TALK II Project Evaluation and Learning Report

Arm Amplio Adolescent Training and Local Knowledge of Sexual and Reproductive Health and Rights (Adolescent TALK II) project

Prepared for VSO by:

PRIM Zambia
Participatory Research & Innovations Management

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Glossary/Acronyms and Abbreviations

AFHS	Adolescent-Friendly Health Services
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
DHO	District Health Office
DEBS	District Education Board Secretary
CSE	Comprehensive Sexuality Education
CV	Community Volunteers
COVID 19	Coronavirus
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
MoH	Ministry of Health
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infections
SRHR	Sexual Reproductive Health and Rights
TALK	Training and Local Knowledge
VSO	Voluntary Services Overseas
ZDHS	Zambia Demographic and Health Survey

Executive Summary

Background

Voluntary Services Overseas (VSO) in partnership with Arm and Amplio implemented the Adolescent Training and Local Knowledge of Sexual and Reproductive Health and Rights (TALK II) Project in Samfya District of Luapula Province between 2019 and 2021. The overall aim of the project was to enhance SRHR services and practices for girls and boys aged 10 to 19 years in the targeted four (4) wards in the district. This targeted at making adolescent to be informed, empowered, and better equipped young people to make healthy decisions about their SRHR, contributing to longer term impacts including improved SRHR outcomes. In the TALK II, VSO and partners (Arm and Amplio) proposed integrating Amplio talking books and training of community volunteers into its engagement with the communities as well as introduced the listening/discussion groups for adolescents and parents. The Amplio talking books worked in combination with VSO community volunteers, supported by international volunteers in strengthening the behaviour change in most marginalized and remote communities.

Study objective

The main objective for this evaluation was to assess the extent to which the TALK II project attained the objective and outcomes set and generate insight into the lessons learned from the implementation of the project for improving VSO and partners work, organisational learning and programme replication.

Evaluation methodology

This evaluation utilized both quantitative and qualitative methods to obtain in-depth understanding of how the TALK II project interventions contributed to the wellbeing of adolescents, families and communities. Based on the sampling targets as agreed with VSO and partners, a three-stage stratified cluster design was used to select a sample of 330 individuals who participated in the evaluation. Of these, 218 individuals participated through structured questionnaire interviews while 112 individuals participated through different qualitative data collection tools which included Focus Group Discussions (FGDs) with 39 adolescents representing 17 boys and 22 girls and 36 parents/caregivers representing 21 females 15 males, Key Informant Interviews (KII) with 21 participants including service providers and project implementing partners/donors) and In-depth Interviews (IDIs) with 17 participants representing 11 adolescents and 6 community members. To ensure that participants and data collectors were protected from COVID 19, all measures in line with Ministry of Health (MoH) and World Health Organisation (WHO) COVID 19 guidelines were followed.

Assessment Results

Project Relevance

Relevance to global commitments to support the health of adolescents

- The TALK II project was also relevant to the UN Youth Strategy, adopted in 2018, as the project addressed the SRHR agency of young people in the implementation of the SDGs that prioritizes their access to quality education and health services. Further, the TALK II interventions were in line with Sustainable Development Goals (SDGs) through its contribution towards achieving an AIDS-free generation and Accelerating Children's HIV/AIDS Treatment (ACT) Initiative.

Relevance to National Priorities

- The TALK II interventions were in line with Government commitment as the project contributed towards enhancing adolescents' health and commitment to fulfilling their SRHR needs. The project supported the primary health care approach as outlined in the National Health Strategic Plan (NHSP) 2017 – 2021, the Adolescent Health Strategic Plan 2017-2021, the Comprehensive Sexuality Education (CSE) strategy and the Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (SRMNCAH&N) programme by Ministry of Health.

Relevance to Arm and Amplio

- The TALK II project was also relevant to Amplio's goal as it promoted the use of the Amplio technology and services to amplify the work of international development organizations, and private sector businesses among others to reach remote, under-served, illiterate populations that are often missed by other communications for development (C4D) initiatives.

- The project was also in line with both Arm and Amplio's goals of using audio-technology, through its contribution to increasing community access to essential sexual health messaging utilising community volunteers.

- The project also contributed to strengthening the partnership between Arm and Amplio in extending the benefit of Arm-based technology to a new demographical area in rural Zambia through the Talking Book which is an Arm-based technology.

Relevance to VSO interventions

- By working through volunteers and partners to empower adolescents and community members in rural Samfya district with adolescent SRHR information, shows that the TALK II project was aligned to the VSO's goal of working through volunteers and partners to empower people living in the world's poorest and most overlooked regions to inspire change and strengthen VSO strategy of placing "People First".

- The TALK II project was aligned with VSO's VfD approach of promoting inclusion of disability, age, gender and non-binary identities whilst addressing discrimination and harmful social norms and practices in marginalised areas.

- The project also catalysed strategic networks, partnerships and alliances to facilitate dialogue, action, policy and system change. This included working with adolescents, parents, local communities, government stakeholders as well as Arm and Amplio, to improve SRHR knowledge and skills and increase access to services for young people.

Project Effectiveness

Comparative findings between Baseline and Evaluation

Assessmnet area	Baseline	Evaluation
% of adolescents reporting to have a disability	1.7%	5.32%
% of adolescents' participating in radio listening clubs	26%	93.2%
% of adolescents with knowledge of protection from HIV/STIs	96%	99%
% of adolescent reporting improved access to SRHR services	86%	93%
% of adolescents reporting that teenage pregnancy as a concern	71%	88%
Sexually Transmitted Infections a concern for adolescents	36%	74%
% of adolescents reporting that alcohol/drug abuse is concern	32%	38%
% of adolescents reporting that forced, and Child marriage is a concern	22%	87%
% of adolescents reporting satisfaction with the SRHR messages	69^	97%

Outcome 1: Improved reach of messaging to adolescents and their families

- Findings demonstrate that this objective was reached because the number of adolescents reached with SRHR information was achieved. Out of the set target of 1000 adolescents to be reached with appropriate SRHR and HIV messaging, the project reached and exceeded the target by reaching a total of 5402 adolescents (2791 females and 2611 males)

- The number of completed messages was 8738 which covered a total of 90 days and representing 2286 hours of listening.

- A total of 15 topics were covered using the talking books which included Coronavirus, SRHR Pregnancy and Abortion, Contraceptives and FP, STIs, correct and consistent condom use, and HIV counselling among others.

- The percentage of parents who were aware of adolescents and young people confidential HIV/STI counselling was 97% of the while the percentage of parents who agreed that parents should talk to their children about SRHR. was 99%

Outcome 2: Improved quality, relevance and consistency of SRH messaging to adolescents:

- Majority (99%) of the participants reported that the activities they participated in were useful for decision making in their lives.

- The percentage of adolescents who reported that the listening groups using the Talking Books were useful towards their SRH/HIV needs was 97%.

- The percentage of adolescents who reported that the referrals they received were useful towards meeting their HIV/AIDS, SRH and STI needs was 61%.

- The percentage of adolescents reporting that they were satisfied with the SRHR messages provided in the project was 97% during the evaluation compared to 69% at baseline.

- The percentage of adolescents who accessed SRH services from the health facilities 74% while 96% accessed HIV/AIDS and STI awareness in school and community. The percentage adolescents had access to condoms was 66% while 76% had access to HIV counselling and testing and, 85% had access to SRHR and STIs information.

Outcome 3: Improved SRH data collection and feedback mechanisms between adolescents and stakeholders:

- TALK II oriented adolescents, parents and community members in the use of the talking book which helped them understand adolescent SRHR needs.

- Community volunteers were trained to support community members, adolescents and parents in the use of the talking book for enhanced information on SRHR issuers.

- The projects also supported the establishment of a social media platform in which young people were able to discuss SRHR issues online.

Outcome 4: Improved engagement of adolescents on SRH information using technology:

- The project enhanced engagement of adolescents on SRH information using technology through the provision of feedback on the talking book on SRHR sessions, learning and information sharing sessions and periodic technical support visits by project staff. In addition, the project developed a data tracking form that was used during interaction with stakeholders to capture their feedback and document the level of message adaption and changes in behaviours.

Circumstances in which TALK II enhanced SRHR messaging:

- **Training of community volunteers:** The Talk II trained 100 community volunteers and oriented all the health workers in the target facilities in the Talking Book. The training of community volunteers and health workers helped to improve the delivery of messages to adolescents and community members.

- **Improving access to SRHR messaging for adolescents using the talking books:** The establishment of adolescent listening groups at community level using the Talking Books responded to the problems of limited information regarding SRHR, poor information of health products and services.

- **Promotion of family based listening groups:** The TALK II project used the Amplio device to deliver messages in listening groups. In this way, the messages were played at home to the wider family group thereby increasing the number of people accessing SRHR messages through engagement with community volunteers.

- **Realignment of the activities within COVID 19 environment:** VSO and partners realigned the project activities to address COVID 19 challenges and meet the project deliverables as

planned. As such the project with feedback from community volunteers added Covid-19 messages in the Talking Books.

Barriers to attaining project effectiveness.

- **Limited support to volunteers in the community:** Community volunteers expressed concern over the limited support they received from the project in relation to work including transport, which limited them to support adolescents around their communities thereby affecting their coverage to adolescent in distant places.

- **Non-consideration of local livelihood activities:** The design of the TALK II project had limited focus on making follow-up activities for households and individuals who shifted into fishing communities during the fishing season.

- **The impact of COVID 19 overshaded the presence of international Volunteers:** The TALK II project was designed to tap into the knowledge and expertise of Arm volunteers in building the capacity of the target communities, local community facilitators, youth groups. This was not possible because of COVID 19 as international volunteer had to work remotely.

- **Challenges with the Talking Book operations:** While the Talking Book was praised as a model for information sharing as well as being user friendly and good mode of communication for low literacy communities, participants pointed out that sometimes the Talking Book would go off in the middle of the listening program.

Project efficiency

Findings demonstrate that financial resources were spent in accordance with project objectives and activities. Analysis of the project activities that were targeted, shows that the financial and human resources involved, in relation to the results demonstrated that the resources were efficiently used. In addition, the project had a lean management with a project Coordinator, supported by a National Volunteer and 100 community volunteers in the field who were directly supervised by the health facility in-charges and community health workers. These volunteers played a pivotal role in ensuring that the Talking Books were accepted and overed 8738 message completions. The international volunteers also remotely provided technical support on the Talking Books.

Project equity

In line with Arm and Amplio goal of using the Talking Book to reach the hard-to-reach population, the TALK II project trained community volunteers who supported in conducting outreach activities with messages in reproductive health and coronavirus outreach activities using the Talking Books for adolescents, parents and community members. The project also engaged boys and girls, men and women in the listening groups and social media platforms. The TALK II project maintained an approach of balancing inclusion of people with disabilities in their program interventions. Primary data collection revealed that there was less participation from children living with disability as the project had not fully engaged children with disability.

Project coherence and partnerships

The TALK II project provided a learning environment that created partnerships that were essential for community-based solutions and advancing health equity of vulnerable and rural marginalized communities. The TALK II complemented the partnership between Arm, Amplio and VSO in learning from the Amplio's technology collecting, usage of data through user feedback, through monitoring, engagement, and identifying of content issues with adolescents and parents (primary actors) for continuous update of the content for greater impact. At the district and community level, the TALK II developed a strong partnership with various stakeholders. The TALK II further complemented the delivery of Comprehensive Sexuality Education (CSE) delivered in schools.

