understanding of the pressures and challenges their children face. Parents are then encouraging their children to speak up for their rights, identify and respond to harassment, and build healthy relationships with their peers. Witnessing the transformation of their children and behaviour change, parents and teachers are pleased with the good decisions they are making and positive changes in their lifestyles. Adolescents are more active in their churches, help more around the house, and are generally more obedient. After seeing these changes in their children, parents who were once skeptical about the project and hesitant about their children participating in the sessions, started to embrace the project and encouraged them to attend the sessions regularly.

Intermediate Outcome: 1200 Improved protection of children and youth from violence and sexual abuse

The project has contributed to improving the ability of youth, parents, school administrators and community leaders to address concerns related to sexual abuse in their communities. With the number of schools that have adopted new measures to prevent abuse, the project has contributed to protecting youth from violence and sexual abuse. Communities are recognizing the rights of adolescent girls to reject early marriages and unwanted sexual advances. Using the Bead Game method, BHI was able to gain insight into the changes on attitudes related to sexual violence and abuse. Compared to the baseline there has been a decrease in the percentage of youth who have had sex for money (7% decrease), who have experienced sexual coercion (6% decrease), and who think it is justified to hit their female partners (9% decrease). There has been a corresponding increase in the percentage of youth who believe they could refuse unwanted sex (8% increase).

To increase its legitimacy and ability to protect victims of abuse, the Anglo-Jos YAG reached out to the Child Protection Network (CPN); a coalition of Nigerian government agencies and NGOs that are responsible for responding to cases of child abuse, exploitation or discrimination. Working in partnership with the Plateau State chapter, the Anglo-Jos YAG has been able to bring about significant change for the lives of some victims.

For example, the Anglo-Jos YAG became involved in a situation where a 16 year old girl became pregnant three times by an abusive boyfriend and had abortions each time. The Group was able to provide information on the case to the Child Protection Network. The Child Protection Network in turn, has brought the case to the High Court for Plateau State where the offender stood trial in March.

The Anglo-Jos YAG also became aware of a girl who was working as a housemaid. This girl was also told to sell a certain amount of merchandise in the market or she would be beaten. In order to avoid being beaten, this girl began having sex for money so that she could make up any shortfall from market sales. This was happening all with the mother's knowledge. Seeking advice from the Child Protection Network, the girl has since been removed from her abusive mother and is now in the care of relatives.

A total of 160 parent groups have been established. Parents continue to mobilize other parents in neighbouring communities as they share lessons learned. Parents are emphasizing to other parents the importance of creating a safe and open family dynamic where issues related to sexuality and abuse are not considered taboo. Parents are having conversations with their children about how to protect themselves, not to accept gifts for sexual favours, and not to befriend their teachers. A mother who participates in a Parents Group shared that she used to defer all questions about sexuality to their children's teacher, but because of the knowledge and confidence gained in participating in the project, she can now speak to these issues herself. She

now intentionally engages in discussion with her children and as result, has a better and healthier relationship with them.

In addition, a total of 130 YAGs have been established. The groups continue to create awareness on sexual abuse and other messages centering on adolescent rights.

Immediate Outcome: 1210 Increased community level ability to identify, discuss and respond to reproductive health concerns and issues related to sexual abuse in the community.

Peter Ma'aji along with Gideon Gogo, BHI Coordinator, asking a group of male adolescent health group members how the project has impacted their lives.

During a key informant interview conducted during the final evaluation Peter Ma'aji, Secretary of the BHI Board, shared that, in the past, if a girl shared that she was abused, she would be condemned for disrespecting an elder. Peter sees that now abuse cases are being taken seriously and discussed, and not dismissed. Because of the project, Peter believes that influential community leaders have a better understanding of abuse and they talk openly about the ways abuse deprives and destroys the lives of girls. Peter commented that *"The program has given youth a platform to dialogue about sexual issues and provided a catalyst for them to talk to their parents. It has given them a voice, in an African society where young people have little say."* As Peter visited a school that is engaged in the project in Taraba State he was overjoyed to hear youth talk openly and informatively about sexual issues. Peter could hardly believe that he was still in Nigeria and hearing conversations about sexual violence and gender inequality taking place so openly.

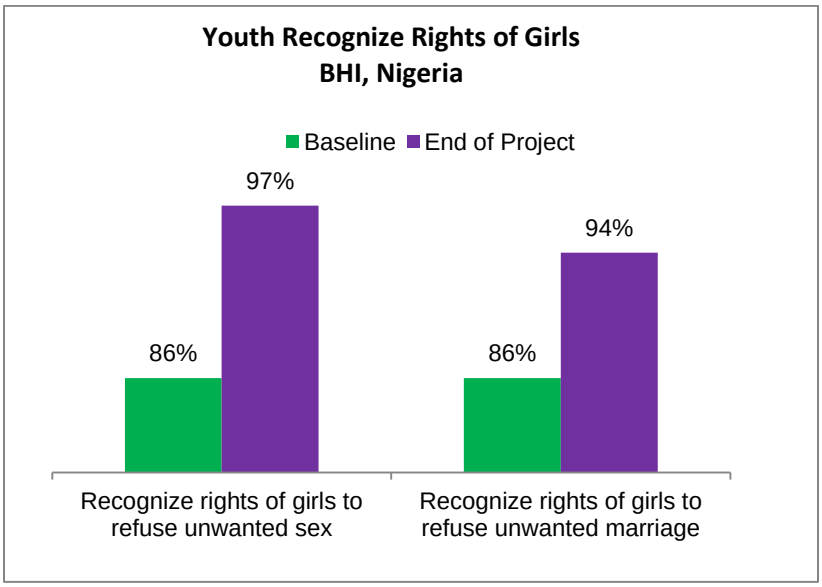
Community outreach events organized by both YAGs and Parents Groups have been an effective forum to dramatize and spark discussion on sensitive yet common sexual abuses that are often hidden, A total of 353 community outreach events have been organized using street theatre and another 210 using community dialogue and discussions. YAG members visit the community leaders to inform them of their activities and receive permission to perform street theatre. The participating youth are setting examples to other youth.

