Documentation of Best Practices for the Adolescent Girls Initiative Project (AGI) Implemented in Shinyanga Region 2013-2015

STUDY REPORT

Draft 2

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ACRONYM

AGI	Adolescent Girls Initiative
ASRH	Adolescent Sexual and Reproductive Health
CBD	Community Based Distributor
CDO	Community Development Officer
CHW	Community Health Worker
CSO	Civil Society Organization
FGD	Focus Groud Discussion
FP	Family Planning
KII	Key Informant Interview
KIWOHEDE	Kiota Women for Health and Development
NGO	Non-Governmental Organization
SRH	Sexual and Reproductive Health
TC	Town Council
VEO	Village Executive Officer
WEO	Ward Executive Officer
YFS	Youth Friendly Services

1. BACKGROUND

Between 2013 and 2015, UNFPA in collaboration with the Local Government Authorities and KIOTA Women for Health and Development (KIWOHEDE) implemented the Adolescent Girls Initiative (AGI) project in two districts of Shinyanga region namely Kahama TC and Msalala TC. The project focused at improving access to Sexual and Reproductive Health (SRH) and Family Planning (FP) information and services among adolescent girls who were out of school. The project primary beneficiaries were the out of school adolescent girls (dropouts from primary and secondary schools, and teen mothers) between the ages of 10-19, however it also targeted the following individuals, as secondary beneficiaries: the parents, health providers and community members. The project operated in four wards namely Lunguya, Busoka, Mhongolo and Shilela in Kahama town council and Msalala district council.

The project applied a three-pronged approach that included:

1) *Increasing access to SRH and FP education and services among young girls.*

Under this approach, SRH/FP education and services was provided to adolescent girls through a package of interventions that were integrated into income generation, life skills and literacy improvement activities. Key interventions under this approach were; 1) training of facility- and community-based health care providers on provision of youth friendly services (YFS), 2) training of peer educators, 3) family planning services provision through outreach events, and 4) setting up of youth friendly corners at the existing health facilities.

According to the project endline report, a total of forty-six (46) health care providers in both Kahama town council and Msalala district council received training on provision of friendly SRH and family planning services using national standards for the period 2012-2015. Along with training health care providers, the project was also reported establishing youth friendly corners at selected facilities in the project areas with an aim of creating youth-friendly environment for young girls to access FP services freely. Additionally, FP services were offered through outreach services and during youth events, including bonanzas.

As part of efforts towards increasing access to SRH/FP information and services, the project was also reported training community-based distributors (CBDs) to provide SRH/FP education in communities and offer FP methods such as condoms and pills. The CBDs were also reported playing a role of referring youths for FP methods that can only be accessed at health facilities. To be able to carry out their roles effectively, the project provided CBDs with bicycles, boots, umbrellas, and suitcases to carry the medicines.

Additionally, it was noted through the endline report that, a total of 80 female and 80 male adolescents were recruited and trained as Peer Educators. These became advocates for youth and played a role of helping young people make safe and responsible decisions about sex. They were reported advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health and provided information, training, and strategic assistance to youth-serving organizations, youth activists and the media in the four wards.

The approach involved recruiting out-of-school adolescent girls into the project run income generation, life skills and literacy improvement activities from which they were linked to available SRH/FP information and services.

Above activities were noted in the endline evaluation as having led to increased ~~provision~~ uptake of youth friendly SRH/FP services in health facilities in Kahama, with some increase of youth accessing family planning service during the three years of project implementation.

1) Provision of income generation skills and linking beneficiaries with micro-credit programs

According to the endline report, a total of 60 adolescent girls were enrolled into vocational training at Mwamva Folk Development College where fifty-two[1] completed their six months tailor made courses mainly on tailoring and secretarial services, including computer. Provision of alternative learning for the drop out girls was noted at endline as having been very significant as girls were able to acquire different skills that helped them to take care of their own lives and their families. Vocational training was also noted as having increased the young girls employability opportunities whereby some of the graduate girls were employed as secretaries in stationery kiosks and some by tailoring marts. In fact, the endline evaluation noted that about 85% of graduate girls were employed by different private sector businesses, while the rest had chosen to establish their own petty businesses in Kahama and Msalala districts.

It was further noted that, 4 adolescent girl's networks were established in each of the four wards that the AGI project was being implemented. The networks were noted as having created a safe place for girls to meet, socialize, discuss SRH/FP issues, and share ideas, knowledge, and skills among themselves. The girls' networks were formally registered as community-based organizations (CBOs) which made them legible to access loans from different credit providers. The networks were reported receiving much interest and attracted a lot more girls. It was noted that, through the networks, girls received training on SRH/FP and income generating skills. Through the girls' network, young girls were also reported being empowered with life skills to help them understand themselves and make the right decisions about when to engage in relationships, get married and have children.

Due to the good collaboration between Mwamva college and KIWOHEDE, the college reported to offer KIWOHEDE an office space (free of charge) that was utilized by the girls to conduct various income generating activities using acquired skills, such as sewing, making jewellery and coloring batik.

2) Improving opportunities in literacy and numeracy

According to the endline report, 2 things were done under this project item; firstly, girls who could not read and write (e.g., including those who had not attended school at all) were given a chance to attend evening classes at identified facilities for them to be able to read and write. Further inquiry among KIWOHEDE staff established that evening classes were run at the four facilities (one in each ward) where girls used to meet for their various group activities. KIWOHEDE staff further added that, it was its staff members that conducted such evening classes aiming at teaching girls how to read and write. Secondly, two girls who had completed primary education but dropped out of secondary education were given a chance to attend secondary education through informal system. The latter was accomplished through collaboration with Kishimba secondary where KIWOHEDE took girls to attend there through QT (Qualifying Test) system.

3) Advocacy and awareness creation on SRHR

Along with the above main project activities, it was noted that the project conducted sensitization meetings at the district, village, and ward level to strengthen community support to protect adolescent girls. The targeted audiences for such meetings were the community leaders, parents, health workers, influential people including representatives of faith-based organizations and women groups, from region, district, ward, village, and sub village level who have an impact in the broader community. The meetings were noted serving as an important initiative at the grassroots to bring people together, create solid community partnerships, and facilitate discussion and dialogue on issues that are relevant to the rights and well-being of the youth particularly girls in FP uptake and reproductive health services.

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[1] Eight (8) girls failed to complete due to lack of parents support as some of these girls were involved in farming activities especially during the rainy season and once they went on holiday they did not return back to the college.

As a result of these meetings the village government, it was noted in the endline report that some villages started using their official monthly meetings to educate people in their areas on issues related to SRH and FP.

In addition to the meetings, SRH Advocacy package (in Swahili language) was developed jointly with the then Ministry of Health and Social Welfare (MoHSW) and distributed at various events, as a source of information to create awareness on SRH. The package was noted having consisted of 6 factsheets with SRH and HIV/AIDS information specifically for youth in Tanzania and in Shinyanga region (based on the national surveys), a sheet with information on accessibility, participation and the use of ARH service for young people, a summarized National Adolescent Reproductive Health Strategy, a summarized national Standards for Adolescent Friendly Reproductive Health Services and a sheet with information on Laws and policies affecting ARH in Tanzania. A total of 12,000 copies of the factsheets were printed and distributed.