The value VSO's VfD methodology

In utilising the Volunteering for Development (VfD) approach, the TALK II project promoted inclusion by integrating disability, age, gender and non-binary identities whilst addressing discrimination and harmful social norms and practices that impact adolescent health. As part of the drive to strengthen community engagement for improved gathering and documentation of SRH information, secondary data showed that 100 community volunteers were trained in community engagements in groups and community outreach. Adolescents and parents described as good their interaction with the community volunteers. Despite COVID 19 challenges, the international volunteers were also engaged remotely in which they worked in designing the project newsletter and establishing and managing the social media platform which supported increased reach to adolescents. The volunteers acted as primary sources of data as they were able to collect data from the groups.

Project Sustainability

The project had designed some sustainability activities from the outset which included building the capacity of community facilitators, formation of adolescent and family listening groups, engagement with health facilities, schools and community at large. A working partnership that has been created with the Ministry of Health through the District Health Office (DHO) in the districts and health facilities was cited as one of the key measures that had the potential of fostering sustainability. In addition, the training of community volunteers who are linked with the clinics are expected to continue with the engagement with parents, adolescents and community leaders. Findings further shows that community volunteers are already connected to health centres, parents and adolescents and they have a structure through which to continue with their work. Findings showed that the TALK II project built the capacity, strengthened the voice, choice and agency of young people and communities to advocate for and access to SRHR messages and services.

Recommendations

Target for recommendation	Recommendation
VSO	VSO's health team should pursue further partnership with Amplio and seek to develop and mobilise resources for further projects in SRHR issues.
	Consider scaling-up the use of the Talking Books by training and orienting more community volunteers in using Talking Books in order to broaden community coverage.
	VSO should consider integrating the audio content in the Talking Books with relevant visual teaching aids such as IEC materials and social media to increase the reach of messaging.
	VSO should consider extending the use of the talking book in other health and education interventions as the Amplio technology has shown to be effective and user friendly in disseminating accurate information to adolescent and parents in groups.
District Health Office and facilities	Government departments including DHOs and health facilities should integrate the use of the Talking Books in their primary health care work involving the Neighbourhood Health Committees, (NHC) as well as Community Welfare Assistant Committees (CWACs).
	Government departments should consider adopting the Talking Book in data management and reporting for easy access to real time reliable SRHR data by establishing a data base to build evidence around adolescent SRHR
	The DHOs should invest part of their budgets in the procurement and use of Talking Books in their community health strategies and plans.

CSOs and CBDs	CSOs and CBDs should advocate for increase SRHR service delivery points at community level to improve access to health products and services as well as effective utilisation of referrals made by different stakeholders.
	CSOs and CBDs should deliberately identify people with disabilities and groups with compounded vulnerabilities and develop interventions designed to meet their needs with the intention of leaving no one behind.

Introduction

1.1 Background

Adolescent sexual and reproductive health (ASRH) is a major public health issue both from the perspective of prevention of unintended pregnancies and sexually transmitted infections (STIs) including HIV[1] and promotion of adolescent wellbeing. Young people aged 10 to 24 and adolescents between 10 to 19 years, especially young women, and young key populations such as migrant sex workers, fishing communities and rural girls continue to be disproportionately affected by HIV and SRHR issues (UNAIDS, 2015; UNICEF 2015). In Zambia, although about 32% of adolescents aged 15-17 and 60% of those aged 18-19 are sexually active, many of them experience poor sexual and reproductive health (SRH) outcomes and are at high risk of contracting HIV and other sexually transmitted infections (STIs). This is more because only 40% of them report regular condom use (ZDHS, 2018). Evidence shows that one in seven female (15%) adolescents are married (or in union) before 18, compared to only 1% of their male counterparts. More so, 21.5% of the married adolescent girls have an unmet need for family planning. This is more for those with no education or only primary schooling who start childbearing before the age of 18 (42% and 36%, respectively) compared to 23% among teenagers with a secondary education (ZDHS2018).

In Zambia, several social norms and values conflict with the reality of premarital sex amongst adolescents, have been observed as a contributing factor in exacerbating young people to becoming sexually active at a young age. In addition, gender norms contribute to low decision-making power around contraceptive use, and assertiveness among adolescents which further contribute to increased risk behaviours and practices (MTR 2019). As a result, VSO and partners observed that increased knowledge of SRHR and enhancing access to SRHR services and products is essential to achieving the target of fewer than 100 000 new HIV infections among adolescent girls and young women aged 15 to 24 years (WHO report, 2012). Therefore, VSO and partners implemented a three-year Adolescent Training and Local Knowledge of Sexual and Reproductive Health and Rights (SRHR) with the aim of enhancing the SRHR services and practices for girls and boys aged 10 to 19 years in 4 wards in Samfya District, Luapula Province, Zambia.

1.2 The TALK II project

The "Adolescent Training and Local Knowledge of Sexual and Reproductive Health and Rights Programme" (TALK II) was designed and implemented to improve SRHR knowledge and skills and increase access to services for young people aged 10-19 in some of the remotest parts of Samfya district in Zambia. The Phase 1 of the project was implemented by VSO in partnership with Planned Parenthood Association of Zambia and in collaboration with the   Zambia's Ministry of Health (MOH). This project aimed at enhancing the Sexual Reproductive Health Services and practices for 7,949 girls and boys aged 10 to 19 years leading to young people being better informed, empowered and equipped to make healthy decisions about their health. In 2019, VSO scaled up the adolescent TALK by introducing the (TALK II project) in partnership with Arm and Amplio which integrated Amplio Talking Books into the engagement with the communities in the project sites. The TALK II project was built on the Adolescent TALK I outcomes of; 1). Young people have improved accurate knowledge of SRHR issues, leading to increased capacity of young people to become SRHR leaders in their community and protect themselves from risky SRHR practices; 2). Increased capacity of health providers and community-based health volunteers to provide comprehensive youth-friendly health services both at the health facility and in the community, leading to improved access/delivery of quality SRHR services for young people and 3). Increased engagement of local communities in SRHR issues for young people, leading to strengthened community support and commitment to SRHR for young people. The TALK II project planned to introduce community members to the listening/discussion through groups that were planned to be established targeting 100 groups, each with about 10 members. One Amplio device was expected to be used for each group. The Amplio innovation was planned to be used in two main ways: which include:

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[1] United Nations,Department of Economics and Social Affairs. World population prospects, 2019. Available: https://population.un.org/wpp/Download/Standard/Interpolated/

1. The Amplio device was designed to be used during group meetings to relay information that could then be followed up by a discussion, facilitated by a community volunteer.

2. Rolling basis, one of the group members would take the Amplio device home to play messages to the wider family members.

1.3. TALK II Project Objective and outcomes

1.3.1. Overall Objective

To enhance SRHR services and practices for girls and boys aged 10 to 19 years in Samfya District, Luapula Province

1.3.2. Specific Objective

1. To Enhance the Effectiveness of SRH messaging for adolescents and marginalized groups in the targeted 5 wards

2. To strengthen effective community engagement for improved gathering and documentation of SRH information

1.3.3. Project outcomes

Outcome 1: Improved reach of messaging to adolescents and their families.
Outcome 2: Improved quality/relevance/consistent SRH messaging to adolescents.
Outcome 3: Improved SRH data collection and feedback mechanisms between adolescents and stakeholders.
Outcome 4: Improved engagement of adolescents on SRH information using technology.

1.4. Target beneficiaries

- 7,949 girls and boys aged 10 to 19 years.
- 1000 group members engaged with the content and an estimated.
- 8000 extended family members would also engage with the SRHR content.

Integrating the Amplio Talking Book delivered by community and youth volunteers was expected to generate the following benefits:

- **Improved reach of messaging:** By bringing the Amplio device into households, the SRHR messaging was expected to be heard by the whole family and not just those who attend the specific groups.

- **Improved quality/relevance/consistency of messaging:** Through the development of the content for use in the Amplio Talking Book, it was expected that a more consistent and high-quality set of messaging can be produced. The volunteer team can then use this core content as the basis for the discussions, events and other activities they perform as part of the project.

- **Better engagement from non-direct forms of message transfer**: The Amplio Talking Book was expected to allow for community members to engage with SRHR messages and discuss amongst themselves in a more relaxed and less intrusive way.

- **Improved data collection**: The Amplio feedback system which gives statistics on usage of the device and oral feedback on the messages themselves should enable a better understanding of how effective the SRHR messages are.

1.5 Objectives of the Evaluation

1.5.1 Main Research Objective

To assess the extent to which the TALK II project attained the objective and outcomes set and generate insight into the lessons learned from the implementation of the project for improving VSO and partners work, organisational learning and programme replication.

1. To explore the relevance of the TALK II project towards increasing access to services for adolescents in the targeted communities.

2. To establish the extent to which the project increased the delivery of comprehensive youth and adolescent-friendly health services.

3. To examine the extent to which the project managed to improve the SRHR knowledge and skills among adolescents in line with project objectives and outcomes.

4. To examine whether the project elements work as a package or supplement each other in strengthening community support systems.

5. Generate recommendations and document any new learning points or lessons learned that can use in future programming.

Evaluation Focus and framework

This end line evaluation focused on six (6) key evaluability assessment areas for the TALK II:

Evaluation criteria	Key issues to explore
Relevance	Assess the extent to which the TALK II intervention were suited to the priorities of the target audience, and how their needs were considered in intervention design, aligned with the V4D framework.
Coherence:	Document the extent to which linkages existed between TALK II and other interventions, partnerships and systems approaches. Establish how TALK II activities were complemented, harmonised, and coordinated with other activities in the targeted areas.
Efficiency:	Assess how the TALK II intervention used the least costly resources to achieve desired outcomes (planned against achieved inputs and output
Effectiveness	Establish the extent to which the TALK II intervention achieved intended outcomes, (positive or negative) Establish the strategies used to attain the project results (qualitative and quantitative) at individual, household, community and organisational,
Sustainability	Assess the likelihood of the TALK II project results will be sustained and how the outcomes have been institutionalised and will continue.
Impact	Establish the extent to which TALK II has enhanced SRHR services and practices for girls and boys aged 10-19 years

2.0. Evaluation methodology

2.1 Design and approach

This end of TALK II evaluation generated evidence using a realist evaluation through primary data collection, as well as a review of secondary data sources. This evaluation utilized both quantitative and qualitative methods to obtain in-depth understanding of how the TALK II project interventions contributed enhance SRHR knowledge of and practices among adolescents, families, and communities. The evaluation was designed to determine the extent to which the achievements have taken place in the targeted communities and among the target population. This design involved measuring the outcome of interest before and after the program implementation as well as engaging program beneficiaries in reviewing and understanding how the change or lack of it happened. The design for the data collection tools followed the program theory of change and logframe as designed at the start on the programs.

2.2 Study sites and sampling

The participants of this evaluation were selected using mixed purposeful sampling process based on project coverage, participation in the project, availability of the participants at the time of the evaluation, and evaluation objectives. A total of four (4) wards, 6 project sites, 6 health facilities were sampled as shown in (Table 1) below. The sampling of the project sites was done in consultation with VSO staff.