Immediate Outcome: 1220 Increased recognition of the rights of adolescent girls to reject early marriages and unwanted sexual advances, especially by men and adolescent boys in the community.

Early/forced marriage is common in Nigeria especially in the northern part of the country. Usually, this is done through arrangements between families without the consent of their children, especially the girl. The girl is sometimes betrothed at birth or under age ten. Where this happens, females are mostly given away at very young ages. This situation usually leaves the female at a greater disadvantage physically, psychologically, and emotionally. In most cases, they see themselves as property of the man without a voice on issues in the marriage. Pregnancy at a young age can lead to medical conditions such as fistula, low birth weight babies, and delivery complications. Girls who marry young are forced to leave school early, reducing their lifetime economic potential.

During the final evaluation, the Anglo-Jos YAG was asked why some parents want their daughters married off before they turn 18. Reasons given included poverty—many poor families see marrying their daughters off as an economic necessity—and social stigma—early marriage can be a way of avoiding social disgrace if the daughter becomes pregnant out of wedlock. Early marriage allows the girl to move into the man's home and, thereby, not bring shame on her family. Focus group respondents indicated that societal views on the acceptability of early marriage are slowly changing in their communities. One participant also noted that the Jos YAG is using early divorce as a persuasive argument against early marriage. Since many early marriages end in divorce, and families are keen to avoid the social stigma that comes with having a divorced child. This argument has been used successfully to delay some marriages.

The chart below shows that over the life of the project, participant youth increasingly recognized the rights of girls to refuse unwanted sex and marriage. The project empowered participants in the target communities with the knowledge and ability to bring an end to cultural practices of forcing adolescents into unwanted early marriages. The story below is a powerful demonstration of how knowledge accompanied with appropriate actions can bring about gender transformation and address social norms such as early/forced marriage.



Hassana (name changed to conceal her identity) is a 17-year-old girl from one of the target communities who found herself in a forced/arranged marriage situation. As a baby, she was engaged to a man. Sometime in 2014, the man approached her and her family on the marriage arrangement. This troubled Hassana greatly as she did not love the man and felt she was not yet ready for marriage. With the introduction of the Protecting Adolescent Health and Rights program in the community, and her subsequent enrollment, Hassana became more aware and educated on her right to make choices concerning her life, including the choice of a spouse. This prompted her to share her story with the YAG established in her community. The YAG took up the issue with her parents, the community chief, and other community leaders in a number of dialogue meetings highlighting the disadvantages of the long held tradition of early and forced/arranged marriage.

Hassana was released from the agreement, and the community leaders initiated a process of abolishing the tradition in their community. The community is beginning to embrace the worldview that every girl has a say in what becomes of their lives.

Intermediate Outcome: 1300 Increased engagement in income earning activities by program participants.

There has been an increase in the percentage of participants in Nigeria who are engaged in income earning activities. One hundred eighty adolescents (126f, 54m) have been sponsored by members of the community or the project's capital grants and given a small start-up grant (average $325) for starting a small business (e.g. hair salon, kiosk, tailoring). Another 600 (420f, 180m) out-of-school youth participants have received vocational training by being linked to different trades, including barbering, tailoring, hairdressing, welding, shoemaking, roadside vehicle repairs, carpentry, baking, animal rearing and video production. All adolescents receive small business training following a format that is very interactive. The project also linked the youth with mentors and apprenticeship opportunities.

Topics covered in the training included: identifying viable business options, marketing, and developing business plans. The participants recognized the need to treat their customers with respect, set fair prices and use honest suppliers. Participants appreciated the interactive style of the trainings, which made it possible for them to share their own ideas and ask questions of the local business owners. One particular male participant testified that the trainings on setting boundaries between business and personal money with proper recordkeeping had helped him greatly. He further explained that the training has enabled him to understand and track the flow of money as he was previously unable to tell if he was indeed making a profit.

Example of business records from Isaiah, a chicken farmer in Jos.

In the African context, money, like any other resource, is something that is shared with those that do not have it. The idea of saving is not as intuitive as giving to family and friends in need. Throughout the project, we have heard participants who received economic empowerment training say that their "eyes have been opened" in terms of how to manage their business finances. By keeping track of their required expenses and level of earnings, participants are able to tell how much profit they are actually making, and to know how much they have on hand to spend on future expenses. This way, participants are not giving away all their funds to family and friends, but reserving some for themselves and some for paying for business expenses.

Immediate Outcome: 1320 Improved vocational skills for out-of-school youth participants.

Communities sponsored 80 (56f, 24m) out-of-school youth since the project started. The community sponsorship component was essential to the success of this intervention and was a great way to engage the support of enthusiastic community members. Sponsorship came in the form of financial support for the small businesses, moral support and encouragement, family members providing business locations and training venues at no cost, church announcements that a new business had been started, and mentorships and apprenticeships.