Additionally, a radio program with the name "Kijana na Afya ya Uzazi" (Youth and Reproductive Health) with the slogan of "Ujana Wangu Maisha Yangu" (My youth My life) was aired weekly. A total of 48 radio programs were reported having been aired on a community radio (Kahama FM), and a total of 39 listenership groups (75% of targeted sub villages) were reported having been established in the sub villages served by the project. The listenership groups were provided with tape recorders, smart phones, radios, and radio batteries to promote more vibrant discussions and participation when the programs were aired.

The radio program was noted in the endline report as one of the best approaches for raising community awareness on issues related to SRH/FP. The radio programs were also noted as having contributed to an increased number of youths approaching health centers and health providers like CBD's for SRH/FP services.

Last but not least, the project was reported having conducted SRH advocacy meetings in the project area prior commencing implementation of the project. The meetings were aimed at providing awareness on ASRH issues in the region and districts and facilitate recognition of the project and support from the government departments at the central, regional, district and village level. Advocacy efforts were also reported including centralized youth advocacy events specifically targeting young people to familiarize and orient them with the project and all issues related to Adolescent SRH and FP uptake. The latter meetings were reported reaching approximately 2,456 youths in the four wards with SRH information.

2. DOCUMENTATION RATIONALE AND OBJECTIVES

As already noted above, the endline evaluation in 2016 noted various achievements in the project area resulting from implemented project activities, including improved access and utilization of SRH/FP services, including among adolescents; delay in initiation of sex; increased ideal age for marriage; increased birth intervals; reduced teenage pregnancies; and a decline in school dropouts. Further there were reported more adolescents' involvement in income generation activities with a significant proportion of adolescents becoming economically independent. Interestingly, there was some indication that many of the project gains noted at the project endline were sustained way beyond the project period.

This case study was aimed at documenting project gains that were still vivid in the project areas as well as the key elements of project activities that facilitated activities sustainability. Further, we aimed at capturing key elements of AGI project model that made the project a success overall.

The specific objectives for this documentation were:
1) Finding out sustained successes of the project on the beneficiaries after the end of the project,
2) Documenting spillover effect of the project to the community, and
3) Reviewing the model and identifying elements that made the project a best practice,

4) Identifying lessons learned to be implemented in future projects.

3. METHODOLOGY

3.1. Study design and study site

This was a purely qualitative study that involved conducting key informant interviews (KIIs) and focus group discussions (FGDs) among targeted respondents (table 1 below). Documentation activities were carried out in the four wards where AGI project activities were implemented namely, Shilela, Lunguya, Busoka and Mhongolo. Further, the research team was accompanied by media professionals who video-taped all the interviews with the girls and their parents / spouses. The videographer team also tracked and recorded (for additional video footages) all important things that were mentioned by the girls during the interviews, including their businesses, their achievements, and influential individuals in their lives. The video footages were utilized to produce a project documentary that will be aired/uploaded on local and international media, including social media.

3.2. Interviewed respondents

Table 1 depicts completed activities under the various targeted respondents for this activity. Target respondents included: 1) adolescent girls (who were beneficiaries of AGI project and who are still utilizing skills gained through the project), 2) village and ward leaders, 3) district leaders, 4) health service providers, 5) radio presenters, 6) community-based distributors, and 7) parents/guardians of adolescent girls 8) Tutors/teachers. A total of 44 KIIs and 2 FGDs were conducted as shown in the table below.

Table 1. Completed activities under the various targeted respondents for this activity

#.	Target Respondents	Activity Type	Completed Activities	Respondents Details
1.	KIWOHEDE Staff	KIIs	2	1- Program manager – 1 1- Community Outreach Officer
2.	Adolescent girls	IDIs	15	4 girls from each ward except one (Busoka) ward where we got only 3 girls
3.	Adolescent girls	FGDs	2	1 – Kahama MC (Busoka and Muhongolo wards) 1 – Msalala (Shilela and Lunguya wards) *(6 - girls each group - total 12 girls)*
4.	Parents/guardians/Spouses of adolescent girls	KIIs	10	5- Mothers 4 - Spouses 1 - Grandmother
5.	Village and ward leaders	KIIs	4	1 - WEO 1- VEO 2- CDO
6.	District leaders (CDOs)	KIIs	2	2 - CDOs
7.	Service providers	KIIs	3	1 – Lunguya H. Centre 1- Shilela dispensary 1- Kahama Hospital
8.	Radio presenters	KIIs	2	From Kahama FM

9.	Community-based distributors (CBD)	KIIs	4	1 – Busoka ward 1 – Muhongolo ward 1- Shilela ward 1- Lunguya ward
10.	Teachers at Mwanya FDC	KIIs	2	
	Total		**46**	

The village/ward leaders that were targeted for the interviews were Ward/Village Executive Officers (VEOs/WEOs) while the district leaders that we targeted for the interviews were Community Development Officers (CDOs).

3.3. Participant's recruitment and data collection

Participants were recruited with help from KIWOHEDE staff. Data collection was done from 23rd to 29th Aug. Three interviewers participated in data collection, one male and two females. Three media professionals (all males) accompanied the data collection team.

Key informant interviews were always conducted at respondents' homes (for parents and spouses), businesses (for girls) or working location (for government officials). All interviews were digitally recorded with prior consent from participants. For video documentary production purposes, all interview sessions were filmed, and all beneficiaries, including parents/spouses were photographed. There were no any challenges during data collection and all activities went smoothly.

3.4. Data management and report writing

Qualitative interviews were coded manually using an excel system. An excel was developed that comprised codes for capturing information coming out of the interviews in line with all the key documentation questions. Three researchers participated in the coding of qualitative data materials with each researcher assigned a set of interviews to code using an excel system. The coding process involved systematically assigning relevant information from the interviews to the corresponding codes in the excel.

The coding process was immediately followed by analysis of the coded data materials and writing the report. Report writing was guided by key documentation questions and involved exploration of the information emerging from the various codes. Such information was merged as seem relevant into bigger themes and sub-themes that are presented under the findings sections of this report.

3.5. Methodological limitations

This documentation was conducted in 2021 (6 years after AGI project ended in 2015). We hence acknowledge that; the team could have missed some important project details secondary to respondents' inability to recall long-time events. However, through appropriate probing techniques, the team managed to collect a significant amount and valuable information in line with the documentation objectives.

4. FINDINGS

Table 2 and 3 summarizes the background characteristics of girls that participated in in-depth interviews and focus group discussions respectively.

The following sections discuss the key findings in line with the main objectives for this documentation. The findings are divided into three main sections. The first section discusses the project achievements among primary beneficiaries (adolescent girls) that were sustained way beyond the project period. The second section discusses project achievements among secondary beneficiaries and community at large (spillover effect). This section as well touches up on achievements that were sustained beyond

the project period. The third section discusses elements of AGI project design and strategies for implementation that made it successful in achieving its objectives and even sustaining them beyond the project period (which is a rare phenomenon). We have categorized such elements into three categories; i) elements that contributed to only the successful implementation of project activities, ii) elements that only contributed to sustainability of project achievements, and iii) those that contributed to both successful implementation of project activities and their sustainability beyond the project period.

Unless otherwise stated, reported findings were similar in both districts that this documentation was carried out.