2.3 Data collection techniques

This evaluation utilised a participatory approach which involved conducting systematic desk review, focus group discussions, in-depth and key informant interviews and household survey. A combination of the following techniques were used to collect data during this evaluation:

1. **Systematic desk review:** This technique was used to collect data from available documents, health facility record, and project reports, and project plans.

2. **Key Informant Interviews (KIIs) and In-depth Interview Guide (IDI):** The rationale for KIIs/IDIs was to generate data through discussions with government representative, project implementers, service providers and primary actors.
   o Adolescents and young people who participated in the project.
   o Teachers, community/ health workers and volunteers
   o Community leaders and representatives of groups and parents and or caregivers
   o VSO, Arm and Amplio and volunteers

3. **Focus Group Discussions (FGD):** The FGD's were used to capture group experiences from adolescents and parents such as enablers and challenges and, knowledge attitudes and practices. FGDs targeted adolescent 15-19 years and parents/caregivers.
   o Adolescents and young people who participated in the project.
   o Parents and or caregivers who participated in the project.

4. **Questionnaire Interviews:** Individual self-administered interviews with parents/caregivers and adolescents 15-19 years were conducted using structured questionnaire. This was relevant in reviewing project *activities*, *relevance, effectiveness, sustainability,* and *impact* in relation to program objectives and outcomes.

Table 1: Summary of the data collection tools and participants.

Interview Tool	Data Collection Technique Per Ward				Planned Total	Achieved – Participants
	Mbabala	Chishi	Kapata	Mano		
Survey Questionnaire – Adolescents	30	30	30	30	120	118
Survey Questionnaire – Parents	25	25	25	25	100	100
FGD Guide Adolescents (15-19 Yrs)	1	1	1	1	4	6 (39 participants)
In – Depth Interview Guide Adolescents (15-19 Years)	1	1	1	1	4	6
In-depth Interview guide Volunteers (Peer educators)	2	2	2	2	8	12
FGD Guide Parents/ Caregivers	1	1	1	1	4	5 (36 participants)
In – Depth – Interview Parents/ Caregivers	1	1	1	1	4	5
IDI Guide Facilitator	1	1	1	1	4	5
KII Guide – Health Worker/ Teacher/ Traditional Leader	3	3	3	3	12	10
KII – Government representative					2	2
KII Guide Project (VSO, Arm and Amplio) Staff					3	4
TOTAL						330 Participants

2.4 Data analysis and reporting

In this evaluation, PRIM-Zambia used both quantitative and qualitative techniques to analyse the data that were collected from various sources.

Quantitative data: Quantitative data from the project database and individual questionnaires for girls and parents/caregivers were analysed using a Statistical Package for Social Sciences (SPSS) through which tables and graphs were generated and data analysed. Descriptive analysis was used to analyse quantitative secondary data. In this report, data was presented using frequency tables and graphs.

Qualitative data: Qualitative data was analysed using thematic analysis (Creswell, 2013). At the early stages of data analysis, the inductive approach was used to identify emerging codes, categories and themes. Preliminary themes were then organised using the pre-identified themes related to TALK II objectives and outcomes set.

2.5 Quality control strategy

PRIM-Zambia places premium value to the quality delivery of services in research. The consultants were responsible for overall quality control issues to ensure that the deliverables of the assignment were in line with VSO and partner evaluation objectives. Data collection tools were shared with VSO for review and validation before being used in the field. Further, the consultants monitored and checked the accuracy of the data collection process by accompanying the evaluation team in the field and conducting daily checks in the process of data collection with review meetings after field work.

2.6 Safeguards for the Protection of Participants

The study was conducted in an ethical manner. All the study objectives were clearly explained to the study participants. The participants were informed that they were free to withdraw from the study at any

point. Informants were also assured that none of their personal details or other identifiers would be included during the analysis and subsequent publication of the findings. By withholding respondents' personal details, it is not possible for readers to attribute views or statements to specific individuals.

2.7. Response to COVID 19

To ensure the protection of participants and researchers from COVID 19, recommended COVID-19 guidelines were observed. Firstly, participants were selected in such a way that minimized risk, protected (but did not exclude) vulnerable populations who participated in the project, in a way that did not jeopardize the scientific validity of the baseline. Before and during fieldwork, PRIM-Zambia trained data collectors and communities about COVID-19. PRIM-Zambia communicated to data collection teams on how to protect themselves and surrounding communities from COVID 19. PRIM ensured that all data collectors and participants had access to sanitary supplies such as soap, hand sanitizer gel, and masks. Further, data collectors were trained in the data collection protocol that ensured participant's health and safety such as maintaining social distance and masking up.

2.8. Limitations of the Evaluation

- The escalating numbers of COVID 19 cases in Zambia, provided a limitation for data collectors to freely interact with participants and carry out the fieldwork as most data collectors were more careful in interacting with participants to avoid spreading the COVID 19. To overcome this challenge, protective materials (masks and hand sanitizers) were bought for both the data collectors and participants to ensure the protection of the participants in the evaluation.

- Limited transport to the islands of Chishi and Mbabala: Some of the target sites of the TALK II project include the Islands of Mbabala and Chishi. During field work the team had difficulties with securing the transport (boats) to the islands as the team was dependent on the availability of the boats from the Chifunabuli District office. This process delayed the data collection process in the two islands. To manage this, the study team negotiated with the district council for a joint trip with district staff to the islands.
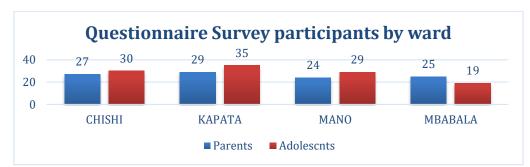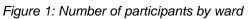
3.0. Evaluation Findings

3.1. Introduction

This section presents consolidated findings of the TALK II evaluation. The section begins by presenting participant demographic data, and proceeds with a presentation on the prevalence of disability among adolescents and parents and then presents findings starting with, the relevance of the TALK II project and then findings on project effectiveness, efficiency, coherence, impact and sustainability alongside circumstances that led to the achievement and or lack of it as set in the project objectives. The findings are themed around four key areas which include: a). Improved reach of messaging; b). Improved quality, relevance, and consistency of messaging; c). Better engagement from non-direct forms of message transfer and d). Improved data collection.

3.2. Participant demographic data

Findings showed that a total of 330 individuals participated in the evaluation. Of these, 218 individuals participated through structured questionnaire interviews while 112 individuals participated through different qualitative data collection tools which include FGDs (39 adolescents (17 boys and 22 girls and 36 parents/caregivers representing (21 females 15 males), KII (21 including service providers and project implementing partners/donors) and IDIs (17 representing 11 adolescents and 6 community members) as indicated in the sample above.

Figure 1: Number of participants by ward

Comparing with the sample at baseline in Mano, the sample was 62 participants, while during the evaluation, the sample was 53. In Mbabala, the sample at baseline was 56 while during evaluation it was 44. In Kapata, at baseline, the sample was 58 while during the evaluation it was 64 while in Chishi, at baseline it was 55 while during the evaluation 57 individuals participated. These results shows that the sample was statistically significant for comparing the results.

	Baseline	Endline
Mano	62	53
Mbabala	56	44
Kapata	58	64
Chishi	55	57

Participant's demographic data by gender: Findings showed that out of all the 330 individuals who participated in the evaluation, 53 % were females and 47% were males. Evidence from the structure survey data showed that out of 118 adolescents who participated in the survey interviews, 54% were girls compared to 46% boys while for parents who participated in the survey interviews, 52.4% were females compared to 47.6% males. Compared with baseline results, findings showed that more females participated in the evaluation from 51% at baseline to 53% during the evaluation. For the males, the number reduced from 49% at baseline to 47% during the evaluation. These findings could imply that more females are getting involved in supporting adolescents SRHR activities.

Figure 2: Caregiver and adolescent participants by gender

Number of participants by gender - Baseline and Evaluation

Social demographic data: In this evaluation, 86.7% of the parents/caregivers who participated in the evaluation were married while 6.7% were divorced and or widowed. Among adolescents, 96.5% were single while 2.7% were married and 0.9% were living with partners as if they were married (cohabiting). Further, among the adolescents who participated in the structured questionnaire, 75% where in school while 25% were not in school.

3.3. Prevalence of disability among participants

This evaluation sought to establish the prevalence of disability among adolescents and parents. This was important because people with disabilities are usually denied agency, they are less able to access the services they need, such as health care, including sexual and reproductive health (SRH) services, education, information technologies, and employment, which has important consequences for development. Findings reveal an increase in the prevalence of disability among adolescents in the assessed indicators. For example, the number of adolescents who report visual difficulties was 1.7% at baseline and 1.8% during the evaluation while adolescents with hearing difficulties increased from 1percent at baseline to 5.3% during the evaluation. In addition, adolescents who reported to have physical difficulties including movements had increased from 2.4% at baseline to 6.2% during the evaluation while those with difficulties in remembering reduced from 3.1% to 2.7%. Among parents, findings showed that almost 3 % of the parents indicated that they had difficulties in seeing, even if with glasses on, while 2 per-cent reported that they had difficulties in hearing, even if with a hearing aid on and 1.9 percent reported difficulties in walking or climbing steps, as seen in table 4: below

Table 2: Prevalence of disability among adolescents and parents

Disability area of assessment	At Baseline	During Evaluation among adolescents	During Evaluation among parents
Visually disability	1.70%	1.80%	3%
Hearing disability	1.00%	5.30%	2%
Physical disability (movement)	2.40%	6.20%	1.9%
Remembering or concentrating	3.10%	2.70%	1%
Communication disability	0.30%	10.60%	1%
Overall prevalence of disability	*1.7%*	5.32%	1.8%

As seen in the table above, the results demonstrate that there has been an increase in the number of participants with disabilities who participate in project activities from an average of 1.7% at baseline to 5.3% among adolescents. These findings were also discussed in the FGDs which showed high awareness of disability issues:

"We are now more aware of disability issues because we have been receiving information through VSO during community meetings…., even in our groups, we have been discussing issues of disability, and how to prevent stigmatizing people with disabilities" **FGD – adolescents Kapata.**

These findings indicate that while the TALK II project focused on SRHR issues for adolescents, awareness on disability issues was also provided in the communities. One person with a disability who participated in a FGD with parents reported that:

"'for the first time, we heard about disability issues and how people should stop discriminating People with Disabilities (PWDs),…..sometimes people who use sign language were coming in the communities to help people with hearing impairment" – FGD – Parents Mbabala

In addition to the involvement of sign language interpreters, discussions with project staff also indicated that the project also orientated community volunteers on how to support people with disability. As a result, the increase in the number of people reporting to have disabilities could be attributed to enhanced knowledge and information sharing on disability issues in the project targets in relation to the types and support needs for people with disabilities.