A hundred (70f, 30m) out-of-school adolescents received capital grants (averaging $325 each) after completing the training on economic empowerment. The adolescents continue to testify of how the training and the grant is making a difference in their lives. They were actively and positively engaged as they are able to contribute to their families and communities and no longer idle and getting into trouble.

Hopeful for his future in Koti and looking forward to expanding his car tire repair business.

Before joining the project, Anthony (pictured here) used to patch bicycle and motorcycle tires using local hand pumps. Because he was known as someone with integrity and a good work ethic, members of Adolescent Health Group and community members unanimously nominated Anthony to receive a capital grant from the project. With the vocational training and the funds Anthony received, he is now running a successful operation that mends car tires with more sophisticated and reliable equipment. When we met with Anthony, he also told us that the moral support and patronage he receives from the Koti community in Benue State is overwhelming because, although he was born in Benue State, his family is originally from Bayelsa State in the far south eastern part of Nigeria. As an "outsider" he is a living example that tribal, cultural, and language differences can be overcome in the modern era of Nigeria. Anthony is hopeful for his future in Koti and looking forward to expanding his operations.

During the project, 600 out-of-school adolescents (420f, 180m) were linked to vocational training to learn various trades. The adolescents applied their vocational training and worked through the process of establishing their own business and building up their clientele. Samuel, from Benue State, combined his multimedia skills and newly acquired business management skills in developing his video and photo development enterprise. Samuel's services are in high demand, and he is very busy making productions for weddings, family and church events. Samuel will soon need to hire an assistant to keep up with the demand.

C.5 PROJECT MANAGEMENT

BHI's management team met twice a month to plan and ensure that project activities were being carried out according to the annual work plan. If any of the six field staff were in the office, they would join the management team meetings and provided updates from the field. World Renew personnel would also attend to provide support and advice. The management team made monthly visits to the five target states to ensure quality of the message delivered. BHI's Board received and reviewed project reports and provided encouragement to staff. Stakeholders, including parents, YAGs, adolescent groups, community and religious leaders and school management, actively engaged in project implementation. As a result, there was a strong sense of ownership, sustainability and project efficiency. Staff members had a good working relationship with target communities and maintained cordial relationships with colleagues, beneficiaries, school administrators, and community leaders.

C.6 RISK MANAGEMENT

Given that we have worked in Nigeria since 1969 and partnered with BHI since 2001, World Renew had a well-informed understanding of the level of risks involved, including political and ethnic conflict that might create insecurity. Throughout the project, Nigeria continued to experience terrorist activities and other forms of violence in several areas, especially in northern Nigeria and the Niger Delta region. The government has tried to respond appropriately and some level of success has been achieved, but the insurgence has not been completely

eliminated. In addition, herder-farmer crises have also persisted in the middle belt region of Nigeria where the project was being implemented. Religious worship places continue to be on guard to avoid terrorist attacks during services with large crowds. World Renew and BHI staff members remained alert and followed security protocols while working in high risk areas.

There was anxiety that the general election held in March 2015 could result in violence and insecurity. While groups were cautioned about meeting in large groups and performing street performances during the elections, participants continued to meet in smaller numbers in their AHGs, YAGs and Parent Groups. Work was not disrupted.

World Renew's country staff in Nigeria continued to meet regularly with other NGOs working in Jos to recommend security actions to take and where people could travel. As a whole all the World Renew field offices in West Africa followed United Nations Security recommendations for NGOs. World Renew maintained contact with the in-country Canadian and United States Embassies, UN Security and other such authorities, vary driving routes and park vehicles in secure and guarded locations, and had an emergency contingency plan. The Christian Reformed Church in North America (CRCNA, which is the organization under which World Renew is established) has a Security and Monitoring Team which actively monitored Nigeria's security situation and made recommendations for the whole CRCNA.

A risk that was unpredictable was the West Africa 2014 Ebola outbreak. Fortunately, for both Senegal and Nigeria both their governments took effective actions to prevent Ebola-infected people from crossing their borders. An exchange visit by the Senegal project staff to Nigeria was scheduled for October 2014 but was delayed due to the Ebola outbreak and then never rescheduled because of security concerns. World Renew's regional director for West Africa closely monitored the Ebola virus outbreak and kept her staff updated on the World Health Organization's recommendations. All staff members had a copy of World Renew's Ebola Fact Sheet, which was developed by World Renew's International Disaster Response Team, and carefully followed all recommendations. The Fact Sheet included pertinent details that explained how the virus is spread, symptoms of the virus, why seeking care from a health facility is essential, how the spread of the virus can be prevented, and what the role of the community is.

C.7 CROSSCUTTING THEMES AND PRIORITIES

C.7.1 Gender Equality Strategy

Decision-making: Participating girls and mothers acquired improved knowledge and skills and thus are making healthier and safer choices. Their capacity to speak with confidence has improved. Communication between parents/guardians and their adolescent children has improved. Compared to the baseline there has been a 24% increase of daughters speaking to their mothers about sexuality and a 52% increase of daughters speaking to their fathers. Parents and adolescents engaged in discussions about relationships of the opposite sex, menstruation and changes in their bodies, and their dreams and ambitions for their future.

More females are motivated to dream bigger and work toward a better future. Adolescent girls, especially those who are peer educators, continue to serve as mentors for other girls. More confidence is seen among the females through the YAGs and Parent Groups. For instance, an adolescent girl in Adagi community of Benue State shared that she now makes more informed decisions concerning her body. She used to have more than one boyfriend at a time, thinking it did not matter, and she never took her studies seriously. She notes that the project has changed

her perception of the value of being a girl. She is now committed to abstain from sex before marriage and is determined to pursue her dreams.