Table 2. Background Characteristics of Girls that Participated in the In-depth Interviews

Background Characteristics	Frequency (n=15)
District	
Kahama	8
Msalala	7
Ward	
Busoka	4
Lunguya	4
Shilela	3
Gongomela	1
Mhongolo	2
Nyansubi	1
Age	
20-24	5
25-30	8
31	2
Highest Level of Education	
Standard 7	7
Form 2	2
Form 4	6

Table 3. Background Characteristics of Girls that Participated in the 2 Focus Group Discussions

Background Characteristics	Frequency (n=12)
District	
Kahama	6
Msalala	6
Age	
19-20 yrs	5
21-24	7
Highest Level of Education	
Standard 7	8
Form 4	4
Marital Status	
Single	9
Married	3

4.1. Sustained project successes on the primary beneficiaries (adolescent girls)

Many of the girls are still running income generating activities using the vocation skills they acquired through AGI project. This finding was noted by the girls themselves as well as all the other

respondents that participated in this documentation. The documentation team also observed several girls who were beneficiaries of AGI project running their various businesses, most of which were reported started during the AGI project implementation period. Tailoring was one of the activities that was cited multiple times by respondents for this documentation as something that the girls are still doing to date to generate income. The second commonly reported economic generating activity that the girls are still doing to date is making batiks. A few girls were reported utilizing computer skills acquired through AGI project to earn income: these are either providing computer services or employed in jobs that require such skills. Secondary to the latter, many girls were reported to no longer be dependent on their parents or spouses as they now have income to meet their basic needs.

When I started going to KIWOHEDE in 2013, in 2014 we were brought a teacher who started teaching us how to make batik. She was teaching us weekly in every ward. They also brough us tool to make batik like the fabrics, colours, and chemicals. After being taught I kept using the equipment in the centre to make batiks and sell them in the streets. Later on, I started my own business of making batiks and stopped using the equipment from the centre. I bought my own equipment like chemicals and colours. When a client needs a batik, we agree on the price and later on make the batik for them to get the profit. (Girl 214)

I get money now; I don't depend on my parents to give me money to buy soap or clothes anymore. And I make my own clothes. (Girl 209)

You will find now that girls are busy with their businesses, and they make money. They don't depend on anyone. (Girl 211)

Figure 1. One of the girls' beneficiaries of AGI project at her current workplace

Figure 2. Several girls who were beneficiaries of AGI project utilizing their sewing skills to make a living

The capacity building done through AGI project was noted as having made it possible for some of the girls to secure jobs in other organizations. This was noted by girls themselves, as well as KIWOHEDE staff and district and local level government officials. One girl said that the education she received through the project support (including a secondary school education she received through the QT system and the training she received as a peer educator), made it possible for her to secure a job in a project called SAUTI. She added that, when she went for the interview at SAUTI she was easily hired because she had worked in AGI project as a peer educator. This girl added that the peer educator position required a minimum of secondary education and hence, she highly appreciated the fact that she had already acquired that education through AGI project support. Another girl reported securing a job as a peer educator in an organization called TADEPA because of the SRH education she received through AGI project. At the time this documentation was conducted, this girl was still working with TADEPA as a peer educator educating youths in her the community on issues related to SRH.

> *After getting the trainings from KIWOHEDE, later there was an advert that wanted girls who know how to read and write and who also have some awareness. The project (TADEPA) wanted to advocate and educate the society on SRH, and since I have already learned about SRH in KIWOHEDE, I explained myself better and secured a job at TADEPA. And I am working there to date. (Girl 217)*

Another girl mentioned that she learned different skills through AGI project, volunteered to teach other youths, and later was employed by KIWOHEDE. She reported to eventually receive a certificate and an award from UNFPA. Below is her story in her own words.

> *I started as a volunteer to teach youths how to make batik at the time when there were tools at the centre. I was not competent when a teacher left but as I continued, I kept improving. The manager from KIWOHEDE asked who knew to make batik and can teach others, I stepped on and started teaching my peers as a volunteer and my fellow teacher was teaching tailoring. We started in 2015,*

and in 2016 KIWOHEDE started paying us little by little. Later they increased the amount and later we were given a job contract. Since then, I am a KIWOHEDE employee. And last year I was called by UNFPA in Dar es salaam, and I was given an award and a certificate that I have worked with them since 2013 (Girl 214)

Another girl who got a chance to be trained in computer skills through AGI project reported having used acquired skills to initially secure a job and later open her own computer-based business. This girl was still running her computer business at the time we conducted this documentation.

I learned computer, afterwards I got an employment. I worked for someone from 2015-2019. From 2020 to date, I have employed myself. (Girl 108)

Figure 3. One of the girls' beneficiaries for AGI project at her stationary shop. She opened this shop using funds she obtained from an opportunity she got at another organization as a data collector. She managed to access that opportunity due to the secondary education and computer skills that she acquired through AGI project.

Two girls reported that the AGI project raised their living standards in general as they were able to acquire various gadgets and properties through funds obtained using skills gained through AGI project. One of them pointed out that she was able to build a house and buy a means of transport to work.

The major achievement is, I have been able to buy a bicycle that I use to go to work. Also, the money that I got is the one that I have used to build this house. (Girl 215)

Figure 4. A house of one of the girls' beneficiaries of AGI project. She managed to pay for the construction of the house using funds she acquired through the skills she gained through AGI project. This girl runs a boutique center.

4.2. Sustained project successes on secondary beneficiaries and community at large (spillover effect)

Due to the income generating activities they were running; many girls were noted supporting their parents and/or spouses financially. This finding was noted by almost all the participants for this documentation, including adolescent girls themselves, parents, guardians, spouses as well as the government officials and KIWOHEDE staff. One spouse highly appreciated the fact that his wife can now make money and contribute to the family income. One mother appreciated that her daughter has been sending her money for her basic needs.

> *The life has changed for better because she (my wife) started making money after the project came. She is also contributing to the family income. (Spouse 309)*

> *The achievements are a lot, she (my daughter) also sends us money to buy basic needs, she is also taking care of herself. (Mother 212)*

Above findings were echoed by around half of the spouses that participated in this documentation who noted that, their wives are currently supporting them with the financial responsibilities. They also added that, their family lives have improved significantly as compared to the past.

> *She is working here although she has rented the equipment, but Lord is great. She is also helping me when I am stranded economically, the family gets the basic needs. (Spouse 317)*

> *She is now employed under KIWOHEDE and the salary she gets helps in supporting the family. (Spouse 110)*

One girl reported having taught her spouse the vocational skills that she acquired through AGI project. As a result, her spouse also became an entrepreneur.

> *When I received the entrepreneurship education from KIWOHEDE, I went home and explained to my husband. He is now an entrepreneur through me. (Girl 311)*

Not only families were reported benefiting from the vocational skills that were acquired by the girls but also other people in the community. Almost half of the girls said that many people in their communities have been requesting them to teach them the vocational skills they acquired through AGI project, such as tailoring and making batiks. One girl said she is still teaching her tailoring skills to other people in the community to date and noted that there are other girls who are also doing the same. A mother of one of the girls also affirmed this finding.

> *To a large extent, now the community is coping/learning from us. They would ask me what have you done that made you reach this stage? And I would direct them to do this and that and eventually they become confident. They wish to reach this stage; they would come to us, and we teach them tailoring etc (Girl 106)*

> *They have been teaching their fellows who did not benefit directly from the project. So, they are gathering their fellow peers and teach them to get benefits of the skills. (Mother 109)*

community members were noted copying some of the income generating activities that the girls are doing. In fact, girls who are AGI project beneficiaries were reported being perceived by some parents and spouses in their communities as role models for their daughters and wives respectively. AGI project beneficiaries were also reported inspiring other girls in their communities to also start doing small businesses.

