REPORT

FINAL EVALUATION OF CONCERN WORLDWIDE'S DFID-FUNDED ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH) PROGRAMME IN TONKOLILI, SIERRA LEONE (JAN 2016 – DEC 2018)

17 MARCH 2019

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Sarah Pugh and Stephen Van Houten
Cape Town, March 2019

Photo Credit: Sarah Pugh, Tonkolili District, February 2019
Infographic Credit: Luc Van Houten, lucvanhoutenphotography@gmail.com

DISCLAIMER
The views expressed in this report do not necessarily reflect the views of Concern Worldwide and the project donors, DFID and Irish Aid.

ACRONYMS

AFRHS	Adolescent Friendly Reproductive Health Services
ASRH	Adolescent Sexual and Reproductive Health
CC	Community Conversations
DFID	Department for International Development (UK)
DHMT	District Health Management Team
DHS	District Health Sister
DRR	Disaster Risk Reduction
FGDs	Focus Group Discussions
FSU	Family Support Unit
FYT	Field Youth Trainers
GBV	Gender-based Violence
GoSL	Government of Sierra Leone
IDSR	Integrated Disease Surveillance and Response System
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
MSC	Most Significant Change
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NSRTP	Strategy for the Reduction of Teenage Pregnancy
OECD/DAC	Organisation for Economic Co-operation & Development's Development Assistance Committee
PHEIC	Public Health Emergency of International Concern
PHUs	Peripheral Health Units
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SLA	Service Level Agreement
ToC	Theory of Change
ToR	Term of Reference
VSLA	Village Savings and Loan Association
VfM	Value for Money
WHO	World Health Organisation

EXECUTIVE SUMMARY

Evaluation Purpose and Objectives

As per the Terms of Reference (ToR), the purpose of this independent final evaluation is to assess the performance of the Adolescent Sexual and Reproductive Health (ASRH) project. The evaluation has been designed to be relevant to national level stakeholders as well as to advance policy dialogues and best practice in-country. The evaluation results also aim to contribute to existing knowledge regarding the reduction of teenage pregnancy in rural environments.

The objectives of the evaluation are to:

- Independently verify (and supplement where necessary), Concern's record of achievement as reported through its annual reports and defined in the project log frame
- Assess the extent to which the project achieved value for money
- Assess the extent to which Sonke Gender Programme training and collaboration with Sonke Gender Justice was effective in contributing to the progress towards the programme goals.

Methodology

Based on the ToR and discussions with Concern, the following multi-faceted, mixed design methods were used, all of which are participatory, inclusive and target group sensitive. These included:

The Consultants conducted the evaluation over 35 days in February and March 2019. Key informant interviews (KIIs) were held in Freetown, as well as four communities in Tonkolili district and remotely via Skype. Focus group discussions (FGDs) were held in three communities in Tonkolili district. The total number of respondents was 291, which was made up of 36 KIIs, 16 FGDs, 2 Observations, and 2 Questionnaires. Preliminary data was presented and validated in meetings with Liam Kavanagh and Sarah Cundy (Freetown, 22 February 2109) and Jennifer Hutain (Skype, 27 February 2019). The Consultants will contribute to the End of the Programme Learning Forum on 7 March 2019.

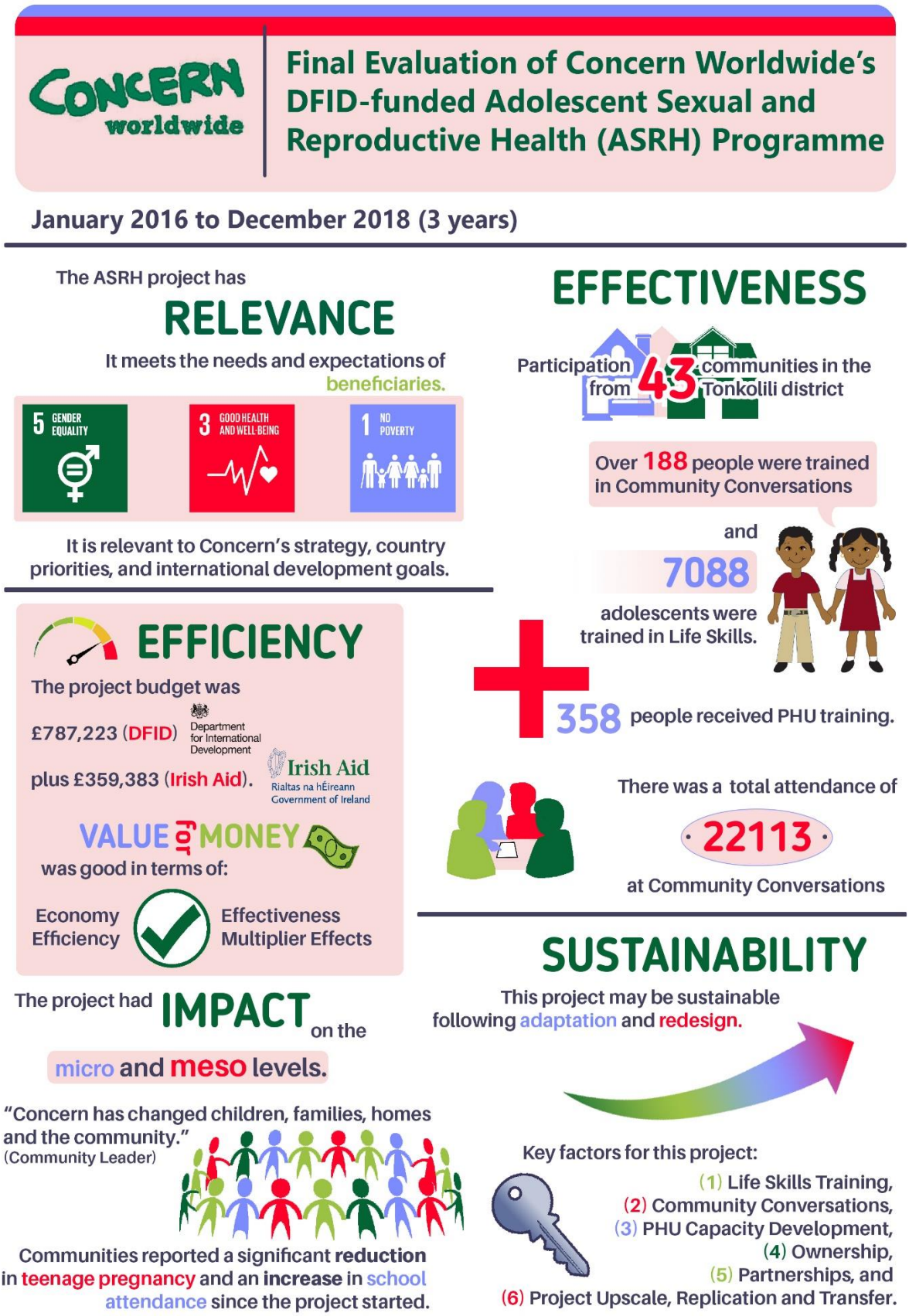
A table of results is now presented with a score from 1-5 (see Key below) and summary of findings for the five OECD-DAC evaluation criteria of: Relevance, Effectiveness, Efficiency, Impact and Sustainability.

KEY

1	2	3	4	5
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the programme

NO.	CRITERIA	SCORE	FINDINGS
1	**RELEVANCE**	**5/5**	Stakeholders, at all levels, found the ASRH project to be relevant and useful in response to organisational, beneficiary, country, regional, international development and adolescent health priorities. Of particular relevance is the programme's alignment with the need to reduce teenage pregnancy, which is a significant contributor to gender inequality and poverty. The project objectives were valid, and the project responded to the needs of stakeholders. Based on its history, objectives, and Concern's strategy, the ASRH project is well placed to remain relevant and useful.
2	**EFFECTIVENESS**	**4/5**	This project was effective in that it largely achieved its objectives. This project's effectiveness was determined by its robust design, implementation and adaptation. The major factors influencing the achievement of the objectives included Concern's previous links to the communities, the integrated approach with its compounded benefits, the strong project model, the well trained and effective staff, the enhanced level of interaction between Concern and the communities, the inclusion of communities in implementation, the collaboration with partners, and the organisational ability to learn and adapt during the project. Some of the barriers to achievement include gaps in the log frame, capturing the accumulative effects of the project, the nature of the partnerships with INGOs and difficulties in responding to the increased demand for SRH commodities and services.
3	**EFFICIENCY**	**4/5**	The project was implemented efficiently. This evaluation showed that the team: acquired appropriate resources with due regard for cost; implemented activities as simply as possible; attempted to keep overheads as low as possible; achieved deliverables on time and budget; and addressed duplication and conflicts. The assessment showed that there was good value for money according to project economy, efficiency, effectiveness and multiplier effects. Challenges related to delays in the initial recruitment of staff and the approval of the SLA by the MoHS.
4	**IMPACT**	**4/5**	This project had a significant impact on individual and community beneficiaries. All three communities stated that since the project started teenage pregnancy has reduced in those communities. This project has also contributed to gender equality, school attendance, and the reduction of SGBV. Respondents provided strong examples of changes in knowledge, skills, attitudes and behaviour, and the transfer of learnings to other adolescents, parents, and community members. While there are no discernible examples of macro impact, Concern has been actively involved in, and continues to contribute to, relevant policy processes, government initiatives and strategies.
5	**SUSTAINABILITY**	**3/5**	This evaluation suggests that the project may be sustainable following adaptation and redesign. However, the issue of demand creation against inconsistent supplies and stockouts remains a central challenge. The main components of the project that contribute to its sustainability in the short term include the effectiveness, efficiency and impact of the three core project parts of Life Skills training, Community Conversations, and PHU training. Other components include Concern's success in creating a strong sense of community ownership of the project. This evaluation concluded that in order to strengthen the project's sustainability, it would be useful to consider: (1) the extension of the project in existing and previous ASRH communities; (2) the expansion of the project into the rest of Tonkolili district (especially the more remote communities); (3) the redesign of the project to lengthen the training, increasing ongoing training and support to communities; and (4) health systems strengthening projects and partnerships (especially in response to the creation of increasing the demand for SRH commodities, services, and menstrual hygiene products).

Highlights


CONCERN worldwide
Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme
January 2016 to December 2018 (3 years)
The ASRH project has
RELEVANCE
It meets the needs and expectations of beneficiaries.
5 GENDER EQUALITY
3 GOOD HEALTH AND WELL-BEING
1 NO POVERTY
It is relevant to Concern's strategy, country priorities, and international development goals.
EFFECTIVENESS
Participation from 43 communities in the Tonkolili district
Over 188 people were trained in Community Conversations
and
7088
adolescents were trained in Life Skills.
358 people received PHU training.
There was a total attendance of
22113
at Community Conversations
EFFICIENCY
The project budget was
£787,223 (DFID) Department for International Development
plus £359,383 (Irish Aid). Irish Aid Rialtas na hÉireann Government of Ireland
VALUE for MONEY
was good in terms of:
Economy
Efficiency
Effectiveness
Multiplier Effects
The project had IMPACT on the
micro and meso levels.
"Concern has changed children, families, homes and the community."
(Community Leader)
Communities reported a significant reduction in teenage pregnancy and an increase in school attendance since the project started.
SUSTAINABILITY
This project may be sustainable following adaptation and redesign.
Key factors for this project:
(1) Life Skills Training,
(2) Community Conversations,
(3) PHU Capacity Development,
(4) Ownership,
(5) Partnerships, and
(6) Project Upscale, Replication and Transfer.

Lessons Learned

These lessons learned highlight the strengths and weaknesses of the project preparation, design, and implementation that affected performance, outcome, and impact.

1	There is a clear need to continue work towards the reduction of adolescent pregnancy in Tonkolili district and other areas of Sierra Leone.
2	Communities think highly of the ASRH project and are appreciative of Concern's work in this area. They asked for Concern's ongoing engagement around ASRH issues.
3	Concern's integrated programming is contributing to positive changes at the individual level, within households, and at the community level.
4	Linking the reduction of adolescent pregnancy to poverty has been a powerful message that has been taken up by women, men, girls and boys in the communities.
5	The project cycle of three months in each community was too short, limiting opportunities for sustainable impact.
6	The incorporation of a gender equality review part way through the project played an important role in monitoring and adjusting the project, to enhance its effectiveness.
7	Concern staff, particularly field staff, played an important role in the success of this project, building relationships and trust within communities.
8	The project was highly successful in creating demands for SRH commodities and services amongst adolescents, but less successful in ensuring that these new demands could be met through supply.
9	Without sustained support and ongoing training, it is not clear that Life Skills will continue to be successfully rolled out in ASRH beneficiary communities.
10	This project model is strong, but it requires discussion and adaptation moving forward.

Recommendations

The evaluation strengths, challenges and lessons learned form the basis of the recommendations. These recommendations reflect the main areas that require attention, and issues that are currently being addressed are not included in this list.

1	**Re-examine the project's strategic model around the creation of demand for SRH commodities, in the absence of reliable supplies.**
	Consider longer-term or formal partnerships with organisations that can effectively and reliably meet the demand that is generated by Concern amongst adolescents and others in the community for SRH commodities (including menstrual supplies), services and referrals. Include counselling, testing and treatment for STIs and HIV in these efforts. If this is not possible, it may be worth reconsidering the strategic underpinnings of this project.
2	**Review the condom distribution strategy.**
	In training and capacity building work with HCWs, reinforce the importance of ensuring that condoms are available for adolescent boys and girls equally. Explore alternative modes of supplying condoms to adolescents within communities, removing HCWs as gatekeepers for condom access. Manage, monitor and adjust these delivery modalities accordingly.
3	**Develop an organisational strategy for health systems strengthening, particularly in relation to SRH commodity procurement and distribution.**
	Exploring synergies with key partners, government departments and donors, develop a clear organisational strategy to contribute to health systems strengthening efforts in Sierra Leone, to work towards sustainable government-led solutions to SRH commodity access challenges and stock outs.
4	**Support PHU staff and adolescent girls to identify, monitor and manage any side effects of contraception.**
	Ensure that PHU staff and adolescent girls are trained in recognizing the potential side effects of contraception and that these potential side effects can be properly managed.
5	**Ensure longer-term community engagement and follow-up.**
	Build into the project a plan for longer-term engagement with communities receiving the intervention (e.g. scheduled returns at six month or one-year intervals) to provide refresher training, maintain momentum, relationships, and community engagement, and actively troubleshoot potential challenges. Monitor and audit the continued delivery of Life Skills within communities, to ensure that it is still being delivered for both age groups and sexes beyond Concern's 12-week presence for the roll out of Life Skills.
6	**Increase the number of Life Skills Co-Facilitators to be trained in each community.**
	Train at least two male and two female Life Skills Co-Facilitators in each community, to improve the potential for programme sustainability and impact, and to avoid male facilitators having to deliver life skills to adolescent girls, and vice versa. Include a follow-up mechanism to ensure Concern is informed if Co-Facilitators leave a community or no longer wish to conduct the curriculum.

7	**Ensure comparable baseline and endline impact indicators are obtainable.**
	The main impact indicator data source was not available at the end of the project. This evaluation was unable to make quantitative links between the baseline and endline data because it was based on external survey results that were not yet available. These links are important for demonstrating overall impact and need to be considered if this project is continued.
8	**Refine outcome indicators to more comprehensively reflect ASRH's multidimensional project activities.**
	Current indicators do not comprehensively reflect some key areas of project impact as identified in this evaluation. For example, indicators do not reflect the important work in the project in monitoring factors such as: return rates to school for both boys and girls; behavioural changes linked to possible shifts in gender norms or roles; SGBV rates within communities; and adolescent pregnancy rates within communities.
9	**Review the selection of targets in the log frame for lessons learned.**
	Some targets reflected significant under-achievement (e.g. indicators for attitudinal shift), while others reflected significant over-achievement (e.g. uptake of condom use amongst adolescent boys in girls). Review the setting of targets for future related work, taking lessons forward.
10	**Working with other programme areas at Concern, build on the success of Life Skills to promote educational opportunities for out-of-school adolescents.**
	Some out-of-school girls and boys who have gone through Life Skills expressed a renewed desire to return to school, but no means to do so. Drawing on Concern's approach to integrated programming, work with other programme areas to capitalize on the motivation instilled by Life Skills, to identify and support such youth to return to school. Consider also targeted livelihoods initiatives for adolescents.
11	**Monitor and address potential household impacts of the return to school of adolescent boys and girls.**
	The return to school of adolescent boys and girls may result in increased economic stresses and work burdens for parents or relatives, particularly in cases where adolescents' infants or young children are left in the care of parents or relatives. Concern could monitor such cases and consider providing targeted support for these households.
12	**Drawing on lessons learned, develop a strategic approach within Concern for future work in the area of adolescent sexual and reproductive health.**
	Strategic decisions should include the following options: 1) Continued support within existing ASRH beneficiary communities; 2) Expanded coverage within Tonkolili district, including more isolated and hard-to-reach communities; 3) The possibility of expansion to other districts, and/or urban settings.

EVALUATION PURPOSE AND METHODS

PURPOSE AND OBJECTIVES

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The specific objectives of this evaluation are to:

- Independently verify (and supplement where necessary), Concern's record of achievement as reported through its annual reports and defined in the project log frame
- Assess the extent to which the project achieved value for money
- Assess the extent to which Sonke Gender Programme training and collaboration with Sonke Gender Justice was effective in contributing to the progress towards the programme goals.

PAST EVALUATIONS

There was no mid-term evaluation of this project.

APPROACH AND METHODS

APPROACH

In the ToR, Concern proposed using the OECD-DAC evaluation criteria below.[1]

1	**RELEVANCE**	The extent to which the objectives of a development intervention are consistent with beneficiaries' requirement, country needs, global priorities and partners' and donors' policies.
2	**EFFECTIVENESS**	The measure of the extent to which an intervention meets its objectives. Objectives are defined quantitatively as expected outputs or results.
3	**EFFICIENCY**	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.
4	**IMPACT**	The positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.
5	**SUSTAINABILITY**	The continuation of benefits from a development intervention after major development assistance has been completed. The probability of long-term benefits. The resilience to risk of the net benefit flows over time.

[1] OECD, DAC Criteria for Evaluating Development Assistance, http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

METHODS

Document Review and Inception Report

The consultants reviewed the project-related documents provided by Concern, including those listed in the ToR (for example, the Detailed Implementation Plan; annual reports; baseline and endline survey reports; health facility data; monitoring and evaluation documentation; etc.). They also reviewed key research and data (academic and grey literature) at the global and national levels relevant to the content of the project. A preliminary document and literature review informed the development of the inception report, and the refinement of the methodology (including research tools) that were used in this evaluation. Feedback from Concern on the inception report assisted in further refining the evaluation approach and tools.

Data Collection

A mixed methodology with participatory processes was used to collect data for this evaluation. This included:

Data was collected through secondary literature and document review, a review of relevant Concern Worldwide internal documents, key informant interviews (KIIs), focus group discussions (FGDs), including with beneficiaries, and observations and site visits. The latter was possible because, while the project end date was December 2018, the project design and learnings extended beyond the project period as part of the Irish Aid-funded integrated programme through December 2021 in 100 villages in Tonkolili. Interviews and focus groups were held with the assistance of local translators, where required. The evaluators requested the assistance of the Concern team in identifying two appropriate translators for the fieldwork.

The Consultants conducted the evaluation over 35 days in February and March 2019. Key informant interviews (KIIs) were held in Freetown, as well as four communities in Tonkolili district and remotely via Skype. Focus group discussions (FGDs) were held in three communities in Tonkolili district. The total number of respondents was 291, which was made up of 36 KIIs, 16 FGDs, 2 Observations, and 2 Questionnaires. Preliminary data was presented and validated in meetings with Liam Kavanagh and Sarah Cundy (Freetown, 22 February 2109) and Jennifer Hutain (Skype, 27 February 2019). The Consultants will contribute to the End of the Programme Learning Forum on 7 March 2019.

The evaluators noted that consideration of social determinants of health is key in any research related to the health or well-being of adolescents, at local, community or national levels.[2] There are various important methodological issues to consider in undertaking any research (including evaluation research) on social determinants of health, particularly with adolescents. These include: the need to consider inequity in the framing of research questions; the need to collect data at multiple levels;

[2] UNICEF, August 2017, Innocenti Research Brief, Methods: Conducting Research with Adolescents in Low- and Middle-Income Countries, Russel Viner, How to Measure Enabling and Protective Systems for Adolescent Health, https://www.unicef-irc.org/publications/pdf/IRB_2017_08_Adol06.pdf

being cognisant of differences in adolescents' socio-economic positions and resulting potential differences in terms of risks and vulnerabilities and the outcomes of intervention; and using participatory research design and methods where possible.[3] Such research must also consider potential mechanisms for social determinants of health actions that are unique to adolescence, bearing in mind the importance of puberty and adolescent brain development. Further, factors of gender, sexuality and marriage were key in considering in the formulation of questions, and the analysis of data, and in understanding the context of protective systems (e.g. family, peers, school) for adolescents' health and well-being.[4]

Evaluation Questions

The evaluation had three key components:

- Component 1 used OECD/DAC evaluation criteria to assess the quality of, extent to which, and process through which interventions achieved the intended results and how this approach impacted beneficiaries and contributed to the health system.
- Component 2 assessed the impact of Sonke Gender Justice partnership on the implementation and effects of activities and progress towards the programme goals.
- Component 3 assessed the scalability and transferability of best practices from this programme to ongoing and future programming in the same or similar contexts.

Following the ToR and discussions with Concern, stakeholder-specific semi-structured KII and FGD guides were then developed for the field work.

Sites

Interviews in Freetown and site visits in Tonkolili (fieldwork/observation) were at the core of this evaluation. Budget, time, logistics and staff availability were considered in making the selections. Site selections were made in discussion with Concern. The selection sought to be as representative as possible of regional differences within Tonkolili and to help illuminate factors that may account for any potential difference in project outcomes and allow for the investigation of specific challenges and successes in different locations. The selection of communities included one that was the first to receive the intervention (in 2016) and others in which the intervention was more recently rolled out, allowing for a comparison of changes and impacts over time. Concern's National Health Coordinator assisted in the preparation of the specific travel plans and logistics.

The consultants, with Concern Worldwide support, conducted interviews in Freetown and travelled to four main locations within the Tonkolili district. Data was collected in Magburaka, Makelleh (Gbonkelenken Chiefdom); Rosengbeh (Tane Chiefdom); Mathump (Gbonkelenken Chiefdom) and Komraba Masera (Kunike Chiefdom). Consultants were based in Magburaka at the Concern Team House and travelled to and from different sites each day.

Sampling

Purposive sampling was used to seek a combination of KIIs and FGDs with project implementers, parents, community and religious leaders, field staff, partners, appropriate government

[3] UNICEF, August 2017, Innocenti Research Brief, Methods: Conducting Research with Adolescents in Low- and Middle-Income Countries, Russel Viner, How to Measure Enabling and Protective Systems for Adolescent Health, https://www.unicef-irc.org/publications/pdf/IRB_2017_08_Adol06.pdf

[4] UNICEF, August 2017, Innocenti Research Brief, Methods: Conducting Research with Adolescents in Low- and Middle-Income Countries, Russel Viner, How to Measure Enabling and Protective Systems for Adolescent Health, https://www.unicef-irc.org/publications/pdf/IRB_2017_08_Adol06.pdf

representatives, and adolescents, as the project's main beneficiaries. Community leaders were approached by Concern at all sites to ask approval for the research and access to beneficiaries and stakeholders. FGDs were held with the project beneficiaries, drawing on participative methodologies for engaging youth and adolescents in research, particularly on sensitive topics. Given the range of ages of project beneficiaries, FGDs were divided into age cohorts (e.g. younger age beneficiaries, aged 9-13, and older adolescents, aged 14-19) and divided by sex to maximize comfort levels. The male consultant led the male groups (with the assistance of a male translator) and the female consultant the female groups (with the assistance of a female translator). Separate FGDs were conducted in each location with the parents/caregivers and teachers of beneficiaries. Key informant interviews were held for all other stakeholders, aside from further FGDs with field staff in Magburaka and with Family Support Unit staff in Magburaka.

