



*Project evaluation:*  
Combating HIV by promoting  
reproductive health education

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This report is part of a series project evaluation, focusing on prevention of HIV/AIDS in Ethiopia.

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**Save the Children Sweden**  
Eastern and Central Africa Region  
Box 3457  
Addis Ababa, Ethiopia  
Tel: +251 11 32 10 960  
Fax: +251 11 32 14 234  
Mail [office@swedsave-et.org](mailto:office@swedsave-et.org)

# Table of Contents

|  |    |
|--|----|
| Acronyms .....   | 4  |
| I. Executive Summary.....                              | 5  |
| Introduction.....                                      | 5  |
| Objectives and methodology .....                       | 5  |
| Findings and results.....                              | 5  |
| Conclusions .....                                      | 5  |
| Recommendations.....                                   | 6  |
| 3.0 Introduction .....                                 | 7  |
| 4.0 Objectives.....                                    | 8  |
| 5.0 Methodology .....                                  | 9  |
| The Project period.....                                | 9  |
| Data analysis .....                                    | 9  |
| 6.0 Findings.....                                      | 10 |
| 6.1 Project Planning, Coordination and Management..... | 10 |
| 6.2 Capacity Building.....                             | 10 |
| 7.0 Conclusions .....                                  | 12 |
| 8.0 SLOT Analysis.....                                 | 13 |
| Strengths .....  | 13 |
| Limitations.....                                       | 13 |
| Opportunities.....                                     | 13 |
| Threats .....  | 13 |
| 9.0 Recommendations .....                              | 14 |
| References.....  | 15 |

# Acronyms

|        |  |
|--------|--|
| MoLSA  | Ministry of Labor and Social Affairs                             |
| HIV    | Human Immunodeficiency Virus                                     |
| AIDS   | Acquired Immunodeficiency Syndrome                               |
| SC US  | Save the Children United States                                  |
| UNAIDS | United Nations Joint Program on HIV/AIDS                         |
| HAPCO  | HIV/AIDS Prevention and Control Office                           |
| FCSW   | Female Commercial Sex Worker                                     |
| IFSO   | Integrated Family Service Organisation                           |
| MoH    | Ministry of Health   |
| PLWHA  | People Living With HIV/AIDS                                      |
| NGO    | Non Governmental Organisation                                    |
| FBO    | Faith Based Organisation   |
| CBO    | Community Based Organisation                                     |
| PO     | Private Organisation   |
| SLOT   | Strength limitation, opportunities and threats                   |
| OVC    | Orphans and Vulnerable Children                                  |
| FGD    | Focus Group Discussions  |
| IDI    | Individualised In-depth Interview                                |
| OI     | Opportunistic Infections   |
| CRC    | Child Right Convention   |
| IGA    | Income Generative Activities                                     |
| Idir   | Community Based self help groups                                 |
| CHBC   | Community Home Based Care  |
| HBC    | Home Based Care  |
| AAC    | Anti-AIDS Clubs  |
| EMSAP  | Ethiopian Multi-sectoral HIV/AIDS prevention and control project |
| HRCI   | High Risk Corridor Initiative                                    |

# I. Executive Summary

## Introduction

Integrated Family Service Organization (IFSO) has been working on care and support for children without parental care and threatened by sexual exploitation since 1995. Save the Children Sweden (SCS) has been funding Combating HIV/AIDS by Promoting Reproductive Health Education project underway by IFSO in Yeka Sub-city, Addis Ababa. The project has been providing information and education on HIV/AIDS, sexuality and family planning for children, youth and commercial sex workers in the project area.

This report presents the findings of an assessment initiated by SCS.

## Objectives and methodology

The main objectives of the evaluation was to review the project performance in the areas of planning, coordination and management (including networking, partnership with different parties) and capacity building such as training as well as drawing lessons so as to scale up best practices for future interventions. The evaluation was conducted from December 2004 to January 2005. Both qualitative and quantitative techniques were used to collect data from the target groups.

## Findings and results

- The efforts of the project in using already existing government system could be cited as exemplary for other organisations.
- Nevertheless, the project designing appears to be less participatory initially and the project proposal document was inadequately written and developed.
- The project did not have baseline data about the knowledge and information level of its target groups before implementation.
- Different stakeholders have appreciated training as an input for capacity building by the project.
- The project has offered training/workshops for a total of 1561 people (290 males and 1271 females) on HIV/AIDS, reproductive health, and psychosocial care, childcare, counselling, particularly, life skills and others.
- The project targeted three different types of groups as beneficiaries: youth, CSWs, orphan children. This has led to inadequate development of the project strategies with regard to each target groups.
- Although the project was said to be working on awareness raising and behaviour change components, there was no behaviour change communication strategy developed to appropriately address its information and education programs.