> *She has been able to do entrepreneurship and make money, and other girls started seeing her as an example that they should do this and that like her. The community ideology started to change (Mother 109).*

SRH/FP education and services are still accessible in the project area through peer educators and CBDs that were trained through AGI project. Such peer educators and CBDs were reported to still be educating girls and CBDs to still be offering girls with FP methods that they were offering during AGI project (pills and condoms). KIWOHEDE added that, the CBDs that they trained through AGI project kept on supporting the same health facilities that they were attached, at times supporting community activities funded through other implementing partners.

Like the period during AGI project implementation, girls that need injections, implants or IUCD are still being referred to the health facilities that provide adolescent and youth friendly services that were created by AGI project and which are still operating currently (YFS corners are discussed further below).

> *I still educate people to date; it is like the project still exists. I can teach even 3 people a day. For example, I can see that in a certain family there are 13-14-year-old girls, and they are not going to school, I would go there and investigate why aren't they going to school. Thereafter I will start teaching them the advantages of education, advantages of contraceptives methods that they can use when waiting for the right age to get married. (Girl 108)*

> *I am doing advocacy and if someone is not using contraceptives, I can advise them and take them to the facility and start using the FP methods. (Girl 211)*

> *The FP methods are readily available. If you need them as a young person, you get them. It is not a must for you to go to the hospital. If you need them, you get them where you are (through CBD). (Girl 217)*

One service provider echoed above findings and confirmed to still be receiving reports from CBDs of services they are offering at the community level.

> *The community workers (CBDs) are still distributing the FP methods and they bring us the report. These are the things KIWOHEDE brought, and we are still working on them. (Service provider 206)*

Secondary to the widespread SRH/FP education in the project areas, participants noted that, currently both men and women are more knowledgeable of SRH issues, including contraceptive methods and to a large extent, community resistance toward contraceptive use has declined. Respondents added that, more women and girls are now supported in using FP methods.

> *Even parents are understanding these days, they allow their daughters to use the FP methods. (Mother 212)*

> *After seeing that youth can use these contraceptives, even elder women are now using them. I would say the community in general have improved in using the FP methods. (WEO 205)*

The above finding was also echoed by all the other respondent categories for this documentation.

The provision of youth friendly services through youth friendly corners was noted by service providers, CBDs and girls as an achievement that has been sustained beyond the project period. Respondents added that, many service providers that were trained and providing YFS to the girls during the project period are still providing such services to date and that girls can still access the services whenever they need them.

> *Our health facility is still providing the friendly services to youths. (Service provider 206)*

> *The FP methods are still being offered in the health facilities. We are still seeing that those (healthcare providers) who were trained to provide FP services to young people are still attending them to date (Girl 311)*

KIWOHEDE staff reported that the radio station that they worked with during AGI project implementation still airs some SRH and FP education in their programs. They added that, the radio station now airs their own-funded community sessions every Saturday where they invite various individuals to speak about various health-related issues, KIWOHEDE staff being among such individuals. It was added that, the radio station has at times asked KIWOHEDE to link them with some of the girls that were part of AGI project so that they can continue participating in educating the community about issues related to SRH.

> *The media still provides the SRH education and when necessary, they do ask us to give them youths who participated in the project to go and help them educate the community. (KIWOHEDE staff 302)*

One radio presented confirmed to still be having a good relationship with KIWOHEDE and said:

> *The relationship is still there, that is why even I am here today because we still have a relationship with KIWOHEDE, and we communicate. (Radio presenter 103)*

Figure 5. A radio presenter at the radio station that was reported still airing programs related to SRH.

Gender-based violence toward girls was noted as having declined significantly in the project area. Specifically, respondents for this documentation noted a decrease in childhood marriages and discrimination toward girls in their areas. They added that, more parents are now enrolling their daughters in schools, and many are allowing them to participate in income generating activities. It was noted that, before AGI project, girls were not supported in education or in doing income generating activities.

> *Looking at the lake zone region, the issue of taking a girl to school is a huge challenge. They believe that a female child has no ability to sit in class and understand like a boy would. In the past people believed that once a girl gets pregnant and drops out of school, then her life is over. But through this project, the community learnt that it is possible. The community has been sensitized and there is more awareness that girls can also go to school and succeed. (Teacher 203)*

> *Personally, and even the whole community has changed how we see women. Now, we have put women in a position where they could do something, and the community can benefit from it. And she (a woman) can take care of the family without depending on anyone. (Spouse 317)*

Around half of the girls also acknowledged having noted a positive shift in community perceptions towards them acquiring education, financial stability as well as in using contraceptives. Several girls also appreciated that they have continued to see parents in their communities not marrying off their daughters who are as young as 12 years old, something which was common prior to the AGI project.

> *There were a lot of youth who got childhood pregnancies and were married early. Even the parents were marrying their daughters early at the age of 12 even by force. But they have got education now through KIWOHEDE. Also, most of us delivered at home and created a burden. Since KIWOHEDE gave us education, those issues are no longer existing. (Girl 311)*

> *The achievement that I have seen is of early marriages. We girls were discriminated in the past that a parent would say I can't take a girl child to school because she will soon be pregnant. Now, parents*

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are taking their children to school since they got the education that a child is a child be it a girl or boy. (Girl 214)

Now more parents are taking their children to school as compared to the past, they wouldn't care if they went to school or not. Or when a girl is in a foolish age, they didn't know that you can educate a child and (she can) be okay, instead they were biting them up to a point where a child would run away from home and go to a man. But now more parents are taking their girl child to school and even if they fail, they look for a vocational skill for them to learn. (Girl 108)

In line with community reports, KIWOHEDE staff and all the district and local level officials also reported having noted a decline in gender-based violence in the project area as compared to the period prior to AGI project.

There is a behavioral change in the community. Those behaviors that were solidified in the community have decreased. They were used to a way that, when a daughter finishes primary school, they give their hand in marriage. (Ward CDO 307)

Teenage pregnancies were reported as being very low currently as compared to the period prior to AGI project. The latter was perceived as having resulted from the ongoing SRH/FP education and services in the area. This finding was noted by all respondent categories for this documentation who added that, the number of teenage pregnancies has significantly reduced and that more girls now get to graduate instead of dropping out of school as it was prior to AGI project. One service provider noted that in the past there were many adolescent girls whom they used to see for antenatal care as compared to the period after AGI project. Below are her own words:

In the past we could get 200+ girls who are under 18 coming to deliver at the hospital per month. It has reached to a point now less than 20 are coming in for delivery in a month. So, even if you go to the labour ward now or RCH clinic and take the register of those below 18 years, the number has significantly declined as compared to the past. (Service provider 102)

In line with above findings, around half of the girls said that the SRH education that they received through AGI project has made them more confident, able to stand up for themselves and has also helped them to plan their pregnancies. In fact, when probed further, several girls reported to still be having the same number of children that they had at the time AGI project ended. This finding was also supported by other participants like the parents, guardians, and spouses as well.