Ethics

All interviews, FGDs and other discussions were conducted in accordance with the best ethical practice in research, particularly with respect to ensuring participants' safety, anonymity, the protection of data, and risk mitigation. Informed verbal consent was obtained ahead of all KIIs and FGDs, in accordance with Concern's informed consent guidance.[5] Concern staff were responsible for parental and guardian consent and entry into the communities.

The evaluators recognised that research and work in the field of sexual and reproductive health and rights, particularly amongst adolescents, can be particularly sensitive at a personal and cultural level. For the purposes of this evaluation, any engagement with adolescents as programme beneficiaries followed the guidelines developed by the WHO Scientific and Ethical Review Group on "Reproductive health involving adolescents.[6] FGDs with adolescents focused on the ASRH project, its implementation and its impact, and evaluators sought data that is directly project-related, as opposed to personal data or information. The evaluators complied with Concern's Code of Conduct (CCoC), Programme Participant Protection Policy (P4), Concern Child Safeguarding Policy, and Anti-Trafficking in Person's Policy (March 2018 edition).

Stakeholders

The stakeholder list was drawn up with the assistance of Concern staff. This was used for planning and adjusted, as required, after discussions with Concern. This list included the following groups of stakeholders: national level government representatives, district level government representatives, donors, partners, staff, beneficiaries and community leaders. The complete list of stakeholders interviewed and consulted can be found in Annex 3.

Data Quality Control and Analysis Plan

Various tools were utilised to collect, triangulate and validate the data, including: Programme Logic; Maximising Accountability and Learning Opportunities; and Quality of Evidence. This evaluation ensured data quality through the application of the ALNAP criteria (Accuracy, Representativeness, Relevance, Generalisability, Attribution, and Clarity around contexts and methods) and the BOND Principles (Voice and Inclusion, Appropriate, Triangulation, Contribution, and Transparency).[7] In the interviews, *descriptive*, *normative*, and *impact* questions were used to ensure that past, present, and future conditions were described, with the exploration of cause-and-effect relationships.

[5] Concern Worldwide, "Standard Child Informed Consent," Sent to evaluators by email by Concern M&E Manager Feb 1, 2019.

[6] https://www.who.int/reproductivehealth/topics/ethics/adolescents_guide_serg/en/

[7] BOND, Evidence Principles, https://www.bond.org.uk/resources/evidence-principles

Limitations

The main limitation of this evaluation was one of language and translation. Translators were used for all KIIs and FGDs where English was not a feasible option. This created potential challenges in terms of possible mistranslations, and in terms of the evaluators' capacity to pick up errors, nuances or probe for further information in a smooth or natural way. Further, because there were two evaluators conducting simultaneous field work, two different translators were required, raising potential issues of differences in translation quality. Two Temne translators (Concern staff) were identified and provided by Concern Sierra Leone. Translators were first sought from outside the ASRH project, but with no one available during the time of the evaluation fieldwork, translators from the ASRH project were identified. While there was some risk of bias, it was beneficial that translators were familiar with Concern and its projects in Tonkolili, including the terminology of the project. Evaluators paid close attention to potential issues of bias, and do not believe this to be a significant limitation to the evaluation. All staff, partners and government officials spoke English.

A second limitation was the difficulty of access to a wide range of communities in Tonkolili, given the time and budgetary constraints of the evaluation. With poor roads and infrastructure, travel to and within the District can be time-consuming and difficult. However, the evaluators and the team at Concern consulted to select a range of specific project and intervention sites within the District that provided the evaluators with access to as diverse a range as possible of project implementers, stakeholders and beneficiaries. Having two evaluators on site allowed for simultaneous data collection in each site, maximizing time in each location.

Finally, the evaluators also acknowledge the challenges that may arise in speaking with focus group discussants and key informants about adolescent sexual and reproductive health, which is a sensitive topic for many. Evaluators relied on their training and experience of conducting FGDs and KIIs across a range of demographic groups and subject areas to build comfort levels and rapport with participants. Nonetheless, the evaluators acknowledged that focus group discussants and key informants may be reluctant to share some information. Gender sensitivities may also present a barrier, given that male participants may be reluctant to speak with the female evaluator around adolescent sexual and reproductive health issues, and vice versa. To mitigate this, the female evaluator conducted all focus groups with adolescent girls, and the male evaluator with adolescent boys, and, as much as possible, key informant interviews were undertaken by the respective consultants with this consideration in mind. Moreover, one female and one male did the translation.

Life Skills Training, 9-13 year olds

BACKGROUND

CONCERN WORLDWIDE

Founded in 1968, Concern Worldwide is a non-governmental, international, humanitarian organisation dedicated to "the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries."[8] Concern has worked in over 50 countries, responding to major humanitarian emergencies and implementing long-term development programmes.[9] At present, Concern operates in 25 of the world's poorest countries with 3,900 staff of 50 nationalities.

As articulated in its Strategic Plan 2016-2020, Concern's Vision is "a world where no one lives in poverty, fear or oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, healthy and creative life; a world where everyone is treated with dignity and respect."[10] The Mission is to "help people living in extreme poverty achieve major improvements in their lives, which last and spread without ongoing support from Concern."[11] Concern's focus is on engaging in long-term development work, building resilience, responding to emergencies and seeking to address poverty's root causes through their development education and advocacy programmes.

The Vision and Mission are addressed through Concern's five strategic goals:

1. Greater impact on long term poverty
2. Larger, faster, better humanitarian response
3. More influence, greater visibility and increased public engagement
4. Growing a new generation of Concern people
5. Building a global Concern to meet multiple challenges.

Concern has been working in Sierra Leone since 1996. The 2014-2016 Ebola outbreak had a significant impact on West Africa, with 14,124 cases and 3,956 deaths in Sierra Leone.[12] After the WHO lifted the Public Health Emergency of International Concern (PHEIC) on 29 March 2016, Concern began with emergency projects in response to Ebola's devastating impact.[13] Concern and its partners also supported the strengthening of Sierra Leone's Integrated Disease Surveillance and Response System (IDSR) through government health workers and local communities training. By the end of 2016, Concern had completed all emergency projects and a number of the recovery projects and then began transitioning back to development programming.

Concern's current operations are in the Tonkolili District, Port Loko and Freetown/Western Area. Its integrated programming approach in Sierra Leone aims to "tackle all dimensions of poverty, focussing on the overlapping areas of health, education and livelihoods while maintaining our commitment to

[8] Concern Worldwide, Our Beliefs, https://www.concern.net/about/concerns-beliefs

[9] Concern Worldwide, About Concern, https://www.concern.net/about

[10] Concern Worldwide Strategy 2016-2020, https://www.concern.net/sites/default/files/media/resource/concern_strategy_d8.pdf

[11] Concern Worldwide Strategy 2016-2020, https://www.concern.net/sites/default/files/media/resource/concern_strategy_d8.pdf

[12] CDC, 2014-2016 Ebola Outbreak in West Africa, 27 December 2017, https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html

[13] Concern Worldwide, Our Work in Sierra Leone, https://www.concern.net/where-we-work/africa/sierra-leone

responding to emergencies such as the Freetown mudslides last year which displaced thousands of people and killed more than 400 people."[14] There has been a shift of focus on emergency responses and rehabilitation to the Health, Education, and Livelihoods sectors.[15] Programme implementation highlights the issues of gender, equality, prevention of gender-based violence (GBV), social protection, disaster risk reduction (DRR) and HIV and AIDS.

PROJECT DESCRIPTION

Project Overview[16]

PROJECT TITLE	Reduction of Teenage Pregnancy in Tonkolili District, Sierra Leone, through a transforming of attitudes towards and improving access to quality Sexual Reproductive Health Services and Rights for adolescents (Adolescent Sexual and Reproductive Health project, or ASRH)
THEME	Adolescent Sexual and Reproductive Health
PROJECT LENGTH	January 2016 to December 2018 (3 years)
BUDGET	£787,223 with co-funding from Irish Aid
FUNDER	Department for International Development (DFID), with co-funding from Irish Aid
OBJECTIVES	The project aims to reduce adolescent pregnancy rates in Tonkolili District, Sierra Leone, through three strategic objectives: 1. Improved knowledge of sexual and reproductive health information and services 2. Improved access to better sexual and reproductive health information and services 3. Increased ability to exercise their sexual and reproductive health rights.
PROJECT STRATEGIES	1. Addressing the issues identified around norms, behaviour & attitudes by implementing a Life Skills curriculum 2. Addressing issues around knowledge and cultural practices through Community Conversations (CC) and outreach sessions with community leaders as well as parents and husbands of adolescents 3. Addressing gaps in adolescent-friendly sexual and reproductive health services by training peripheral health unit (PHU) staff.
PARTNERS	National Level Partner, District Level Partners, Gender Partners, Gender, Collaboration Partners, and Beneficiaries.
COVERAGE	The project was implemented in 43 communities in rural Tonkolili District, Sierra Leone, with a total estimated population of 58,698 (approximately 11% district coverage).
BENEFICIARIES	6,360 adolescents, both in and out of school, including the most vulnerable groups (such as those with disabilities, orphans and teenage parents), aged 9-19 years who enrolled in the Life Skills curriculum.
NEXT STEPS	- The project design and learnings will extend beyond the project period as part of the Irish Aid-funded integrated programme through December 2021 in 100 villages in Tonkolili. - A version of Life Skills will also be used for a new DFID-funded education programme called EAGER/LNGB to be implemented countrywide and in Freetown, Port Loko, and Tonkolili by Concern. Learnings from the ASRH programme may contribute to that EAGER/LNGB. - Concern will implement an Irish Aid-funded Action Research Programme on Teenage Pregnancy which seeks to understand and affect social and cultural drivers and enablers of teenage pregnancy in Port Loko district.

[14] Concern Worldwide, Our Work in Sierra Leone, https://www.concern.net/where-we-work/africa/sierra-leone

[15] Concern Worldwide, Terms of Reference, Terms of Reference, External Consultant for Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme in Tonkolili, Sierra Leone.

[16] Concern Worldwide, ASRH, UKAD Narrative AR Report Yr 1 Mar 2016_Concern SL

Log Frame

Below is a summary of the project log frame.

IMPACT			
Reduced adolescent pregnancy rates in Tonkolili district, Sierra Leone			
OUTCOME			
Adolescent boys and girls (9-19 years) in Tonkolili district, Sierra Leone have improved awareness of and access to better sexual and reproductive health information and services and the increased ability to exercise their sexual and reproductive health rights.			
OUTPUT 1	**OUTPUT 2**	**OUTPUT 3**	**OUTPUT 4**
Improved access of adolescent boys and girls to life skills training and comprehensive adolescent sexual education	Improved attitudes of adolescent boys and girls towards sexual debut and consensual sex	Improved access of adolescent boys and girls to better-quality sexual and reproductive health services	Increased knowledge and awareness of key community stakeholders (parents, community and religious leaders, and Sowies) on ASRH
ACTIVITIES			
• Roll out of Life Skills Training in schools and villages • Social marketing campaign (dramas, radio campaigns, Pledge for Equality) in target communities		• Comprehensive training and follow up of PHUs on implementation of Adolescent Friendly Reproductive Health Services (AFRHS) (using existing 4-day training) • Comprehensive training and follow up of PHUs on fitting of implants • Mystery client visits to PHUs on provision of AFRHS	• Parent & husband outreach sessions • Community Conversations • Radio Discussions • Quarterly Meetings with Community Leaders with Paramount, Village Chiefs, Local Councillors, Mamy Queens, Sowies, Youth Leaders

Gender Transformational Workshops

Concern is rolling out Gender Transformational Workshops for staff and community members in 14 programme countries including Sierra Leone. The objective is to strengthen Concern's capacity to address gender inequality in the workplace, and more broadly through gender sensitive programming.[17] In Sierra Leone, this programme complements the ASRH project by better preparing staff to integrate gender equality into components of ASRH and education programmes. This initiative

[17] Concern Worldwide, Terms of Reference, Terms of Reference, External Consultant for Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme in Tonkolili, Sierra Leone.

is implemented in partnership with Sonke Gender Justice ("Sonke"), which is a South African-based non-profit organisation working throughout Africa. Sonke believes that "women and men, girls and boys can work together to resist patriarchy, advocate for gender justice and achieve gender transformation."[18] Sonke supported in the development of a manual of activities to encourage Gender Equality reflection, discussion and transformation. The theory of change (ToC) for this collaborative project between Concern and Sonke is:

1. Concern staff participate in Gender Equality Workshops on some or all of the activities in the manual. Following the initial workshop, a second workshop/engagement with the Sonke team will be held after 9 months.
2. This leads to change in Gender Role Attitudes and Workplace Practices in Concern Sierra Leone Country Office.
3. Following these workshops, Concern staff roll out these activities at the community level with a specific set of participants (sometimes already part of an existing group, sometimes coming together specifically for this engagement).
4. These community members then initiate change in relation to Gender Equality in their own lives as well as spreading messages about and encouraging changes in their communities.

Project Population

Tonkolili District is a predominantly rural area in the centre of Sierra Leone, comprised of eleven chiefdoms, with Magburaka as the capital. The population is predominantly Muslim, with a Christian minority. According to the 4 December 2015 census, the estimated population of the district is 531,435.[19] In 2015, OCHA's Tonkolili District Profile provided the following data.[20]

Population	434,937
Male	210,917 (49%)
Female	224,020 (51%)
Ethnic diversity	Temne, Limba, Koranko, Loko and Fula
Area extension	7,003 sq km.
Language	English is the official language. In the area other languages include: Temne, Kuranko, Limba and Fula (Pular)
District level poverty rate	76.4%
Net primary enrolment by district	60.3 (2011)
Fertility rate	5.26
Early childhood mortality rate	113 deaths under-five mortality deaths per 1,000 live births
Life expectancy at birth	47.9 years
Percentage all basic vaccination	57.3%
Prevalence of food insecurity	74.01%

[18] Sonke Gender Justice, https://genderjustice.org.za/

[19] City Population, Sierra Leone, https://www.citypopulation.de/SierraLeone-Cities.html

[20] OCHA, Sierra Leone, 5 December 2015, www.humanitarianresponse.info/en/operations/sierra-leone

Prevalence of chronic malnutrition	32.08% (as measured by stunting)
Agriculture as main livelihood	76.4 %
Livelihoods	Cattle 1.0%, sheep 3.4% and goats 6.0%

The ASRH project targeted Tonkolili because, at the time of the project proposal, this district had the highest number of persons in Sierra Leone living below the poverty line (76.4% versus the country average of 52.9%).[21] Of these persons, 35% were living on US$0.50 per day, with a higher proportion of female-headed households in this category. At that time, national figures indicated that the percentage of people living with a disability was 20%. This proposal targeted adolescent girls and boys in Tonkolili, specifically the issue of teenage pregnancy as a key driver of poverty, low educational attainment, and poor maternal and child health outcomes in the district. Approximately 22% of the population is aged between 10-19 years old.

In Sierra Leone, children are required to attend school from the age of 6 and spend three years in junior secondary school.[22] However, key challenges include the shortages of schools and teachers, and the poor condition of school buildings, including run-down buildings, lack of running water, and poor access to toilets. Tonkolili was particularly hard hit by the civil war during which 66% of the schools were destroyed. Tonkolili is also significantly affected by food insecurity. The percentage of households that are food insecure (severe and moderate) is 74.1%. Malnutrition is high, with acute malnutrition in 4.6% of women. While the Ministry of Health and Sanitation (MoHS) is responsible for health care, it is provided by a combination of government, private and non-governmental organisations (NGOs). Traditional medicine is an informal part of the health care system.

National Adolescent Health Issues in Sierra Leone

Despite some progress, Sierra Leone's adolescent health indicators remain poor. At 125.1 births per 1,000 women aged 15-19, Sierra Leone compares poorly with the global average of 44 births per 1,000 women aged 15-19.[23] Data from a 2017 Multiple Indicator Cluster Survey (MICS) carried out by Statistics Sierra Leone with technical support from UNICEF indicate 31% of women age 20-25 have had a live birth before the age of 18, while 3% have had a live birth before the age of 15, and that 30% of women 20-24 years were first married or in union before age 18, with 12.9% before age 15.[24] Drivers of adolescent pregnancy include poor knowledge of SRH, negative attitudes and poor access to contraceptives, poverty (including food insecurity), transactional sex, sexual abuse, and cultural factors, including practices of child marriage. Adolescent pregnancy comes with significant and particular health risks for the adolescent, due to their smaller size and immature pelvic structure, increasing risks of maternal mortality and of developing a fistula. Neonatal health risks also increase for babies born to adolescent mothers, including premature delivery, stillbirth, fetal distress, birth asphyxia, low birth weight and miscarriage.

Sierra Leone's 2013 Demographic Health Survey estimates that adolescents constitute 25% of the total maternal deaths in the country, and that unmet need for family planning among married women is highest among adolescents age 15-19 (at 30.7%) and among young women age 20-24 (at 25.8%).

[21] Concern Worldwide, Terms of Reference, Terms of Reference, External Consultant for Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme in Tonkolili, Sierra Leone.

[22] OCHA, Sierra Leone, 5 December 2015, www.humanitarianresponse.info/en/operations/sierra-leone

[23] Sierra Leone Demographic Health Survey 2013.

[24] Multi-Indicator Cluster Survey, Sierra Leone Snapshot 2017, http://mics.unicef.org/surveys

74.3% of women aged 15-19 years also report having undergone FGM.[25] Regarding HIV prevention, the DHS reported only 21% of adolescents had ever tested and received their test results and showed a slight increase in HIV prevalence among adolescents from 1.3% in 2008 to 1.5% in 2013.[26]

The DHS noted that school enrolment, especially for girls, is a key determinant for adolescent health, including pregnancy prevention. Schools can be an important setting for delivering adolescent sexual and reproductive health services, information and products. However, Sierra Leone has poor overall school enrolment, with lower levels for girls than boys. Sierra Leone's 2015 Population and Housing Census indicates that out of 6,589,838 people aged 3 years and above in the country, 55.4 % have attended school, while 44.2 % have never attended. At the time of the census, the percentage of males currently in school (39.1%) and those ever attended school (60 %) were substantially more than their female counterparts (35.3% and 50.9% respectively).[27]

FGD, 14-19 year olds

[25] Sierra Leone Demographic Health Survey 2013.

[26] Sierra Leone Demographic Health Survey 2013.

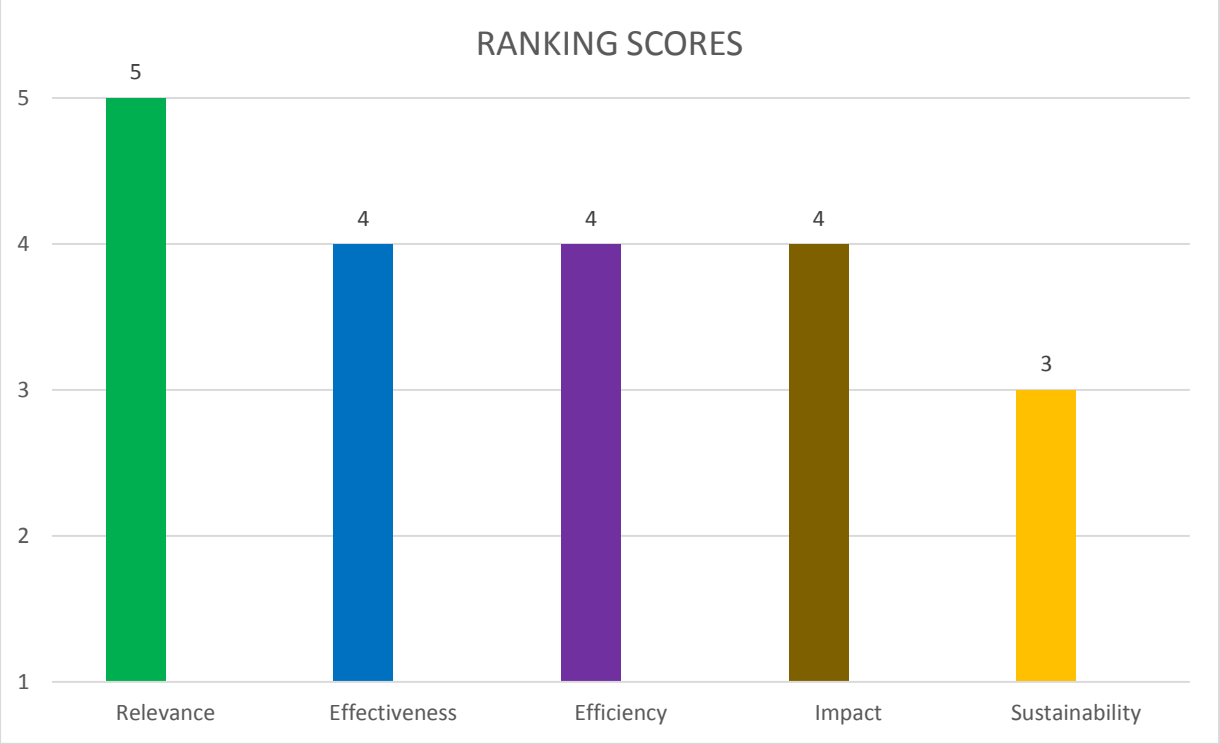
[27] Government of Sierra Leone Ministry of Health and Sanitation. Sierra Leone National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2017 – 2021.

FINDINGS

The rating of performance is now presented, followed by the programme assessment, both based on the five evaluation criteria of: relevance, effectiveness, efficiency, impact and sustainability. Each criterion begins with the performance ranking score followed by the presentation of the findings. The findings from the assessment of the Gender Transformational Workshops conclude this section.

RATING OF PERFORMANCE

The ranking scores show a strong performance with one score of 5 (evidence that the contribution is strong and/or exceeding that which was expected of the programme) three scores of 4 (evidence of good contribution to this aspect with some areas for improvement and change) and one of 3 (evidence of satisfactory contribution to this aspect but improvement required).

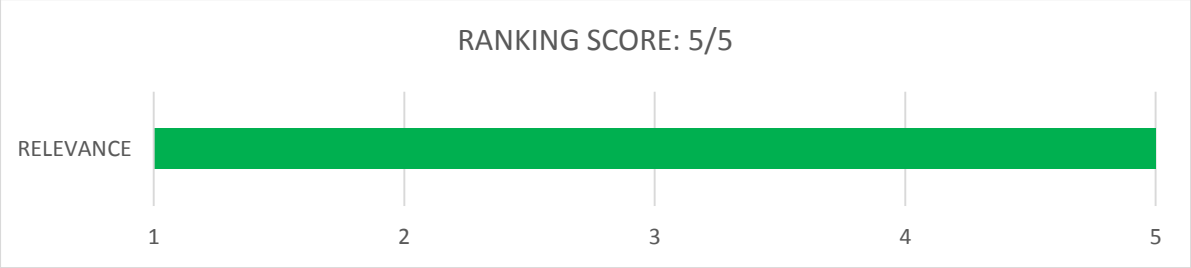


KEY

1	2	3	4	5
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the programme

ASSESSMENT: EVALUATION CRITERIA

RELEVANCE



Relevance is a measure of the extent to which interventions meet beneficiary needs, country priorities, and are consistent with donor policies. This evaluation found that the ASRH programme is relevant to the needs of Concern's beneficiaries, its own strategic plans, country priorities, international development goals, global adolescent health strategies, and coverage.

Beneficiaries

This programme was strongly aligned with beneficiary needs, as articulated in the high adolescent pregnancy rates (33.2%) in the Tonkolili district – the highest in Sierra Leone – and the appreciation overwhelmingly expressed by beneficiaries and stakeholders for the project. A staff respondent stated, "part of the project's success was that it was 'the right response' – considering the high rates of teenage pregnancy, and that it is a priority within communities, self-identified. Even though the issues are sensitive, people were receptive, and the team 'spoke softly' around the issues." This quote also highlights what many other respondents described as Concern's "correct tone" that contributed to the project's success. This is further discussed under *Effectiveness*.

Community members mentioned that while the project did address their needs, especially around teenage pregnancy and school attendance, they were not initially aware that they required any intervention. Community members in an FGD stated, "when we first found out about the project, we did not think that it was a good idea to talk to our children about sex. We had horror." A mother noted, "We thought it was rudeness." They believed that if you talk about sex to adolescents, they are more likely to engage in sex. They also believed that it was not the business of outsiders to address this issue. Many community members agreed that after the first session or two they started changing their minds and started supporting the project. One father said, "My mind was changed after my boy started Life Skills and I learned more. I soon changed my mind." This highlights that while teenage pregnancy was a relevant issue, prior to the intervention, community members did not necessarily understand or agree on how best to address this issue.