## Conclusions

- The project objectives and strategies were inadequately developed or broadly stated. This created difficulties in targeting specific groups and using specific information as well as educational methods for each target groups. Thus, the information and education system were more of group communication rather than interpersonal communication.
- The working relationships with different stakeholders have given the project a good recognition by various participants.

- The project has addressed the capacity building needs particularly providing trainings on HIV/AIDS, reproductive health, sexuality and childcare as approved by different target groups.
- Though the intention of the project was to bring about behavioural change among its target groups; all the activities of the project were limited to information dissemination and awareness rising.

## Recommendations

The project has ambitiously targeted three different and broad types of target groups each requiring specific intervention, strategies and activities. This has led to inadequate achievement of the behaviours change objectives of the project. Next phase of the project should prioritise among these groups and only target a single group for intervention.

End-line evaluation of a project can only be made more convenient if a baseline data is collected and documented by the project. The absence of such data made it difficult to measure the contribution of the project or impact on the target group as a result of the project intervention. Thus any project envisaged has to have a benchmark before proceeding to intervention.

Active community participation creates a sense of ownership and helps create a shared vision among the project holder, stakeholders and beneficiaries. The involvement of beneficiary groups in designing and development of a project should be given a paramount importance before implementing any project in the future.

Whenever projects design activities that will lead to increase in knowledge and change in attitude, there should always be a link with service. Thus the project has to create a network or referral link with some other organisations that provide VCT/STI treatment services. This will help the project target groups who would demand services as a result of the information and education programs.

The project should design a behaviour change communication strategy for each specific group it is trying to address so as to enhance attitude and behavioural changes over time over particular issues. The current mass targeted communication systems should be narrowed down to series of HIV/AIDS, gender and reproductive health interpersonal conversations and dialogues so that individuals can find opportunities to talk openly about their concerns, fears, personal barriers, ways and benefits of changing their risky behaviour and practice new skills and behaviours.

## 3.0 Introduction

Save the Children Sweden is non-governmental organisation founded on the principle of voluntary, individual membership. Save the Children Sweden fights for the fulfilment of the goals expressed in the UN Convention on the Rights of the Child, in Sweden and elsewhere in the world.

The organisation believes in a child-friendly society and focus mainly on lasting improvement for children to achieve change. Through eighteen offices around the world, the organisation contributes ideas, experience and funds to 500 projects in more than 60 countries.

In Ethiopia, Save the Children Sweden works to promote children's rights through advocacy, direct support, capacity building, research and awareness rise.

The work in Ethiopia has an urban focus and it is with the hope of developing models of good practice that can be emulated throughout the country. Addis Ababa, Gambella, Oromia and Tigray Regional States are current operational areas. Currently it has collaboration with 23 national NGOs and state actors, UN agencies, and Save the Children in Ethiopia and other international NGOs.

Save the Children Sweden has supported Combating HIV/AIDS by Promoting Reproductive Health Education project run by Integrated Family Service Organisation (IFSO) in Yeka Sub-city, Addis Ababa, between January and December 2004.

The general objective of the project was to promote healthy lifestyle of IFSO's beneficiaries through addressing their sexual and reproductive health rights.

### The specific objectives were to:

- Increase the awareness of adolescents and young people about their physical, psychological and emotional changes.
- Reduce reproductive health problems by changing attitudes and behaviours related to sexuality and relationships.

## 4.0 Objectives

The overall objective of this evaluation is to assess the performance of the project run by IFSO.

### The evaluation is specifically expected to:

- Assess project achievements vis-à-vis plan.
- Understand better ways of educating the youth, children and other target groups by learning from the experience and perceptions of children, guardians and other community members in project area.
- Understand community perspectives, especially those children, on the accessibility and effectiveness of HIV/AIDS messages.

## **5.0 Methodology**

### **The Project period**

IFSO has implemented this project for one year, January-December 2004.

### **Data collection**

The evaluating team employed qualitative and quantitative techniques to collect data from the study participants.

### **Data analysis**

After the data were collected they were transcribed in each category and then organised into summary formats prepared for the analysis.

## 6. Findings

### 6.1 Project Planning, Coordination and Management

As mentioned by the project holder and also indicated in the project proposal, the project was basically designed to fill the resource and technical gaps in already started HIV/AIDS activities of IFSO.

All participants involved in this assessment have indicated that they had not been involved in planning stage of the project. For instance, orphans and vulnerable children, youth and FCSWs, said that they did not attend project designing and planning sessions. However, the study subjects have stressed the importance of their active participation in project development. More importantly, orphans and vulnerable children have reported as they have not taken any roles at the inception and planning stages of this project.

There have not been regular discussion fora between the project and the children. The in school and out of school youths have also supported the same idea ascertained above.

Concerning monitoring and evaluating the project activities, mainly the project holder played the leading role. As most of the project activities focused on providing training and facilitating workshops, there had been weaker connection and follow up with beneficiaries.