3.4. The relevance of the TALK II Project

3.4.1. Relevance to international, national and district goals

"Adolescents and young adults have critical health needs that have important implications for their future health and well-being, and that of their communities" **The Partnership for Maternal, Newborn & Child Health.**

Relevance to global commitments to support the health of adolescents: The TALK II interventions were developed with reference to the call by the 1994 International Conference on Population and Development (ICPD), in which the project worked to increase attention to and, investments in adolescent health and development. Movement on the right to health for adolescents has accelerated in recent years. The General Comment on adolescence (CRC/C/GC/20)[2] , issued more than 20 years later in 2016, targets adolescence as a specific life stage that governments need to recognize and in which they need to invest. The project also supported the UN Youth Strategy, adopted in 2018, by working to enhance the agency of young people in the implementation of the SDGs by prioritizing adolescent access to quality education and health services[3]. The 2016-2030 UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health, envisions a world in which every adolescent in every setting realizes their rights to health and well-being, social and economic opportunities, and participation in shaping prosperous and sustainable societies[4]. Further, the TALK II interventions were in line with Sustainable Development Goals (SDGs) such as health (SDG3), economic growth and job creation (SDG8), gender equality (SDG5), education (SDG4), nutrition (SDG2), and poverty reduction (SDG1). More so, adolescent health remains central to achieving an AIDS-free generation, contributing to the achievement of the goals of the Accelerating Children's

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[2] UN Committee on the Rights of the Child (CRC), General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, 6 December 2016, CRC/C/ GC/20
[3] UN.Youth 2030. Working with and for young people. The UN Youth Strategy. Available at: https://www.un.org/ecosoc/ sites/www.un.org.ecosoc/files/18-00080_ un-youtrity-strategy_ web.pdf. Accessed 14.1.2019.
[4] The Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030

HIV/AIDS Treatment (ACT) Initiative. These efforts are in line with the core principle of SDGs 17, and that of AIDS response[5].

Relevance to National Priorities: In Zambia, the TALK II interventions were in line with Government commitment to enhancing adolescents' health and commitment to fulfilling the SRHR of all people. This is reflected in the ratification of key international instruments such as the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa of 2006, the African Youth Charter of 2009 and the SADC Protocol on Gender and Development among others. In addition, Zambia has also committed to achieving Sustainable Development Goals (SDGs) as indicated above. Through the primary health care approach, the Ministry of Health has continued to support adolescent health guided by the national health strategic plan (NHSP) 2017 – 2021 and the Adolescent Health Strategic Plan 2017-2021.

> *"The TALK II project helped us to realise the objective set in the Adolescent Health Strategic Plan (20217 – 2021), and helped us deliver services for adolescents in the communities …... and improve adolescent SRHR", (KII – Health Staff).*

In addition, the TALK II project was in line with the provision of Comprehensive Sexuality Education (CSE) in school and the Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (SRMNCAH&N) programme implemented by the Ministry of Health. The project complemented the, CSE and SRMNCAH&N activities by offering a viable vehicle for equipping adolescents and young people with an understanding of sexual health and rights and the knowledge they need to make informed decisions about their sexuality. The project also enhanced inter sectoral approach at district levels that ensured effective referrals and linkages from communities to government services.

3.4.2. Relevance to Arm and Amplio

In working at community level through engagement with vulnerable, excluded and deprived parents, adolescents and community leaders to enhance their SRHR knowledge using the Talking Books technology, the TALK II project was relevant to the Amplio's goal as it used the technology and services to amplify the work of Arm, Amplio and VSO   to reach remote, under-served, illiterate populations in Samfya district that are often missed by other communications for development (C4D) initiatives.

> *"The TALK II was an exciting project for us, …, the work VSO does with young people who are the hardest to reach and difficult to reach group was a great opportunity for Amplio to test its Talking Books Technology as it was perfectly aligned to the work that we do", (KII – Amplio Staff).*

The project was also in line with both Arm and Amplio goal as it utilised the audio-technology, to increase community access to essential sexual health messaging. More so, the project contributed to strengthening the partnership between Arm and Amplio in extending the benefit of Arm-based technology to a new demographic in Zambia through the Talking Book which is an Arm-based technology and Amplio as a partner of Arm's. Using the Talking Books in rural and remote villages and communities where there is no electricity, where there are under-served populations was critical to TALK II in delivering Arm and Amplio vision.

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[5] http://www.sdgfund.org/mdgs-sdgs.

"At Arm, we work to create and leverage digital technologies that address human needs…., the TALK II project through VSO was such a good example of our contribution to unlocking progress in the challenges adolescents face in rural and underserved communities" KII – Arm Holdings Staff.

The TALK II project's focus on delivering messages to rural hard to reach communities was relevant in strengthening adolescents' and family resilience in line with Arm and Amplio's goal of bridging the gap in knowledge exchange. The project contributed to the acceleration of access to SRHR services and products and to the prevention of teenage pregnancies, HIV and STIs among adolescents by strengthening their decision-making power and assertiveness.

3.4.3. Relevance to VSO interventions

VSO works with the most vulnerable adolescents and young people to realise their sexual and reproductive health and rights. The TALK II project was aligned to VSO's goal of volunteering for development (V4D) by working through volunteers and partners to empower people living in the world's poorest and most overlooked regions to inspire change.

"The TALK II project was part of our desire to improve the SRH and wellbeing of young girls, which is a prerequisite to reducing the impacts of harmful traditional practices, including sexual violence, early forced marriage, and soliciting parental and community support". KII - VSO TALK II Staff

Relevance with VSO Health and youth engagement strategies. The TALK II project strengthened VSO strategy, of placing "People First", as it created a long-lasting change through three key areas by: 1). Extending and deepening VSO's impact through programming; 2), Mobilising global citizens to support the Sustainable Development Goals (SDGs), and 3), Positioning volunteering as a powerful tool to contribute to delivery of the SDGs. In working with adolescents, parents, local communities, government stakeholders as well as Arm and Amplio, the project worked to improve SRHR knowledge and skills and increase access to services for young people aged 10-19 in the remotest parts of Zambia, thereby making the TALK II activities well aligned with VSO strategic objective and priorities.

3.4.4. Enhancing community engagement in adolescent health

Relevance to adolescent's health needs: At the community levels, the stakeholders interviewed stated that the TALK II project responded to inadequate parental and community support to various adolescent health and SRHR needs. The project addressed various adolescent related problems such as limited information regarding SRHR, limited access to contraception and inadequate community support which results into high prevalence of teenage pregnancies, early marriages, GBV and STIs which adolescents face in rural Samfya district.

"Before the TALK II project, parents had little contribution towards meeting our needs" … "the project provided us with information in families through small radios (Talking Books) and parents learnt about the health needs of young people and now they are supporting young people", (FGD – Adolescents Kapata).

The lack of access to SRH information and services was compounded by cultural taboos around sex, and beliefs and misconception about health, and modern contraceptives. This situation however later changed as in all the project sites, parents and community leader demonstrated to have improved knowledge of adolescent health needs and showed willingness and are supporting adolescents to meet

these needs. Therefore, it can be concluded that the project significantly helped address the problem of lack of information on SRHR and poor practices around adolescent health.

Relevance to building resilient families: Findings established that the TALK II project activities were aligned to addressing gaps in the capacity of families and adolescents to manage adversities as a result misinformation on SRHR issues. According to Zulu, (2018), community-based interventions aimed at strengthening SRHR among adolescents can help to reduce such health challenges through making SRHR appropriate and accessible by adolescents[6]. The data from the report suggests that 25% of married girls aged 15–19 have an unmet need for family planning, or they are not using any method of contraception while about 30% of girls aged 15 to 19 years have begun childbearing, and 8% have experienced sexual violence. This project worked to improve these practices by enhancing parents/community members and adolescents' participation through the Talking Books.

"With the use of the Talking Books, we now understand issues of SRHR as households were able to listen to different content that was presented…, this would not have been clear during community meetings" FGD – Parents – Kapata.

This project worked to improve families' capacity, and that of adolescents, to care for and support the SRHR and health needs of adolescents. The project thus worked to strengthen the resilience of the targeted families and strengthened their awareness through training activities and participation in the listening groups, which included household discussions and listening to the messages on Talking Books to the wider family group members.

3.5. Project Effectiveness

3.5.1 Introduction

This section presents the evaluation findings in line with the TALK II project Objectives. The report starts with the presentation of the achievements against the set targets in integrating the Amplio technology and use of volunteers in enhancing SRHR messaging. The presentation starts with findings on how the project has attained the objectives and outcomes.: ***Objective 1:*** To Enhance the Effectiveness of SRH messaging for adolescents and marginalized groups. Outcome 1: Improved reach of messaging to adolescents and their families. Outcome 2: Improved quality/relevance/consistent SRH messaging to adolescents. ***Objective 2:*** To strengthen effective community engagement for improved gathering and documentation of SRH information: **Outcome 3:** Improved SRH data collection and feedback mechanisms between adolescents and stakeholders; Outcome 4: Improved engagement of adolescents on SRH information using technology. Further, key findings were compared with the baseline results to demonstrate the change and the success of the project.

3.5.2. Evaluation results against set objectives

3.5.2.1. Enhance SRH messaging for adolescents and marginalized groups.

It used to be very difficult for us to receive information on issues that concerns us, most of the times, we would receive conflicting information on the same topic,…, the Talking Book helped us to listen to the information we needed in a way that was easy to understand, and follow and use" FGD – adolescents – Kapata community

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[6] Zulu, J.M., et al. Community based interventions for strengthening adolescent sexual reproductive health and rights: how can they be integrated and sustained? A realist evaluation protocol from Zambia. Reprod Health 15, 145 (2018).

Objective 1: To enhance the effectiveness of SRH messaging for adolescents and marginalized groups.

This objective was implemented through two (2) outcomes which include: **Outcome 1:** Improved reach of messaging to adolescents and their families. **Outcome 2:** Improved quality/relevance/consistent SRH messaging to adolescents. Findings show that the outcome of improving the reach of messaging to adolescents was achieved. Secondary data demonstrate that the number of people reached in the project was 16107. Of these 5572 adolescents were reached with appropriate SRHR and HIV messaging out of the set target of 1000. Of these 2882 were females and 2690 were males. More so, 170 adolescents with disabilities were reached consisting of (91 females and 79 males). In addition, 10535 adults above the age of 19 were reached with SRH information and with different SRHR messages through the Talking Book and other community engagement platforms out of the total target of 8,000 family members of the primary actors. Of these, 221 were people with disabilities representing (126 were females and 95 were males). In this way, it can be deduced that the TALK II project significantly exceeded the target for adolescents, family members and other primary actors. The project also reached the targeted community/ health workers through on site orientation in the use of the Talking Book, while community leaders and key decision makers were reached through information sharing forums and outreach activities organized by the volunteers and health workers at community level.

Findings showed that this reach was possible through different activities such as listening groups, trainings and community meetings, peer education and interaction with parents, volunteers and services providers (in health facilities, schools, and communities) as well as school and community-based outreach activities. Through project intervention adolescents, parents and community members were received with accurate knowledge and information on SRHR issues, HIV/AIDS and adolescents support needs.