Concern's Strategy

The ASRH programme is aligned with Concern Worldwide Strategy 2016-2020, with its Vision of "a world where no one lives in poverty, fear or oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, healthy and creative life; a world where everyone is treated with dignity and respect," and its Mission, which is to "help people living in extreme poverty achieve major improvements in their lives, which last and spread without ongoing support from Concern."[28] The programme's goal of reducing adolescent pregnancy rates in the

[28] Concern Worldwide Strategy 2016-2020, https://www.concern.net/sites/default/files/media/resource/concern_strategy_d8.pdf

Tonkolili district is aligned with Concern's overall focus on addressing poverty's root causes through their development education and advocacy programmes.

Country Priorities

Sierra Leone's Ministry of Health and Sanitation (MoHS) developed a Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy, for 2017-2021.[29] The reduction of teenage pregnancy is one of the eight high impact RMNCAH intervention areas identified by the MoHS in the strategy. The ASRH programme's primary impact of reduced teenage pregnancy aligns with the national strategy. Moreover, the ASRH programme also supported the MoHS's prioritisation of health systems strengthening, improving quality in the delivery RMNCAH services, strengthening community engagement and involvement improving health information systems, research, monitoring and evaluation.

The alignment of the ASRH project with national government strategies and priorities was evidenced in the "Regional Launching of the National Strategy for the Reduction of Adolescent Pregnancy" in Makeni, Bombali District, on the morning of 21 February 2019, attended by the evaluators. The launch was attended by approximately 200 individuals, including NGO stakeholders, PHU staff, school age children and high-level government officials. Dr. Sartie Kenneh, Director of Reproductive Health at the MoHS in Freetown, chaired the launch, which was attended by the Minister of Health and Sanitation, the Minister of Social Welfare, Gender and Children's Affairs, the Deputy Minister of Basic and Senior Secondary Education, the Minister of Youth Affairs, the Minister of Local Government and Rural Development, the Minister of Political and Public Affairs, and the Chairman Council of Paramount Chiefs. All Ministers and the Deputy Minister spoke about the importance and relevance of reducing early marriage and teenage pregnancy, as well as the reduction of SGBV which, as the Minister of Social Welfare, Gender and Children's Affairs stated, has "political will from the highest office in the land."

On 8 February 2019, at the time of this evaluation, President Julius Maada Bio declared a National State of Emergency on sexual and gender-based violence (SGBV), amid a series of high-profile attacks as well as reports that the number of recorded cases had nearly doubled last year, reaching 8,500 in a population of 7.5 million.[30] While the implications of the declaration of the National Emergency were unclear at the time of writing, it nonetheless highlights that issues of SGBV currently have political support at the highest levels of the State, and presents further evidence for the relevance of the ASRH project, with its programming linkages to issues of SGBV through, for example, the Life Skills curriculum, or its Outreach programming with husbands of adolescents.

The project is also relevant to the national context given the weak state of the national health system, which received particular attention during the 2014-2015 Ebola outbreak. Components of the ASRH project aim to support and strengthen the health system in Tonkolili in relation to adolescent sexual and reproductive health. For example, the project worked closely with PHU staff towards related capacity-building and training.

[29] Government of Sierra Leone, Ministry of Health and Sanitation, Sierra Leone National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2017-2021

[30] Al Jazeera, Sierra Leone's president declares rape a national emergency, 8 February 2019, https://www.aljazeera.com/news/2019/02/sierra-leone-president-declares-rape-national-emergency-190208145036124.html

SDGs

With regards to the Sustainable Development Goals (SDGs),[31] Dominic MacSorley (Chief Executive), in Concern's Worldwide Strategy 2016-2020, stated that, "Concern welcomes the new commitments under the Sustainable Development Goals, in particular, the pledges to end hunger and extreme poverty by 2030. The goals set a new global ambition, pledging to reach the poorest or 'furthest behind first' and ensuring that no one gets left behind."[32] The ASRH programme identified three relevant SDGs: on the first level, #5 and #3, and on the second level, #1.[33]

This evaluation found that the ASRH programme is aligned with and relevant to all three of these SDGs.

It is interesting to note that the SDG Index and Dashboards Report 2018 noted that Sierra Leone has shown moderately increasing progress towards #5 and #3, but below the rate needed to achieve the SDGs by 2030.[34] Some specific indicators within goal #3 are particularly development relevant to this project (such as maternal mortality rate [per 100,000 live births], and adolescent fertility rates [births per 1,000 women ages 15-19]), are also scored to be below the rate needed to achieve the SDGs by 2030. Goal number #1 has been given an overall score indicating it is on track for achievement by 2030.

While not stated in the project concept note, this evaluation found that this project was also relevant to the following SDGs:

This project is aligned with the goals of making human settlements inclusive, safe, resilient and sustainable, as well as promoting peaceful and inclusive societies for sustainable development.

The Global Strategy for Women's, Children's and Adolescent's Health

It is also important to note the alignment of the ASRH project with "The Global Strategy for Women's, Children's and Adolescent's Health 2016-2030: Survive, Thrive, Transform," even while ASRH was

[31] UN, About the Sustainable Development Goals, https://www.un.org/sustainabledevelopment/sustainable-development-goals/

[32] Concern Worldwide Strategy 2016-2020, https://www.concern.net/sites/default/files/media/resource/concern_strategy_d8.pdf

[33] Concern Worldwide, UK Aid Direct Annual Report Narrative, April 2017 FINAL

[34] SDG, Index and Dashboards, 2018 SDG Index Country Profiles, http://sdgindex.org/

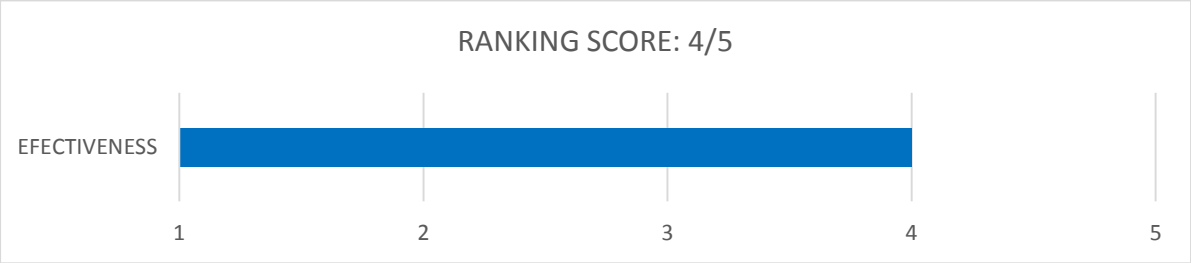
designed before the release of the new strategy. The new Global Strategy positions adolescents alongside women and children at its heart, acknowledging "not only the unique health challenges facing young people, but also their pivotal role alongside women and children as key drivers of change in the post-2015 era."[35] In the foreword to the strategy, former UN Secretary-General Ban Ki-Moon explained the centrality of adolescents in the new strategy, noting "The updated Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."[36]

Coverage

There are still communities in Tonkolili that require services and projects like ASRH. Many of these areas are most in need, in that they are isolated and have no related projects present in the community. These communities are largely in areas that are difficult to access, especially in the rainy season. Project management staff recognise this need and were able to show that this issue is being explored for future projects. Various staff, government, and partner respondents stated that Concern needed to expand its ASRH coverage in Tonkolili district, and other districts in need of a similar intervention, in order to maintain its relevance.

In summary, stakeholders, at all levels, argued that the ASRH project was relevant and useful in response to beneficiary, organisational, country, regional, international development and adolescent health priorities. Of particular relevance is the programme's alignment with the need to reduce teenage pregnancy, which is a significant contributor to gender inequality and poverty. The project objectives were valid, and the project responded to the needs of stakeholders. Based on its history, objectives, and Concern's strategy, the ASRH project is well placed to remain relevant and useful.

EFFECTIVENESS



Effectiveness is a measure of the extent to which an intervention meets its objectives. Objectives are defined quantitatively as expected outputs or results. Effectiveness is evaluated by comparing what has been obtained with what was planned, and thus outputs and results indicators are what is assessed. A project's effectiveness is assessed by asking: To what extent were the objectives achieved or are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?

An intervention's effectiveness is determined principally by two processes: its design and its implementation. The desk review, review of the M&E data, and the qualitative data from the KIIs and FGD showed generally strong programme design and implementation. In examining whether the programme made sufficient progress towards its expected outcomes and to what extent (e.g. fully

[35] The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform. p11

[36] The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform. p5

achieved, partially achieved, or not achieved), the achievements were independently verified through the above-mentioned methods.

Quantitative data were collected at baseline, Milestone 1 (March 2017), Milestone 2 (March 2018) and endline. Data were collected through "mystery client visits," Health Facility Assessments (HFA), and ASRH surveys. The information below is based on the TOR provided to the evaluators for all three endline data collection approaches. At the time of this evaluation, a final endline report was in progress, but not yet complete.

At endline, mystery client visits took place from 21 – 25 January 2019. The objectives of these visits were to 1) identify gaps in health worker attitudes regarding ASRH friendly services and behaviours towards adolescents, which otherwise may not be revealed; 2) identify areas of capacity building for health workers; 3) assess the availability of family planning commodities within the health facilities; and 4) provide constructive feedback to health workers immediately following the visits. Following refresher training with ASRH staff regarding play acting on seeking ASRH services at health facilities, two adolescent actresses (female, age 14-19) worked with a PHU officer, a Concern M&E staff member and sometimes a DHMT representative, towards sharing their experiences of seeking services and completing mystery client visit documentation forms.

HFAs were also conducted to provide quantitative values for indicators in the project's logical framework, especially outcome indicator 5, output indicator 3.1 and 3.2. The mixed methodology survey drew on qualitative and quantitative methods, using check lists and interviews with health workers, along with exit interviews with adolescents seeking SRH services. At baseline, the HFA had a sample size of 14 health facilities within five Chiefdoms, while 28 health facilities were selected for the endline assessment. From 104 total PHUs in 11 Chiefdoms, 28 PHUs in 9 Chiefdoms were randomly selected using a random number table in Excel. They represented a total catchment population of 164,898 (28.1% of total PHU catchment area according to Tonkolili DHMT 2018 health facility population figures).

In addition, data used to provide values for specific indicators in the logical framework were collected through ASRH surveys with adolescents and with parents in targeted areas. The total sample size was 896 adolescents and adults across 28 selected communities. At baseline, the adolescent survey involved one sample drawn from the 28 schools that are targeted by the project and another sample drawn from the catchment villages targeting out-of-school adolescents. At the end of the project, 43 communities had received the intervention by the ASRH program. Due to resource constraints, 28 of these communities were selected at endline by random number table for the survey, representing 66.2% of the total target community population. The minimum sample size for adolescent surveys was calculated to be 484, and 412 for adult surveys. Training of enumerators and pre-testing of questionnaires was scheduled for 30 Nov - 1 Dec 2018, and data collection was scheduled for 3 – 7 December 2018 using digital data gathering devices.

The log frame with the baseline, targets and results is now presented (the complete log frame with results can be found in Annex 5). The log frame shows the results as of 15 March 2019. The progress was measured by dividing the result by the target and multiplying by 100 to get the percentage. These percentages are shown in the key below as underachievement (orange), achievement (green) and overachievement (purple). Achievement is scored within +/- 5 percentage points.

The following colours were used to map and summarize the project progress and achievements:

	Not Achieved		Overachieved
	Underachieved		No Baseline
	Achieved		No Results / Ongoing

Beginning with the overall impact goal of "Reduced adolescent pregnancy rates in Tonkolili, Sierra Leone," the assessment is unable to quantitatively demonstrate a reduction in adolescent pregnancy rates in Tonkolili district. The baseline impact indicator was drawn from the 2013 Demographic Health Survey (DHS), while the endline indicator was meant to be drawn from the 2018 DHS, which was not completed in time for this evaluation. Concern provided information for this evaluation with draft results from an internal survey conducted with a sample of adolescents from the project communities. Concern's recent adolescent survey cannot provide comparable data (ASRH specific communities) against baseline data (district level statistics). Thus, the results should be read with caution.

INDICATOR	BASELINE	TARGET	RESULT	PROGRESS
IMPACT				
Reduced adolescent pregnancy rates in Tonkolili district, Sierra Leone.				
% of 15-19 year olds who have had a live birth or who are pregnant with their first child	33.2%	29.2%	(30.7%)	

Concern is aware of this issue and is working to find a valid current measurement for the district as a whole. This issue is discussed in more detail below under *Impact*.

The overall Outcome was "Adolescent boys and girls (9-19 years) in Tonkolili district, Sierra Leone have improved awareness of and access to better sexual and reproductive health information and services and the increased ability to exercise their sexual and reproductive health rights." The four outcome indicators were all achieved or overachieved.

OUTCOME				
Adolescent boys and girls (9-19 years) in Tonkolili district, Sierra Leone have improved awareness of and access to better sexual and reproductive health information and services and the increased ability to exercise their sexual and reproductive health rights.				
INDICATOR	**BASELINE**	**TARGET**	**RESULT**	**PROGRESS**
1. Percentage of adolescent girls and boys from target schools and villages who report being able to take their own decisions regarding their a) sexual relationships b) early marriage and c) use of family planning. (Of those who attend Life Skills course the following are empowered to make their own decisions on SRH:)	a Total: 12%	a Total: 65% (average boys & girls)	Total: 91.8%	+41.2%
	a Boys: 11%		Boys: 91.2%	
	a Girls: 13%		Girls: 92.1%	
	b Total: 34%	b Total: 40% (average boys & girls)	Total: 61.0%	+52.5%
	b Boys: 34%		Boys: 56.5%	
	b Girls: 35%		Girls: 65.4%	
	c Total: 13%	c Total: 40% (average boys & girls)	Total: 67.9%	+69.8%
	c Boys: 12%		Boys: 59.6%	
	c Girls: 14%		Girls: 72.5%	
2. % of sexually active adolescent girls from target schools and villages who report using a modern family planning method. (Adolescent Contraceptive Prevalence Rate in target area)	14%	50%	98.8%	+97.6%
3. % of adolescent boys and girls from target schools and villages, who report that their health care provider (peripheral health unit) showed them respect and explained things clearly.	Total: 29%	65%	65.1%	+0.2%
	Boys: 19%	65%	70.4%	+8.3%
	Girls: 38%	65%	62.5%	-3.8%
4. % of sexually active adolescent boys and girls from target schools and villages who report using condoms at last sex.	Total: 6.1%	15%	32.7%	+118%
	Boys: 6%	20%	31.6%	+58%
	Girls: 6.4%	10%	33.3%	+230%

These results show strong achievement and illustrate the strength of the project model. These outcomes form a base from which to build and expand this project. The qualitative data form the KIIs and FDGs confirmed these strong achievements. These results also raise the issue of creating more realistic targets in the future.

The achievements for the outputs are now presented one output at a time. For Output 1 (Improved access of adolescent boys and girls to the life skills course and comprehensive adolescent sexual education), the achievements were notable.

OUTPUTS				
1. Improved access of adolescent boys and girls to the life skills course and comprehensive adolescent sexual education.				
INDICATOR	**BASELINE**	**TARGET**	**RESULT**	**PROGRESS**
1.1. Number and % of target 9-13 year olds having completed the Life Skills course who have knowledge of how conception occurs (girls and boys).	Total 61%	90%	98.4%	+9.3%
	Girls 60%	90% (850)	99.3%	+10.3%
	Boys 62%	90% (850)	93.3%	+3.7%
1.2. % of target 9-13 year olds having completed the Life Skills course who can state at least 3 benefits of delaying sexual debut (girls & boys).	Total 26%	90%	85.1%	94.6%
	Girls 27%	90% (851)	84.0%	93.3%
	Boys 25%	90% (851)	86.6%	96.2%
1.3. Number and % of target adolescents (disaggregated by age group and sex) who have participated in (but did not necessarily complete) Life Skills course.	Girls 9-13: 0	945 (75%)	1355 (107%)	143.4%
	Girls 14-19: 0	1440 (75%)	2287 (119%)	158.8%
	Boys 9-13: 0	945 (75%)	1407 (112%)	149.1%
	Boys 14-19: 0	1440 (75%)	2039 (106%)	141.6%
1.4. Number and % of target adolescents (disaggregated by age group and sex) who have completed Life Skills course.	Girls 9-13: 0	945 (75%)	1016 (75%)	107.5%
	Girls 14-19: 0	1440 (75%)	1212 (53%)	84.2%
	Boys 9-13: 0	945 (75%)	1039 (74%)	110%
	Boys 14-19: 0	1440 (75%)	1085 (53%)	75.4%

The one area of underachievement is observed in the 4th indicator (Number and % of target adolescents (disaggregated by age group and sex) who have completed Life Skills course). While there was overachievement for LS attendance for girls and boys aged 9-13, there was underachievement for LS attendance for girls and boys aged 14-19.

For Output 2 (Improved attitudes of adolescent boys and girls towards sexual debut and consensual sex), there was underachievement on all three indicators.

OUTPUTS				
2. Improved attitudes of adolescent boys and girls towards sexual debut and consensual sex.				
2.1. Number and % of target adolescents (girls and boys, 14-19) having completed the Life Skills course who agree with statement "just because a girl had gone through Bondo does not mean that she is ready to be sexually active"	Total 14-19: 50%	90%	58.7%	-37.8%
	Girls 14-19: 52%	90% (1296)	61.1%	-32.1%
	Boys 14-19: 47%	90 (1296)	55.7%	-38.1%
2.2. Number and % of target adolescent boys, aged 14-19 who have completed the Life Skills course who agree with statement “touching a girl against her will, or forcing her to have sex is wrong”.	Boys: 32%	95% (1368)	83.7%	-11.9%

2.3. Number and % of target adolescent girls, aged 14-19 who have completed the Life Skills course who agree with statement "Nobody has the right to touch you or have sex with you against your will, even if you have gone through Bondo".	Girls: 31%	90% (1296)	79.6%	-11.6%

For the first indicator, it can be seen that while there was underachievement against the target, there was only slight improvement against the baseline. Thus, the attitudes of many 14-19 year old girls and boys about the links between Bondo and a girl's readiness for sexual activity remain largely unchanged. This suggests that this part of the curriculum requires strengthening and that perhaps the targets could be adjusted in the future.

For the second and third indicators, even though the quantitative data shows underachievement, it is only between 11.6-11.9%, suggesting that attitudes about sexual debut and consensual sex have improved. The qualitative data supports these quantitative findings. Once again, when compared to the baseline data, these two targets could be adjusted in the future.

For Output 3 (Improved access of adolescent boys and girls to better-quality sexual and reproductive health services), the data shows achievement and overachievement for the three indicators.

OUTPUTS				
3. Improved access of adolescent boys and girls to better-quality sexual and reproductive health services.				
INDICATOR	**BASELINE**	**TARGET**	**RESULT**	**PROGRESS**
3.1. Number and % of service delivery points (including outreach points) providing youth friendly reproductive health services.	0 0%	60 60%	62.5%	104.1%
3.2. Number and % of health workers demonstrating positive attitudes towards adolescents (14-19, girls and boys) during mystery client visits.	2 14.2%	10 70%	83.9%[37]	+19.9%
3.3. Number and % of target adolescents (14-19, girls and boys) having completed the Life Skills course who believe they could seek SRH services if they needed them.	x 60%	2304 80%	99.2%	+24%

These results show that access of adolescent boys and girls to better-quality sexual and reproductive health services was improved by attending the Life Skills training in terms of health care worker attitudes and adolescents who believe they could seek SRH services if they needed them.

Output 4 (Increased knowledge and improved attitudes of key community stakeholders (parents, community and religious leaders) on adolescent sexual and reproductive health) showed achievement and overachievement on the three indicators with underachievement in part of the third indicator.

OUTPUTS				
4. Increased knowledge and improved attitudes of key community stakeholders (parents, community and religious leaders) on adolescent sexual and reproductive health.				
INDICATOR	**BASELINE**	**TARGET**	**RESULT**	**PROGRESS**
4.1. Number and % of community leaders, parents, religious leaders who know at least one modern contraceptive measure.	64%	75%	82.7%	+110.3%

[37] Calculation based on 31 of 34 mystery client visits reported. Will be updated upon receipt of 3 additional forms. (M&E, 6 Feb 2019)

4.2. Number and % of community leaders, parents, religious leaders who agree with statement "just because a girl had gone through Bondo does not mean that she is ready to be sexually active".	34%	55%	55.4%	+0.7%
4.3. Number and % of target adolescents (disaggregated by age group and sex) who have completed the Life Skills course whose parents have ever discussed sexual health matters with them.	Total 9-13: 27%	70%	54.7%	-21.9%
	Girls 9-13: 28%	70%	60.6%	-13.4%
	Boys 9-13: 25%	70%	47.9%	-31.6%
	Total 14-19: 36%	60%	87.8%	+46.3%
	Girls 14-19: 39%	60%	93.5%	+55.8%
	Boys 14-19: 33%	60%	80.9%	+34.8%

There has been an increase in knowledge and improved attitudes of key community stakeholders (parents, community and religious leaders) on adolescent sexual and reproductive health as evidenced in their knowledge of contraception and attitude towards Bondo and sexual activity. For the adolescents who have completed the Life Skills training whose parents have ever discussed sexual health matters with them, targets were met for boys and girls aged 14-19 but not 9-13. In discussion with stakeholders, it was noted that that perhaps the target for the 9-13 year old (70%) should have been the same or lower that the target for 14-19 year olds.

Key staff respondents acknowledged that the log frame was too simple for this project. More useful data could be generated through the redesign of the log frame moving forward, drawing on new standard indicators that have been developed by Concern in the interim. For example, the KIIs and FGDs highlighted the significant reduction of teenage pregnancy in communities, the increase in school attendance for boys and girls, the reduction of violence in homes (husband-wife and parents-children), and the increase in sharing household tasks between husbands and wives. Monitoring these changes in ASRH communities would greatly strengthen the evidence of project impact in future.

The discussion now turns to the major factors influencing the achievement and non-achievement of the objectives.

Achievements

Integrated Approach and Compounded Benefits

This evaluation found that one of the main contributing factors in the success of the ASRH project was Concern's long-term engagement with communities in the Tonkolili district. This engagement made it easier for project staff to plan, implement and monitor the related activities. A respondent stated, "conversations have been easier in communities where Concern has already been working; that can't be underestimated." One staff member commented that the organization was particularly strong in terms of building community links, through having people out in the field as much as possible. Field staff were often young people from similar communities, contributing to the high levels of trust. As evidence of this trust and rapport, one staff member noted that in some cases, even in areas where Concern work is finished, staff were still in touch with community members.

Staff noted that these high levels of trust contributed to project successes. For example, a community member stated that even though the concept of the ASRH project was difficult for parents to accept at first, many of them opted to give it a chance based on their familiarity with, and appreciation of, previous and ongoing Concern initiatives in the community. In one community, participants in an adult male focus group emphatically responded that they would not have accepted the project had it been presented by another organisation.

ASRH was able to build upon previous or ongoing aspects of Concern's work within the same communities. For example, the Life Skills, CC, and Outreach (though Listen! Learn! Act!) built on and reinforced messages and learnings from previous projects (such as "Engaging Men.") As an example of the success of this approach, female focus group respondents in one community spoke about how they used money accessed through Concern's Village Savings and Loan Association (VSLA) to send adolescent girls to school.

Project Pillars

This evaluation found a strong project model consisting of the three pillars (Life Skills training, CC, and PHU capacity development). Each pillar was effectively implemented. There is evidence that the three key pillars of the project worked in tandem towards the project's success. Beneficiaries consistently spoke about the importance of each of these components taken together. Respondents stated that all three pillars were relevant and useful. Adolescents, parents, teachers and community leaders spoke in favour of each pillar and how these pillars had worked to incorporate the entire community.

The three pillars involved adolescents, their parents and community members. Adolescent beneficiaries stated that without the involvement of their parents and community leaders in the project, they did not believe there would have been any changes. Parents also expressed that if the project had not involved them, they would not have understood the project, and they would not have been able to support their adolescents. Through CCs, Concern targeted adult individuals and couples who could benefit most (e.g. couples known to have high levels of conflict). They also targeted influential adults in the community to participate in the CCs, who could be role models for other participants.