If you look at the time between 2013 to date is a long time. I just had my baby this year, I could have been pregnant earlier but by using the FP methods I prevented myself from conceiving. I planned that I will have a child only when I have my own office. Now that I have my office, I know I can take care of my child. (Girl 108)

Some of the girls' networks/groups that were formed during AGI project implementation were reported to still be existing in the project area. Girls were reported to still be meeting in these groups and discussing their issues. One girl noted that she recently accessed a loan through her group the money she used to boost her stationary business. The groups were however noted as not being as active as they were during AGI project.

4.3.   Elements of AGI project design and strategies for implementation that made the project a best practice

Despite that many projects wish their achievements would be sustained beyond the project funding period; this is a rare occurrence. Since, many of the AGI project achievements were sustained way beyond the project funding period, the sections below discuss key elements of AGI project design and implementation that respondents felt could have contributed to this rare phenomenon. We have categorized these into three categories; i) elements that contributed to both successful

implementation of project activities and their sustainability beyond the project period, ii) elements that contributed to only the successful implementation of project activities, and iii) elements that contributed to only the sustainability of project achievements beyond the project funding period.

4.3.1. Elements of AGI project design and implementation that contributed to <u>both</u> the successful implementation of project activities as well as the sustainability of project activities/achievements beyond the project funding period.

Meaningful involvement of key stakeholders at all levels was noted by several respondents for this documentation, including district and local level government officials, service providers as well as KIWOHEDE staff, as something that contributed significantly not only to the successful implementation of project activities but also to sustainability of project achievements beyond the project funding period. Several key stakeholders were reported being involved right from the beginning of the project, including district, ward, and village leaders; religious leaders; most influential people in the community; parents/guardians and the spouses of adolescent girls.

KIWOHEDE staff reported utilizing its policy of "planning and implementing together" with their government counterparts. The latter involved sharing of project plans (annual or semi-annual) with relevant government stakeholders who provided their inputs. In addition to sharing their plans, KIWOHEDE reported involving relevant government stakeholders closely during implementation of project activities, including in the monitoring and supervision of implemented activities. Particularly, KIWOHEDE noted that, input obtained from their government counterparts was often very helpful towards ensuring successful implementation of planned activities.

> *We share our plans with them in the review meetings and inform them this is our six months plan, and we want to do one, two, three…and we ask them, how can we go about it. They then advise us, for example, on how to go about various planned activities. They are even the ones who advised on using bonanza and village meetings as a way of reaching more youths and community members. They also advised that, health providers should also be present at the bonanza, have their booth and offer SRH education and services (KIWOHEDE Staff 101).*

Both KIWOHEDE staff and service providers noted that, continuation of youth friendly services beyond the project period was only made possible because RHMTs and CHMTs have continued to monitor such services closely through supportive supervision even after the project ended. The latter wouldn't happen if CHMTs were not meaningfully involved during project implementation.

> *CHMT told us even if the project has ended, we must keep on providing the services. Also, they are still following us up, they are supervising us, and we are still sending the feedbacks/reports back to them (Service provider 207)*

> *I would say collaboration with RHMTs and CHMTs has helped because even after the project ended the youth friendly services centers kept on providing the services. If we did not involve them, they (centers) would have ended there because it would not be part and parcel of their activities. So, involving them has helped in continuation of services provision in the youth friendly service corners, but also healthcare providers to keep on providing youth friendly services even after the project (KIWOHEDE Staff 101).*

One local level government stakeholder acknowledged that due to the involvement of RHMTs, CHMTs and ward/village leaders, there was significantly more buy in from the community members since they (community members) felt that the project was something that the government was aware of. They added that, involvement of relevant government officials also helped to clear out any doubts and negative perceptions about the project among community members.

As I said there was negative perceptions. When people were involved from the higher levels, the notion changed that things are not that way. So, people from higher levels were supporting the community due to trainings that they got. It made it easy to take people out of the negative perception they had (WEO 205)

Involvement of relevant community leaders, including CDOs, WEOs/VOEs, and CBDs in the identification, recruitment and follow-up of girls that participated in AGI project was reported to not only having facilitated the identification of correct girls for participation in the project but also the successful implementation of planned interventions as well as the continuation project achievements beyond the project period. One community development officer confirmed being involved closely in identifying girls that were taken to Mwamva college. A ward executive officer added that, after recruitment, the girl's names were taken to the board meeting to make sure that the appropriate girls with all the criteria were chosen. Another district community development officer reported that she was following up these girls both at the college and in the community to make sure that they did not miss basic needs.

> *Another thing is I was able to support the youths who were taken to Mwamva college. Also, KIWOHEDE were bringing things like pens and the like, they involved me, and we worked together. I was also going to school and making commitments like for how long the girls will be at school? Also, doing follow ups and coordination for other basic needs like sanitary pads. (District CDO 201)*

KIWOHEDE staff added that, all the girls' networks/groups had leaders from the community level that were responsible for supervising them. A community leader was appointed to act as a matron or patron for each of the groups. At the ward level, a community development officer or the ward executive officer acted as a leader of the girls' group in his/her catchment area. This close involvement of relevant government officials at the community and ward level was cited as something that contributed significantly towards the girls' groups being sustained way beyond the project funding period.

> *There was a community leader as a matron or patron. At the ward level it was community development officer, or the ward executive officer acting a leader of that group. So, he/she kept nurturing them (girls) and following them up as they continue meeting. Although some of the girls left because they got married and the like, the network did not die. Other girls joined through their fellows and continued benefiting from the networks although we did not start with them in the previous project. (KIWOHEDE staff 101)*

Another factor that was reported as key in facilitating both the achievement of project results and their sustainability was the proper investments done by AGI project. Almost all the district officials and one service provider pointed out that KIWOHEDE did a great job in investing in various activities, such as sending some girls to college for vocational training and buying equipment for girls to use after they have acquired skills. Availability of equipment for the girls to practice the acquired skills after graduating from the vocational center was particularly noted as being very crucial for the girls that were part of AGI project. Many of them were reported utilizing equipment available at the girls' centers to practice the acquired skills until some became very competent in learnt skills to an extend that they started own businesses. Some started doing businesses using rented equipment at the centers and in so doing managed to raise capital to buy their own equipment. Availability of equipment, such as sewing machines, was also reported facilitating girls trained through the project to train new girls that were not part of the project, hence, facilitating transfer of the skills.

> *Funds were used, you cannot take people to college without using money, so the project used the funds to empower different people. Even those who started tailoring groups, money was used to buy the equipment (Service provider 206)*

A little under half of the district and ward leaders, one service provider and both KIWOHEDE staff recognized the role of creating community ownership for the project as something that highly contributed to both successful implementation of project activities and their sustainability beyond the project funding period. This kind of ownership was not only felt among the primary beneficiaries and their respective communities but also among the government officials that participated in the project. This ownership was reported being created through thorough advocacy among the communities and the government leaders right from the beginning when the project was being introduced. As among efforts towards creating community ownership, KIWOHEDE staff reported that when visiting communities, they always insisted that the project belonged to them and not to KIWOHEDE. Similar messages were also reported being communicated to the government counterparts.

> *When we were visiting the communities, we used to tell them that "this project is not for us, it is for you and the government'. So, the government leaders support it to date and the community still embrace everything that we did since it was their project. (KIWOHEDE staff 302)*

Project ownership was felt among some service providers that were part of implementation of AGI project activities.