Outcome 1: Improved reach of messaging to adolescents and their families. In assessing the reach of messaging to adolescents, this evaluation first established the number of adolescents who participated in the project activities in general and listening groups using the Talking Book. Findings demonstrate that the percentage of people who participated in the listening groups using the Talking Books was 94%. Secondary data showed that out of 1000 adolescents that were planned to be reached through listening groups using Talking Books, the project managed to reach 1,964 adolescents. This was so because adolescents found using the Talking Books friendly and as a good mode of communication through the support of community volunteers regarding that majority do not know how to read and write. Thus Talking Books were of high demand among adolescents who were interested in listening to the messages.

> *"Our initial plan was to have 10 adolescents per listening groups…., this was not possible because more adolescents were interested in listening to the messages. and we were forced to have groups of more than 15 adolescents" KII - VSO Staff.*

In addition, the percentage of people who participated in the Talk II project through trainings or meetings and outreach activities on SRHR was 89% and 84% respectively. In addition, results showed that 45% of the participants were involved as peer educators while 75% participated through in school activities including school clubs as shown figure 3 below.
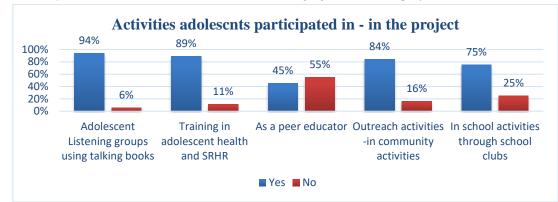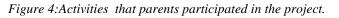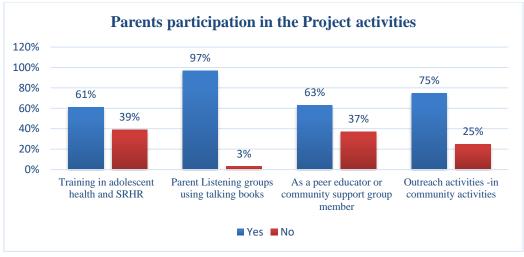
Figure 3: Ways in which adolescents received SRHR messaging in the Talk II project

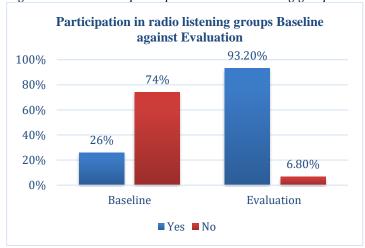**Activities adolescnts participated in - in the project**

In addition to adolescent's participation in the project, we also established parents and caregivers' participation in the project. This was important because the TALK II project aimed at increasing the engagement of local communities in SRHR issues for young people. To establish parental participation, four (4) assessment questions were asked. Findings show that out of 105 parents and caregivers who participated in the evaluation, the percentage of parents who reported that they participated in the adolescent TALK II project activities was 99%. As seen in figure 4 below, the percentage of people participated in trainings or orientation on issues concerning adolescent health and SRHR was 61% while 97% participated in listening groups and 63% and 75% participated in community groups and outreach activities respectively.

Figure 4:Activities that parents participated in the project.

Parents participation in the Project activities

Apart from measuring ways in which adolescents and parents received SRHR messages and their participation in the project, a statistical test was performed to compare the baseline and evaluation findings in understanding the number of adolescents who participated in the ratio listening groups using Talking Books.

Findings showed that there was an increase in the number of adolescents who reported participation in radio listening groups from 26% at baseline to 93.2% during the evaluation. These results demonstrate the great value of adopting the Talking Book as a means of reaching adolescents with the messages.

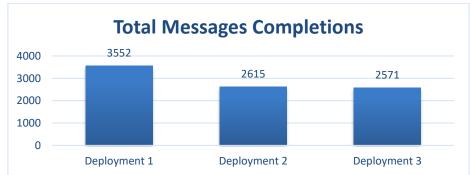*Figure 5: Adolescent's participation in radio listening groups*

Further, adolescents were asked to state the type of information they received through Talking Books either in their families or in listening groups. This was important because the integration of the Amplio Talking Books in the TALK II project was to ensure that adolescents are informed, empowered and better equipped to make healthy decisions about their SRHR. In this evaluation, 9 assessment areas were asked, and findings show that the percentage of adolescents received information on sexual health and contraception and family planning was 91%. In addition, the percentage of adolescents who reported that they received information on reproductive health was 90% while 89% and 87% received information on female and male condoms and child rights respectively. Further, findings show that the percent of adolescents who received information on sexual exploitation and abuse, ideas about love and body parts including sexual organs was lower at 68% and 70% respectively. The low scores on sexual organs and love and body parts was attributed to the fact that these topics were covered within the broader SRHR topics and respondents could not easily comprehend the topics as seen in the secondary data from the Talking Books data analysis in table 4 below:

Table 3: Topics covered in the use of the Talking Books.

Were any of the following topics covered during the training?	Adolescents	Parents
% of adolescents and parents who received messages on Child Rights	87%	85%
% of adolescents and parents who received messages on Sexual Health	91%	89%
% of adolescents and parents who received messages on Reproductive Health	90%	92%
% of adolescents and parents who received messages on Body parts- including Sexual Organs	70%	71%
% of adolescents and parents who received messages on Self Esteem	74%	68%
% of adolescents and parents who received messages on Ideas about love	68%	70%
% of adolescents and parents who received messages on Sexual exploitation and abuse	68%	85%
% of adolescents and parents who received messages on female or male condoms	89%	95%
% of adolescents and parents who received messages on contraceptives/FP	91%	98%

Compared with adolescents, 85% and 89% of the parents who participated in the evaluation received information on child rights and sexual health while, majority 92% and 95% received information on reproductive health and almost all information on male and female condoms. Almost all 98% of the

participants received information on contraceptives and family planning. Consistent with the quantitative results, findings show that different topics were uploaded in the Talking Books and aired to adolescents and parents on a regular basis. Secondary data from the Talking Book Quarterly Monitoring Report, show that three deployments were done and a total of 8738 message were completed covering a total of 90 days, and representing 2286 hours of listening as seen in the figure below:

Figure 6: Number of messages completions over the 3 deployments

This evaluation established that a total of four (4) deployments were done using the talking Book. However, statistics from three (3) deployments were available at the time of the evaluation. As seen in the table below, a total of 15 topics were covered with a total of 7595 messages completed. The topics covered include: Coronavirus 2257 messages completed, SRHR with 4143 messages completed covering (Pregnancy and Abortion, Contraceptive and FP, STIs, Correct and consistent condom use, HIV Counselling and Testing Basic Facts about HIV transmission). Other topics included Holistic Health 546 messages completed, Menstrual Hygiene Management 382 messages completed, Stages of infection 403 messages completed and Stigma and Discrimination with 410 messages completed. These findings shows that a high number of adolescents and parents listened to the messages using the Talking Book.

Table 4: Total messages completion by topic covered in each deployment

	Topics covered	Messages completed
Deployment 1	Coronavirus	702
	SRHR	477
	Pregnancy and Abortion	414
	Contraceptive and FP	377
	STIs	439
Deployment 2	Coronavirus 1	839
	Correct and consistent condom use	442
	Holistic Health	546
	Male Circumcision	406
	Menstrual Hygiene Management	382
Deployment 3	Basic Facts about HIV transmission	622
	Coronavirus	716
	HIV Counselling and Testing	420
	Stages of infection	403
	Stigma and Discrimination	410

These findings were also triangulated with results from qualitative data which shows that of all the adolescents 100% (39/39) who participated in the FGDs and IDIs confirmed participation in listening groups. In addition, adolescents also reported that they participated in listening group activities at household level covering SRH content. In an FGD discussion with adolescents, it was reported that they used to meet weekly to listen to the different topics.

The evaluation further assessed adolescents' and parents' knowledge levels based on the information they received. Four (4) assessment questions were asked on knowledge of preventing teenage pregnancies among adolescents. Findings showed that of all the 113 adolescents in the evaluation, 97.3% representing (110) participants reported that they participated in the adolescent TALK II project implemented by VSO and partners while only 2.7% representing (3) participants, said they did not participate. Of those who said they participated in the project, 97% of the adolescents reported that they received information and training on SRHR including HIV/AIDS, child marriage and STIs. Further, findings showed that of those who said that they participated in the project, 99% believed that that adolescents can prevent pregnancies by abstaining from sexual intercourse while 98% said by using contraceptive and 99% said by using condoms. As seen in the graph above, adolescents expressed mixed feelings on whether young people can prevent pregnancy by having one sexual partner. Quantitative data indicates that 36% of the participants said that one can prevent pregnancy by having one sexual partner while 62% disagreed as indicated in the graph below.
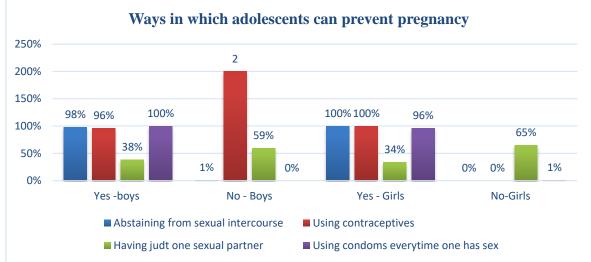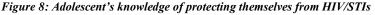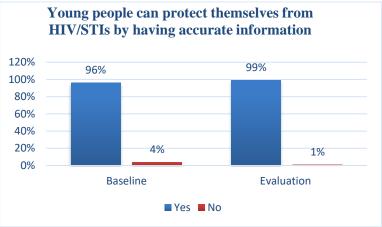
Figure 7: Knowledge of preventing pregnancies.

These results were triangulated with findings from FGDs with adolescents in which findings demonstrate differences in the interpretation of how young people can prevent pregnancies by using condoms and contraceptives:

These results were compared with the baseline results to establish whether young people can protect themselves from HIV and STIs by receiving accurate and correct information. Findings show that the percentage of adolescents who reported to have accurate HIV and SRHR knowledge increased from 96% at baseline to 99% during the evaluation.

Figure 8: Adolescent's knowledge of protecting themselves from HIV/STIs

Further, findings show an improved knowledge among parents on issues concerning adolescents. For instance, 97% of the parents reported that they were aware of adolescents and young people confidential HIV/STI counselling services while 99% agreed that parents should talk to their children and young people about SRHR or HIV. However, about 79% indicated that they were aware that they should support their children to make important decisions about their sexual choices while fewer (66%) agreed that adolescents can make decisions about preventing HIV, STIs and teenage marriages as seen in Table 4 below;

Table 5: Parents knowledge on their support to adolescents SRHR needs

Assessment question on parental thinking of adolescent health issues	agree	disagree
% of parents who are aware of adolescents confidential HIV/STI counselling?	97%	3%
% of parents who are aware about the activities on adolescent health and HIV in this area?	97%	3%
% of parents who agree that they should talk to their children about SRHR or HIV?	99%	1%
% of parents who agree that preventing early marriage is part of their responsibility	92%	8%
% of parents who agree that decision making on HIV and STI activities for adolescents and was part of the responsibility of parents like me.	85%	15%
% of parents who know that they can support a child to make important decisions about their sexual choices?	79%	21%
% of parents who think young people should be supported to bake decisions about sexual relationship?	97%	3%
% of parents who think that family planning is useful to the health of young people?	86%	14%
% of parents who think that it was important for parents to talk to their children about sexual relationship?	89%	11%
% of parents who think that adolescents can make decisions about preventing HIV, STIs and marriages?	66%	44%

These results were also reflected in the discussions with parents and local leaders who reported that there has been an increase in the number of community members presenting positive response in supporting the health needs of adolescents and young people.