Adolescents and parent beneficiaries both spoke about the importance of PHU involvement, in terms of shifting PHU staff attitudes towards adolescent sexual and reproductive health and improving access to related services. There were challenges in the PHU pillar linked to the availability of stock. This issue is discussed in more detail below.

Effective Staff

Concern staff were described as well-trained, friendly and committed. Respondents noted that the quality of Concern's staff was an important factor in the project's success. A respondent stated, "the human resources of the staff laid the foundation for the project." Staff effectiveness contributed to the work in areas where Concern was already well-established, as well as in new communities. A staff respondent noted that the quality of Concern staff "has also been particularly important in the new communities, and reception to the staff has been good." In the ASRH project team, gender balance was sought. This was important for the project because of the sensitivity of these topics, as it would be difficult for women to speak to men and vice versa.

Staff also acted as role models for the communities, in particular for the adolescents. There were various examples of adolescents and parents who highlighted the importance of Concern staff as role models. A father said, "My girls tell me that they will be like the Concern workers when they grow up." The staff competence and capacity, linked to them acting as role models, resulted in a trust and rapport between beneficiaries and staff. Furthermore, there were accounts of adolescents confiding in and seeking assistance from field youth trainers around personal health, sexual and domestic issues. All three communities included in this assessment stated that the Concern staff was knowledgeable, responsive and supportive.

Staff reported that they had been properly trained over the years for various Concern project including ASRH. They also reported receiving regular refresher training. This has given them the capacity to engage communities around sensitive and difficult issues.

Enhanced Interaction

Concern staff consistently highlighted that one of the main successes and most noticeable changes in communities was an enhanced level of interaction between Concern and the communities covered by the project, including clear support from the community members and demand for the adolescent sexual and reproductive health-related work and services offered by the ASRH project. Staff emphasized the previously taboo nature of conversations around adolescent sexual and reproductive health, noting that it was an important achievement in and of itself that these conversations were now being openly held within communities, in front of peers, and even in the presence of "outsiders."

Inclusion

The approach that Concern used to launch the project involved initial community meetings in every community in which they intended to work. At these meetings, the need for the project was presented and discussed. They also supported further discussion and outreach with community leaders and other community members who were not necessary initially supportive of the project.

Another example of Concern's inclusive approach was their identification and engagement of different stakeholder groups within the community for targeted interventions. For example, husbands of adolescents and couples that were known to be having conflict were specifically targeted for participation in "Listen! Learn! Act!" Not only did this create wide coverage within communities, but it also targeted specific groups that might have opposed the intervention. This evaluation showed no such opposition within the three visited communities, despite the expression of initial reservations by parents, community leaders, husbands and society heads.

Concern's approach in providing Life Skills training to both in- and out-of-school groups in the 9-19 age group was important for effectively reaching the target beneficiaries. The out-of-school groups are comprised of boys and girls who are no longer in school, but are still within the community, many of whom are working on community farms. Concern has demonstrated effort in attempting to accommodate the out-of-school groups through flexibility in scheduling the Life Skills training to best match the needs and schedules of this more difficult-to-reach population.

Partnerships

Concern collaborated with various partners in the implementation of the ASRH project. Their most important partnership is with the communities in which the ASRH project is being rolled out. Community respondents spoke positively about this partnership with Concern. These respondents expressed their gratitude for the project and the effective collaboration in managing the issue of teenage pregnancy in their communities.

Concern signed an SLA with the government and worked closely with the MoHS. Concern staff cited a particularly strong and collaborative relationship with the National Secretariat for the Reduction of Teenage Pregnancy. Stakeholders from the Family Support Unit and the Ministry of Social Welfare, Gender and Children's Affairs spoke favourably of their collaboration with Concern, especially in terms of the SGBV referrals made by Concern and Concern's follow-up and support of their work. Concern also collaborated with the DHMT in the planning and delivering of related events.

Concern works with other NGOs on the issue of teenage pregnancy. These partners include the International Rescue Committee (IRC); IsraAid; MSF (clinical services); Marie Stopes (outreach services); and Heller Keller (contraceptive implants training). More will be said on these partnerships below.

Organisational Ability to Learn

Finally, this evaluation found that during the ASRH project, Concern demonstrated an ability to learn and adjust the project according to those learnings. As an example, in March 2017 Concern's Equality Advisor from headquarters in Ireland visited ASRH project implementation sites in Tonkolili to assess the progress from a gender perspective, and to identify potential gender implications of the project to date. Through the visit, the project team was able to identify community responses to ASRH through the institution of community level by-laws that were effectively discriminatory against girls, and to work with communities to address these issues. One staff member referred to this as a "turning point in the project," which helped redirect ASRH in a way that would potentially lead to more sustainable change. It was through this visit, for example, that the Pledge for Equality component was added to the project, and components from the "Living Peace" approach (from the "Engaging Men" project) were added to ASRH through "Listen! Learn! Act" outreach activities.

Non-Achievements

Log Frame and M&E

The log frame could have been more detailed to capture some of the impacts. For example, it would be useful to be able to track pregnancy rates within the target community, school attendance, and the reduction in SGBV. Some targets were significantly overachieved while others were underachieved. This evaluation found that this probably had more to do with the setting of the targets than anything in the project implementation. Some staff respondents noted that the targets could be set in a more realistic and reflective way in the future. The log frame's focus was heavily weighted in terms of attitudinal change. Because of the importance of behaviour change in health projects, future indicators could focus more on outcome and impact indicators that show behaviour change. There is also the need to establish indicators to track policy and institutional impact at the macro level.

Staff also noted that the volume of monitoring data created by the multi-faceted approach of the project was sometimes challenging to manage, particularly against reporting deadlines.

Capturing Cumulative Effects

Concern had been working in Tonkolili district for several years before the implementation of ASRH began on projects related to WASH and Protection. A Livelihoods project (through UK AID Match), which included the Village Savings and Loan Association component, commenced in Tonkolili at a similar time to ASRH, continuing into the first quarter of 2019. Education-related interventions are also underway. Two of the communities visited for this evaluation had also been beneficiaries of Concern's Livelihoods interventions, while the third community had been a target community for earlier WASH and Protection interventions. Moreover, another Concern project, "Engaging Men," was undertaken in 8 Chiefdoms in Tonkolili from November 2013 to March 2015, "to reduce sexual violence against women and girls in Tonkolili District, through increased awareness, changed attitudes and an improved referral system." [38] The latter project successfully drew on a Community Conversations approach and the "Living Peace" methodology, both of which were taken forward in

[38] Concern Worldwide, Sierra Leone, Endline Evaluation of Concern Worldwide's "Engaging Men to Contribute to Safer Communities in Tonkolili District Project" (November 2013 - March 2015).

ASRH programming. This evaluation found that beneficiaries were able to identify some interconnections between the projects (for example, using VSLA money to send girls back to school, following ASRH). While these multiple layers of intervention are undoubtedly positive for beneficiaries, effectively capturing and correctly attributing the impacts of discrete projects presents a significant challenge for monitoring and evaluation.

Creating Demand

This evaluation noted the significant success of ASRH in improving knowledge and awareness amongst adolescent beneficiaries, parents, teachers, community leaders and HCWs around the benefits of adolescents' access to, and uptake of, SRH services. It was also clear that this knowledge had led to an increase in demand for services and commodities amongst adolescents in the communities targeted by ASRH. One of the most significant and problematic aspects of this project, however, has been the consistent challenge of ensuring that this increased demand could be matched by a reliable supply of SRH commodities. As evidenced in the project-related video produced in mid-2017 by Concern, entitled "Reducing teenage pregnancy in Sierra Leone,"[39] the creation of demand in the absence of adequate supply was recognized by Concern as a core challenge early in the project. While Concern attempted to engage with the Government of Sierra Leone at multiple levels towards rectifying SRH commodity supply chain and distribution challenges, staff noted that they would regularly receive conflicting information regarding commodity blockages and delays and had limited success in engaging with government towards addressing shortages and commodity stock-outs. As an interim solution, Concern entered into informal partnerships with other organizations, particularly Marie Stopes, to coordinate the delivery of commodities and services through Marie Stopes' mobile clinics and outreach programmes. (Partnerships will be discussed in more detail below.)

However, the evaluation showed that there remains the significant unmet need for commodities amongst beneficiaries, and ongoing stock-out issues at PHUs. Opinions amongst Concern staff appear to be somewhat divided as to whether it is the role of an NGO to provide commodities, or whether that is a role reserved for government. However, in the absence of a reliable and consistent supply of SRH commodities, the creation of demand creates risk for project beneficiaries and potential reputational risk for Concern.

As a related point, it is important to also note that in one community, some adolescent girls in the 14-19 year old FGDs explained that they were experiencing what they believed were adverse effects from contraceptives, including sore stomachs and, for one beneficiary, menstrual bleeding that had lasted four weeks. If not appropriately addressed, there is a potential risk for both beneficiaries and Concern.

Partnerships

As noted above, part of Concern's approach to address gaps in the supply chain and distribution of SRH commodities was to partner informally with Marie Stopes, as a "short term response to the challenge."[40] Beneficiaries expressed that they were glad for the visits from Marie Stopes' mobile clinics, to help them meet the new demands that had been generated in their communities for SRH commodities, particularly contraceptives. However, while the partnership with Marie Stopes appears to have worked as a stop-gap measure to help meet the new demand for SRH commodities in ASRH communities, this was not a long-term solution to the larger challenges of access. For example, Marie Stopes' annual movement plan does not necessarily reach the same communities in which Concern has been working through ASRH, even though Marie Stopes may have been working in those communities while ASRH was being implemented. In one community, beneficiaries indicated that

[39] Video, Youtube, "Reducing teenage pregnancy in Sierra Leone," https://www.youtube.com/watch?v=5EGHRv9n8jQ

[40] Video, Youtube, "Reducing teenage pregnancy in Sierra Leone," https://www.youtube.com/watch?v=5EGHRv9n8jQ

Marie Stopes no longer conducts outreach in their village. They highlighted the expense of reaching the nearest PHU, the costs of the commodities and services, and stock-outs as barriers to attaining SRH products and services and asked for Marie Stopes to return.

Other partnerships included MSF (largely for referrals), Lion Heart Hospital, in Yele (for referrals and training), and Helen Keller International (e.g. for the training of HCWs on implant insertions and removals). Partnerships were described as organic and based on existing good personal relationships between Concern staff and staff in other organizations. There were no formal partnership agreements or MOUs involved.

While HCWs indicated they were very happy with their collaboration with Concern, it would have been appreciated if Concern had shared its project implementation plan with key PHU partners, to better enable them to plan their coordination more specifically.

Challenges with Government

While this evaluation found many examples of positive engagements with the Government of Sierra Leone, some challenges were also identified which contributed to non-achievement within ASRH. Delays in the signing of SLA, for example, presented some challenges to the rolling out of the intervention as planned, though Concern demonstrated flexibility and adaptability in responding to the delay by initially concentrating on community-level work, rather than work involving the PHUs. There were also some challenges in obtaining government cooperation to undertake HCW training in the insertion and removal of implants. While Concern met with initial resistance from within government, they were ultimately able to address this by partnering with Helen Keller International to implement the training. As noted above in the discussion on demand generation, there were also reports from staff that they regularly received conflicting information from different levels of government regarding SRH commodity stock outs and blockages in the supply chain, making it difficult to work with government towards improvements. A further challenge for consideration is attrition of HCWs, and HCW mobility between PHUs in the district, meaning that without follow up training and the training of new HCWs, some of the gains in promoting attitudinal shifts amongst HCWs towards adolescent sexual and reproductive health, and in terms of technical training (e.g. around implants) could easily be diluted over time.

Unsafe Abortion

Termination of pregnancy laws are highly restrictive in Sierra Leone, limiting women's access to safe and legal abortions only where it is necessary to save the mother's life, physical or mental health. Yet global evidence suggests that rather than reducing overall abortion rates, the absence of safe, legal options for abortion can result in women seeking unsafe abortions instead, with negative implications for maternal mortality and morbidity. Important causes of mortality include haemorrhage, infection and poisoning.[41] It is worth noting that of the estimated 25 million unsafe abortions that take place worldwide each year, nearly all of them occur in developing countries.[42] One 2015 study suggests that in Sierra Leone, unsafe abortions account for 10% of the country's already high maternal mortality rate.[43] Particularly in the global context of the reinstatement of the Mexico City Policy by U.S. President Donald Trump, many humanitarian and development organizations are unable to provide programmes and services that address abortion, even if only to provide information about it, without risking a critical loss of US funding sources.

[41] Grimes DA, Benson J, Singh S, Romero M, Gantatra B, Okonofua FE, and Shah IH. (2006) "Unsafe abortion: the preventable pandemic." *The Lancet*, Nov 25, 2006. 368(9550): 1908-19

[42] https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion

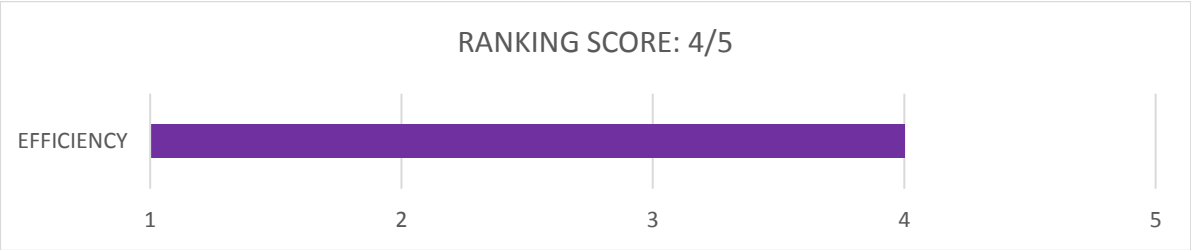
[43] Gebreselassie, Paul M, Samai M, Benson J, Kargbo SAS, et al. (2015) Unsafe Abortion in Sierra Leone: An Examination of Costs and Burden of Treatment on Healthcare Resources. J Women's Health Care 4:228.

The ASRH project did not directly or indirectly address abortion in Tonkolili. While beyond the scope of this evaluation to investigate and address, the possibility must be noted that the emphasis placed by ASRH on the benefits of avoiding adolescent pregnancy (economic and otherwise) alongside the value placed on educational achievement both by adolescents themselves and by parents and community leaders, may motivate or pressurise girls to seek abortion (likely to be unsafe abortion in the absence of alternatives) should a girl become pregnant. This aspect was not covered as part of this evaluation, but it does represent a potential risk that should be further investigated for future ASRH programming.

In summary, this project was effective in that it largely achieved its objectives. This project's effectiveness was determined by its robust design, implementation and adaptation. The major factors influencing the achievement of the objectives included Concern's previous links to the communities, the integrated approach with its compounded benefits, the strong project model, the well trained and effective staff, the enhanced level of interaction between Concern and the communities, the inclusion of communities in implementation, the collaboration with partners, and the organisational ability to learn and adapt during the project. Some of the barriers to achievement include gaps in the log frame, capturing the accumulative effects of the project, the nature of the partnerships with INGOs and difficulties in responding to the increased demand for SRH commodities and services.

Participants from Previous LS, 9-13

EFFICIENCY



Efficiency is a measure of the relationship between outputs (intervention products or services) and inputs (the resources that it uses). A project is regarded as efficient if it utilizes the least costly resources that are appropriate and available to achieve the desired outputs. Assessing project efficiency requires a comparison of different approaches to achieving the same outputs. This is easier for some kinds of interventions if the activities are standardised.

Project Budget

This project was funded by DFID with co-funding from Irish Aid. The project budget was £787,223 (DFID) plus £359,383 (Irish Aid).

The table below summarises the allotment, disbursement and variance of DFID funds.

YEAR	ALLOTMENT IN POUNDS	AMOUNT DISBURSED	REMAINING	% VARIANCE
2015/16	£39,072.93	£14,337.82	£24,735.11	63.30%
2016/17	£406,565.36	£354,300.59	£52,264.77	12.85%
2017/18	£146,174.71	£146,174.71	-	0%
2018	£195,410.00	£185,312.30	£10,097.70	5.17%

This evaluation showed that by 22 February 2019, 87% of the budget had been disbursed. The three outstanding expenditure lines are: (1) Endline, (2) Final Evaluation, and (3) End of Programme Learning Forum. DFID gave permission for the lines to be spent by the end of March 2019, at which time 95% of the budget will be disbursed. The reason for the underspent funds is largely attributed to some salary lines where staff have left positions that were not filled. This remaining 5% (£10,097.70) is within the DFID guidelines of a +/- 5% variance. The wide variance for 2015/16 (63.3%) was largely due, as noted above, to the delays in initial staff recruitment and the signing of the SLA by government.

Reporting was discussed and examples of reports shown, including the monthly programme review (programme manager) and the quarterly and annual reports for DFID and Irish Aid. Communication and feedback were good. There was no evidence of any major problems or adjustments to the budget during the project cycle. The quarterly budget revisions were discussed, which are in place to monitor and make changes to the budget. The UK Direct funding was discussed, and the fact that underspending from one year cannot be carried over to the next year. The financial monitoring and reporting systems are sound. According to the DFID assessment of financial systems, the project scored an A.

Value for Money (VfM)

It is becoming increasingly important for stakeholders that development funds should be used as effectively as possible.[44] That is, aid should work as best as it can and needs to be well targeted and managed. In development cooperation, this concept is referred to as value for money (VfM). VfM is defined as the "best balance between the "three E's" – economy, efficiency and effectiveness."[45] VfM cannot be assessed by using one of these dimensions in isolation. Sometimes a fourth "E" is added, that is, equity, which highlights the importance of reaching different groups. VfM is not a tool or a method but rather a way of thinking about how best to use resources.

DFID's purpose of the VfM approach is to "develop a better understanding (and better articulation) of costs and results so that we can make more informed, evidence-based choices. This is a process of continuous improvement."[46] This means that DFID aims to maximise the impact of each pound spent to improve poor people's lives. VfM should strive for quality at the lowest price. DFID notes that the VfM agenda is driven by increased transparency and accountability in their operations.

This evaluation follows the VfM format used by Concern in its annual reporting to DFID. This format covers the areas of: Economy, Efficiency, Effectiveness and Multiplier Effects. This list is not exhaustive and 3-6 illustrative examples are provided for each area.

1. **Economy:** Did Concern buy inputs of the appropriate quality at the right price?

    - The baseline survey cost was reduced from £39,080 to £19,499 by carefully selecting a suitably qualified national consultant.
    - All asset procurement and availing services are subject to Concern's procurement policy, which is applied based on the value of the commodity and services requested. For example, it was applied to the procurement of IT equipment, vehicles, catering services and PHU items.
    - The video produced during year 2 was utilised during year 3 as it was still relevant. Thus, no new costs were incurred for a new production.
    - Concern pays specific attention to the project's Cost-Drivers to assess which costs, if they change, will impact the project most. Cost-Driver analysis is regarded as key in VfM analysis. Concern Sierra Leone liaises with the Concern Worldwide UK office, which runs a VfM Money Working Group to advise on all DFID projects and collate VFM information from all Concern's DFID projects.
    - Contraceptive implant training costs were co-funded (in kind) by MoHS who provided some of the commodities and materials required for the practical sessions.
    - Support staff are hired in a way to support the whole organization rather than a particular grant/project. Their time is shared across projects based on the time sheet that each staff submits.
    - The fleet system is set-up to serve the entire organization rather than a particular grant or project. This allows Concern to buy bulk fuel and any repairs and maintenance costs are shared across the projects and grants based on the vehicle mileage report, which captures movements for each project.

[44] OECD, Development Co-operation Directorate, Value for money and international development: Deconstructing myths to promote a more constructive discussion, May 2012, http://www.oecd.org/development/effectiveness/49652541.pdf

[45] OECD, Development Co-operation Directorate, Value for money and international development: Deconstructing myths to promote a more constructive discussion, May 2012, http://www.oecd.org/development/effectiveness/49652541.pdf

[46] DFID, DFID's Approach to Value for Money (VfM), July 2011, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67479/DFID-approach-value-money.pdf

2. **Efficiency:** How efficiently did project inputs convert to outputs through project activities?

    - Project staff continued to be based within communities reducing time and cost associated with travel.
    - The Community Conversation approach identified and trained community members to facilitate the groups. This approach resulted in increased coverage at a lower cost.
    - The Pledge for Equality added to the enthusiasm for community based initiatives which strengthened the messages delivered through Life Skills, CC and Living Peace.
    - In 2018, contracts were signed with a fuel supplier to enable the refuelling of motorbikes at designated field sites. This enabled staff to reduce visits to the office allowing more implementation time and savings on fuel usage.

3. **Effectiveness:** How well did the project outputs achieve the desired outcome of poverty reduction/changes to beneficiaries and target groups?

    - Life Skills, Community Conversations and facilitated outreach sessions with parents and husbands of adolescents and community leaders proved to be effective. This was done by creating knowledge and awareness of issues, creating ownership of actions and behaviours and creating a momentum for change in terms of demand for contraceptives, personal agency and intolerance of SGBV.
    - Concern advocated at the district and national level and partnered with other organisations who were able to respond to the increased demand for family planning and menstrual products.
    - In 2018, Life Skills participants were provided with hygiene products and clothing items. For example, girls were given reusable sanitary pads sourced from two local organisations in Bombali and Moyamba. The helped reduce the number of days of school missed by adolescent girls who were menstruating.

4. **Multiplier Effects:** Have there been or does Concern anticipate multiplier effects from this project?

    - The Irish Aid integrated funding for the period 2017-20121 was granted to scale up the intervention as part of a wider programme. Gaps that were identified during the Irish Aid programme design included:
        - Providing training for PHU staff on treating rape as a medical emergency in order to reduce instances of teenage pregnancy occurring as a result of rape
        - Creation of safe spaces for girls and boys to allow them to develop skills or simply have a place to relax, play or socialise
        - Training for teachers to better co-facilitate Life Skills
        - Provision for printing IEC materials in addition to the current project design.
    - Complementary components of the integrated programme include income generation activities, improvement of literacy in primary schools, and Living Peace – which is an approach that examines gender norms and ultimately reduces gender based violence. By addressing these other components, a more comprehensive package is offered to adolescents and the multiple layers of influencing actors that surround them.
    - It is anticipated that the Life Skills training, including the sessions with parents and husbands, will be used as part of an initiative run by Freetown City Council.
    - Concern will be embarking on a DFID funded project, which will utilise the Life Skills curriculum for out-of-school adolescents (EAGER) in 4 districts including Tonkolili. Some of the staff previously working on the ASRH life skills component will transfer to this program ensuring experienced and well-trained staff are not lost and can be used to add value to new programs.

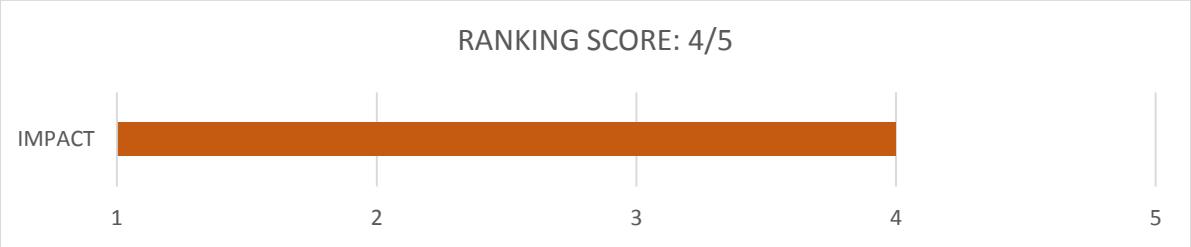
- Results of the final evaluation will be disseminated to partners and government to highlight the methodologies and initiatives which provided the best results as well as discussion of recommendations for future programming.

This evaluation found that the ASRH project scored well for VfM. The project managers were aware of VfM and there is evidence in the above examples that adjustments have been made in order to improve VfM. If the fourth "E " of equity is included, it is clear that the project achieved wide and equitable coverage (11% of the district – calculated by population), and that Concern staff are working towards improving the coverage, both in terms of the district and national coverage. Finally, when assessing VfM, it is also important to ensure that there are clear objectives and parameters. The ASRH project had clear objectives and parameters, including acceptable timeframes and levels of risk.