> *It is the education that build us, that this project is not anyone's but ours. That the education we got is for us that's why we saw the importance of sustaining it. Even the girls that are still working on their businesses that we see today, is due to the education that they got. (Service provider 207)*

The project ownership was also evident among parents who were reported supporting their girls by providing meals during the time the girls are meeting in their groups.

4.3.2. Elements of AGI project design and implementation that contributed <u>only</u> to the <u>successful implementation</u> of project activities.

Integrating SRH/FP education and entrepreneurship education was noted attracting girls to participate in the project. As compared to offering SRH/FP education alone, addition of entrepreneurship education was noted facilitating not only girls to participate in the project but also their parents/spouses to give them permission to participate.

> *This is the design that has contributed a lot to the existence of these girls, because there must be something a youth would benefit. Then from there you can talk about SRH and FP methods. So, we are capacitating youth to get entrepreneurship education and at the same time giving SRH education. This integration has shown effect as compared to other areas that we just talked about SRH education. (KIWOHEDE staff 101)*

> *I see that two things were very important. They liked the entrepreneur skills so much like tailoring and starting the center that they could go and discuss about different things. Also, the other thing was this SRH education. (Ward CDO 307)*

One girl also felt that the kind of vocational skills that were offered through AGI project were attractive to the girls as compared to skills offered by other projects. She said:

> *Some organizations only come with the agriculture concepts that always fails but KIWOHEDE came with the idea of entrepreneurship. That has helped a lot, youths became interested. Something like tailoring is a skill that a person would take anywhere, that's why we are still remembering this organization (Girl 213)*

Several girls also noted that the items that were offered to them when they attended the centers made their parents support them to keep attending the sessions.

> *When we were attending the center, we were given t-shirts, khanga, pads and soaps. When we took these things home and parent would see surely that was important. That is why we are allowed to go to the center to date (Girl 216)*

Targeting parents and spouses of girls for the initial advocacy meetings and later involving them closely in granting permission to the girls facilitated reducing resistance towards girls' participation in AGI project activities. This was reported as something that facilitated acceptability of the project among parents and spouses who then allowed girls to participate in the project.

> *After educating parents it helped in letting their daughters to participate in the project. You wouldn't take a girl and teach them about SRH and FP whilst the parent knows nothing about it, they (parents) wouldn't understand. Starting from the roots that a mother knows, it is easy for her to allow her child to go and learn about the FP methods. (Girl 108)*

Involvement of influential people in the community, such as traditional and religious leaders was reported being very helpful in facilitating acceptability of the project among community members. KIWOHEDE staff further noted that, speaking about issues related to SRH/FP was not a norm prior to AGI project. However, by having influential individuals in the community speaking about such issues it changed the situation.

> *The most important thing was involvement of the community and their leaders. The political leaders, the traditional leaders, and the religious institutions. Prior to the project, talking about SRH and FP was a taboo. So, when we started involving their leaders in the community like the pastor, it has helped in project achievement in the community. (KIWOHEDE Staff 302)*

Close monitoring and follow up of project activities both by KIWOHEDE staff as well as by government stakeholders (RHMT and CHMT) was reported facilitating not only achievements of project goals but also creating accountability among all levels of project stakeholders. Respondents added that project implementers would report challenges they were facing to their supervisors (RHMT and CHMT) during supervision, who would then act upon them timely. Further, KIWOHEDE staff noted conducting close follow ups towards ensuring that the project goals were being achieved. Such close follow-ups included visiting project beneficiaries in their households.

> *It reached a point that every time the community meets, they would call us to participate. After their meeting closes, we would stand and give the SRH/FP education…If at all this person did not attend the meetings, we would reach them out by visiting the household. We would sit down with the parent and the youths together. This created an atmosphere that sitting down and talking about SRH with parents is not a taboo. It also created the foundation for the parents to be able to talk about SRH with their children. (KIWOHEDE staff 302)*

Youth friendly services that were created at health facilities were noted by almost all participants as having created a good atmosphere for girls to seek SRH/FP services. Respondents added that, the YFSs made it easy for girls to walk in and get the services they want. Whether they went for counselling or just asking questions they could straightforwardly be listened to and get answers. Almost all the service providers mentioned that youth friendly service corners are efficient in attracting more youths to seek SRH and FP education.

> *This center has been built by the project and all these equipment were brought by the project. The center has helped youths a lot, because they are freer now as compared to when they were mixed up with other people. A girl would come here and get attended in a short time without wasting any time. If they were coming from school, they would get services and go back home immediately. This also make a youth comfortable and free to express their problem/need. This has helped a lot of youth to have self-awareness. (Service provider 102)*

The centers were equipped with things like Tv and other equipment and fliers. And FP services you would find the table with condoms and the like. Other youths would come to read magazines and brochures and would take condoms with them. (KIWOHEDE staff 101)

Timely provision of funds by the donor that was facilitated by timely reporting of implemented activities by KIWOHEDE was another factor that was noted by KIWOHEDE staff as having facilitated successful implementation of AGI project activities. The interviewed KIWOHEDE staff interviewed acknowledged this.

One of it is timely provision of funds from the donor. That made things flow smoothly as sometimes funds may come late then the implementation becomes hard. We thank UNFPA because they provided funds times and we reported timely as well. (KIWOHEDE staff 101)

CBD highly appreciated being well-equipped with equipment and supplied needed to reach communities, including in remote areas, and provide them with services. CBD in particular acknowledged being provided with bicycles that helped them to reach their clients efficiently. They also appreciated having other gadgets such as umbrellas and gumboots, which enabled them to keep offering services even during the rainy season.

The project brought us bags, bicycles, and umbrellas. Bicycles helped us to reach the clients, for those clients who were leaving in the remote areas we could reach them fast. (CBD 104)

We were given bags, gumboots, umbrella, and coats for us to visit the households during the rain seasons. That was different. (CBD 306)

Creating girls' networks, training some of girls as young reporters as well as involving them in radio programs along with community development officers and service providers was noted as having enhanced uptake of SRH/ contraceptives education and services among the youths and community at large. It was reported that a group of youth was trained with the aim of collecting information from their areas to be broadcasted in the radio program. They were provided with tape recorders and phones that enabled them to record information and content which was later aired in the radio. The radio programs were also reported involving a service provider who addressed issues that needed clarification during the program. Radio programs were especially noted being very helpful in spreading SRH/FP information to the wider community while presence of the girls reporters ensured communication between the beneficiaries and KIWOHEDE organization.

Another strategy was noted as being crucial towards project achievements was males' involvement in issues related to SRH/FP. Like the period during AGI project implementation, one service provider noted that, some girls are still attending for FP services along with their spouses and are hence educated together. The latter was reported facilitating men/spouses to support use of FP methods among the girls (their wives) in the project area.

4.3.3. Elements of AGI project design and implementation that contributed to <u>sustainability of project activities</u> beyond the project funding period.

Using existing government structures was noted as having significantly contributed to the sustainability of AGI project achievements beyond the project funding period. KIWOHEDE staff gave several examples of this approach. Firstly, in close collaboration with relevant government officials, AGI project reported building (as extensions) or renovating existing rooms at existing public facilities to serve as youth friendly services corners. As opposed to setting such corners at new locations, the latter was reported facilitating easy integration of YFS within hospital systems and

facilitating continuity of services beyond the project funding period. Having YFS corners at existing facilities was also noted facilitating beneficiaries to access services other than the SRH/FP services.