"this project has improved our knowledge and how we view the needs of young people in this area, previously we used to see it as a taboo to talk to young people about sexuality,.., but that was not helping them but destroying young people" IDI – Local Leader – Chishi Island

Findings showed that these positive results were attained through the training of 100 community volunteers who explained the content and responded to the questions during the listening sessions. In addition, the engagement of community volunteers assisted in ensuring quality and uniform delivery of messages as well as strengthening the relationship between adolescents, family members and community members on adolescent SRHR issues. Therefore, interventions to enhance messaging on adolescent SRHR either in prisons, communities or schools should engage and adopt the use of community volunteers as a mechanism to enhance the scale and reach. These findings further demonstrate that the use of the Talking Book for both adolescents and parents through listening groups was important in aligning the project to the needs of the target communities as well as in delivering the SRHR messages in a culturally appropriate way.

3.5.2.2. Improved quality, relevance and consistency of messaging

The radios (Talking Books) helped us to receive the best information that was easy to follow, ask questions and understand on issues of concern. This has helped improve our SRH knowledge". FGD-Adolescents – Chishi

Outcome 2: Improved quality, relevance and consistency of SRH messaging to adolescents:

The TALK II project aimed at addressing the challenges of inconsistencies in delivering quality SRHR information and messages to adolescents and community groups by community volunteers. Therefore, to establish the change in improving quality, relevance and consistency of the SRH messaging to adolescents and parents, we asked questions to establish primary actor's satisfaction with the project services. In this regard, five (5) assessment questions around satisfaction and experience with the services were asked to adolescents. Findings show that majority (99%) of the participants reported that the activities they participated in were useful for decision making in their lives. In addition, 97% of the adolescents reported that the listening groups using the Talking Books were useful towards addressing their SRH/HIV needs. Further, 61% of the adolescents reported that the referrals they received were useful towards meeting their HIV/AIDS, SRH and STI needs while 30% said the referral was not useful as seen in table 4 below

Table 6: Adolescents satisfaction with the TALK II services

Assessment Items for services provided to adolescents	Agree	disagree	Not Sure
% of Adolescent's who reported that the referral were useful towards their HIV/AIDS, SRHR and STI needs	61% (79/113)	38%(43/113)	1%(1/113)
% of Adolescent's who reported that the radio program (Talking Book) was useful towards their SRHR/HIV needs	97% (110/113)	2% (2/113))	1%(1/113)
% of Adolescent's who reported that the activities on the project helped them to change their view of SRH issues	91% (103/113)	9%(10/113)	0%(0/113)
% of Adolescent's who reported that the STI counselling or testing was useful towards their lives	86%(97/113)	12%(14/114)	2%(2/113)
% of Adolescent's who reported that the activities they participated in were useful.	99%(112/1130	1% (1/113)	0%(0/113)

These results were compared with baseline results. Findings showed that there was an increase in the number of adolescents who reported satisfaction with the SRHR messages provided to them from 69% at baseline to 97% during the evaluation. The high level of satisfaction at (97%) among adolescents who use the Talking Books in sharing SRH information shows that the Amplio Talking Book, provided

a more consistent and high-quality set of messaging to the primary actors. These results were also reflected in the FGDs and IDIs with adolescents who reported that they were very happy with the approach used in delivering the messages:

"before we start listening to the Talking Book, a volunteer would first give an overview of the topic, …,then play the message,….., at the end, we would engage in a discussion on the topic,.., asking questions   FGD – adolescents – Mbabala.

Interviews with parents showed that the percentage of parents who were satisfied with the way the volunteers were engaging community members was 99% while 97% said that their participation in the project helped them to better support their children. More so, 98% reported that the Talking Book listening activities were useful towards understanding adolescents SRHR and HIV/AIDS as well as helped to change the way they perceived adolescents SRHR issues.
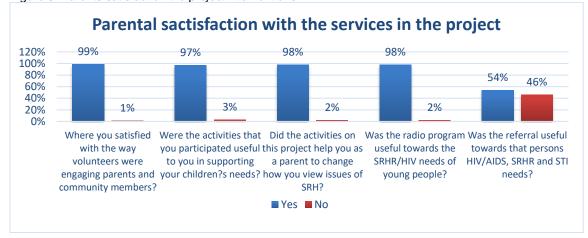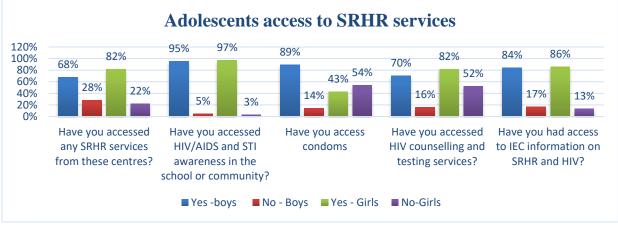
Figure 9: Parents satisfaction the project interventions

Parental sactisfaction with the services in the project

It was reported that in this way, quality messaging was delivered to all adolescents in the same format, and context consistent with their needs. Volunteers also reported that using the content delivered, and based on the discussions, feedback was given through the Talking Book to allow for more relevant and impactful content to be developed for use in future cycles.

"we took note of the feedback on the content being played to allow for the missing information or gaps in the messages as provided by the listeners to upgrade the messaging to respond to the listeners needs" IDI Community volunteers- Kapata

This evaluation further established the accessibility of the SRHR services among adolescents. Improving accessibility was important because adolescents had limited access to SRHR services at the health facility and community levels. To establish access to services, five (5) assessment items were used. Findings shows that the percentage of adolescents who reported that they had accessed SRH services from the health facilities was74%   (representing 68% boys and 82% girls) while 96% (representing 95% boys and 97% girls) have accessed HIV/AIDS and STI awareness information in school and community. In addition, 66% representing (89% boys and 43% girls) of the participants had access to condoms while 76% representing (70% boys and 82% girls) who had access to HIV counselling and testing. Further, the percentage of adolescents who had access to IEC information on SRHR and STIs was 85%.

Adolescents access to SRHR services

As seen in the figure above, findings showed that there was an equal percentage of boys and girls who reported that they had access HIV/AIDS and STI awareness information in the school and or community and access to IEC information on SRHR and HIV. In addition, statistical differences were observed in the number of boys and girls who had access to condoms and SRHR services. These findings demonstrate that while fewer girls access condoms, majority had access to SRHR services. Discussions in FGDs indicate that:

> *"in this place, female condoms are not common, …, girls usually carry condoms for their male counterparts…, true, to prevent pregnancies and STIs, young girls use family planning which they get from health facilities" FGDs – Adolescents Chishi island*

These findings were compared with baseline results in which findings demonstrate the percentage of adolescents reporting that SRHR and HIV services were accessible in their community increase from 86% at baseline to 93% at evaluation as seen in figure 7 below:

Figure 11: Access to SRHR services by adolescents at baseline and evaluation

Comparative assessmnet of SRHR services to adolescents

In Focus Group Discussions with adolescents, 95% presenting 37/39 of all the adolescents reported that the information they received on SRHR helped them to learn in detail about HIV, STIs and teenage pregnancies. They reported that:

> *"we had the chance to learn more at our free time about HIV, STIs, Teenage pregnancies and abortion through the small radios (Talking Books) given by the project. ….., the goodness was that even parents were given these radios and we were able to listen together with our parents" FGDs with Adolescents – Kapata.*

These results demonstrate that the integration of the Amplio Talking Books enhanced the reach with SRHR messages to adolescents. In addition, the engagement of adolescents in listening groups resulted into more adolescents being reached with the SRHR contents that was followed by clarification of the messaging with discussion or debates in household facilitated by a community volunteer. Further, the engagement of community members including parents, local leaders and health workers catalysed the effectiveness of the reach and quality of messaging as well as support in accessing SRHR services. These findings demonstrate that using the Amplio device to deliver SRH information in households was one way of ensuring the SRHR messaging reach the whole family thereby making it easy for, parents and caregiver to support adolescent in their SRHR needs

3.5.2.3. Strengthen effective community engagement.

> *"We are happy that our voice was heard in adding the type of messages in the radios (Talking Books), the messages are good because they reflect our needs, which also included the main concerns we have in this area for adolescents and parents" KII - Local leader Mbabala Island.*
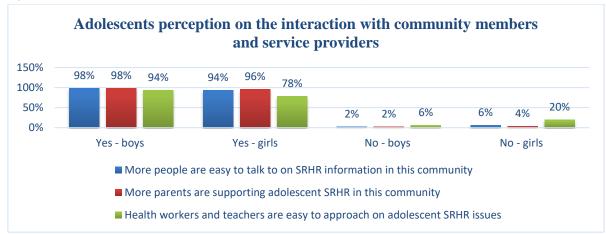
Objective 2: To strengthen effective community engagement for improved gathering and documentation of SRH information.

The second objective of the TALK II project was to strengthen effective community engagement for improved gathering and documentation of SRH information which was implemented through two outcomes which included: **Outcome 3:** Improved engagement of adolescents on SRH information using technology; and **Outcome 4:** Improved SRH data collection and feedback mechanisms between adolescents and stakeholders. Findings showed that this objective was achieved through regular project review meetings that involved the participation of stakeholders including adolescents and local leaders. Discussions with local leaders and parents showed that these meetings were conducted on quarterly basis to review and provide feedback on the messages being delivered through the Talking Books.

> *"we feel proud with the messages being provided through the Talking Book, we were able to discuss the messages with the volunteer (community facilitators) who know and listened to our views on the adolescent health messages as well as COVID 19 messages which we had limited access to" KII – Health workers Kapata.*

Outcome 3: *Improved SRH data collection and feedback mechanisms between adolescents and stakeholders:* This evaluation sought to identify and establish the data collection and feedback mechanism that were implemented during the TALK II project that involved the interaction between the adolescents and other stakeholders. Findings demonstrate that the interventions supported improvements in SRH data collection and strengthened the feedback mechanisms between adolescents, parents, community leaders, health workers, community volunteers and teachers. Firstly, findings showed that the TALK II oriented adolescents, parents and community members in the use of the Talking Book which helped them understand the process of information gathering regarding adolescent SRHR needs:

> *"We were oriented on the Talking Books,…, and other topics like how to talk to our leaders and service providers regarding adolescents' needs and how to put together and organise information for sharing" FGD – Adolescents – Katansha.*

These findings were also shared with the community members who were oriented by the TALK II project, who work as champions of change to neutralize harmful traditional beliefs and practices that impact on adolescent access to information and services. Service providers indicate that young people were becoming key contributors to addressing the adolescent needs as they demonstrate improved knowledge of key adolescent SRHR concerns. In individual interviews, findings showed that 96% representing (98% boys and 94% girls) out of the total participants in each category agreed that more people were easy to talk to on SRHR issues while 97% (98 boys and 96 girls) and 86% (94% boys and 78% girls) reported that parents and service providers were approachable to discuss SRHR issues respectively.