Two main challenges were noted in assessing efficiency. One, the initial recruitment of staff took longer than anticipated. This was due to the high number of staff and many of the staff recruited were internal and because they were working on other Concern projects, they were only available from April 2016. These delays resulted in some salary costs budgeted for Year 1 that could have been used in Year 2. Concern noted that it could "be more realistic in salary budgeting at the beginning of future projects."[47] Two, even though the Service Level Agreement (SLA) was submitted to the MoHS in December 2015, Concern only received temporary approval on 5 January 2017.[48] This resulted in delays and the project having to refocus its efforts into areas like Life Skills. This is a difficult and important issue, and out of Concern's control, yet it was noted that perhaps SLAs could be submitted even earlier with regular follow-up.

In summary, this evaluation found that the project was implemented efficiently. This evaluation showed that the team: acquired appropriate resources with due regard for cost; implemented activities as simply as possible; attempted to keep overheads as low as possible; achieved deliverables on time and budget; and addressed duplication and conflicts. The assessment showed that there was good VfM according to the project economy, efficiency, effectiveness and multiplier effects. Challenges related to delays in the initial recruitment of staff and the approval of the SLA by the MoHS.

IMPACT



Impact is a measure of the notable intervention effects on the beneficiaries, be they positive or negative, expected or unforeseen. It is a measure of the broader intervention consequences, e.g. social, political, economic effects at the local, regional and national level. It can be difficult measuring the intervention impact in proportion to the overall situation of the target group.

Two central challenges in assessing impact are dealing with effects that are numerous and varied (boundary judgment) and the result of complex interactions (attribution). This evaluation used the principals of systems theory (understanding complex adaptive systems) and probability-based inferences (assessing what would have happened if the intervention did not occur) to assess impact.

[47] Concern Worldwide, ASRH Project, UKAD Narrative AR Report Yr 1 Mar 2016_Concern SL.

[48] MoHS, 5 January 2017, Temporary Approval of Concern's Service Level Agreement.

As stated above in *Effectiveness*, this evaluation is unable to show the overall quantitative impact goal of "reduced adolescent pregnancy rates in Tonkolili, Sierra Leone." This highlights the importance of community specific baseline impact data that can be internally verified at the end of the project and is independent of external sources that may not be available at the end of the project.

Qualitatively, this evaluation found that community members and health care workers in project sites claimed that the ASRH project was largely, if not wholly, responsible for what they perceived as lowered community teenage pregnancy rates. At all three field sites, community respondents claimed that teenage pregnancy had reduced dramatically. A community leader said, "We are happy our girls are healthy and not dying anymore." These community reports cannot be verified quantitatively yet there was enough triangulated reporting across the various community stakeholders (including girls, boys, parents, co-facilitators, teachers and community leaders) to warrant serious consideration.

In exploring whether the programme supported people who otherwise would not have received support, this evaluation showed that from 2016-2018:

43	Communities in the Tonkolili district participated in the project
7,088	Adolescents were trained in Life Skills – 3,642 girls (51%) and 3,446 boys (49%)
650	Life Skills sessions were conducted
32	Community members were trained as Life Skills Co-Facilitators
188	People were trained in CCs – 94 women (50%) and 94 men (50%)
351	CCs took place
22,113	The total attendance of CCs
358	People received PHU training – 339 women (95%) and 19 men (5%)
7	PCU training sessions were conducted.

These numbers are only significant if there was observable and sustainable impact over the programme period.

Impact can be divided into three levels: micro (individual), meso (community, groups, and organisations), and macro (policy and institutional).

Given that the project was only three years in duration, macro impacts are not yet expected, though there is evidence that Concern has been actively involved in policy processes and aligned with government initiatives. While attribution is not possible, it is likely that Concern's efforts in advocacy and its engagement with the government may have contributed to the current attention from government to issues of early marriage and adolescent pregnancy. A staff respondent noted, "Certainly this project has contributed to the new agenda in Sierra Leone." Further, there are examples of initiatives that could contribute to this level of impact in that they illustrate the first steps taken in attaining macro level impact. A follow-up evaluation in 2-3 years' time would be able to discuss in more detail the developments and achievements of these initiatives outlined below. There is strong evidence of impact on the first two levels (micro and meso). Respondents reported change at multiple levels within the communities. As one community leader stated, "Concern has changed children, families, homes and the community."

Micro Level Impacts

At the micro level, there were numerous examples documented in the programme data and obtained from the KIIs and FGDs of how the programme impacted individuals. The vast majority of respondents noted that the ASRH project had led to significant and enduring changes in their *knowledge, skills, attitudes* and *behaviour*. This analysis will address micro-level impacts across each of these areas.

Knowledge

Beneficiaries spoke clearly in all three communities about improvements in the levels of knowledge related to adolescent sexual and reproductive health, including pregnancy. In the FGDs, girls in the younger age cohort (aged 9-13), who had been through Life Skills curriculum, cited learning related to the importance of clear communication about sex; the physical risks of early pregnancy; what constitutes inappropriate touching; STIs; the risks of sex without condoms; and the linkages between adolescent pregnancy and poverty. Boys of the same age who had completed the Life Skills curriculum reported having learned about the importance of education; risks related to HIV and STIs; the importance of contraception; the potential consequences of early sex (such as disease and the responsibilities of being a father); and how to be role models in the community. Many of these younger boys also cited having learned about the importance of abstinence. For example, one boy stated, "We need to be abstinent to that we can be educated, and then we can choose our family and provide for them."

Adolescent beneficiaries in the older age groups (aged 14-19) who had completed the Life Skills curriculum were also able to identify learnings. For example, girls in this age group reported having learned about menstruation; the physical risks of early pregnancy; and how to avoid STIs and pregnancy through condom use. Boys in this age group stressed that they had learned the importance of education, which could be compromised by becoming a father at an early age.

Parents, caregivers, teachers and community leaders also reported significant learning through the project, particularly through their participation in CCs and also through the Pledge for Equality. Female parents and other community members reported they had learned about the importance of treating boys and girls equally, including the importance of sending girls to school. In one FGD, female parents indicated they had learned it was important to prevent teenage pregnancy so their daughters could better look after them in their old age. A female Society Head (Sowie) said that while Bondo had not been directly addressed by the project, she had learned from Concern that girls under the age of 18 were not legally allowed to give informed consent for initiation, and that it was illegal to remove a girl from school for Bondo. Male parents and key community stakeholders also reported knowledge gains, including improved knowledge of children's rights; the importance of consensual sex, including within marriage; the importance of education for adolescent boys and girls; and the risks and negative social, economic and health impacts of early marriage, early pregnancy, and sending young girls for initiation.

Community Story
Two years ago, I received a message that a 13-year-old was about to be taken to the Secret Society. I said "no" because she is below the age of consent. I contacted the government authorities and they intervened. The girl was not taken to the Secret Society and she went back to school. She is a very good student and I am happy to say that since then we have had no underage girls going to the Secret Society.
Teacher, Male

Skills

Beneficiaries and community stakeholders also reported skills gains as a result of the ASRH project. Girls and boys in the 9-13 year old FGDs asserted that they had learned important skills in smart thinking (the 6 steps of "Smart Thinking" from the Life Skills curriculum: stop; what; where; consequences; consider; choose) which helped them to consider options and consequences of their behaviour, and to make better, "smarter" decisions. This was also reported in the older age FGDs. For example, one girl (14-19 FGD) who had taken part in the Life Skills curriculum said that before the ASRH project, she used to sneak out of the house at night if there was a dance nearby. However, she said, when she started to use "smart thinking" she began to ask herself what might happen, and what the consequences could be. A staff respondent stated, "If we feel we have impacted on the adolescents themselves in making informed choices, [then] that is very impactful." Across sexes and age cohorts, adolescent beneficiaries also reported the attainment of new skills to more effectively engage with and speak to their parents, including but not limited to topics of sexual and reproductive health.

Parents, teachers, CC Co-Facilitators and other beneficiaries also reported the attainment of new skills through ASRH. In all communities, parents reported that they had gained important communication skills which enabled them to more effectively engage with their adolescents, including around sexual and reproductive health. One father said, "I can now speak to my children at the right level, including about health and sexual issues." CC beneficiaries, who often highlighted the "Living Peace" component of CC as being particularly beneficial for learning skills, related to conflict negotiation and the prevention of violence within homes, both between parents and adolescents, between adults and other community members, and between parents themselves. One female CC Co-Facilitator expressed that through the training she received from Concern, she now has the skills to resolve community level conflicts that would previously have ended up in court for resolution, saving those involved the expenses involved in taking their dispute to court.

Community Story
In one community, a 17 year old girl was sexually involved with her teacher. She became pregnant but lost the child. While the girl did not want to continue with the relationship with her teacher, her mother was pressuring her to do so, as she felt it would be a way for her daughter to access food. The girl confided in one of Concern's Field Youth Trainers, sharing her situation. The Field Youth Trainer encouraged the mother to attend "Listen! Learn! Act!" and engaged the mother, the teacher, the principal and the adolescent girl to address the situation. Following "Listen! Learn! Act!" and the intervention by Concern, the girl's mother changed her position and encouraged her daughter not to be involved with the teacher, but instead encouraged her to continue with her education.
Field Youth Trainer, Female

Health care workers also reported that they had gained skills and training to better address the sexual and reproductive health needs of adolescents, including communications and relational skills. One health care worker said that, "The project has gone a long way to improving our relationships with adolescents." Technical skills were also gained through ASRH. For example, two health care workers spoke about the importance of staff training on implant insertion and removal, which had significantly increased the number of health staff who were able to offer this service in PHUs across the district at the time of this evaluation.

Attitudes

This evaluation found that the ASRH project had an impact in prompting a range of attitudinal shifts amongst beneficiaries and stakeholders. The evaluation also found that there had been other notable

attitudinal shifts attributable in part or in whole to ASRH that had not been included in the log frame. For example, there were no indicators related attitudes to gender roles and norms, or to different forms of interpersonal violence.

Beneficiaries spoke strongly about shifts in attitudes towards adolescent pregnancy and early marriage. Evidence suggests that for adolescents, knowledge gained through Life Skills translated into attitudinal shifts in terms of their own intentions to avoid pregnancy or fatherhood at an early age. In one community, girls in a 9-13 year FGD said that while many of their older sisters had gotten pregnant early, they did not want to, because they now knew how to prevent pregnancy and understood what the dangers were. One boy (14-19 FGD) said that after ASRH, "We tell girls that they should not get pregnant."

One of the most obvious shifts to emerge from FGDs with adolescent boys and girls across both age groups (9-13 and 14-19) related to attitudes around education. "We know we must focus on education," said a boy in (9-13 FGD). A CC Co-Facilitator shared a story about a girl she had known who was "desperate to get married early" but was now studying in Makeni after having changed her mind through her participation in Life Skills. Shifts in the aspirations of adolescents were also apparent, expressed in the desire to continue their educations, and to be role models in the community. In every community, the impact of ASRH on attitudes around education was also expressed in beneficiaries' multiple requests for more support for adolescents who had left school due to pregnancy or fatherhood, but who had gone through Life Skills and now wanted to return to school.

Community Story
One girl was 14 when she became pregnant. This pregnancy made her shy, very ashamed. She was so shy that she stopped mixing with her friends, and she stopped going to school. She delivered the baby and then the Concern training started. She went to the Life Skills training and she learned that delivery is not the end of life or her education. She learned that she must continue with her education. The Life Skills gave her strength, and she started school again.
Life Skills Co-facilitator, Male

A theme across all adolescent beneficiary focus groups was a shift in many adolescents' attitudes towards their parents. One girl (9-13 FGD) noted how she now felt she could encourage her parents to talk and resolve conflict peacefully if they were quarrelling. Others spoke about having more open and respectful attitudes to their parents, following Life Skills.

Some adolescents suggested they now had more confidence in their ability to assert themselves. To illustrate, in one FGD with 9-13 year old girls who had gone through Life Skills, one girl (to nods of agreement from others) explained that before ASRH, men and boys would touch their "breasts or their bums" and encourage them to be sexually active, but that this has now stopped. While there may have been other reasons for this shift, the girls believed it had stopped because these men and boys now knew the girls had the confidence to tell their parents what had happened.

There was also evidence amongst some beneficiaries that attitudes towards members of the opposite sex had shifted. For example, one boy (9-13 FGD) shared that the ASRH had "changed our attitudes" about girls, explaining that they no longer play games involving sexual touching of girls behind the houses. Another boy (14-19 FGD) said, "Now we see girls as our sisters; we do things in common and discuss things together." Another boy noted that they now involve girls in decision-making, explaining that, "Strong men talk to their girlfriends."

Amongst parents, teachers and community leaders, there were also accounts of attitudinal change towards adolescent pregnancy, early marriage, education, and access to sexual and reproductive health services for adolescents (particularly contraception). Importantly, some of the strongest

accounts of attitudinal shifts recounted by beneficiaries were not reflected or captured in the log frame and related to shifts in attitudes around gender roles and assumptions.

Amongst male and female adult beneficiaries in communities, though FGDs and KIIs, there was a strong assertion that the ASRH project had shifted attitudes around adolescent pregnancy and early marriage both in terms of encouraging adolescents to avoid adolescent pregnancy and early marriage, and how to address adolescent pregnancy if it did occur. One father of two girls who had been through Life Skills said that before ASRH, the girls, who were "both strong," would have been taken out of school to do farm work. However, because Concern had highlighted the importance of education, they were now in school instead. In one community, parents spoke about a shift in attitudes around "punishing" adolescent boys and girls if a girl became pregnant by removing them both from school: "It is our community law that if a boy makes a girl pregnant, then both have to stop their schooling. For the boy, it is a punishment for stopping her education." Following the ASRH project, they now allow both the boy and the girl to remain in school. In all communities, there were indications that at least part of the shift was underscored by an economic rationale, with some parents expressing their belief, following ASRH, that it was better for their children to be educated, so they could then look after them in their old age. " As one father explained, "The children can now finish their school, and that is good for the family's future."

Community Story
There was this girl and boy who were in a relationship. They were 15 and 16 years old. The girl fell pregnant and the families decided that the girls and boy had to leave school. His parents sent him to work on the farm. The ASRH project started just before the time the girl delivered her baby. I went to the parents and asked them to let the girl go back to school. They considered what I said and went to speak with the boys' parents. Together they decided that the boy and girl should return to school. Both the girl and boy are back at school. Without Concern, the boy would be working on the farm and they would not be educated.
Life Skills Co-facilitator, Male

There were also indications of significant shifts in the attitudes of parents, teachers and community leaders towards adolescents' information- and health-seeking for sexual and reproductive health services. In FGDs, mothers of adolescents described how prior to ASRH, any discussion with their adolescent children related to sexual health and pregnancy was "taboo," particularly between fathers and daughters. Now, parents reported that it was more acceptable to have such conversations with their children, and to encourage them to seek sexual health services from PHUs. It is important to note that such shifts have not taken place for all those living with the beneficiary communities. Women in one focus group, who had been through CC and whose children had been through Life Skills, noted that while they as parents are now encouraging their adolescents to go to the PHU, they encourage them to "go quietly" as there are still some community members, especially men, who disagree.

Changes were also highlighted amongst project beneficiaries in relation to attitudes around SGBV (in particular intimate partner violence), and around gender roles and norms within households and communities. While attribution to ASRH alone is not possible, ASRH activities such as the Outreach (Listen! Learn! Act!), CCs, Life Skills and the Pledge for Equality all addressed issues of gender equality and SGBV, and some beneficiaries provided very specific examples of shifts in attitudes they attributed the ASRH programming. This will be discussed in further detail below.

Finally, there is evidence of important shifts in attitudes from HCWs in terms of their interactions and engagement with adolescents. In all communities, adolescent beneficiaries noted that they now felt comfortable to go to the PHU for SRH services or information, whereas they had felt it difficult to do so before. One girl (14-19 FGD) said, they are now treated well by PHU staff, whereas before ASRH, "The nurses would say, 'you are too young' and judge you." However, HCWs also shared a reluctance

or refusal to distribute condoms to girls who asked for them, believing that the condoms would be inappropriately used as balloons or as elastic bands for the girls' hair. Field staff noted that while male condoms used to be distributed during LS sessions when Concern had an HIV mainstreaming staff position, this no longer happened.

Behaviour

Amongst adolescent beneficiaries, there was significant evidence of behavioural changes, attributable or partially attributable to ASRH, in relation to education; behaviour with their parents; and their own sexual and sexual health-seeking behaviour. Boys and girls in FGDs reported that they now took school more seriously and would study more regularly, particularly as they were spending less time with boyfriends or girlfriends. A common theme amongst both male and female adolescents, as well as their parents, was that adolescents now behaved "more respectfully" with their parents and were more "obedient" than before ASRH. Particularly amongst the older age adolescents, many described how they now "sit and talk" with their parents. Many indicated that this has improved relationships between parents and adolescents and has resulted in less household level conflict and more "peace" within families.

Community Story
There is a boy in the community who used to abuse his parents. If they asked him to do something, he would shout at them and threaten them. He would then ride up and down the street on his motorcycle. All the small children would run away because they were scared that he would knock them over on his motorcycle. This boy started attending Life Skills and his behaviour started changing. He became respectful and began helping his parents and other community members. The community noticed this change and they praised Concern, saying, "he was not like this before. Concern has changed him and made him a man."
Youth Leader, Male

Adolescent boys and girls also described behavioural changes that had taken place, due to ASRH, in relation to sexual behaviour and sexual health-seeking. For example, some adolescent boys (9-13 FGD) reflected that they no longer touched girls sexually in the games they played. Older girls reported that boys were now more actively taking responsibility in their sexual relationships to avoid pregnancy. In one FGD, an adolescent girl (age 14-19) noted that before the project, when a man or a boy wanted to have sex, "they will now ask about prevention." There was general agreement in FGDs with both boys and girls that they now talk about sex, and that they do seek sexual health services, including contraceptives, from PHUs. Adolescents highlighted important changes in the behaviour of HCWs at PHUs. They reported that before the intervention, staff at the PHUs treated adolescents respectfully and would now "talk nicely to them." There were concerns, however, about the availability of commodities, which is addressed below in *Sustainability*.

Parents, teachers and community leaders also described behavioural change they attributed to ASRH. These adults affirmed the accounts of adolescents that they now studied more, and that school attendance had improved. In each site, adult focus group discussants and key informants indicated there had been at least 4 or 5 girls who had been given birth and been out of school, but who were now back in school following the ASRH project, rather than having been sent to the farms to work, or otherwise sent away from the house.

Parents, teachers and community leaders described how the CCs and the "Listen! Learn! Act!" outreach had changed their own parenting behaviour, enabling them to better communicate with and support their adolescent children without violence. One parent said, "We had no time to talk to our children; and [now] they are happier. We are happier." Across all sites, there were stories of reductions in violence ("flogging" or "beating") from parents to discourage or punish their adolescent

children. One mother recounted how in the past, if she had discovered her teenage daughter was sexually active, she would have flogged her, kept her in the house, and "put her on starvation" for two or three days. However, she had noticed this did not change her daughter's behaviour. After her daughter had been through Life Skills and she had been part of CC and outreach, they began to talk to each other and resolved their issues peacefully. Parents also suggested their adolescents behaved more respectfully and included them in decisions. Many parents said they now actively encouraged their adolescents to visit the PHUs for SRH services and supplies, especially contraception.

Community Story
My uncle never accepted that his girl could do family planning. He believed that if a girl starts family planning, then she has been pushed into the streets to be sexually active with boys. My uncle went to one of the CC meetings and his mind changed. Now he believes that family planning prevents pregnancy and decreases diseases. And it results in better outcomes for education. He supports his daughter's family planning. My uncle now encourages and monitors other children, making sure that they can get family planning and stick to it.
Life Skills Co-facilitator, Male

One of the most common behavioural shifts reported amongst all adult FGDs and many KIIs was a reduction in interpersonal violence, particularly intimate partner violence, as well as notable shifts in the gendered division of labour. Men and women repeatedly reported significant changes in their own lives in this regard. Through CC, outreach, and the Pledge for Equality, men and women shared that husbands would now help their wives with household work including child care, cooking, and even carrying firewood (a task which women stressed had been taboo for men in the past). There were multiple first-hand reports from women who had been beaten by their husbands, saying that the violence had now stopped or significantly reduced. One woman recounted how, before ASRH (CC and outreach), her husband would beat her just for going out, even if she was only meeting and talking with female friends, but this no longer happens. Another woman shared that before the intervention, her husband used to force her to have sex, even if she did not want to, but that this has now changed. Beneficiaries spoke strongly about the positive impacts of these changes in their own lives, and of the increased peace and happiness within their homes.

Community Story
A woman in one community explained how the ASRH project had impacted her life. Before the project, she had given birth to nine children. She did not want so many children, but her husband would not allow her to use contraception. There was not enough food for everyone in the family. During that time, they would go to the farm to work. She would be pregnant, with a load on her head, a baby on her back, and both her hands full, while her husband walked behind her carrying nothing or very little. "He did not even want to see that I was carrying this load," she said, "and he would beat me if I asked for help." If they cooked a fowl, her husband would eat all the best pieces, and most of the meat. The ASRH project involved her and her husband through CCs and the Pledge for Equality. Some of their adolescent children took part in Life Skills. According to this woman, things changed significantly in her life. Her husband began to share the load on the way to the farm, stopped beating her, and began to help with the children and the household work. Now, she said, if they cook a fowl, he will share everything with her. If he has money, he will bring it home, and decisions are made between them about how to spend it. She is taking contraceptives, and some of her children are in school. She said she is now healthier and stronger than before ASRH and held up her arms to show her strength. "Now I am happy," she said.
Community Member, Female

Meso Level Impacts

At the meso level, there were numerous and compelling examples of impact, many of which are built upon the changes described at the micro level. Examples of this include community-level reports of a reduction in teenage pregnancy and improvements in school attendance (due to factors such as increased prioritization of education, the return of girls and boys to school following an early pregnancy, and the provision of menstrual hygiene products to girls). Through CCs and outreach, there were also reports of improvement in the community's collective levels of knowledge around issues related to adolescent sexual health and well-being and the importance of education.

Community Story
There is a youth in town who was very sexually active in the community. She had no respect for elders and others. She was very active with the boys. She used to abscond from home with boys. She then attended the Concern Life Skills training, and everything changed for her. She told me: "I have learned something that has changed my whole life." Now, she is in school and she is different. She stood up to her boyfriend and is now helping other girls; supporting them and helping them to deal with their boyfriends. She tells the other girls to stay in school. I have seen a gradual and sustainable change in her. I have great joy in seeing this change in our community.
Life Skills Co-facilitator, Male

The multi-faceted approach of ASRH, including its inclusion of gender issues through the Pledge for Equality and within CCs and Life Skills, appears to have also contributed to improvements in relationships within families and between partners, and less violence within communities. In all communities, beneficiaries reported positive impacts on collective community happiness and well-being, citing, in particular, the impacts of men's contribution to household work previously considered to be the domain of women, as well as the reported reduction in intimate partner violence. CCs appeared to be providing a platform for the ongoing discussions of issues affecting communities, and the CC Facilitators' role as leaders in their communities was also raised.

Community Story
A 16 year old boy became sexually involved with a married woman. While he did not wish to continue the relationship, the woman threatened to kill him if stopped seeing her. The boy has been through Life Skills and approached one of Concern's Field Youth Trainers to share his problems and his fears. He was counselled and given support to address the situation and end the relationship, as he wanted to. Several weeks later, he had learned that the threats from this woman were idle threats, and the situation was resolved.
Field Youth Trainer, Female

In a positive unintended impact at the meso level, some community members noted that with reduced adolescent pregnancies and reduced conflicts in the community, they were saving money that may otherwise have been spent on emergency care (e.g. transportation and surgery) and the cost of court expenses to settle disputes.

In one community, a woman also spoke about ASRH having changed her husband's perspective on contraception use not just for their adolescent daughter, but also in their own relationship. While she had not been allowed by her husband to use contraception before the project, she was now doing so.

Adolescents who had gone through Life Skills reported that they shared what they learned from the programme with their younger brothers and sisters as well as their peers. However, some also noted that this was not as impactful as going through Life Skills oneself, as they did not feel they could effectively share everything that they had learned.