The project held meetings with beneficiaries whenever there were training or workshops. However, these were not ensued by follow-up meetings.

On the other hand the project has had regular meetings with the Sub-city offices, kebele offices, and other partner organisations.

### 6.2 Capacity Building

Training and workshops for youth in and out of school, women association, women Idir, QVCs and commercial sex workers.

As clearly indicated in the project document, the project has focused on increasing knowledge of its targets so as to prevent risky behaviour that predispose them to HIV/AIDS and reproductive health problems.

The project has trained both in and out of school youths, orphaned and vulnerable children, female commercial sex workers and community workers on reproductive health, family planning, HIV/AIDS, sexually transmitted infections, and child rights as part of capacity building. A total of 1561 people (290 males and 1271 females) have been trained through out the project period (table I).

The training topics were different in scope and specialty that could be quite difficult to be addressed in a single project like this. Thus, it is important to focus in specific areas with a comprehensive approach. There were a number of beneficiaries with varying background; this could limit the interactive communication among the project beneficiaries.

The study participants stated that the trainings helped them in initiating discussions with their teachers and parents. The in-school youth IDI participants also said that they obtained sufficient information on reproductive health and HIV/AIDS.

Table I: Workshop Participants by IFSO, Save the Children Sweden funded project, Addis Ababa, Ethiopia, 2004.

| Beneficiary type            | Number of beneficiaries |             |             |
|-----------------------------|-------------------------|-------------|-------------|
|                             | Male                    | Female      | Total       |
| In-school youths            | 238                     | 299         | 537         |
| Out-school youths           | 35                      | 68          | 103         |
| OVCs                        | 17                      | 96          | 113         |
| Female commercial sex works | 0                       | 100         | 100         |
| Women's association members | 0                       | 616         | 616         |
| Women Idir members          | 0                       | 92          | 92          |
| <b>Total</b>                | <b>290</b>              | <b>1271</b> | <b>1561</b> |

Apart from offering training and workshops, the project has also developed and provided communication materials for its target groups. The communication materials included leaflets and posters on HIV/AIDS, Family Planning and sexual violence.

The participants of the study have also reported that the project provided referral services to the project beneficiaries for treatment of sexually transmitted infections and VCT services.

## 7. Conclusions

The project has been working using the existing system of the government, which facilitated and created a sense of ownership by different parties involved in the project.

The project planning was reported being less participatory particularly by the direct beneficiaries such as children and affected families.

The project has addressed the capacity building needs particularly by providing training on HIV/AIDS, reproductive health, sexuality and child care as approved by different target groups. Moreover, the methods of education were participatory and have been appreciated by the target audience.

It was learnt that teachers and people living with the virus should take a leading role in educating children and the youth about HIV/AIDS, sexuality and family planning.

It is high time for an organisation working on issues related to children and the youth giving due attention to their concerns incorporated into programs designed to address their rights.

Intervention needs to build on the experience of children and their opinions with respect to their care as well as the prevention of HIV/AIDS.

## 8. SLOT Analysis

The evaluation team has carried out a SLOT analysis of the project and came across with the following findings:

### Strengths

- Linking and using existing government structures such as schools for training children, the youth and others, this will lead to strong partnership with the government.
- Capacity building through training/workshops on RH, HIV/AIDS, and sexuality, STIs by using standardised guidelines and skilled professionals.
- The educational methods were very good as it was very interactive and participatory.
- Giving due attention to the vulnerable groups of the community, such as OVCs, the youth, female commercial sex workers and destitute people.
- The project has tried to create link with GOs, NGOs, POs, FBOs, and others for different services that are not rendered by the project.

### Limitations

- Stakeholders (children, the youth, FCSWs and others) have not participated in the planning, monitoring and evaluation.
- The project lacks documenting best practices and sharing with different partners and using them for future interventions.

### Opportunities

- Community willingness in participating in care and support programs, resource mobilisation and orphan adoption.
- Existence of different grassroots actors like NGOs, kebeles, youth and women associations, Idirs, religious and cultural groupings.
- The achievement of high-level general knowledge on HIV/AIDS, STI and reproductive health could be used as springboard for behavioural change.
- Existence of promising funds for care and support in the country, e.g., Global Fund, PEPFAR and others.

### Threats

- The very high number of OVCs, PLWHA, affected families, FCSWs, who are seeking different scope of care and support in the project areas.
- Uncertainty on the continuity of funding for training and provision of other services.