Figure 12: Adolescents perception on the interaction with community and service providers

Adolescents perception on the interaction with community members and service providers

To enhance the coordination in the involvement of adolescents and young people in information gathering process and contribution to dialogue with service providers, the TALK II project supported the formation of youth platforms. Findings showed that in addition to the youth groups that were meeting physically, the project also supported the establishment of a social media platform in which young people were able to discuss SRHR issues online.

> *"the TALK II project was unique, because for the first time, we had an opportunity to contribute to discussions on adolescent issue through an online Facebook and WhatsApp page, …, yes, this platform allowed us to gather information and contribute to the discussions" FGD – Adolescents Kapata*

Discussions with adolescents further indicated that the social media platforms that they were involved in, helped them to interact with people they did not know from other areas some of whom were even able to provide more detailed and useful information that helped them in their interaction and dialogue with service providers. This also helped them to ask more question and suggest areas for improvement in the content for use in the Talking Book. Compared to baseline findings, evaluation results show that there has been an increased understanding of issues that affect adolescents.

For example, at baseline, 71% of the adolescents reported that teenage pregnancies was a key concern for adolescents compared to 88% during the evaluation while 36% said STIs affected adolescents at baseline which increased to 74% during the evaluation. Other areas that showed adolescent knowledge of SRHR issues include 82% knowledge of access to contraceptives, 64% said access to quality health products and 89% indicating that access to COCID 19 messages was a major adolescent concern. These findings showed that adolescents became more knowledgeable as such they were able to identify the problems.
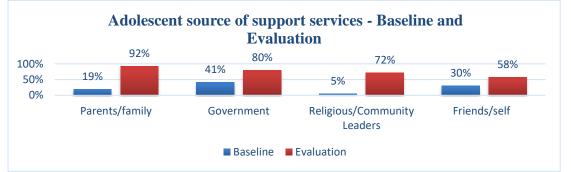
Table 7: Rating of adolescent's concerns at baseline and endline

SRH issues that affect adolescents most in the community	% at baseline	% during evaluation
% of adolescents who reported that Teenage pregnancies affect young people	71%	88%
% of adolescents who reported that STIs affect young people	36%	74%
% of adolescents who reported that Alcohol/drug abuse affect young people	32%	38%
% of adolescents who reported that Child marriage affect young people	22%	87%
Access to contraceptives	Was not measured	82%
Access to quality health products	Was not measured	64%
Access to COVID 19 messages	Was not measured	89%

Findings demonstrate that based on the knowledge of key issues affecting adolescents, including COVID 19, the project adapted these concerns in the key messages for the Talking Books as well as for IEC materials. Feedback was also provided to enrich the content of messaging to adolescents

Consistent with findings from FGDs, individual interviews also showed that due to improved messaging through Talking Books, dialogue and engagement with service providers, and community volunteers, 93% of adolescents reported improved access to quality services compared to 86% at baseline as seen in the table below:

Figure 13: Adolescents sources of SRHR support services

These findings demonstrate that the orientation of adolescents, community members and service providers on the use of the Talking books as well as understanding the process on how the Talking Books operate helped adolescents and community members gather the data and information about the realities facing adolescents and youth with regards to their SRHR needs and dialogue with service providers with a view of contributing to improved delivery of messaging and services to adolescents.

Outcome 4: Improved engagement of adolescents on SRH information using technology:
This outcome was attained through three main interventions implemented in the project which include: provision of feedback on the Talking Book SRHR sessions, learning and information sharing sessions and periodic technical support visits by project staff. Findings showed that the project promoted local engagement on the content used in the Talking Book by soliciting for the stakeholders' feedback:

"we used to solicit feedback from young people and households on the messages played on the Talking Books, this allowed us to recommend the type of messages that needed to be adjusted, included and or removed" FGD – community facilitators, Mano.

By engaging the involved groups through established forums, and specialised government staff in reviewing the content on regular basis, the project ensured that there was quality data flow and utilisation that attracted buy in from stakeholders and acceptance from the primary actors. In addition, the project developed a data tracking form that was used during interaction with stakeholders, captured their feedback and documented the level of message adaption and changes in behaviours. Findings demonstrate that this process of data gathering, and management was part of the in built monitoring and reporting process in the project from primary data sources (community facilitators/volunteers) to the central reporting centres:

"for us it was easy to report on activities happening at the health facility or in the community because Community volunteers documented all the information and reported to the clinic for consolidation" KII – Health Worker - Mbabala

In addition to the community and district level knowledge and information sharing activities, the project organised regular review meetings with the project partners to conduct meetings on the adaptation of the Talking Book, and presentation of information and other key updates on the review of project progress, and lessons. Furthermore, findings showed that the project supported periodic support monitoring visits by project staff with aim of providing general oversight and ensuring that the project was effectively implemented.

"to ensure that the Talking Book was well adapted in the project sites, and that quality messages were delivered, enforced by effectiveness engagement of trained Community volunteers with parents and adolescents, we conducted routine checks" KII – Project Staff - VSO

These findings demonstrate that clear and constant communication with stakeholders including community leaders, members of the community, young people and donors was important in clarifying expectation, sharing concerns as well as progress in the intervention and in nurturing relationships. These engagements also ensured that the identified information needs, and implementation gaps were amended.

3.5.2.4 Circumstances in which TALK II enhanced SRHR messaging.

Improving access to SRHR messaging for adolescents using the Talking Books: The establishment of adolescent listening groups at community level using the Talking Books by the TALK II project responded to the problems of limited information regarding SRHR, poor information of health products like access to contraception, condoms and child marriages.

"The Talking Books use during the listening groups have helped us to have access to information, it has been easy to listen to the messages on various adolescents' needs, .., this is helping us to live healthy", (FGD – Adolescents Chishi Island).

With adequate information, adolescents reported that they had improved capacity to engage with parents, community members and service providers on the SRHR needs that they face in area. Therefore, it can be concluded that the project significantly helped address the problem of lack of information on SRHR and poor practices around adolescent health.

Promotion of family based listening groups: As established in the findings above, the TALK II project used the Amplio device to deliver messages in listening groups at household level. In this way, the messages were played at home to the wider family group thereby increasing the number of people accessing SRHR messages and engage with community facilitators.

These findings were also reflected in FGDs with parents who reported that:

Picture 1: A household listening to SRHR messages

"we received the radios, and in groups and families, we listen to the messages on the radios, in homes, we also listen to the messages together with other family members" FGD – Parents It was reported that because of the messages they listen to, parents have increased their knowledge on SRHR issues that affect young people.

In this way, the project worked to improve families' and adolescents' capacity to improve the knowledge of SRHR and adolescent's health needs. It can therefore, be deduced that consistent delivery of SRHR messaging where parents and adolescents listen to the some messages is helpful in improving their knowledge and support to adolescent health needs

Training of community facilitators: To attain the results of improved reach of messaging to adolescents and their families on SRHR, the Talk II trained 100 community volunteers and oriented all the health workers in the target facilities in the Talking Book to support the delivery of SRHR session to adolescents and parents. Findings shows that the training of community volunteers and health workers helped improved on the delivery of messages to adolescents and community members. Adolescents talked to reported that:

"community volunteers and peer educators taught us on how to use the radios (Talking Books), they also used to explain to us on the SRHR topics before playing the messages on the radios" FGD – adolescents – Mano Community.

For parents, the engagement of community volunteers helped families to be engaged with young people in the household in discussing their SRHR concerns through joint listening activities on the content in the Talking Books. As demonstrated in the next section, 100% (39/39) of the adolescents and 98% (35/36) of the parents in FGDs and IDIs reported that the messages they received through the Talking Books was appropriate and in line with their needs.

Realignment of the activities within COVID 19 environment: Stakeholders and adolescents reported that the COVID-19 further limited access to SRH for young people who previously before COVID 19 had access to SRHR services had challenges accessing services during the pandemic period. Limited information on COVID 19 as well as access to COVID 19 prevention materials were also reported prevent adolescents from visiting the health facilities and receive information from health staff. Therefore, to avert the disruptions poor access to SRHR information and services, VSO and partners

realigned the project activities to address COVID 19 challenges and meet the project deliverables as planned.

As such the project with feedback from community volunteers added Covid-19 messages in the Talking Books resulting in increased number of people being better informed about the pandemic and adopting healthy practices to protect themselves. This was achieved through the use of social media platforms to enhance messaging to reach more adolescents with accurate SRHR information. It can be deduced that using the Talking Book devices ensured that adolescents and households with devices avoided getting infected with Covid-19, thereby improving access to SRHR information and services within their household.

Data management and analysis using the talking book helped to strengthen the content and messaging: The use of the talking book data analysis platforms helped to enhance the provision of feedback on the Talking Book SRHR sessions, learning and information sharing sessions and making periodic technical support visits by project staff and partners in ligned with the primary actor needs. In addition, the feedback form the data analysis platforms, there was improved data tracking, interpretation and interaction with stakeholders.

3.5.2.5. Barriers to attaining project effectiveness.

Limited support to volunteers in the community: Many of the Community volunteers or volunteers expressed dissatisfaction with the organisation of existing community groups and structures in supporting adolescents with access to information and SRHR services.

> *"Apart from the community groups and community health workers, other existing structures like Community Welfare Assistance Committees (CWACs), Small Mother Action Groups (SMAGS) are not working enough to support young people to access effective referrals" FGD – Community Volunteers.*

In addition, volunteers expressed concern over the limited support they received from the project in relation to their work including transport, which limited them to support adolescents around their communities by limiting accessibility to adolescents in distant places.

Non-consideration of local livelihood activities: The design of the TALK II project had limited focus on making follow-up activities for households and individuals who shifted into fishing communities during the fishing season.

> *"most of our friends who moved into the fishing camps, missed a lot of information that we had on the talking book,…, yes, the project did not have a provision to follow them in the fishing camps despite them facing a lot of reproductive health challenges" FGDs – Adolescents Chishi Island.*

Findings showed that some of the adolescents who went to or joined their families in the fishing camps, ended up having SRH changes like acquiring STIs due to limited access to condoms or being pregnant and married at a tender age due to limited access to contraceptives. These findings demonstrate the need to realign the activities with the needs of adolescents associated with the needs of the fishing communities.
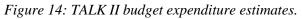
The impact of COVID 19 overshadowed the presence of international Volunteers: The TALK II project was designed to tap into the knowledge and expertise of Arm volunteers, in building the capacity of the target communities, local community facilitators, youth groups. This was aimed at generating and developing the content and understanding how best the Talking Book platform could be developed that might be effective in the low resource setting as well as support the integration of the Amplio data set into the local data platform and the subsequent analysis. This was not possible because of COVID 19.
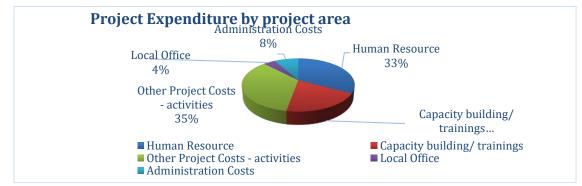
However, as a support measure, the international Arm volunteers were able to support the project activities virtually such as designing the project newsletter and the establishment and management of the social media platform which supported increased reach to adolescents. With learning from the Talking Book data analysis, the international volunteers have been working on the new version of the Talking Book to ensure that the messaging are in tandem with the needs. However, the levels of engagement for the international volunteers had challenges in reaching the intended target for both scale and reach as planned.