Community Story
My friend's girlfriend became pregnant. Their parents took them out of school. I went to speak with my friend and his parents, and they let him return to school. Because he went back, his girlfriend also went back to school.
Participant in 14-19 Life Skills, Male

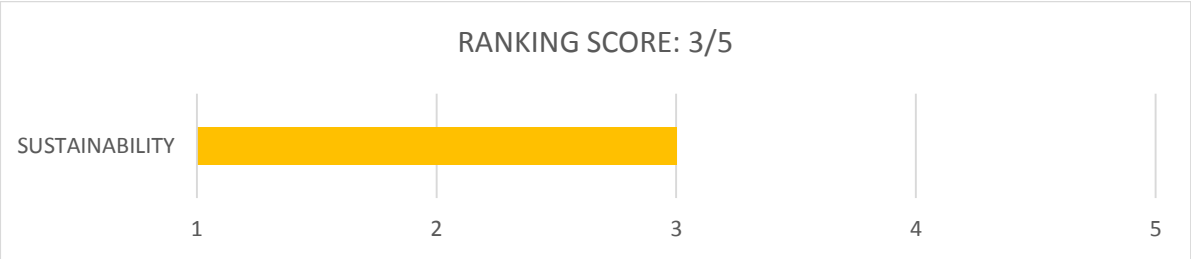
One potentially negative unintended impact of ASRH's success in promoting the importance of education and the return of young parents to school is that the burden and expenses of childcare have, in some cases, been transferred to the parents of the adolescents. One husband and father explained, "I worry for my wife. Now that we have sent our daughter back to school, my wife carries the daughter's baby. This is a big burden for my wife and our household. We support her going back to school, but our lives are heavier because of it." ASRH did not specifically support caregivers, though in some cases, there may have been some support available through Concern's other projects such as Linking Agriculture, Natural Resource Management and Nutrition (LANN) and its integrated programme, including Village Savings and Loan Associations (VSLA).

While a full analysis is beyond the scope of this evaluation, it is also important to note that some of the impacts reported here at both the micro and meso level may be attributable in part to the accumulated effects of Concern's programming in the communities of Tonkolili. For example, in one community, women spoke about how they were able to use money from the VSLA to send adolescent girls back to school following a pregnancy. Other beneficiaries had been previously been part of projects such as "Engaging Men." A strength of Concern's programming (while presenting challenges for the attribution of impact) is in carry-over into new projects of components from past projects found to have been effective. For example, aspects of the "Living Peace" approach from "Engaging Men" were integrated into ASRH (e.g. in "Listen! Learn! Act!"), potentially reinforcing and amplifying impacts from previous project work.

Community Story
A friend of mine is older than me. He used to tell me to escort him to his girlfriend's house so that he could have sex with her. I started going to the Life Skills and I realised that I needed to talk to my friend. It was not easy because he is older than me. Life Skills gave me the strength and so I told him that he should not be having sex with his girlfriend. I told him all the bad diseases that he could get. My friend became very afraid and he stopped having sex with his girlfriend. He told her that they must abstain and finish their education. They no longer have sex and they are both in school.
Previous Participant (13) in 9-13 Life Skills, Male

In summary, this evaluation showed that the project had a significant impact on individual and community beneficiaries. All three communities stated that since the project started teenage pregnancy has reduced in those communities. This project has also contributed to gender equality, school attendance, and the reduction of SGBV. Respondents provided strong examples of changes in knowledge, skills, attitudes and behaviour, and the transfer of learnings to other adolescents, parents, and community members. While there are no discernible examples of macro impact, Concern has been actively involved in, and continues to contribute to, relevant policy processes, government initiatives and strategies.

SUSTAINABILITY



Sustainability is a measure of intervention benefits after external support has been completed. Many interventions fail once the implementation phase is over, mainly because the beneficiaries do not have the resources (human or financial) or motivation to continue the programme activities. Sustainability has become a core theme in evaluations, as international and national stakeholders emphasize autonomy, ownership, self-reliance and long-term improvements.

This evaluation found that the components of the ASRH project can be sustained. The project's economic sustainability is evident in Concern's theory of the drivers of poverty, *How Concern Understands Extreme Poverty*, which states that reducing inequality is a key influencer in reducing poverty. This project addresses these drivers by aiming to reduce teenage pregnancy and encourage girls and boys to stay in school. While this project does not specifically work on economic empowerment, the need for adolescent livelihood opportunities was strongly highlighted by beneficiaries in all evaluation sites. While environmental sustainability is not the focus of this project, the focus on the reduction of teenage pregnancy will reduce human impact on the environment through population reduction. The project's social sustainability is most evident in its engagement of a wide range of community stakeholders and working on attitudes, skills and behaviour change.

Sustainability is now discussed in detail under the following headings: (1) Life Skills Training, (2) Community Conversations, (3) PHUs, (4) Ownership, (5) Partnerships, and (6) Project Upscale, Replication and Transfer.

Life Skills Training

As discussed above, the LS is the key activity of this project. There has been significant community buy-in, involvement and ownership of the training. The main reasons for this are the community involvement in the whole project cycle and the selection of facilitators from within the community. During the field visits, beneficiaries noted that the LS training had been adopted and managed by the community. There was evidence that the training had continued beyond Concern's involvement but there were issues with the training frequency and quality.

In the two communities where Concern was still implementing ASRH, there were obvious signs of community engagement. In the community that participated in ASRH in 2016, the LS training was not being delivered consistently by the trained community facilitators. Beneficiaries asked directly for more LS training and stated that many of the younger children had not received the first 9-13 year old training. As already discussed, after three years, one man is now responsible for the training of both age groups and the female and male groups. The female facilitator left the community. This resulting situation is particularly problematic for the two girls' groups, where – given the sensitive nature of the topics – the groups should be facilitated by a female facilitator. This situation is not sustainable without the recruitment, training and support of at least 2-3 more facilitators in that community.

Beneficiaries also noted that the project would be more sustainable if the training period was longer and Concern continued with ongoing support and training after the end of the project. It should be noted that Concern does train teachers at the beginning of the LS roll out to ensure they have a foundation in facilitation techniques and the programme format. Concern also trains co-facilitators before the LS roll out, with ongoing coaching throughout the twelve week cycle. However, co-facilitators indicated that this is not enough, as they need ongoing training and support after the training cycle.

Field staff also highlighted a challenge in the roll out of LS under the new integrated programme, in that each session is now rolled out in a community over one day, as opposed to three days under ASRH. This has meant that any adolescents who miss that one day are unable to make the session up on a different day.

One option for addressing sustainability, currently being explored by Concern, is the integration of the LS curriculum into schools through the education department. Concern has demonstrated the effectiveness of the LS modules through ASRH. While scale up and integration of such a model into a national curriculum comes with significant challenges, respondents highlighted the importance of continuing with these efforts, in view of transferring ownership to the government.

Community Conversations

Community respondents spoke highly of the CCs. For example, a respondent stated, "The weekly CC sessions are important for us because it is one way of keeping all the good things of the project going." One of the strengths of the CCs is that the CC facilitators are also community members. Concern trains them at the beginning of the training cycle. Another strength is that there are no monetary incentives for CC facilitators and thus no gap is created when the training cycle ends and ASRH leaves the community. However, this evaluation noted that some field staff argued that incentives or stipends for CC facilitators and non-staff LS facilitators could help strengthen the sustainability of the model. Despite the clear strengths of the CC model, beneficiaries and staff also raised some challenges.

Similar to the LS training, this evaluation found a notable difference between the two communities where Concern was still delivering ASRH and the one community that received the interventions in 2016. In the former communities, CCs are being held regularly (every week) and the CC topics are clearly representative of the LS modules. That is, CCs are engaging adolescents, parents and community members in the relevant issues relating to teenage pregnancy and school attendance. In the latter community, the frequency of CCs was difficult to establish, and the topics appear to have shifted to general community issues. For example, in the last few CCs, the issues discussed were the improvement of the road and the building of structures in the community. While it is expected that the ASRH topics will not be as prevalent after three years, there is no indication that ASRH is being discussed at all anymore in the CCs.

This raises questions regarding the role and sustainability of the CCs. Beneficiaries in the latter community were unanimous that they required more training and support from Concern for the ASRH input to remain sustainable. Beneficiaries, including the CC facilitators, were grateful for the initial training but felt that Concern's input should extend beyond the initial training. They stated that the ASRH conversations were still relevant for their community but that they required assistance in keeping these conversations going and developing them over time, especially after the end of the ASRH cycle. Some CC facilitators noted that not enough had been done for them to feel competent beyond the actual intervention.

PHUs

PHU training formed an important third part of the ASRH project. In terms of sustainability, it was important that health care workers were familiar with the ASRH content and able to respond to beneficiary SRH needs in a receptive and professional manner. These factors are especially important after the end of the training cycle as health care workers are then providing the ASRH-related services without Concern's input.

One of the notable strengths is that the DHMT or national level MoHS trainers, with Concern's support, carried out all of the PHU training. This contributed to government ownership in carrying out the training and contributing to its content. Concern recommended DHMT mentoring and supervision after the training in order to improve ownership. This has proven to be a challenge as DHMT stated that this is difficult because of resource and time constraints. Concern has raised this issue with the previous DMO and there was a commitment to address and improve on this. The current DMO is new and could not provide any further information on this. The nurses interviewed stated that there is a need for ongoing training, mentoring and monitoring of the ASRH activities, without which the initial gains are likely to be weakened.

As discussed above, the issue of creating demand without consistent resulting services and supplies is an important challenge in this project. Not only is this an issue in assessing effectiveness, but it is also an important issue in assessing sustainability. This challenge has the potential to compromise project gains and sustainability. A health care worker said, "We would have loved Concern to procure more family planning commodities especially implants because at times there are stock-outs." Adolescents in all three communities spoke of the difficulties of getting consistent access to family planning products and sexual health services. Adolescents and their parents spoke strongly about their frustrations in having new knowledge about family planning with the resulting behaviour change to seek out these services and supplies, only to be told that there is no stock. The stock-out is a well-known national problem and the government and its partners have been trying to address this issue. Yet, the issue remains: if the ASRH project is to move forward, the risks of creating demand without consistent services and supplies need urgent discussion.

Ownership

The KIIs and FGDs showed a strong commitment to the ASRH project. Beneficiaries, parents, and community leaders and community members stated that they wanted the project to continue and that they owned the project. A father noted, "It will continue because we were prepared by Concern from the beginning. They came to us and told us that this project is ours; we are responsible for the project continuing. We must own it." This quote highlights Concern's solid project approach and communication regarding ownership. Various stakeholders spoke about their faith in the continuance of the project.

One of the signs of ownership is the transfer of knowledge after the project. There was clear evidence that adolescents and adults have transferred their ASRH knowledge to other members of the community and even to other communities. A community member noted, "I know this project will continue because the adolescents are sharing their information with their friends and they are now checking each other's attitudes and behaviour."

Once again, it is useful to compare the two communities who are currently engaged with the project and the community where the intervention took place in 2016. The optimism is noticeably higher in the former communities who are still in contact with Concern staff for the ASRH project. These stakeholders explained what had been done and what was taking place – e.g. CCs and the Pledge for Equality – and spoke enthusiastically about how the project would continue in the future. A community leader noted, "Yes, we want it to continue and it will continue without Concern's help." It is important to note that these communities are perceptibly worried about not having access to

Concern after the project cycle. These worries centred around what they perceived as the need for ongoing Concern training, support and monitoring.

The latter community spoke more definitely about the need for Concern's ongoing engagement. They argued that it was substantially more difficult to keep the activities going after the completion of the ASRH cycle. A senior community member noted, "We can continue but we need help. We needed more for Concern and we are only realising it now." Respondents spoke about the need for a longer training cycle and ongoing engagement with the community, particularly in the areas of training (Life Skills and CCs), the support in the recruitment of more facilitators, and updated manuals. There was the general sense that the project gains were slipping due to the lack of ongoing input and support.

Partnerships

Concern has formed strong partnerships with the national and regional government around ASRH matters. This was evident in interviews with various stakeholders, including government, and the *Regional Launching of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage* in Makeni on 21 February 2019. Government respondents stated that Concern is one of their major partners in this work, and they highlighted the importance of this collaboration. A government respondent noted, "We have a very good relationship with Concern." Concern is, with various other key UN agencies and INGOs, an integral part of the national and Tonkolili district debate around the reduction of teenage pregnancy. This active strategy of collaboration with the government is vital to project sustainability.

As noted above, Concern had three main partners in the delivery of the project, namely, Marie Stopes, MSF, and Lion Heart. These partnerships were not formal, and Concern relied on these partners for referrals, or to provide ASRH services and supplies when they were not available at the PHUs. According to the relevant respondents, these partnerships worked well in that Concern reported areas of need and these organisations responded to the requests. Beneficiary feedback about the partners was mixed. For example, adolescent respondents and parents noted that while they appreciated the response of Marie Stopes, it did not fully meet community ASRH needs. Also, because of Marie Stopes' own annual movement plan, it did not stay in one community but moved on and then the community was again without the necessary services and products.

Moving forward, it is clear that another model of partnerships would be more useful. As outlined above, this is especially important in the area of creating demand amongst adolescents for family planning and menstrual products. It was noted that more formal and strategic partnerships might be a more effective and efficient way of responding to these needs in the future.

Project Upscale, Replication and Transfer

Out of the four accepted types of programme transitions – termination, extension, expansion and redesign – most respondents argued in favour of extension, expansion and redesign. Community leaders, community members, parents and adolescents all spoke about the need for the extension of existing ASRH projects in their communities. They argued that by doing this, Concern would help them to build and monitor their ASRH initiatives. This approach would fortify the initial project gains, and, ultimately, sustainability.

The question of expansion was raised with various stakeholders, who all stated that the project should be extended to other communities in the district. Some beneficiaries said that communities next to theirs had expressed interest in the ASRH project and had expressed the need for its roll-out in their community.

It was also mentioned that the parts of the district that needed this intervention most were those communities that were harder to reach and more isolated with deeply entrenched traditional outlooks and gender norms that lead to high adolescent pregnancy and lower school attendance rates. The main challenge in responding to these communities is access, especially in the rainy season. It is important to note that the management and field staff in the Concern office in Magburaka do not see this as a challenge as they believe that all areas are accessible by car and motorcycle even during the rains.

There were mixed findings regarding the project roll-out to areas that had not had any had any Concern projects before. As outlined under *Effectiveness*, one of the project's strengths was the fact that it built upon Concern previous work in the specific community. Moving to a completely new community, especially with a project that deals with adolescent sexual behaviour, might pose greater challenges. This is particularly true for finding entry points in the community. Many community respondents noted that the only reason that they accepted this project was that they trusted Concern based on its previous and current work in their community. Respondents argued that not having a previous relationship with the community would make it more difficult to introduce ASRH. Staff in the Magburaka office, on the other hand, believed that they had learned enough from these last three years for them to be able to enter these communities without too much difficulty. This evaluation found that there is a need for Freetown and Magburaka staff to further discuss this particular issue in order to decide on a way forward.

There was some discussion amongst Concern staff about the potentials of rolling out ASRH (or components of ASRH) within urban settings, particularly in Freetown, given the increasing strategic interest of Concern on urban poverty and urban development. The roll-out of ASRH to urban adolescents faces some of the same issues as just discussed in the previous paragraph. Respondents agreed that while they would like to see the project cover urban adolescents, the challenges here seem the greatest and most unknown. There were some suggestions of running pilot ASRH project in urban areas to see the viability of such a larger roll-out.

Redesign was the third option that was discussed. Staff and beneficiaries argued that there is a need to redesign the project, especially around making the training longer, ensuring ongoing training and support to communities, and relooking at partnerships to respond to the increased demand for SRH commodities and services, including menstrual hygiene products. Another issue relating to sustainability and redesign is that the ASRH project was based on a concept of intervention that proved it has the potential for application. This evaluation found that the ASRH project is feasible in the Tonkolili district and is likely to be so in other districts. One respondent noted, "You can reach the whole district with ASRH if you want." Another respondent said, "We have "proof of concept" in Tonkolili but we recognize that everything else will need contextualization." This contextualization is important for the application of similar projects in new areas in the district or other parts of the country (especially if considering an urban roll-out). This project's impressive achievements are likely to be strengthened through project redesign and further funding.

The pilot phase of the Irish Aid co-funding for the ASRH project was completed in five communities and the full implementation began in April 2018. In addition to the ASRH components, this funding also focuses on the improvements to literacy in schools, gender norms, and income generation. Concern is looking for new funding to scale up the intervention by facilitating discussions and presentations of the project approach and preliminary results to donors.

In summary, this evaluation suggests that the project may be sustainable following adaptation and redesign. However, the issue of demand creation against inconsistent supplies and stockouts remains a central challenge. The main components of the project that contribute to its sustainability in the short term include the effectiveness, efficiency and impact of the three core project parts of Life Skills

training, Community Conversations, and PHU training. Other components include Concern's success in creating a strong sense of community ownership of the project. This evaluation concluded that in order to strengthen the project's sustainability, it would be useful to consider: (1) the extension of the project in existing and previous ASRH communities; (2) the expansion of the project into the rest of Tonkolili district (especially the more remote communities); (3) the redesign of the project to lengthen the training, increasing ongoing training and support to communities; and (4) health systems strengthening projects and partnerships (especially in response to the creation of increasing the demand for family planning and menstrual products).

ASSESSMENT: GENDER TRANSFORMATIONAL WORKSHOPS

Concern Worldwide has identified gender inequality as a key obstacle in the reduction and elimination of poverty and is actively exploring approaches to address gender inequality and GBV. Concern Sierra Leone committed to the introduction of transformative approaches to influence a shift in social norms to improve gender equality and reduce GBV through its various levels of intervention. To this end, during the ASRH project period, Concern collaborated with the South African NGO Sonke Gender Justice in the roll out of gender equality workshops with Concern staff in Freetown in November 2017, and again with the ASRH team, education staff and teachers in August 2018. Between 26 and 28 people comprised of Learning Coaches, FYTs, CC Programme Officers, District Education Office staff and representatives of different Concern teams received this training, facilitated by Sonke staff.

The first training, a Gender Transformational Workshop, was held over four days in November 2017 with 26 staff in Freetown. Sonke staff returned in August 2018 for further and follow-up training. This included a Train the Trainer Gender Transformational Workshop in Magburaka (20-24 August) with 28 participants; a Train the Trainer Field and Facilitation Practice in Magburaka (27-31 August) with 28 participants; and a Refresher Training for the Gender Transformational Workshop in Freetown (3-7 September) with 26 staff, to revisit the topics and activities from the earlier training, follow up on progress, and to give an opportunity to reflect on the issues.

Pledge for Equality Wall

Concern staff working on the ASRH project spoke very highly of the training received by the South African NGO Sonke Gender Justice. SRGBV knowledge indicators in the pre- and post-test of the training illustrate varying degrees of improvements in staff knowledge, the pre-test data indicated an already high level of knowledge and sensitization amongst staff. Despite the relatively modest gains suggested by the pre- and post-tests, it was clearly evident that staff both valued and enjoyed the training. One staff member said, "This was a whole different training than those we've had before" and called it a "value added" for the organization. The Sonke facilitator also believed the training "went really well, and staff took it really seriously." However, the facilitator also noted his concern

about Concern staff rolling ASHR programming out "immediately after the training." The facilitator felt that participants needed more time to process and internalize the workshop and its content. For example, the facilitator cited the issue of disciplining children as being difficult for participants, in the context of children's rights and how to apply this at a household level. The facilitator also noted that the high levels of staff knowledge captured in the pre-test survey did not necessarily reflect the attitudes that were shared through the actual training and felt this might have been a matter of staff "ticking what they thought they should be saying."

The facilitator also stated that in the refresher training, staff shared some of their own personal and relationship struggles since the first training. For example, issues and responsibilities around family planning in their homes remained contentious after the first training. Another participant highlighted his ongoing struggles with disciplining his child after the first training and stated that it was only after revisiting this issue in the refresher training that he felt this was beginning to improve for him. Participants also stated that they were working hard to be role models at home and in the work place. Indeed, staff spoke about the training having had an impact on three levels, including in their own personal lives, within the organization, and in the delivery of projects within the community, including ASRH.

At the first level, staff working on the ASRH project gave examples from their own lives of having learned how to better communicate with their children and spouses, and how to parent their children more constructively. For example, one staff member recounted how, before the training, she used to flog her children, as that is the parenting model she had grown up with. After receiving the training, she no longer flogs her children, but rather uses "supportive guidance," and tools and approaches she specifically learned from Sonke. She indicated that her own communication with her children has improved. "Now, I'm an example," she said. Other staff members noted that, while they felt they had known many of the principles of the training, it "built on what they already knew." Staff felt it the training was concrete and practical, and said it had provoked them to reconsider and act upon the changes they needed to make in their own lives and home.

At the second level, staff in the Freetown office noted that there had been impacts from the training on the organization, challenging Concern to look at the work they needed to do within their own team to strengthen their own organization in terms of gender equity and gender relations. According to one respondent, the training raised "a lot of internal questions for Concern and identified gaps within our organizational culture." While it was acknowledged that this would require some extra work, one staff member indicated that they hoped to have Sonke come to Sierra Leone again this year, and that they were exploring more continued remote engagement, and the fostering of champions within their own organization. In Magburaka, staff also felt that the training challenged them to identify issues and make changes in the workplace.

At the third level, staff gave very concrete examples of how the Sonke training had filtered through their programmes and into communities. For example, one staff member explained that it had been particularly useful in their engagements with teachers, in cases where teachers were using heavy-handed forms of punishment with children, rather than effective discipline. Another example is the inclusion of some of the Sonke approaches within the Life Skills curriculum, which staff felt had assisted children in communities in behaving more respectfully, and improving communications and relationships between adolescents and parents, and between adolescents and teachers. Sonke "Ground Rules" were also used within the roll-out of Life Skills. Staff spoke about the importance of being able to model the kinds of changes they were asking communities to make, and how the training they received from Sonke helped them in their own training of community members and in their work with community leaders. Sonke training also informed the SGBV training that Concern undertook with local partners such as staff at the Lion Heart Hospital in Yele.

CONCLUSIONS

The ASRH project's overall aim is to reduce adolescent pregnancy rates in Tonkolili District, Sierra Leone, through the three strategic objectives of: (1) Improved knowledge of sexual and reproductive health information and services, (2) Improved access to better sexual and reproductive health information and services, and (3) Increased ability to exercise their sexual and reproductive health rights. This final evaluation showed noteworthy achievements with reference to relevance, efficiency, effectiveness, impact and, to a lesser degree, sustainability.

Out of all the evaluation criteria, relevance scored the highest. The ASRH project is relevant and useful within the areas of adolescent health and, in particular, the reduction of teenage pregnancy. This project is aligned with beneficiary, organisational, country, regional, international development and international adolescent health priorities. Moreover, this project contributes to gender equality and poverty reduction.

The project was implemented effectively and efficiently. This evaluation showed strong and positive results for this project, which have largely fulfilled the objectives and achievements of the proposed outputs and outcomes. Some of the headline achievements include the 43 communities in Tonkolili district who participated in the ASRH project; the 7,088 adolescents who were trained in Life Skills; the 22,113 total attendance of the Community Conversations; and the 358 people who were trained in the PHUs. The project design and implementation were good.

This project's model is strong, comprised of the three pillars of Life Skills training, Community Conversations and PHU capacity development. This project was implemented by skilled and competent staff. Beneficiaries stated that the trust established in Concern's other work in their community added to their acceptance and the success of the ASRH project. The project showed good value for money, with 95% of the funds disbursed. One of the main challenges was the struggle to respond to the increased demand for SRH commodities and services, including menstrual hygiene products, and the inconsistent government supply with regular stockouts. This evaluation also highlighted gaps in the log frame, especially the need for more impact indicators to monitor and measure behaviour change.

The project achieved noticeable impacts at the micro and meso levels. There was a significant change in beneficiary knowledge, skills, attitudes and behaviour, especially around teenage pregnancy, school attendance, SBGV, household communication and conflict resolution. Beneficiaries stated that this project had led to important changes for adolescents and adults, as well as families and communities. This project was implemented over three years, and it is still too early to see policy and institutional impact and the macro level.