Women and Girl's Human Rights: AHGs and community members, especially teachers and those in the Parent Groups are becoming more aware of the rights of women and girls. The project continues to build the capacity of females to see themselves as equals with boys and to "Say No" to unwanted sex, forced marriage, and unwanted pregnancies. The project empowers females to know the inherent dangers of risky sexual behaviors and poor relationship decisions. It also empowers them to pursue education and to aspire and work toward a brighter future. Parents and field staff have noticed increased open discussions occurring in communities between parents and adolescents.

At the end of cohort 1, only 5% of youth thought it was justified for a male to hit their female partner. Female participants affirmed the data and have expressed that they are being treated better. As parents and participating boys realize that females are equal and have rights that should be upheld, adolescent girls are noticing greater respect from elders and peers. Hadiza, a participant in the project was considered as the house help in her own home because she is a female. Hadiza's brothers were instructed by their parents not to help their sister with household chores because it is work for girls to do. With increased dialogue on gender roles and equality in the AHGs and community events, such attitudes have been changing. Hadiza and her brother now share household chores.

Adolescent Health and Rights manuals and T-shirts participants received.

Access to Development Resources and Benefits: Participants received manuals and t-shirts with an inscription "ACT JUSTLY! Protect Adolescent Health and Rights." Participants wearing the T-shirts have shared key messages from the project, including:

- "Treat all people equally whether or not they are your tribe or family."
- "Treat other people in ways that will not harm them, but rather will benefit them."
- "Show no partiality."
- "Do what is right and fair."

A total of 7,006 (4,972f, 2,034m) participants were taken to visit local health clinics, giving youth access to HCT services and information about other available services.

Economic empowerment opportunities helped youth acquire business management skills. Young women were trained in life skills and entrepreneurship, as well as vocational skills. Start-up capital was provided through the generosity of community sponsors.

C.7.2 Environment

This project had few environmental impacts. There were no potential negative or adverse immediate and long-term cumulative effects that the project would have on the physical

environment. The main activities were training, group facilitation, and community awareness campaigns. There were no physical works and/or undertakings in relation to a physical work (construction, operation, modification, decommissioning, and abandonment) in the project.

Waste management is a major issue in Nigerian cities that are dealing with increased urbanization, rapid economic development, and the inability of municipal councils to manage the resulting rise in industrial and domestic waste. Making the connection that a clean environment contributes to good health, the project sought to encourage proper health and sanitation practices as part of the group lessons. The project encouraged adolescents to avoid indiscriminate throwing of waste, to clean up litter and to use proper latrines. YAGs carried out awareness campaigns using skits that emphasized the health benefits of maintaining a clean environment. Posters promoting a clean environment were also produced and displayed in all target communities. As a result of the environmental messaging, project participants cleared sewage drains to minimize places where mosquitoes can breed. Adolescent participants also swept their compounds and planted trees and flowers to beautify their environment. Schools started promoting messages about caring for the environment.

The Grants Program Manager from the Canadian office visited the Nigeria project in August 2014. She facilitated an Environmental Stewardship workshop, which focused on the environmental and health related pressures faced in Nigeria. The workshop brought together representatives from World Renew, BHI, Jos Local Government Department of Health, Plateau State Environmental Protection Agency, and Fellowship of Christian Nurses to discuss the principles of stewardship and climate change and environmental challenges faced in Nigeria. To help workshop participants respond to these challenges, the facilitator guided participants in developing Environmental Management Plans and engaged them in locally appropriate climate change mitigation and adaptation strategies.

C.7.3 Governance Considerations

BHI worked to receive government approval for the project in each of the five zonal education offices of the Ministry of Education. World Renew and BHI also sought to mobilize communities and build capacity to enable community members to have a greater impact on the way leaders and school officials handle cases of abuse and what opportunities are extended to youth in the community. Community dialogues were used to bring together groups of parents and adolescents to talk openly about issues like transactional sex. These dialogues were the spring board for participatory action planning, where community members decided how to work together to address abuses in their communities and to uphold girls' rights.

BHI Staff engaged parents by conducting participatory community dialogue sessions where they discussed a video called *"Ten True Stories,"* which presents stories of sexual abuse and gender inequality from various locations around West Africa. The goal of this activity was to engage parents in actions to reduce the vulnerability of girls to sexual harassment and abuse and to increase community responsiveness to the issue.

C.8 SUCCESS FACTORS

Relevance: This project relied on a participatory peer education approach to learning. Most schools in West Africa use a colonial style of instruction that is heavy on lecture and rote learning and memorization. This project used an approach that is focused more on dialogue, allowing the youth to discuss sensitive sexual rights and abuse in the comfort of their peers while providing social and emotional support to one another. During the final evaluation, a

group of peer educators at Adikpo NKST Secondary School in Benue State were asked to draw some of the most important aspects of peer sessions. Each of the five pairs drew people gathering in a circle. They explained that sitting together in this format created a safe space where they were equals and could look each other in the eyes. The peer educators explained that they appreciated that they were not only learning about health as a biology subject, but that the learning style allowed them and their group members to engage and deliberate on issues such as the difference between sex and gender roles, what healthy love relationships look like, and the risks of teen pregnancy and childbirth. The project not only was successful in transferring knowledge on reproductive health and rights, but helping youth gain applicable life skills in choosing a good mentor, healthy communication skills and setting life goals.