> *In the areas that we went, like in the district hospital, we did not build them (YFS corners), but we did renovation. We were given a building and we did renovation to be suitable for providing services to youth. It is a room inside the hospital building that is isolated from other services and the youth can walk in straight away. (KIWOHEDE 101)*

Further, respondents noted that, utilizing existing government staff such as service providers and CBDs (in providing SHR/FP education and YFS) and community leaders (in supporting, monitoring, and supervising girls' networks) also contributed significantly towards continuity of project achievements beyond the project funding period. KIWOHEDE staff added that, after the project ended, CBDs kept on visiting girls and educating them on SRH issues and offering them with condoms and pills. Further, service providers kept on providing youth friendly services at the facilities where such services were initiated. Additionally, village leaders have kept on following up the girls' groups and supporting them in their activities just like during AGI project implementation time.

> *Our AGI project used more of the available government structures and did not make new structures as other projects do. If you make a new system, you need resources and as the projects are time bound, then after the project phases out everything ends there. So, if you make a new structure, it becomes hard. We worked within existing structures that is why when you go to the leaders, they keep on following up the girls because that leader is still in her/his workplace. (KIWOHEDE 101)*

> *The thing that has helped is that they trained the service providers that have already been employed by the government and they are available here all the time. It would have been different if the project hired their own people as they would have left with their people when the project ended. But the project invested in the government employees, since the employees already know the idea of the project and how it is done, they are still working on those things to date. So, as of now is has become a part of our daily responsibilities, that I have to attend youths as well. (Service provider102)*

As part of using existing structures and systems, KIWOHEDE staff also noted getting supply of FP methods from health facilities within the project catchment areas, which facilitated continued supply once the project ended.

Another example given by KIWOHEDE as part of using existing structures was that AGI project utilized classrooms in the schools as centers for the girls' networks/groups. This approach was noted having facilitated the groups to continue even after the project funding period ended.

> *Firstly, our girls' networks are in the government infrastructures, at schools. So, we created the environment to talk with the people from schools, to give us a classroom. So, you will find equipment like sewing machines in the schools. We were given a class and we did renovation and painted it then girls started using them. So, even those girls who graduated and they had nowhere to go, they came back to the centers in their schools. (KIWOHEDE 101)*

Some of these groups were reported getting an opportunity to benefit from other projects that came long after AGI project has phased out. An example was given by a KIWOHEDE staff that they began another project in 2020 and made use of some of the girl groups that were part of the AGI project. Other CSOs/NGOs were also reported involving these girls in their projects. The girls were reported being branded as KIWOHEDE girls and that whenever other NGOs and CSOs came to the communities, the KIWOHEDE girls were being recommended strongly. It was added that the same groups have also been involved in the advocacy of other key issues in their communities, example gender-based violence. Secondary to the good coordination of the girls' groups, one mother reported that some groups have also managed to receive loans from their local governments.

There are girls' networks which had their own constitution and everything. There were like 3 groups and one of it was financed/sponsored by TARI since it is dealing with agriculture. It has been sponsored since March this year (2021). And this group existed since 2016 (Girl 106)

The girls' group is still advocating on the gender-based violence to date through the KOICA organization. This group started way long back when KIWOHEDE was here, KOICA is just doing the continuation. The ones who started it is the KIWOHEDE organization. (Girl 209)

There is a group at Shilele that we have connected with another project that we are doing with UNFPA under KOICA. This is the group that do gardening of vegetables. That is among the achievements. If that group did not exist it would not be here to do other projects activities. The girls were always being recommended whenever a new project comes and wants to involve girls. Our girls were branded as KIWOHEDE girls. (KIWOHEDE staff 101)

Existence of the girls' networks was also confirmed by other respondent categories, such as the parents, spouses, and teachers.

5. LESSONS LEARNED TO BE IMPLEMENTED IN FUTURE PROJECTS

It is evident from the findings of this documentation that the various strategies that were utilized by AGI project were highly effective in facilitating achievement of project results and sustaining them beyond the project funding period. This section summarizes what the documentation team felt were best practices that other project can learn from in order to facilitate both the effective implementation of their activities as well as sustainability of project achievements beyond the project funding period.

1. ***Close and meaningful involvement of relevant government stakeholders at all levels during both the planning and implementation of project activities is key:*** This report demonstrates various ways that AGI project involved different stakeholders at all levels. Other projects can learn from this. In particular, it is a common practice among various organizations not to involve relevant government stakeholders in the planning stage of project activities and instead come with final plans and only involve government stakeholders in the implementation stage e.g., through supervision of implemented activities. Involving relevant stakeholders from the activities planning stage, as what KIWOHEDE did, may facilitate higher government support for the planned activities and their effective implementation.

2. ***Using existing government structures and systems is key for ensuring sustainability of project activities:*** KIWOHEDE staff gave several examples of this approach. Capacitating available staff to conduct project activities, as compared to hiring project-specific staff, was noted as very crucial towards facilitating sustainability of project activities. Prior hiring own staff and creating own spaces and systems, projects may wish to ask themselves whether they can effectively utilize already existing staff, spaces or systems in order to facilitate sustainability of project activities once the project funding period ends.

3. ***Creating project ownership among relevant stakeholders was noted to highly contribute to both successful implementation of project activities as well as their sustainability beyond the project funding period.*** As among efforts towards creating both government and community ownership, KIWOHEDE staff reported to always insist that the project belonged to the government and the community, and not to KIWOHEDE. Such a mindset among project implementers coupled with similar messages may facilitate creating ownership of project interventions among government counterparts and communities. For this strategy to work, however, it must be coupled with strategies no. 1 and 2 above.

4. ***Integrating entrepreneurship education in SRH/FP interventions attracts more girls to participate in the project as compared to offering SRH/FP education alone:*** This finding has

also been noted by several other projects. While many adolescents may not be attracted to SRH/FP education alone, when coupled with vocational training not only girls have been reported being attracted to participate but also their parents/spouses have been reported to readily giving them permission to participate. Many parents/spouses are often reported to prevent adolescent girls from participating in activities offering SRH/FP education to them as many fear that by girls accessing such education, they would not fear getting pregnant and hence become promiscuous. However, when coupled with entrepreneurship education, many parents/spouses were reported readily allowing the girls to attend.

5. ***Involvement of gate keepers for adolescent girls (parents and spouses) have been noted in several other assessments as crucial for effective uptake of interventions targeting adolescent girls.*** Two most common ways that parents and spouses have been involved in several projects, including AGI project, are; i) through advocacy meetings that includes educating them on the importance of the planned interventions, and 2) ensuring that they have given permission to the girls to participate in the planned interventions. When the latter two are effectively done, often than not, many girls are able to participate in planned activities effectively.

6. ***Involving influential people in the community, such as traditional and religious leaders, is a key strategy to consider for interventions targeting sensitive issues in the community that involve changing community norms.*** KIWOHEDE reported this approach being very helpful in facilitating acceptability of the project among community members. KIWOHEDE staff further noted that, speaking about issues related to SRH/FP was not a norm prior to AGI project. However, by having influential individuals in the community speak about such issues it changed the perceptions.