In assessing the project's sustainability, this evaluation found that this project may be sustainable following adaptation and redesign. The core issues moving forward are: (1) the need for longer and ongoing community engagement for the project, and (2) responding to the increased demand for SRH services and commodities in the face of inconsistent government supplies and stockouts. The first issue is easier to address than the second because the latter issue is, in many respects, the responsibility of the government. These issues need to be addressed moving forward. Otherwise the project's sustainability will remain in question. Concern has a relevant and robust model in the ASRH project, of which beneficiaries and staff are proud. With discussion and project redesign the project can be strengthened so that it can be extended to existing communities and expanded to new communities.

LESSONS LEARNED

These lessons learned highlight the strengths and weaknesses of the project preparation, design, and implementation that affected performance, outcome, and impact.

1	There is a clear need to continue work towards the reduction of adolescent pregnancy in Tonkolili district and other areas of Sierra Leone.
2	Communities think highly of the ASRH project and are appreciative of Concern's work in this area. They asked for Concern's ongoing engagement around ASRH issues.
3	Concern's integrated programming is contributing to positive changes at the individual level, within households, and at the community level.
4	Linking the reduction of adolescent pregnancy to poverty has been a powerful message that has been taken up by women, men, girls and boys in the communities.
5	The project cycle of three months in each community was too short, limiting opportunities for sustainable impact.
6	The incorporation of a gender equality review part way through the project played an important role in monitoring and adjusting the project, to enhance its effectiveness.
7	Concern staff, particularly field staff, played an important role in the success of this project, building relationships and trust within communities.
8	The project was highly successful in creating demands for SRH commodities and services amongst adolescents, but less successful in ensuring that these new demands could be met through supply.
9	Without sustained support and ongoing training, it is not clear that Life Skills will continue to be successfully rolled out in ASRH beneficiary communities.
10	This project model is strong, but it requires discussion and adaptation moving forward.

RECOMMENDATIONS

The evaluation Strengths, Challenges and Lessons Learned form the basis of the Recommendations. These Recommendations reflect the main areas that require attention, and issues that are currently being addressed are not included in this list.

1	**Re-examine the project's strategic model around the creation of demand for SRH commodities, in the absence of reliable supplies.**
	Consider longer-term or formal partnerships with organisations that can effectively and reliably meet the demand that is generated by Concern amongst adolescents and others in the community for SRH commodities (including menstrual supplies), services and referrals. Include counselling, testing and treatment for STIs and HIV in these efforts. If this is not possible, it may be worth reconsidering the strategic underpinnings of this project.
2	**Review the condom distribution strategy.**
	In training and capacity building work with HCWs, reinforce the importance of ensuring that condoms are available for adolescent boys and girls equally. Explore alternative modes of supplying condoms to adolescents within communities, removing HCWs as gatekeepers for condom access. Manage, monitor and adjust these delivery modalities accordingly.
3	**Develop an organisational strategy for health systems strengthening, particularly in relation to SRH commodity procurement and distribution.**
	Exploring synergies with key partners, government departments and donors, develop a clear organisational strategy to contribute to health systems strengthening efforts in Sierra Leone, to work towards sustainable government-led solutions to SRH commodity access challenges and stock outs.
4	**Support PHU staff and adolescent girls to identify, monitor and manage any side effects of contraception.**
	Ensure that PHU staff and adolescent girls are trained in recognizing the potential side effects of contraception and that these potential side effects can be properly managed.
5	**Ensure longer-term community engagement and follow-up.**
	Build into the project a plan for longer-term engagement with communities receiving the intervention (e.g. scheduled returns at six month or one-year intervals) to provide refresher training, maintain momentum, relationships, and community engagement, and actively troubleshoot potential challenges. Monitor and audit the continued delivery of Life Skills within communities, to ensure that it is still being delivered for both age groups and sexes beyond Concern's 12-week presence for the roll out of Life Skills.
6	**Increase the number of Life Skills Co-Facilitators to be trained in each community.**
	Train at least two male and two female Life Skills Co-Facilitators in each community, to improve the potential for programme sustainability and impact, and to avoid male facilitators having to deliver life skills to adolescent girls, and vice versa. Include a follow-up mechanism to ensure Concern is informed if Co-Facilitators leave a community or no longer wish to conduct the curriculum.

7	**Ensure comparable baseline and endline impact indicators are obtainable.**
	The main impact indicator data source was not available at the end of the project. This evaluation was unable to make quantitative links between the baseline and endline data because it was based on external survey results that were not yet available. These links are important for demonstrating overall impact and need to be considered if this project is continued.
8	**Refine outcome indicators to more comprehensively reflect ASRH's multidimensional project activities.**
	Current indicators do not comprehensively reflect some key areas of project impact as identified in this evaluation. For example, indicators do not reflect the important work in the project in monitoring factors such as: return rates to school for both boys and girls; behavioural changes linked to possible shifts in gender norms or roles; SGBV rates within communities; and adolescent pregnancy rates within communities.
9	**Review the selection of targets in the log frame for lessons learned.**
	Some targets reflected significant under-achievement (e.g. indicators for attitudinal shift), while others reflected significant over-achievement (e.g. uptake of condom use amongst adolescent boys in girls). Review the setting of targets for future related work, taking lessons forward.
10	**Working with other programme areas at Concern, build on the success of Life Skills to promote educational opportunities for out-of-school adolescents.**
	Some out-of-school girls and boys who have gone through Life Skills expressed a renewed desire to return to school, but no means to do so. Drawing on Concern's approach to integrated programming, work with other programme areas to capitalize on the motivation instilled by Life Skills, to identify and support such youth to return to school. Consider also targeted livelihoods initiatives for adolescents.
11	**Monitor and address potential household impacts of the return to school of adolescent boys and girls.**
	The return to school of adolescent boys and girls may result in increased economic stresses and work burdens for parents or relatives, particularly in cases where adolescents' infants or young children are left in the care of parents or relatives. Concern could monitor such cases and consider providing targeted support for these households.
12	**Drawing on lessons learned, develop a strategic approach within Concern for future work in the area of adolescent sexual and reproductive health.**
	Strategic decisions should include the following options: 1) Continued support within existing ASRH beneficiary communities; 2) Expanded coverage within Tonkolili district, including more isolated and hard-to-reach communities; 3) The possibility of expansion to other districts, and/or urban settings.

Annex 1: Terms of Reference (ToR)

External Consultant for Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme in Tonkolili, Sierra Leone

Background

Concern Worldwide (CWW) has been working in Sierra Leone since 1996, focusing initially on emergency response and rehabilitation and later on projects in the sectors of Health; Education; and Food, Income and Markets (FIM). Programme implementation is based in two areas, namely Tonkolili District and urban and peri-urban areas in Freetown and the surrounding the Western Area (20 communities). Issues of gender, equality, prevention of gender-based violence (GBV), social protection, disaster risk reduction (DRR) and HIV and AIDS are addressed as integral part of the programme.

Concern Worldwide is looking to hire an independent consultant to conduct a final evaluation (FE) for the project titled, Reduction of Teenage Pregnancy in Tonkolili District, Sierra Leone, through a transforming of attitudes towards and improving access to quality Sexual Reproductive Health Services and Rights for adolescents (hereafter, ASRH Project). The project was implemented in Tonkolili District, Sierra Leone, from January 2016 to December 2018. The ASRH Project was funded by UK's Department for International Development (DFID) under UK Aid Direct, in the amount of £787,223 with co-funding from Irish Aid. DFID's UK Aid Direct funds "small- and medium- sized national and international civil society organisations to reduce poverty and work towards achieving the Global Goals. Specially, UK Aid Direct funding reaches the most marginalised and vulnerable populations, supporting the DFID agenda to 'leave no one behind.'"

The final evaluation is scheduled to take place in February and March 2019. This document describes the Final Evaluator's Scope of Work (SOW) for the evaluation based in Tonkolili, Sierra Leone.

PROJECT DESCRIPTION

Concern Worldwide implemented an ASRH project with the aim to reduce adolescent pregnancy rates in Tonkolili District, Sierra Leone. Launched in January 2016, the ASRH Project was a three year project implemented in 43 communities in rural Tonkolili District, Sierra Leone, with a total estimated population of 58,698. The direct beneficiaries of the project are 6,360 adolescents, both in and out of school, including the most vulnerable groups (such as those with disabilities, orphans and teenage parents), aged 9-19 years who enrolled in the Life Skills curriculum.

There were three strategic objectives (SOs):

Improved knowledge of sexual and reproductive health information and services;
Improved access to better sexual and reproductive health information and services; and
Increased ability to exercise their sexual and reproductive health rights.

Project strategies included addressing the issues identified around norms, behavior & attitudes by implementing a Life Skills curriculum; addressing issues around knowledge and cultural practices through Community Conversations (CC) and outreach sessions with community leaders as well as parents and husbands of adolescents; and addressing gaps in adolescent-friendly sexual and reproductive health services by training peripheral health unit (PHU) staff. The project design and learnings will extend beyond the project period as part of the Irish Aid-funded integrated programme through December 2021 in 100 villages in Tonkolili.

Complementing this project, Concern is rolling out Gender Equality Workshops among staff, and subsequently communities, in 14 programme countries including Sierra Leone. The objective is to strengthen Concern's capacity to address gender inequality in the workplace and through gender sensitive programming. In Sierra Leone, improved gender attitudes aims to prepare staff to better integrate gender equality into components of ASRH and education programmes. This initiative is implemented in partnership with Sonke Gender Justice ("Sonke"), who supported in the development of a comprehensive manual of activities to encourage reflection, discussion and transformation on Gender Equality issues.

The theory of change behind this engagement is as follows:

- Concern staff participate in Gender Equality Workshops on some or all of the activities in the manual. Following the initial workshop, a second workshop/engagement with the Sonke team will be held after 9 months.
- This leads to change in Gender Role Attitudes and Workplace Practices in Concern Sierra Leone Country Office
- Following these workshops, Concern staff roll out these activities at the community level with a specific set of participants (sometimes already part of an existing group, sometimes coming together specifically for this engagement)
- These community members then initiate change in relation to Gender Equality in their own lives as well as spreading messages about and encouraging changes in their communities

Project Population

Tonkolili District is a predominantly rural area, in the center of Sierra Leone. The estimated population is 424,535[49] with approximately 22% of the population aged between 10-19 years old. Tonkolili was selected for this intervention because at the time of proposal, it had the highest number of individuals living below the poverty line at 76.4%[50] compared to a country average of 52.9%. Of this, 35% were living on less than $0.50 per day, with a higher proportion of female-headed households in this category. Data are weak on the number and percentage of people living with a disability, but national figures suggest up to 20%[51]. This proposal targets adolescent girls and boys in Tonkolili and the issue of teenage pregnancy as it is a key driver of poverty, of poor educational attainment, and of poor maternal and child health in the district.

Partners

The primary collaborative partners on this project were the Ministry of Health and Sanitation (MoHS) and the Ministry of Social Welfare, Gender and Children's Affairs. At a national level the MoHS and MSWGCA directorates oversee specific policy and programmatic areas (including National Secretariat for the Reduction of Teenage Pregnancy), district level implementation within these areas is supervised by district and regional staff. The District Health Management Team (DHMT) under supervision by the District Medical Officer (DMO) lead on all areas of health intervention; under the MoHS it is the DHMT who ensure national policy is being followed by all implementing partners. The ASRH project worked closely with the DMO, District Health Sister (DHS) and the focal point for Adolescent and School Health to coordinate all health activities including the implementation of the National Life Skills Manual developed by MoHS, training on Adolescent and Youth Friendly Spaces and

[49] Poverty Profile of Sierra Leone 2013; World Bank and Statistics Sierra Leone

[50] Poverty Profile of Sierra Leone 2013; World Bank and Statistics Sierra Leone

[51] 2004 census estimates 2.4% but UNICEF Multiple Indicator Cluster Survey estimates around 24% of children identified as disabled countrywide

training of Health Care Workers on contraceptive Implants. Concern partners with MSWGCA on all activities related to Gender Based Violence as well as collaborating with the Family Support Unit (FSU) which is a branch of the police force tasked with responding to allegations of GBV among other issues.

We also maintain collaborative relationships with several Non-Governmental Organisations (NGOs) in order to coordinate activities and to advocate for service gaps the ASRH programme is not able to cover. The key partners were: Lion Heart Hospital in Yele and Medicines San Frontiere (MSF) in Magburaka who both provide post rape clinical and psychosocial care; and Marie Stopes Sierra Leone (MSSL) who provide outreach services for modern methods of contraception and family planning in areas where there are no services available.

The Tonkolili District Health Management Team (DHMT) was Concern's primary collaborative partner on this project. The DHMT oversees the peripheral health units (PHUs) that the project supported.
The key partner for gender transformative work is Sonke Gender Justice, a South African organisation which advocates for the achievement of gender equality, prevention of gender-based violence and reduction of HIV/AIDS.

Key Activities

The programme implemented activities under four key outputs.

Output 1: Improved access of adolescent boys and girls to life skills training and comprehensive adolescent sexual education

Output 2: Improved attitudes of adolescent boys and girls towards sexual debut and consensual sex.
Roll out of Life skills Training in schools and villages
Social marketing campaign (dramas, radio campaigns, Pledge for Equality) in target communities

Output 3: Improved access of adolescent boys and girls to better-quality sexual and reproductive health services
Comprehensive training and follow up of PHUs on implementation of Adolescent Friendly Reproductive Health Services (using existing module – 4 day training module)
Comprehensive training and follow up of PHUs on fitting of implants
Mystery client visits to PHUs on provision of Adolescent Friendly Reproductive Health Services

Output 4: Increased knowledge and awareness of key community stakeholders (parents, community and religious leaders, and Sowies) on adolescent sexual and reproductive health
Parent & husband outreach sessions
Community Conversations
Radio Discussions
Quarterly Meetings with Community Leaders with Paramount, Village Chiefs, Local Councillors, Mamy Queens, Sowies, Youth Leaders

Purpose of the Final Evaluation

The independent final evaluation report needs to be a substantial document that (a) answers all the elements of the Terms of Reference (ToR); (b) provides findings, conclusions, and recommendations that are based on robust and transparent evidence; and (c) where necessary supplements Concern's own data with independent research.

The Final Evaluation (FE) should be a performance evaluation, but should be relevant to national level stakeholders as well as to advance policy dialogues and best practice in-country. The FE is also

intended to contribute to findings on reducing teenage pregnancy in a rural environment.

The FE deliverables will be used to influence dialogue at the local, national and international levels on issues of adolescent health, teenage pregnancy, behavior change, and gender transformative initiatives. The evaluation report will serve to contribute evidence and learning for policy and programming decisions, especially regarding the roll out and review of Life Skills curriculum (both in and out of schools), utilisation of programming to support adolescents to use the lessons and information they gain by participating in the Life Skills Curriculum, and use of Adolescent and Youth Friendly Spaces in rural settings. The FE will also contribute learning to Concern Worldwide's Gender and Equality programming. Therefore, it is important that the final evaluator considers the audiences listed below, when conducting the evaluation and writing the report.

The FE provides an opportunity for all project stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels, including adolescent girls and boys, caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, government agencies, other organisations, and donors. The FE report may be used by the following audiences as a source of evidence to help inform decisions about future programme designs and policies:

- In-country partners at national, regional, and local levels (e.g., MoHS/DHMT and other relevant ministries and civil society, PVOs/NGOs, local organisations, and communities in project areas)
- DFID and other UK Aid Match grantees
- Concern Worldwide headquarters and other Concern country programmes
- Concern Sierra Leone to inform on-going and potential future programs.
- Inter-Agency Working Group (IAWG)
- The international global health community

The final evaluation will be disseminated and made broadly accessible to various audiences and findings will contribute evidence relevant to global initiatives such as the Sustainable Development Goals (SDGs). There will be a final evaluation dissemination event whereby the consultant will share his/her findings with Concern as well as local and national stakeholders including the DFID Country Programme Team and Irish Aid. If appropriate, additional opportunities may be available to publish on the findings from this evaluation in collaboration with Concern.

Key Objectives of the Evaluation

The evaluation has three explicit objectives that are explained below:
To independently verify (and supplement where necessary), Concern's record of achievement as reported through its annual reports and defined in the project logframe;
To assess the extent to which the project achieved value for money
To assess the extent to which Sonke Gender Programme training and collaboration with Sonke Gender Justice was effective in contributing to the progress towards the programme goals

Verification of Internal Reporting

The first task of the final evaluation is to verify grantee achievement. The record of achievement will be presented in past annual reports and progress against the project logframe. This exercise could include verifying information that was collected by Concern for reporting purposes and possibly supplementing this data with additional information collected through primary and secondary research.

Verifying results from the project logframe will begin to capture what the project has achieved. However, there will be other activities and results that occur outside of the logframe that may require examination in order to respond to the different evaluation questions. Verifying reporting will also necessarily include a review of the data and systems that were used to populate results.

Assessment of Value for Money

The FE should assess the extent to which the delivery and results of the project achieved value for money. The FE report should include an assessment against:
How well the project met its objectives;
How well the project applied value for money principles of effectiveness, economy, efficiency in relation to delivery of its outcome;
What has happened because of DFID funding that wouldn't have otherwise happened; and
How well the project aligns with DFID's goals of supporting the delivery of the MDGs.

Evaluation Questions

The evaluator will use existing data collected or compiled during the life of the project, as well as additional data collected during the evaluation to answer the following questions that focus on implementing an adolescent sexual and reproductive health project in a rural setting.
The final evaluators and the evaluation team will use the data described in Section 5.0 to answer the following evaluation questions around the following topics:
The quality of, extent to which, and process through which interventions achieved the intended results and how this approach impacted beneficiaries and contributed to the health system.

Relevance: *How suitable were the activities and outputs of the project to the intended impacts and effects?*
To what extent did the grantee support achievement towards the SDGs, specifically off-track SDGs?
To what extent did the project target and reach the extreme poor and marginalised?
To what extent did the project mainstream gender equality (and/or other relevant excluded groups) in the programme design?
Was the project responsive to the needs of the health system and target beneficiaries, including how these needs evolved over time?
How did specific activities (pledge for equality, parent and husband outreach, and Adolescent and Youth Friendly Services training) respond to the needs of target beneficiaries?
To what extent did project activities and inputs appropriately address gender differences and gender discrimination?
To what extent did the project create an enabling environment for improving ASRH services and outcomes?

Effectiveness: *To what extent did the ASRH project decrease teenage pregnancy in the target population and areas?*
To what extent did the project activities increase knowledge and awareness of key community stakeholders on adolescent sexual and reproductive health?
To what extent are the results that are reported a fair and accurate record of achievement?
What evidence exists and to what degree does it demonstrate that change is attributable to project activities?
Is there evidence to support success of the programme to its objectives and goals?
What is the quality of data to measure impact?
To what extent has the project delivered results that are value for money?
How well did the project apply value for money principles of effectiveness, economy, and efficiency in relation to delivery of its outcomes?

What has happened because of DFID funding that wouldn't have otherwise happened?
What evidence and to what extent has the project used learning to improve delivery?
What are the key drivers and barriers affecting the delivery of results for the project?
To what extent was the project design, including the logical framework, appropriately suited to implement and measure progress towards objectives?
What were the key strategies and factors, including management issues, that contributed to what worked and what did not work?
What were the contextual factors such as socioeconomic factors, gender, demographic factors, environmental characteristics, baseline health conditions, health services characteristics, and so forth that affected implementation and outcomes?

Efficiency
To what extent did Concern deliver results on time and on budget against agreed plan?
To what extent did the project understand cost drivers and manage these in relation to performance requirements?
What were the processes and mechanisms by which changes in health attitudes and behavior were affected through project activities?
To what extent did the project design and implementation succeed in complementing (rather than duplicating) existing services and service providers?

Sustainability: *Which if any components of the project are likely to be sustained? How likely it that the gains achieved under this project will be sustained and what resources are required to foster an environment that will promote sustaining these achievements?*
To what extent has the project leveraged additional resources (financial and in-kind) from other sources? What effect has this had on the scale, delivery or sustainability of activities?
To what extent is there evidence that the benefits and achievements, delivered by the project, will be sustained after the project ends?
Which elements of the programme are likely to be sustained and why or why not?
How feasible will it be for communities and project stakeholders to sustain gains?
What knowledge and resource gaps still exist in this context that need to be addressed and by whom?

Impact: *What intended and unintended consequences has the programme initiated?*
To what extent and how has the project built the capacity of civil society?
What were the links between capacity building of health providers, health behavior changes in the community, and outcomes?
To what extent did the programme beneficiaries receive support that they would have otherwise not received?
How do intended beneficiaries view the project?
What were the most significant change that the project had on the extreme poor and marginalised?
What are the perceptions of beneficiaries and other stakeholders, including health facility staff/clinical providers, and district-level officials, on the project and any change it has or has not affected? How do these perceptions differ based on characteristics such as age, gender, and social status?
To what extent and how has the project affected people in ways that were not originally intended?
What unintended consequences, positive or negative, did the project have on the health system and beneficiaries?
Who were the people, groups, and/or entities affected unintentionally?

The impact of Sonke Gender Justice partnership on the implementation and effects of activities and progress towards the programme goals

Gender Training Experience: *What are the factors that foster a suitable environment for an effective gender transformative staff training programme in this context?*

What are the factors that contributed to participant attendance and engagement?
How did participants perceive the training, tools, and support they received?
How do participants feel the training has changed their ability to deliver ASRH programming?
What are the unique or special considerations that must be addressed when working on gender and equality in this setting?
What evidence is there that the gender training has informed improvement in programme delivery?

The scalability and transferability of best practices from this programme to ongoing and future programming in the same or similar contexts

Key lessons and recommendations: *What are the key lessons and recommendations to take for improving adolescent sexual and reproductive health programming?*
What elements of this programme, if any, have potential for scalability in the current contexts and why or why not?
Which elements of this programme, if any, have potential for transferability to other contexts and why or why not?
What evidence, if any, did the project generate in support of integrating components of education, livelihoods, or other development sectors? What components or types of components are recommended and why?

Evaluation Methodology

The consultants(s) (or consulting firm) commissioned to conduct the final evaluation and Concern are jointly responsible for choosing the methods that are the most appropriate for demonstrating impact. Evaluation methods should be rigorous yet at all times proportionate and appropriate to the context of the project intervention. Where possible, the evaluator(s) are encouraged to triangulate data sources so that findings are as robust as possible.

The final evaluator will lead a participatory evaluation. This means the evaluator will involve the DHMT, PHU staff, programme staff, collaborating partners, and community representatives to make meaningful contributions to the FE. The evaluation will utilize a mixed-methods approach incorporating both quantitative and qualitative data, as well as the review of secondary data sources. The evaluator, with support from Concern's National Health Coordinator and National M&E Manager, will furnish a written methodology for the final evaluation (including the proposed number of key informant interviews, focus groups discussions, observations, and locations) and may be shared with project stakeholders for comment before the evaluation commences. Concern will facilitate sharing the methodology with project stakeholders in consultation with the evaluator.

Whenever possible, the assessment will also include observations of ongoing ASRH activities, such as Life Skills sessions or Community Conversations, supported by the ongoing Irish Aid-funded Integrated Programme. This will involve site visits to implementation areas in Tonkolili district. The evaluation report will include a discussion of the methodological limitations of the evaluation.

Secondary Data

The evaluator will review project reports (Detailed Implementation Plan (DIP); annual reports; baseline and endline survey reports; focus group discussions; health facility data; and monitoring and evaluation documentation) to assess the quality of quantitative and qualitative data and make assessments of project results in relation to the project design and targets set. The evaluator should also review key research and data at the global and national levels relevant to the content of the project. All relevant policy and strategy documents at the national level (including the national strategy for the reduction of teenage pregnancy, National Health Promotion Strategy for

Sierra Leone 2015-2021, Sierra Leone National Reproductive, Maternal and Child Health strategy 2017-2021, the National Life Skills Manual and Facilitation Guide, and others) will be used and referenced as well as research produced by other organisations which is relevant to the project.

Primary Data

In-depth interviews and focus group discussions may be conducted with stakeholders, including the programme staff, DHMT, facility-based health workers, community leaders, community members and project beneficiaries (mainly adolescent girls and boys and their families). Concern and the final evaluator together will select communities to visit from a list of targeted communities; focus groups will be conducted separately for adolescent boys and girls.