Peer educators at Adikpo NKST Secondary School sharing their drawing of the importance of adolescent health circles and discussions.

Understanding that peer educators would need to facilitate groups of 15 to 20 youth, World Renew and BHI were deliberate about providing peer educators adequate training and support. World Renew and BHI learned that it was very important to encourage peer educators to create safe environments where members could share and learn about topics that many consider taboo.

Since this project was created in response to a real felt need by the communities and there was community involvement from all sectors (parents, youth, imams, pastors, chiefs, school administrators and local business people), a great deal of local ownership for the project was generated. Community involvement and engagement have been vital to the success and sustainability of the project and are a big reason why participants numbers were so much higher than expected in Nigeria. The number of peer educators, AHGs and Parent Group members has been more than double the target.

Appropriateness of Design: With the high demand and interest for sexual reproductive health and rights education, communities and schools have eagerly embraced the project. This, however, has resulted in some unintended implications and challenges. For example, in Nigeria, the project was received so well that AHGs kept adding youth to their groups beyond the recommended maximum of 20 members. Youth under the target ages of 15-25 were also included. At Mbube East Secondary School Oboso, Ogoja Local Government area in Cross River State, more than 100 students were participating in AHGs, but during a field visit it was clear that some youth were more actively engaged with the health and rights curriculum and thus more knowledgeable about their rights and how to protect themselves than others. While the World Renew and BHI staff were encouraged by how communities and schools were owning the project, there was concern that the lessons were being diluted, were not allowing for meaningful peer education and discussions, were inappropriate for younger children, and in general loss control of the project design. To mitigate these issues, BHI field staff, encouraged additional members that were added to original cohort numbers to form their own groups. Peer educators and members from the original groups could assist and mentor these newly formed groups, but separating them out by gender allowed youth to properly engage and discuss the topics, especially on sensitive topics such as their experience with abuse and harassment. Ensuring separation of direct and indirect participants also allowed for better management and more efficient monitoring and evaluation.

Reflecting on the vocational training and mentoring aspect of the project.

Sustainability: During the final evaluation, the generosity that others demonstrated in sharing their resources and time with the young people in their community was very apparent. Peer educators cared for the 20 youth in their groups and were sincerely interested in seeing that they succeed and overcome the struggles they were facing. Community sponsor Timothy, pictured to the left, has been mentoring Grace, on the right, for the past 6 months. When asked what motivated Timothy to mentor Grace, he said *"Grace is an orphan – with no mother and father. Since she showed a keen interest in tailoring, I began mentoring her along with another person in my shop."* Timothy continued to explain that mentoring others has also benefited his business. As the apprentices learn and work on basic patterns, he can seek out new customers who are interested in more complicated and elaborate designs. While Timothy has seen his business expand, he has also witnessed a transformation in Grace's life. Grace shared that she feels more independent and with her new skills and aspirations of opening up her own tailoring shop, she believes that she wouldn't be taken advantage of.

The engagement of mentors and community sponsors has enhanced the sustainability of the project in Nigeria. After being trained, youth were paired with a mentor; a relationship that lasts for approximately three months. Many mentors continue to visit their youth on a regular basis. The success of many of the new businesses would not be possible without this component.

In light of the project coming to an end, stakeholders have shared that they are committed to continuing the project and encouraging AHGs and parents to carry on meeting and challenging the community to address sexual reproductive health and right issues. The Jos YAG has met with local stakeholders, including BHI, to try and start the process of identifying future resources for the group. The YAG is particularly concerned about raising support for legal fees to take care of abuse cases that go to court.

Throughout the project, World Renew has been working with BHI to help them network with other funding bodies and non-governmental organizations (NGOs) to leverage additional funding, training and community development benefits for the people they serve. World Renew and BHI will partner together to provide capacity building support and other programming in the geographic areas after this GAC funding ends.

Partnership: World Renew's partnership approach was evident in both the manner through which the Adolescent Health and Rights project was designed and how it was implemented. In Nigeria, BHI staff met with religious and community leaders, parents, and youth (both young men and women) to solicit their input for the project's design. BHI involved community members in project implementation and worked through existing community structures, Muslim and Christian religious bodies, local government and civil society organizations to ensure support.

In addition to the partnership between BHI and the Ministry of Education that developed in Cross River State, the YAG in Jos, Nigeria, developed a relationship with the city youth forum which allowed the group to be seen as a trusted source for information on cases of suspected abuse. The group was able to share examples of abuse cases that they have referred to the Child Protection Network, which is a coalition of Nigerian government agencies and NGOs that are responsible for responding to cases of suspected child abuse, exploitation or discrimination.

Innovation: The Adolescent Health and Rights project was unique in its ability to engage both the Christian and Muslim faith communities in project delivery. The project's success in working with both communities in Plateau State, Nigeria, is particularly striking, given the history of violence between Christians and Muslims there. Between 1992 and 2013, more than 10,000 people died in Plateau and Kaduna States as a result of inter-communal conflict, with several thousand of the deaths having occurred since 2010. "Victims, including children, have been hacked to death, burned alive, or dragged off buses and murdered in tit-for-tat killings," with the Nigerian authorities often failing to bring perpetrators to justice.[58] Other community-based HIV prevention projects have worked with Christian and Muslim youth in Nigeria (the HP4RY project worked with Christian and Muslim youth in Edo State, for example), but these projects were not working in the parts of the country that had been most affected by inter-communal conflict.