7. ***Offering further support after the girls have attained vocal training and/or entrepreneurship skills was noted being very crucial towards facilitating girls to utilize acquired skills to run their lives:*** Several projects have been offering vocational training and entrepreneurship skills to girls; however, many girls have failed to put such skills into practice due to lack of continued support after attaining the skills. Availability of equipment for the girls to practice the acquired skills after graduating from the vocational center was particularly noted as being very crucial for the girls that were part of AGI project. Many of them were reported utilizing equipment available at the girls' centers to practice the acquired skills until some became very competent in learnt skills to an extend that they started own businesses. Some started doing businesses using rented equipment at the centers and in so doing managed to raise capital to buy their own equipment. Availability of equipment, such as sewing machines, was also reported facilitating girls trained through the project to train new girls that were not part of the project, hence, facilitating transfer of the skills.

8. ***Equipping community-based distributors (CBDs) with all needed supplies and equipment is key towards facilitating effective implementation of their activities.*** One of the most reported challenge among CBDs supporting other projects is inability to reach all households due to long distance and lack of travel means. CBDs that supported AGI project highly appreciated being provided with bicycles that helped them to reach their clients. To facilitate effective coverage of households by services offered through CBDs/CHWs, other projects may wish to support them with this important tool.

9. ***Last but not least, timely provision of funds by the UNFPA that was noted facilitating timely implementation of project activities. However, this was facilitated by timely reporting of implemented activities by KIWOHEDE.*** Delay of fund disbursement is not uncommon, however, as can be learnt from this project, it depends on not only the donor but also the project implementors. If both sides do what they are supposed to do in timely fashion, it may facilitate timely availability of funds and hence, timely implementation of project activities.

6. APPENDICES

6.1.   Master interview guide

MASTER INTERVIEW QUESTIONS/GUIDE_ALL QUESTIONS

Documentation of Best Practices for the Adolescent Girls Initiative (AGI) Project Implemented in Shinyanga Region 2013-2015

Participant Background characteristics	
Date	
Participant Identification Number	
Age	
Gender	
Level of Education (Adolescents Only)	
Respondent Category	
District	
Ward	
Village (if applicable)	
Length in Position (WEO, VEO, CHMT, SP)	

INTRODUCTION

Thank you for agreeing to participate in this interview today.

My name is _____ and I would like to talk to you about the Adolescent Girls Initiative (AGI) project. I am interviewing you to better understand your experiences of being part of the project and get your opinions regarding elements of the project that made it successful. There are no right or wrong answers to any of the questions, I am interested in your own experiences. The interview should take a maximum of 60 minutes.

With your permission, I would like to audio record the interview because I do not want to miss any of your comments. All responses will be kept confidential. Remember, you may decline to answer any question or stop the interview at any time for any reason.

Do you have any questions before we start the interview?

May I turn on the audio recorder?

INTERVIEW QUESTIONS

PART A: Participants Life Prior AGI Project (memory triggering questions)
1. How long have you lived in / worked as [village/district/facility etc.]?
2. When and from who did you learn about AGI project for the first time?
   a. What exactly did you hear when you learn about the project for the first time?
   b. From whom did you hear this?
3. Can you remember when exactly was that (year)? - *it is ok if participant cannot recall the year*
4. How was your life like at that time?
   a. Did you have any children? If yes, how many children did you have?
   b. How old was your child/youngest child? – *if doesn't remember the age – ask about the child's milestone.*
   c. What were your main income generation activities at that time?
5. How was your attitudes and perception on the use of modern contraceptive methods at that time i.e., before being exposed to AGI project:
   a. Overall?
   b. Among adolescents aged 10-19 years
6. How was your community attitude and perception of the use of modern contraceptive methods at that time?
   a. Overall?
   b. Among adolescents aged 10-19 years
7. Can you comment on the following prior AGI project in your area?
   a. How was the access to SRH/FP information and services among adolescent girls age 10-19 years?
   b. What income generation activities existed (if any) for adolescent girls age 10-19 years?
   c. How was the involvement of adolescent girls' in available income generation activities?
   d. Were there any partnerships with local government structures e.g., (CHMT, Ward/Village level) targeted at empowering adolescent girls?

PART B: PARTICIPANT'S AND OTHERS INVOLVEMENT IN AGI PROJECT
8. Can you briefly tell me about the activities that were implemented as part of the AGI project?

9. How did you participate in any of the AGI project activities that you have mentioned?
   a. How did you get involved in AGI project?
   b. What roles did you play (if any)?

10. Have you ever been involved in similar activities under another project prior or after AGI project? If yes,
   a. What was different regarding how you were involved in AGI project as compared to other projects?
   b. What do you think about that difference?
      i. How did it make you feel?
      ii. How did the way you were involved hinder/facilitate your support for the AGI project activities?

11. Who were the other individuals that were involved in AGI project implementation?
   a. What roles did they play for the project?
   b. Why was it necessary to involve them?

12. In what ways did the RHMTs and CHMTs engaged in the implementation of AGI project activities?
   a. How did that facilitate/hinder implementation of project activities?

13. What was well-done regarding involvement of the various stakeholders for the AGI project? Why do you say so?

PART C: MAIN ACHIEVEMENTS FOR THE AGI PROJECT

14. What impact did the various AGI project activities had on:-
    a. <u>Girls' Personal lives?</u>
    b. <u>Girls' Professional lives?</u>
    c. Community at large?

Probe for the impact of the following activities under each of the items above (if not mentioned):
    i. Improved access to FP information and services?
    ii. Access to entrepreneurship skills i.e., income generating skills.
    iii. Girls' groups/networks
    iv. Linkage to micro-credit programs / community servings groups
    v. Community sensitization efforts, including parents/guardians and spouses (of married girls)
    vi. Radio programs
    vii. Literacy programs
    viii. Involvement of local government officials (CHTMs/CDOs/WEOs/VEOs)
    ix. Involvement of other SRH stakeholders in the district

15. What do you consider as the key achievements of AGI project activities in your area?
    a. To the targeted beneficiaries i.e., out-of-school adolescent girls
    b. To the secondary beneficiaries i.e., community at large, key influencers, others.

16. What project strategies were most effective and relevant in contributing towards the mentioned achievements? How? *[Probe for the key elements for success under each mentioned achievement]*

17. What were the key elements of the project design and/or implementation that contributed significantly towards the mentioned achievements? *[Probe for the key elements for success under each mentioned achievement]*

18. What were the main enablers (facilitators) for the various key AGI project activities?

PART D: SUSTAINABILITY OF AGI PROJECT ACHIEVEMENTS BEYOND PROJECT PERIOD

19. What achievements of the project were sustained beyond the project period?
    a. How were they sustained? - what facilitated them being sustained beyond project period?
    b. What elements/strategies of AGI project that facilitated sustainability of mentioned project achievements?

20. **[If not mentioned]** Explore the role played by the following interventions for the noted sustained gains beyond project period:
    a. Improved access to and/or use of modern contraceptive services
    b. Access to entrepreneurship skills
    c. Girls groups/networks
    d. Linkage to micro-credit programs / community servings groups
    e. Community sensitization efforts, including parents/guardians and spouses (of married girls)
    f. Radio programs
    g. Literacy programs

21. In what ways did the RHMTs and CHMTs engagement played a role in the sustainability of AGI project achievements beyond the project period?

22. [If applicable] In what ways did involvement of other SRH stakeholders in the district played a role in the sustainability of AGI project achievements beyond the project period?

PART E: Closing Questions
23. That was my last question, is there anything else you would like to tell me related to what we have been discussing?