Primary quantitative data collection is not required but may be proposed by the evaluator to supplement existing project data (which includes endline knowledge, attitude, and practice (KAP) surveys and a health facility assessment collected in December 2018 and January 2019) if deemed necessary to answer the evaluation questions.

Evaluator Characteristics

The independent evaluator should be suitably-qualified and experienced consultant or consulting firm. Team members, their affiliations, and disclosure of conflicts of interest must be listed in an annex to the evaluation report. The consultant will coordinate closely with the Concern team regarding tool finalization, evaluation methodology, timeline, and draft report finalization.

Requirements
Masters but preferably Ph.D in Public Health or related discipline
At least seven years' demonstrated experience working with adolescent sexual reproductive health , gender, and equality focal areas in an developing setting, preferably West Africa
At least five years' experience leading evaluations or conducting research/evaluations of international development projects
Experience with applied research and translating findings to recommendations and action
Strong understanding of community, community health systems and the interaction of community stakeholders and the linkages to government and private systems
Excellent writing skills (Concern will not be providing editing services), ability to deliver a quality product that meets Concern's and DFID's standards on time
Team player and willingness to lead this evaluation with Concern's Health team
Adaptable, flexible, and able to spend several weeks in rural Sierra Leone leading the evaluation and dissemination events in-country
Excellent communication and facilitation skills with which to foster effective relationships with staff and project stakeholders in country

Desired but not essential
Recent experience with Sierra Leonean health system and policy landscape
Prior major donor evaluation experience, preferably DFID
Ability to mobilize and manage enumerators and support staff in-country
Language skills in Krio and/or Temne

Expected Timeline and Deliverables

The final evaluator will submit the final report to Concern who, in turn, will submit to DFID. The main body of the report must be limited to 40 pages (excluding annexes). The report should include a

summary of findings according to the evaluation topics listed above.

Key Tasks of the Evaluation Team Leader

The following tasks are expected to be completed under the consultancy. All tasks under pre-field work should be completed and approved before commencement of field work period.

Pre-Field Work
Review project documents and resources to understand the project
Participate in a call with Concern Sierra Leone to review the scope of work
Participate in a planning call with Concern to discuss the field evaluation schedule, team composition, and methods
Produce a brief inception report
Develop methodology including creation of data collection tools, training and facilitation guides, and sampling plan. Methodology and tools require approval by Concern.
Recruit enumerators for data collection, as necessary

Field Work
Train final evaluation team members on objectives and process of the evaluation including evaluation tools
Lead the team in person to complete the collection, analysis, and synthesis of supplemental information
Interpret both quantitative and qualitative results and draw conclusions, lessons learned, and recommendations regarding project outcome
Lead an in-country dissemination meeting with key government, public, and development stakeholders, with a PowerPoint slideshow and oral presentation deliverable, no longer than 60 minutes (with MOH, DHMT, DFID Sierra Leone Mission as well as other stakeholders working in ASRH).

Post Field Work
Draft report on or before March 4, 2019.
Prepare report and submit to Concern on or before March 15, 2019. The final report will be free of grammar errors and formatted according to DFID guidelines, with input and comments from Concern addressed.

Proposed Timeline

The length of the consultancy is expected to be a total of 35 working days as illustratively detailed below. Exact working days should be proposed by consultant.

Duration	Timeframe	Consultant location	Major task
5 days	January	Any location	Review of documents, complete inception report, methodology, and tools
2 days	Late January	Any location	Coordination with Concern to prepare FE team and schedule
4 days	First and Second week February	Travel time*	Travel To/From Tonkolili, Sierra Leone
12 days		Sierra Leone	Field work, team data analysis and discussion, preparation of draft report and dissemination of results
12 days	Third and Forth weeks February	Any location	Preparation of final report and annexes

*Travel time should be adjusted based on consultant base location.

Final Deliverables

Over the course of the consultancy period, the following are expected to be completed, submitted, and approved by Concern:

Inception report
Methodology and **data collection tools**
As appropriate, **financial invoices** and supporting documentation for payment
At the conclusion of the consultancy period, the consultants are expected to complete the following deliverables:
Lead an in-country **debriefing meeting/dissemination event** with key stakeholders with a PowerPoint presentation on or before February 28, 2019. An internal presentation for Concern will be delivered by the evaluator prior to the national level debrief.
Submit **final tools** and **all raw data** collected to Concern.
Prepare a **draft report** in line with the guidelines and submit to Concern by March 4, 2019.
Prepare the **final report**, addressing responses and comments from Concern on the draft, for submission to DFID on or before March 17, 2019. It is expected the final report will be of exceptional quality, written in British English and free of all formatting errors. Concern will provide brief guidelines on the structure of the report. The lead evaluator will be responsible for editing in-line with this structure and ensuring the final report is free of all grammar errors.
As appropriate, **financial invoices** and supporting documentation for payment

Budget

The total budget for the evaluation will be negotiated with Concern and the lead evaluator in compliance with DFID rules and regulations. In addition to consultancy fees, Concern will cover international and local travel, visa expenses, lodging, and costs associated with field work to conduct the final evaluation. **All anticipated costs should be included and detailed in the budget**. Proposals submitted without a detailed budget will not be considered. Insurance and medical expenses, including vaccinations, are not covered by Concern. If other expenses are anticipated, these must be approved by the Country Director in advance.

Annex 2: Documents Reviewed and Consulted

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- ALNAP, Strengthening the quality of evidence in humanitarian evaluations, May 2017, www.alnap.org/system/files/content/resource/files/main/alnap-eha-method-note-5-2017.pdf
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- CDC, 2014-2016 Ebola Outbreak in West Africa, 27 December 2017, https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html
- City Population, Sierra Leone, https://www.citypopulation.de/SierraLeone-Cities.html
- Concern Worldwide, About Concern, https://www.concern.net/about
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- Concern Worldwide, ASRH Project, Barrier Analysis Questionnaire (Word), Email 6 Feb 2019.
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- Concern Worldwide, ASRH Project, Concern Sierra Leone Aid Direct IMP 121 Annual Report Yr 3 2017-2018.
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- Concern Worldwide, ASRH Project, UK Aid Direct Annual Report Narrative, April 2017 FINAL
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- Concern Worldwide. Life Skills Curriculum. n/d
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- Concern Worldwide, Listen! Learn! Act! Outreach Guides for: a) Community Leaders; b) Husbands; c) Parents.
- Concern Worldwide, Our Beliefs, https://www.concern.net/about/concerns-beliefs
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- Concern Worldwide, Sierra Leone, Endline Evaluation of Concern Worldwide's "Engaging Men to Contribute to Safer Communities in Tonkolili District Project" (November 2013 - March 2015).
- Concern Worldwide, Strategy 2016-2020. https://www.concern.net/sites/default/files/media/resource/concern_strategy_d8.pdf
- Concern Worldwide, "Standard Child Informed Consent," Sent to evaluators by email by CW M&E Manager Feb 1, 2019.
- Concern Worldwide, Terms of Reference, External Consultant for Final Evaluation of Concern Worldwide's DFID-funded Adolescent Sexual and Reproductive Health (ASRH) Programme in Tonkolili, Sierra Leone.
- Concern Worldwide, Terms of Reference. Sonke Training of Trainers, Sierra Leone.
- Concern Worldwide, UK Aid Direct Annual Report Narrative, April 2017, Final
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- Denney, Lisa, Rachel Gordon, Aminata Kamara and Precious Lebby. May 2016. Secure Livelihoods Research Consortium Report 11. "Change the context not the girls: Improving efforts to reduce teenage pregnancy in Sierra Leone."
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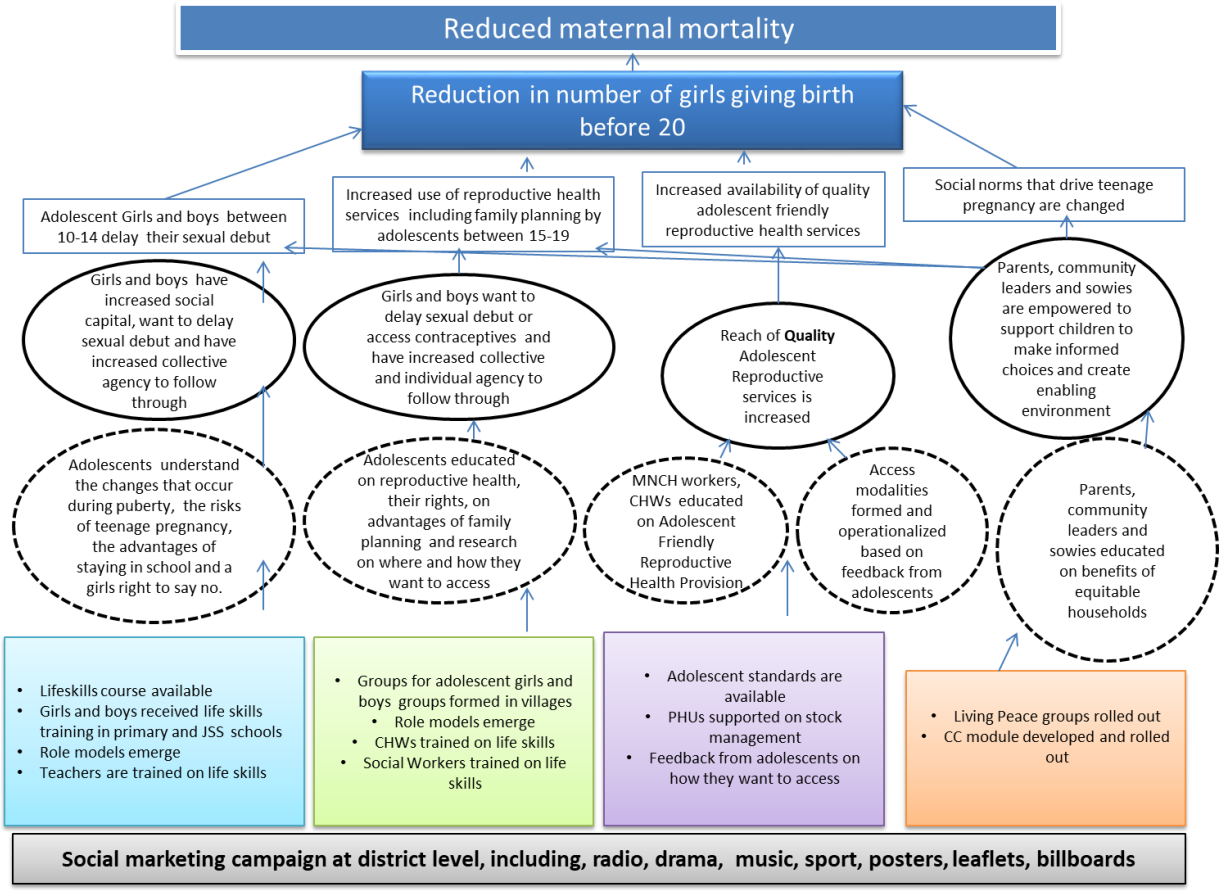
Annex 3: Stakeholders Interviewed and Consulted

NO.	PERSON INTERVIEWED	POSITION	VENUE	DATE	METHOD
1	Liam Kavanagh	Programmes Director, Health Sector, Concern Sierra Leone	Skype	12 Feb 2019	Interview
2	Sarah Cundy	National Health Coordinator, Health Sector, Concern Sierra Leone	Skype	12 Feb	Interview
3	Meklit Miszanaw	Grants and Information Manager	Freetown	15 Feb	Interview
4	Liam Kavanagh	Programmes Director, Health Sector, Concern Sierra Leone	Freetown	15 Feb	Interview
5	Samuel Koroma	PHU Field Team Leader, ASRH Project, Concern	Makelleh	16 Feb	Interview
6	Safiatu Kamara	Field Youth Trainer, ASRH Project, Concern	Makelleh	16 Feb	Interview
7	Male Group (21)	Parents, Teachers, Husbands and Community Leaders	Makelleh	16 Feb	FGD
8	Female Group (15)	Parents, Teachers and Community Leaders	Makelleh	16 Feb	FGD
9	Female Group (13)	Beneficiaries: 9-13 years old	Makelleh	16 Feb	FGD
10	Female Group (12)	Beneficiaries: 14-19 years old	Makelleh	16 Feb	FGD
11	Male Group (10)	Beneficiaries: 9-13 years old	Makelleh	16 Feb	FGD
12	Samuel P. Kanu	Co-facilitator, ASRH	Makelleh	16 Feb	Interview
13	John S. Bangua	Headmaster	Makelleh	16 Feb	Interview
14	Abdulai T. Conteh	Community Leader	Makelleh	16 Feb	Interview
15	Alie Bangua	Parent	Makelleh	16 Feb	Interview
16	Yinkey Koroma	Co-facilitator, ASRH	Makelleh	16 Feb	Interview
17	Kadiatu Conteh Kamara	Equality Committee Member	Makelleh	16 Feb	Interview
18	Alfred Kuyateh	Chairman of the Youth Committee	Makelleh	16 Feb	Interview
19	Male Group (8)	Community Leader, Parents, Teacher and Co-facilitators	Rosengbeh	17 Feb	FGD
20	Female Group (10)	Parents, Live in Peace Members, CC Members and Co-facilitator	Rosengbeh	17 Feb	FGD
21	Male Group (9)	Beneficiaries: 14-19 years old	Rosengbeh	17 Feb	FGD
22	Female Group (20)	Beneficiaries: 14-19 years old	Rosengbeh	17 Feb	FGD
23	Abdul G. Turey	Teacher and Co-facilitator	Rosengbeh	17 Feb	Interview
24	Parent	Parent	Rosengbeh	17 Feb	Interview
25	Co-facilitator	Co-facilitator	Rosengbeh	17 Feb	Interview
26	Memunatu Konto Koroma Nadianatu F. Koroma	Clinic Staff, Rosengbeh Clinic	Rosengbeh	17 Feb	Interview
27	Female & Male Group (29: 14 females, 15 males)	Life Skills Training, 9-13 years old, Mathump Primary School	Mathump	18 Feb	Observation
28	Abdul Dauda Komeh	Co-facilitator	Mathump	18 Feb	Interview
29	Kadiatu Kabia	Field Youth Trainer	Mathump	18 Feb	Interview
30	Male (32)	Community Chief, Community Head, Parents, Teachers, CC Facilitator, Youth Leader and Community Members	Masera	19 Feb	FGD
31	Female (45)	Head of Women, Parents, Sowie, CC Facilitator and Community Members	Masera	19 Feb	FGD
	Female (5)	Beneficiaries: 9-13 and 14-19 years old	Masera	19 Feb	FGD
32	Male (9)	Previous Beneficiaries: 9-13 years old	Masera	19 Feb	FGD
33	Female (11)	Previous Beneficiaries: 9-13 years old	Masera	19 Feb	FGD
34	CC Facilitator	CC Facilitator	Masera	19 Feb	Interview
35	Parent	Parent	Masera	19 Feb	Interview
36	Life Skills Facilitator	Life Skills Facilitator	Masera	19 Feb	Interview

37	Youth Leader	Youth Leader	Masera	19 Feb	Interview
38	CC Facilitator	CC Facilitator	Masera	19 Feb	Interview
39	Sowie	Sowie	Masera	19 Feb	Interview
40	Boniface Mungai	Area Coordinator, Concern	Magburaka	20 Feb	Interview
41	Rosaline Banya	Project Manager, Concern	Magburaka	20 Feb	Interview
42	Mohamed K. Sankoh Samuel Koroma Alex Bull Safiatu Kamara Florence S. B. Parker Assiatu M. Mansarcy	CC Officer, Concern PHU Field Team Leader CC Team Leader Field Youth Trainer Field Team Leader PHU Officer	Magburaka	20 Feb	FGD
43	Allieu Gangura	M&E Officer	Magburaka	20 Feb	Interview
44	Adama Sam Patricia Serry Kama	Adolescent Youth Focal Person District Health Sister	Magburaka	20 Feb	Interview
45	Dr Abdul Mac Falama	District Medical Officer	Magburaka	20 Feb	Interview
46	Amadu Wurie	Social Services Officer, Min. of Social Welfare, Gender and Children's Affairs	Magburaka	20 Feb	Interview
47	Johnson Vero Idriss Kamara Hannah Grace Sessay Abi Batu Tholloy	Line Manager, Family Support Unit Department Line Manager, FSU Coordinator Crime, FSU Investigator, FSU	Magburaka	20 Feb	FGD
48	Meeting Attendance: Gov. Ministries (6), INGOs, Partners and Beneficiaries	Regional Launching of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage	Mekeni	21 Feb	Observation
49	Sophia Goinhas	Former Country Director, Concern	Skype	22 Feb	Interview
50	Mintesinot E. Berega	Country Financial Controller, Concern	Freetown	22 Feb	Interview
51	Meklit Miszanaw	Grants and Information Manager	Email	25 Feb	Questionnaire
52	Jennifer Hutain	M&E Manager, Concern	Email	26 Feb	Questionnaire
53	Adele Fox	Equality Adviser, Concern (prev. National Health Coord., Sierra Leone)	Skype	26 Feb	Interview
54	Jennifer Hutain	M&E Manager, Concern	Skype	27 Feb	Interview
55	Nkonzo Khanyile	RPU: Project Coordinator, Sonke Gender Justice	Skype	28 Feb	Interview

SUMMARY			
INTERVIEWS	**FGDs**	**OBSERVATIONS**	**MSC QUESTIONNAIRE**
# Interviews 36	# FGDs 16	# Observations 2	# Questionnaires 2
# Persons 38	# Persons 222	# Persons 29 (+ approx. 220, launch)	# Persons 2
TOTAL RESPONDENTS 291 (38+222+29+2)			
Females 159 (55%), Males 132 (45%)			

Annex 4: Theory of Change



Annex 5: Log Frame

The log frame with the baseline, targets and results are now presented. The log frame shows the preliminary results as of 5 February 2019. The following colours are used to map progress:[52]

	No Progress		Overachieved
	Underachieved		No Baseline
	Achieved		No data yet

INDICATOR	BASELINE	TARGET	RESULT	PROGRESS
IMPACT				
Reduced adolescent pregnancy rates in Tonkolili district, Sierra Leone.				
% of 15-19 year olds who have had a live birth or who are pregnant with their first child	33.2%	29.2%	30.7%[53]	
OUTCOME				
Adolescent boys and girls (9-19 years) in Tonkolili district, Sierra Leone have improved awareness of and access to better sexual and reproductive health information and services and the increased ability to exercise their sexual and reproductive health rights.				
5. Percentage of adolescent girls and boys from target schools and villages who report being able to take their own decisions regarding their a) sexual relationships b) early marriage and c) use of family planning.	a Total: 12%	a Total: 65% (average boys & girls)	Total: 91.8%	+41.2%
	a Boys: 11%		Boys: 91.2%	
	a Girls: 13%		Girls: 92.1%	
(Of those who attend Life Skills course the following are empowered to make their own decisions on SRH:)	b Total: 34%	b Total: 40% (average boys & girls)	Total: 61.0%	+52.5%
	b Boys: 34%		Boys: 56.5%	
	b Girls: 35%		Girls: 65.4%	
	c Total: 13%	c Total: 40% (average boys & girls)	Total: 67.9%	+69.8%
	c Boys: 12%		Boys: 59.6%	
	c Girls: 14%		Girls: 72.5%	
6. % of sexually active adolescent girls from target schools and villages who report using a modern family planning method. (Adolescent Contraceptive Prevalence Rate in target area)	14%	50%	98.8%	+97.6%
7. % of adolescent boys and girls from target schools and villages, who report that their health care provider (peripheral health unit) showed them respect and explained things clearly.	Total: 29%	65%	65.1%	+0.2%
	Boys: 19%	65%	70.4%	+8.3%
	Girls: 38%	65%	62.5%	-3.8%
8. % of sexually active adolescent boys and girls from target schools and villages who report using condoms at last sex.	Total: 6.1%	15%	32.7%	+118%
	Boys: 6%	20%	31.6%	+58%
	Girls: 6.4%	10%	33.3%	+230%
OUTPUTS				
5. Improved access of adolescent boys and girls to the life skills course and comprehensive adolescent sexual education.				
5.1. Number and % of target 9-13 year olds having completed the Life Skills course who have knowledge of how conception occurs (girls and boys).	Total 61%	90%	98.4%	+9.3%
	Girls 60%	90% (850)	99.3%	+10.3%
	Boys 62%	90% (850)	93.3%	+3.7%

[52] Achievement is scored within the +/- percentage points.

[53] As noted in this evaluation, the endline data cannot be compared to the baseline data due to different measures and population groups.

5.2. % of target 9-13 year olds having completed the Life Skills course who can state at least 3 benefits of delaying sexual debut (girls & boys).	Total 26%	90%	85.1%	94.6%
	Girls 27%	90% (851)	84.0%	93.3%
	Boys 25%	90% (851)	86.6%	96.2%
5.3. Number and % of target adolescents (disaggregated by age group and sex) who have participated in (but did not necessarily complete) Life Skills course.	Girls 9-13: 0	945 (75%)	1355 (107%)	143.4%
	Girls 14-19: 0	1440 (75%)	2287 (119%)	158.8%
	Boys 9-13: 0	945 (75%)	1407 (112%)	149.1%
	Boys 14-19: 0	1440 (75%)	2039 (106%)	141.6%
5.4. Number and % of target adolescents (disaggregated by age group and sex) who have completed Life Skills course.	Girls 9-13: 0	945 (75%)	1016 (75%)	107.5%
	Girls 14-19: 0	1440 (75%)	1212 (53%)	84.2%
	Boys 9-13: 0	945 (75%)	1039 (74%)	110%
	Boys 14-19: 0	1440 (75%)	1085 (53%)	75.4%
6. Improved attitudes of adolescent boys and girls towards sexual debut and consensual sex.				
6.1. Number and % of target adolescents (girls and boys, 14-19) having completed the Life Skills course who agree with statement "just because a girl had gone through Bondo does not mean that she is ready to be sexually active"	Total 14-19: 50%	90%	58.7%	-37.8%
	Girls 14-19: 52%	90% (1296)	61.1%	-32.1%
	Boys 14-19: 47%	90 (1296)	55.7%	-38.1%
6.2. Number and % of target adolescent boys, aged 14-19 who have completed the Life Skills course who agree with statement “touching a girl against her will, or forcing her to have sex is wrong”.	Boys: 32%	95% (1368)	83.7%	-11.9%
6.3. Number and % of target adolescent girls, aged 14-19 who have completed the Life Skills course who agree with statement “Nobody has the right to touch you or have sex with you against your will, even if you have gone through Bondo”.	Girls: 31%	90% (1296)	79.6%	-11.6%
7. Improved access of adolescent boys and girls to better-quality sexual and reproductive health services.				
7.1. Number and % of service delivery points (including outreach points) providing youth friendly reproductive health services.	0 0%	60 60%	62.5%	104.1%
7.2. Number and % of health workers demonstrating positive attitudes towards adolescents (14-19, girls and boys) during mystery client visits.	2 14.2%	10 70%	83.9%[54]	+19.9%
7.3. Number and % of target adolescents (14-19, girls and boys) having completed the Life Skills course who believe they could seek SRH services if they needed them.	x 60%	2304 80%	99.2%	+24%
8. Increased knowledge and improved attitudes of key community stakeholders (parents, community and religious leaders) on adolescent sexual and reproductive health.				
8.1. Number and % of community leaders, parents, religious leaders who know at least one modern contraceptive measure.	64%	75%	82.7%	+110.3%
8.2. Number and % of community leaders, parents, religious leaders who agree with statement "just because a girl had gone through Bondo does not mean that she is ready to be sexually active".	34%	55%	55.4%	+0.7%

[54] Calculation based on 31 of 34 mystery client visits reported. Will be updated upon receipt of 3 additional forms. (M&E, 6 Feb 2019)

8.3. Number and % of target adolescents (disaggregated by age group and sex) who have completed the Life Skills course whose parents have ever discussed sexual health matters with them.	Total 9-13: 27%	70%	54.7%	-21.9%
	Girls 9-13: 28%	70%	60.6%	-13.4%
	Boys 9-13: 25%	70%	47.9%	-31.6%
	Total 14-19: 36%	60%	87.8%	+46.3%
	Girls 14-19: 39%	60%	93.5%	+55.8%
	Boys 14-19: 33%	60%	80.9%	+34.8%