Informed and Timely Action: Particularly at the beginning of the two cohorts, with groups forming and peer educators needing to be trained, the six BHI field staff felt overstretched. To ensure that each of the 620 AHGs in the five states were visited and received proper oversight, the BHI field staff had to create a schedule of visits and coordinate that with the various peer educators and community leaders. With a higher number of groups and having their groups spread across the state of Cross River, two field staff had to be hired to ensure proper coverage and to manage the workload.

"The Protecting Adolescent Health and Rights project in Nigeria has been an awesome experience. It's just exciting to see the lives of so many people transformed in progressive ways. The program stimulated leadership qualities in participants, building communication skills, confidence, and the drive to be all they want to be and can be. It is amazing to see parents take time out to talk with their children and be more involved in their lives; something a lot of parents testify not doing before the project. Parents have also testified knowing more to interact with their children. Community members have testified of a changed worldview with regard to the rights and security of adolescents. For example, in Zull community in Bauchi State, a community chief, a pastor and two teachers all shared that the project brought awareness on the dangers of forced/arranged marriage in their community and they can see the evil in the age long negative tradition - which they are now doing everything to abolish. They also shared a decline in cases of early pregnancy among adolescents since the implementation of the project in the area. Also, community watch is put in place through Youth Action and Parent Groups are curbing issues of abuse and criminality. Participants expressed their appreciation and willingness to continue with aspects of the project even without funding. My heartfelt gratitude goes to GAC and World Renew for the opportunity to be part of this experience which has not only touched the lives of participants but mine as well."

- Ovey Embu, BHI Monitoring and Evaluation Project Officer, pictured here in Toro Bauchi State

C.9 LESSONS LEARNED AND RECOMMENDATIONS

Recommendation #1: Enhance engagement with the state ministries of health and local health clinics.

While there was adequate engagement and collaboration with the Ministry of Education, project results and lasting impact would be further enhanced if the Ministry of Health and State Health Officers were better involved. Health centres, for example those visited in Jaki and Obubu,

shared that while the project encouraged youth to visit health centres for HCT, they did not receive support to pay for testing strips and laboratory fees. Feeling overwhelmed by the increase in youth visiting their clinics, the health centres requested that future projects involve them so that they could advocate for more resources from the Ministry of Health during the planning process of the project, as opposed during the end of it.

As World Renew and BHI mainstreams its efforts with local health centres, public health workers should be encouraged to visit communities and build a rapport of trust, so that people are comfortable in visiting the clinics in the future. Public health workers need to be friendly, approachable and informed.

Moreover, BHI should continue to work with the Ministry of Education to see how the curriculum can be used in parallel with the country's National Family Life and HIV Education Curriculum.

Recommendation #2: Assess current Adolescent Health and Rights manual and make improvements to curriculum.

Reflecting on the exchange visit BHI project staff participated in to the Senegal project in May 2014, BHI plans to include more pictures and visual aids in its manual. Improvements will be made such as including more diagrams to illustrate the male and female physical and internal reproductive systems and encouraging staff to have various samples of contraceptive methods including pills, condoms and diaphragms on hand to show youth. While BHI has started to use the bead game to allow youth to provide answers anonymously, more should be done to see how this approach can be fully integrated into its lessons and discussions especially of sensitive topics.

One of the Canadian volunteers has recently completed a week-long review process of the Adolescent Health and Rights project where stakeholders including peer educators, adolescent participants, healthcare practitioners, BHI staff and field staff and World Renew staff formally reviewed the lessons in the original curriculum. During the review progress, ways to improve the curriculum were identified as well as methods to make it easier for peer educators to facilitate learning. New interactive activities and health information were added and/or updated. It is recommended that future projects use the updated manual so as to help simplify facilitating learning sessions by peer educators and use more interactive activities to help improve participation and understanding.

Other non-sexual health diseases that participants have asked to be included in the improved manual should also be considered. Some of the recommended diseases to include are malaria, TB, sickle cell anemia, diabetes, blood pressure, and health nutrition.

Recommendation #3: Analyze the long-term benefits of vocational skills development and mentorship. Examine how to make vocational skills development more gender and economically transformative.

While there are real immediate benefits to vocational skills development such as skills acquisition in a new trade, World Renew should analyze the long term benefits such programming has on enhancing the economic productivity of youth. Questions such as the following should be a part of this analysis:

- Five years after the vocational training, are youth still in the vocation that they were trained in?

- If yes, how have their skills developed and enhanced since they received the initial trainings. How has their ability to engage in income earning activities been enhanced? How did training in business management and marketing assist youth in making their trade economically viable?
- If no, what prevented the youth from continuing with that particular vocation? How does the youth currently earn money? What business management skills are they still using?

It will also be important to examine the gender norms of vocations that are typically chosen by females (e.g. hair braiding, cooking) and those typically by males (e.g. carpentry). Examining the factors that limit girls and boys from choosing non-gender specific vocations would be useful in transforming skills development training. Moreover, expanding the options available beyond the typical hair salon, tailoring and carpentry to more transformative vocations such as tourism and hotel could assist youth in identifying income earning opportunities that bring them higher up the income scale.

Recommendation #4: Consider working in fewer communities and states so to allow for better coverage.

Given the challenges of working with 7,104 youth and 620 AHGs and ensuring adequate supervision, World Renew and BHI should consider working in fewer communities. With a smaller budget, working in fewer communities can allow for fuller coverage to all the youth in the community. The kind of social change this type of project seeks to achieve--which is so dependent on both peer pressure and perceptions about what other people in my social group are doing--is best achieved when the majority of people are making the change as a group.