## 9.0 Recommendations

The following are recommended as remedies for the identified challenges and bottlenecks:

- The project objectives were too broad to be achieved within the lifespan of the project and with the allocated resources. Thus, the objectives of the project should be in accordance with the available resources and time frame.
- To ensure project ownership by the community and make it sustainable, it has to be supported by the active participation of different actors who have stake in it. Thus, this project should involve members of community, relevant government offices, and most importantly beneficiaries including children from the inception to the end, so as to get acceptance and as well address their pressing needs.
- The project should design a behaviour change communication strategy for each specific group it is trying to address so as to enhance attitude and behavioural changes over time over particular issues. The current mass targeted communication systems should be narrowed down to series of HIV/AIDS, gender and reproductive health interpersonal discussions, dialogue, etc, to ensure individuals can find opportunities to talk openly about their concerns, fears, personal barriers, ways and benefits of changing their risk behaviours and practice certain skills and pave their way to behaviour change.
- Documenting best practices and challenges should be taken as part and parcel of a given project so as to learn from previous experience. This project should also strengthen its efforts through improving its documentation and communicating best practices in the next phases of the project.
- The provision of female condoms will empower the commercial sex workers and has got significant impact on HIV/AIDS and STI prevention. The project has to strengthen its efforts to set up a referral links with organisations providing this service. Or has to find means by tracing other donors so as to find money for supply of female condoms to this group of people in the remaining period of the project.
- The project has ambitiously targeted three different and broad types of target groups each requiring specific intervention strategies and activities. This led to inadequate achievement of the behaviour change objectives of the project. Next phase of the project should prioritise among these groups and only target a single group for intervention.
- As most of the commercial sex worker targets were saying when they met the evaluation team, an awareness raising program has to be linked with service provision. Whenever projects design activities that will lead to increase knowledge and bring about change in attitudes, it should always be associated with service.
- Thus the project has to create a network or referral link with some other organisations that already provide VCT/STI treatment services. This is to help those targets who start to demand the services as a result of the information and education programs of the project.
- End-line evaluation of a project can only be made more fruitful if a baseline data is collected and documented by the project. The absence of such data made it difficult to measure the contributions of the project or impact on the target group as a result of the project intervention. Thus project envisaged has to have a benchmark before initiating any intervention in the project area.

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## Save the Children Sweden in Eastern and Central Africa

Save the Children Sweden started working in Eastern and Central Africa in 1965. Today, the organisation has offices in Addis Ababa, Ethiopia; Nairobi, Kenya; and Khartoum, Sudan. Save the Children Sweden has long-term child-rights based development programmes in Ethiopia and Sudan, and it supports local partners in Kenya, Eritrea, Somaliland and Uganda.

The organisation focuses on building the capacity of local people, community-based structures and organisations. In Eastern and Central Africa, it works with more than forty different non-governmental organisations and government bodies. In addition, it has adopted a direct implementation approach in southern Sudan and in the refugee camps of western Ethiopia and North Darfur.

All of the work in the region focuses on children's rights, and tackles issues that affect marginalised children. The core of the work focuses on children affected by conflict, discrimination, abuse, exploitation, and HIV/AIDS. Save the Children Sweden's focus also includes education, child participation and good governance in the best interest of the child.

The major task facing child rights advocates today is making the UN Convention on the Rights of the Child a reality for all children. The exchange of experience and know-how are proactive ways to work towards this goal, which is why Save the Children Sweden makes its books and reports available for the world. Welcome to visit our child rights bookshop on the internet, [www.rb.se/bookshop](http://www.rb.se/bookshop)

Save the Children Sweden is a non-governmental organisation. It is an active member of the International Save the Children Alliance – a global movement for children's rights.

Through 18 offices around the world, the organisation contributes ideas, experience and funds to 500 projects in more than 60 countries. Welcome to visit the Save the Children website, [www.savethechildren.net](http://www.savethechildren.net)

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More information about Save the Children Sweden and our projects worldwide can be obtained from our head office.

*Save the Children Sweden*  
SE-107 88 Stockholm, Sweden  
Tel +46 8 698 90 00  
Fax +46 8 698 90 10  
[www.rb.se](http://www.rb.se) info@rb.se

### Eastern and Central Africa Region

|                              |                        |
|------------------------------|------------------------|
| <i>Regional/Kenya office</i> | <i>Ethiopia office</i> |
| Box 19423                    | Box 3457               |
| 202 KNH – Nairobi, Kenya     | Addis Ababa, Ethiopia  |
| Tel +254 20 386 5888/90      | Tel +251 11 321 0960   |
| Fax +254 20 386 5889         | Fax +251 11 321 4234   |

[info@ecaf.savethechildren.se](mailto:info@ecaf.savethechildren.se)

*Northern Sudan office*  
Box 6134  
Khartoum, Sudan  
Tel +249 183 256 415/16  
Fax +249 183 241 589

*Southern Sudan office*  
Box 19423  
202 KNH – Nairobi, Kenya  
Tel +254 20 386 5888/90  
Fax +254 20 386 5889



**Save the Children**  
Sweden