Working in fewer communities, however, also has its drawbacks, which should be considered in future programming. In a country where 62% of its population is under the age of 24, there is still a need for wider reach. There needs to be analysis and discussion on whether priority should be placed on fuller coverage or on wider reach.

Recommendation #4: Analyze whether the use of social media can be used to share stories and resources.

Many adolescents have suggested that a Facebook page be created as a means for participants across the five states to share their learnings, challenges and tributes with Nigerian youth. Using social media can be a powerful tool to reach youth who are engaged in the online community and offer coverage across the large number of youth in the country.

END NOTES

[1] Formerly Evangelical Lutheran Church of Senegal (EELS).

[2] Population Council (2015). Trends in HIV Prevalence, Sexual and Health-Seeking Behaviours and HIV-Related Discrimination Among Nigerian Youth.

[3] United Nations Multi-Indicator Cluster Survey – Dakar 2015-2016.

[4] Population Council (2015). Trends in HIV Prevalence, Sexual and Health-Seeking Behaviours and HIV-Related Discrimination Among Nigerian Youth.

[5] Data from 2010 Antenatal Sentinel Sero-Prevalence Survey. Cited in Oyediran, Kola Azeez & Cunningham, Marc (2014). Spatial Patterns in Domestic Violence and HIV Prevalence in Nigeria. Journal of Therapy and Management in HIV Infection. 2(1), pgs. 22-23.

[6] Plan Senegal Emergent, pg. 79.

[7] Speizer, Ilene S., Fotso, Jean Christophe, Davis, Joshua T., Saad, Abdulmumin & Otai, J. (2013). Timing and Circumstances of First Sex among Female and Male Youth from Select Urban Areas of Nigeria, Kenya and Senegal. Journal of Adolescent Health. 53(5), pg. 612.

[8] Aransiola, Joshua O., Asa, Sola, Obinjuwa, Patience, Olarewaju, Oluseyi, Ojo, Olubukola & Fatusi, Adesegun (2013). Teachers' Perspectives on Sexual and Reproductive Health Interventions for In-School Adolescents in Nigeria. African Journal of Reproductive Health. 17(4), pgs. 84-92.

[9] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[10] The Senegal data which appear in the tables in Section A.5 (Overall Project Performance Assessment) are limited to data that were supplied by SLDS. CECS data are analyzed separately in the report because data quality and collection methodology issues prevented the assessment team from combining the data that were supplied by SLDS and BHI. CECS participants represented just 10% of the overall project participants, so their exclusion from the combined data doesn't impact the overall assessment findings.

[11] Adeomi *et al.*'s study of a HIV and AIDS peer education program in Osun State, Nigeria, found that 88% of program control group participants could identify at least two modes of HIV transmission at the start of the program. See Adeomi, Adeleye A., Adeoye, Oluwastosin, Asekun-Olarinmoye, Esther O., Abodunrin, Olugbemiga L., Olugbenga-Bello, Adenike I. & Sabageh, Adelayo O. (2014). Evaluation of the Effectiveness of Peer Education in Improving HIV Knowledge, Attitude and Sexual Behaviours among In-School Adolescents in Osun State, Nigeria. AIDS Research and Treatment, pg. 7.

[12] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[13]CECS data are analyzed separately in the report because data quality and collection methodology. See footnote 10 above.

[14] All Nigeria baseline numbers are reconstructed baselines. The Nigeria portion of the Adolescent Health and Rights project had twice as many participants (7,104) as had been originally expected. As a result, the original baseline was computed for a population that was only half the size of the final number of participants. Since participants in Cohort 1 and Cohort 2 of the Nigeria project had very similar

characteristics (both the in-school and out-of-school youth were from the same communities, with the in-school students even being from the same class), the assessment team doubled the size of the original baseline populations but maintained the percentages from the original baselines. This technique permitted direct comparison of the baseline and final Nigeria project data.

[15] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[16] Although it could not be included directly in Table X because of data comparability issues between CECS and SLDS data, CECS participant cohorts from 2015 and 2016 did also report an increase in adolescent ability to talk to fathers or mothers about issues of physical development, sexuality and/or reproductive health issues. CECS' cohorts reported an average increase of 19.3% versus the 36% average increase that was reported for SLDS program participants.

[17] Speizer, Ilene S., Fotso, Jean Christophe, Davis, Joshua T., Saad, Abdulmumin & Otai, J. (2013). Timing and Circumstances of First Sex among Female and Male Youth from Select Urban Areas of Nigeria, Kenya and Senegal. Journal of Adolescent Health. 53(5), pg. 612.

[18] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[19] Although they are not pictured in the table because they could not be combined with the Nigeria or SLDS data, CECS program data also show a decrease in adolescent vulnerability to violence and sexual abuse. Roughly 71% of all of the CECS focus groups that were active in 2015 and 2016 reported, on average, increases in youth protection from violence and sexual abuse.

[20] Erinosho, Olayiwola, Isiugo-Abanihe, Uche, Joseph, Richard & Dike, Nkem (2012). Persistence of Risky Sexual Behaviours and HIV and AIDS: Evidence from Qualitative Data in Three Nigerian Communities. African Journal of Reproductive Health. 16(1), pg. 113.

[21] This statistic is based on an analysis of data from both SLDS and CECS focus groups.

[22] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[23] The Senegal data which appear in the tables in Section A.5 (Overall Project Performance Assessment) are limited to data that were supplied by SLDS. CECS data are analyzed separately in the report because data quality and collection methodology issues prevented the assessment team from being able to combine with the data that were supplied by SLDS and BHI. CECS participants represented just 9.9 % (921 / 9278) of the overall project participants, so their exclusion from the combined data tables doesn't impact the overall assessment findings.

[24] Speizer, Ilene S., Fotso, Jean Christophe, Davis, Joshua T., Saad, Abdulmumin & Otai, J. (2013). Timing and Circumstances of First Sex among Female and Male Youth from Select Urban Areas of Nigeria, Kenya and Senegal. Journal of Adolescent Health. 53(5), pg. 612.

[25] Oyekale, A.S. & Oyekale, T.O. (2010). Application of Health Belief Model for Promoting Behaviour Change Among Nigerian Youths. African Journal of Reproductive Health. 14(2), pgs. 71-72.

[26] Ibid., pg. 72.

[27] Note: Baseline figures may differ slightly from those in previous semi-annual reports because prior reports relied on rolling baselines (i.e., past baselines were adjusted as new cohorts of participants started the program). The baselines which appear in the overall project performance assessment represent consolidated baseline information from all project cohorts.

[28] This sample size allowed the project evaluation team to have a confidence level of 91 ± 5% when analyzing the quantitative data from the Senegal portion of the Adolescent Health and Rights program (source: Raosoft sample size calculator - http://www.raosoft.com/samplesize.html). The team had to have a sufficient number of focus group participants to achieve 95% confidence, but it was difficult to locate participants from some portions of the program that had ended in 2016.).

[29] This sample size allowed the project evaluation team to have a confidence level of 99 ± 5% when analyzing the quantitative data from the Nigeria portion of the Adolescent Health and Rights program (source: Raosoft sample size calculator - http://www.raosoft.com/samplesize.html).

[30] See Kelly, Christine A., Soler-Hampejsek, Erica, Mensch, Barbara S. & Hewett, Paul C. (2013). Social Desirability Bias in Sexual Behaviour Reporting: Evidence from an Interview Mode Experiment in Rural Malawi. International Perspectives on Sexual and Reproductive Health. 39(1), pgs. 14-21. Also see Minnis, Alexandra M., Stiener, Markus J., Gallo, Maria F., Warner, Lee, Hobbs, Marcia M., Van der Straten, Ariane, Chipato, Tsungai, Macaluso, Maurizio & Padian, Nancy S. (2009). Biomarker Validation of Reports of Recent Sexual Activity: Reports of a Randomized Control Study in Zimbabwe. American Journal of Epidemiology. 170 (7), pgs. 918-924.

[31] The Gender Action Learning System (GALS) is a community-led empowerment methodology that was developed by Linda Mayoux. GALS' tools been used by IFAD, Oxfam and UN Women.

[32] Eche, Ogboji Frederick, Yakubu, Ali Andesikuteb, Lekwot, Vivan Ezra, Kwesaba, Danjuma Andembutop & Sohotden, Christopher Daniel (2015). An Assessment of Plateau Environmental Protection and Sanitation Agency (Pepsa) as a Waste Management Institution in Jos City, Nigeria. International Journal of Scientific & Technology Research. 4(2), pg. 167.

[33] MEASURE Evaluation (2011). Nigeria End-of-Project Health Facility Survey, 2009 Report. Chapel Hill, NC: MEASURE Evaluation, pg. 11.

[34] Ernst & Young (2015). Mid-Term Evaluation of the USAID/Senegal Health Program, pg. 98.

[35] MEASURE Evaluation (2011). Nigeria End-of-Project Health Facility Survey, 2009 Report. Chapel Hill, NC: MEASURE Evaluation, pg. 19.

[36] Ibid. pg. 17.

[37] World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank and United Nations Population Division. Maternal Mortality Ratio: Maternal Deaths per 100,000 Live Births. https://data.unicef.org/topic/maternal-health/maternal-mortality/

[38] United Nations Multi-Indicator Cluster Survey – Dakar 2015-2016.

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[40] Ibid., pg. 282.

[41] Arnold, Robert, Maticka-Tyndale, Eleanor, Tenkorang, Eric, Holland, Daniel, Gaspard, Adeline, Luginaah, Isaac & the HP4RY Team (2012). Evaluation of School and Community-Based HIV Prevention Interventions with Junior Secondary School Students in Edo State, Nigeria. African Journal of Reproductive Health 16(2), pg. 117.

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[43] Maticka-Tyndale, Eleanor & Barnett, Jessica Penwell (2010). Peer-led Interventions to Reduce HIV Risk of Youth: A Review. Evaluation and Program Planning. 33, pg. 109.

[44] Berkley Center for Religion, Peace and World Affairs – Georgetown University (2016). Faith and Development in Focus: Senegal. pg. 67.

[45] Arnold, Robert, Maticka-Tyndale, Eleanor, Tenkorang, Eric, Holland, Daniel, Gaspard, Adeline, Luginaah, Isaac & the HP4RY Team (2012). Evaluation of School and Community-Based HIV Prevention Interventions with Junior Secondary School Students in Edo State, Nigeria. African Journal of Reproductive Health 16(2), pg. 117.

[46] Formerly Evangelical Lutheran Church of Senegal (EELS).

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[48] Situation Des Enfants et Des Femmes Dakar Urbain 2015-16: Rapport Final Enquête par Grappes á Indicateurs Multiples. UNICEF. pg. 123.

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[56] Ibid.

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