Challenges with the Talking Book operations: While the Talking Book was praised as a model for information sharing as well as being user friendly and good mode of communication for low literacy communities, participants pointed out that sometimes the Talking Book would go off in the middle of the listening program. For other, some Talking Books were not able to play the messages making it difficult to consistently follow the programs. Findings indicate that the community volunteers were helpful in ensuring the programs continued.

3.6. Project Efficiency

This section analyses the project budget in relation to the project objectives and implementation process. The total direct accepted budget for this project was GBP119, 264. In this budget, there was no change in terms of increase or decrease of the cost. However, during implementation, there was a re-allocation on the cost for international volunteers which was channelled to project activities. In addition to this budget, VSO contributed GBP 3,356.21 funding towards COVID 19 preventive measures. With this intervention, the coronavirus messages were uploaded in the Talking Books and over 2257 messages completed. This ensured that adolescents and parents were safe and able to effectively participate in other project activities as they were able to prevent COVID 19. Funding, the project contributed to TALK II staff remuneration including staff on full pay and other on Level of Effort as per their contribution to the project costing 33% of the total budget. Other project cost includes 8% administrative costs, 4% local office costs, 35% other project costs covering activities, and 20% as cost towards capacity building and training as reflected in the chart below:

Figure 14: TALK II budget expenditure estimates.

Financial resources were spent in accordance with project objectives and activities. Analysis of the project activities that were targeted, shows that the financial and human resources involved, in relation to the results demonstrated that the resources were efficiently used. In addition, the project had a lean management with a Project Coordinator, supported by a National Volunteer and 100 community volunteers in the field who were directly supervised by the health facility in-charges. These volunteers played a pivotal role in ensuring that the Talking Books were accepted and over 8738 message completions. The international volunteers were also supporting the project remotely with Amplio providing technical support on the Talking Books. This was relevant in ensuring that adolescents were engaged through online social platforms and accessing information through the newsletters developed by the international volunteers thereby continuing to have access to SRHR messages. This created a flat administrative hierarchy at the project level where implementation took place.

The cost for project staff was performance based with staff drawing a share percentage as a salary contribution based on their effort contribution towards the implementation of the project. This worked for quick decision-making and effective participation of staff. Further, the project relied on community participation as regards engagement with adolescents and parents. The use of these community participation methodologies was a cost saving measure as some resources which could have been spent had the project opted to employ full-time staff in the project sites were saved. This strategy further extended the coverage in the spending of project funds to other activities, thus, enhancing the project's efficiency and community ownership.

3.7. Project equity

This section presents an analysis of the evaluation findings with focus on how the talk II project reached the most vulnerable and marginalised population groups in line with the Arm and Amplio goal as well as VSO's principle of "People First" in driving lasting systemic change by focusing on those who are traditionally left out in society. This is consistent with fundamentals that guarantees the rights of every person, regardless of gender, race, religious beliefs, income, physical attributes, geographical location, or other status.

Engagement of community volunteers to increase project reach: In line with Arm and Amplio goal of using the Talking Book to reach the hard-to-reach population, the Talk II project trained community volunteers who supported in conducting outreach activities with messages in reproductive health and coronavirus outreach activities using the Talking Books for adolescents, parents and community members. In this regard, the use of volunteers was a project component or project support structure that helped achieve a wider reach.

For parents, the engagement of community volunteers helped to improve their knowledge and awareness levels of SRHR issues that are of concern to adolescents and how the gap that impact on adolescent access to SRHR services.

Gender inclusion: Engaging both boys and girls in the adolescent platforms such as adolescent listening groups and social media platforms among others helped both boys and girls to effectively participate in the project's activities and to present their views without any form of discrimination. To achieve this, the leadership of the community volunteers was gender sensitive, and also trained in the importance and value of child participation in program implementation. Currently, both boys and girls are accorded equal opportunity to access SRHR messages. Routine capturing of data on age and gender was done through the attendance registers for different program activities and uploaded onto the Talking Book data analysis platform and eventually quarterly reports were generated.

Disability inclusion, including marginalised children. The reports and interviews from parents and community volunteers showed that the TALK II project maintain an approach of balancing inclusion of children with disabilities in their program interventions on adolescents and community participation. The project further focused on creating space and opportunities for the marginalized children, including children out of school. VSO outlines one of the disability inclusion activities as improving adolescent and community knowledge and awareness for children with disabilities. By developing a platform for disability inclusion provides an opportunity in including the voices and views of children with special needs in information sharing and SRHR messaging.

However, concerns were raised that the project did not comprehensively capture the number of children living with disability for them to participate in different project activities. Primary data collection revealed that there was less participation from children living with disability as the project had not fully engaged children with disability.

These findings demonstrate the need to develop strategies for promoting the full participation of adolescents with disabilities in the program activities if their SRHR needs and concerns are to be addressed. VSO should, therefore, consider the taking forward of the SRH rights of disabled persons as a key advocacy issue in its future programming. People living with disabilities do not have a strong voice in Zambia especially in rural areas. The situation of children and youths with disabilities is disadvantages in all aspects because they are often denied their rights and stigmatized even by their own family members.

3.8. Project coherence and partnerships

Partnerships and coordination in the TALK II project was based on enhancing joint learning and sharing of expertise in ensuring that young people in Zambia are not left behind by lack of access to technology, information or services. Therefore, this evaluation sought to document the extent to which linkages existed between TALK II project and other interventions, partnerships and systems approaches as well as to establish how TALK II activities were complemented, harmonized, and coordinated with other activities in the targeted areas.

Partnerships for increased local solutions: The TALK II project provided learning environments that created partnerships that were essential for community-based solutions and advancing health equity of vulnerable and rural marginalized communities. This was achieved by making service delivery and information sharing a shared vision through content feedback using Talking Books, conducting joint meetings (webinars) that promoted increased capacity for the excluded groups (adolescents and parents) to shape outcomes and fostering multi-sector collaboration.

"the experience of working in a partnership between Arm, Amplio and VSO, was wonderful, building the relationship and connection beyond the project design to involve other organisational management offices at higher level, (VSO headquarters) as well" KII – Arm and Amplio Staff.

Findings demonstrate that the TALK II project complemented the partnership between Arm, Amplio and VSO in learning from the Amplio's technology collecting, usage of data through user feedback, through monitoring, engagement, and identifying of content issues with adolescents and parents (primary actors) for continuous update of the content for greater impact. Most importantly, the different skills, expertise and willingness to collaborate with each partner brought into the project helped strengthen the relationship and connect more deeply on how to use the TALK II project on how to use the Talking Book and expand its use. Quarterly review meetings were also platform for effective interaction between partners. Through this platform, ideas were exchanged on best practices, project updates were shared and adjusted plans on how to address the challenges of COVID 19 agreed. These platforms have also created a space for partners to appreciate each other's strengths and weaknesses.

Engagement with local stakeholders to improve the delivery of SRHR: At the district level, the TALK II developed a strong partnership with various stakeholders such as the District Health office (DHO), the Youth Resource Centre in Samfya, as well as the District Education Boards Secretary (DEBs). Findings demonstrate that joint meetings between the project team, DHO and DEBs were conducted to discuss the integration of the Talking Book messaging within the health delivery platforms and in schools.

The TALK II project further complemented the delivery of Comprehensive Sexuality Education (CSE) currently being offered in schools. At community level, the TALK II strategies complement the current drive to community adolescent health interventions in which the Talking Books were used.

"our work was made easy because the TALK II project, empowered the Community volunteers who are the bedrock for the ministry of in enhancing community awareness that helped to realize the objective set in the Adolescent Health Strategic Plan (20217 – 2021),", (KII – Health Staff).

In school, the TALK II project supplemented information dissemination on SRHR for adolescents in line with the provision of Comprehensive Sexuality Education (CSE) in school. In Zambia, CSE activities offers a viable vehicle for equipping adolescents and young people with an understanding of sexual health and rights and the knowledge they need to make informed decisions about their sexuality. The project also enhanced inter sectoral approach at district levels that ensured effective referrals and linkages from communities to government services and health products.

At community and household levels, the development of adolescent, parental and family based listening groups as part of the local structures and committees enhanced local leadership, planning and monitoring capacities at the local level which are essential for fostering continued progress in meeting the adolescent health needs. Cooperation between parents, children and community volunteers has increased in the past years and this is the basis for sustainability. Community participation, which included the involvement of traditional leaders and parents in decision-making processes for adolescent health needs is also high now than before. Over time, networking may lead to the strengthening community response to adolescent health issues.

3.9. The value VSO's VfD methodology

In utilising the Volunteering for Development (VfD) approach, the TALK II project promoted inclusion by integrating the disability, age, gender and non-binary identities whilst addressing discrimination and harmful social norms and practices that impact adolescent health. Volunteerism is a high-impact approach that VSO uses to drive stronger volunteer impact and support the development process in delivering improved health, education and livelihoods outcomes for the poorest and most marginalised people. Findings showed that adolescents and parents described as good their interaction with the community volunteers (volunteers). As seen in figure 14 below, 97% of adolescents reported that their interaction with community volunteers was good, while 93% of the parents also said it was good that community volunteers supported adolescents and family listening groups using the Talking Books devices. The project's National Volunteers worked throughout the project lifetime to support the community volunteers, working closely in ensuring the target communities led their own change to ensure long-term impact. Data analysis showed a slight difference between males and females' participants in which 99% of the female participants said their experience with community volunteers was good compares to 95% of the male participants among adolescents; while 97% of female participants reported a good experience with volunteers compared to 86% of among male participants. This difference was attributed to the more frequent one-on-one interactions and support community volunteers had with female participants.
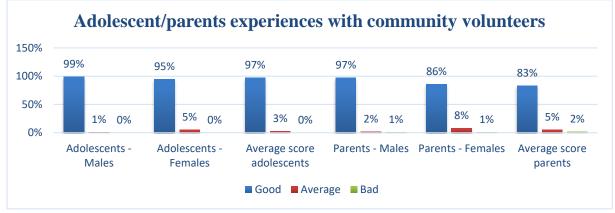
Figure 15: Adolescents and parents experiences with Community volunteers

Adolescent/parents experiences with community volunteers

Discussion with adolescents and parents shows that community volunteers played a key role in knowledge sharing with primary actors to form a trusting relationship with the project team ensuring ownership of the project. In the same vein, project staff reported that National Volunteers who worked alongside the community volunteers leveraged their expertise and skills to improve knowledge and skills as well as building SRHR resilience in the communities. More so, as part of the drive to strengthen community engagement for improved gathering and documentation of SRH information, secondary data showed that 100 volunteers trained in community engagements in groups and community outreach.

Despite COVID 19 challenges, the international volunteers were also engaged remotely in which they worked in designing the project newsletter and the establishment and management of the social media platform which supported increased reach to adolescents. With learning from the Talking Book international volunteers have been working on the new version of the Talking Book to ensure that the messaging are in tandem with the needs. This support was provided through Amplio that provided technical support on the Talking books. The volunteers acted as primary sources of data from the groups, they supported monthly using a project data collection too which they submitted to the project team.

3.10. Project impact and contribution to positive change

The overall goal of TALK II was to enhance SRHR services and practices for girls and boys, leading to informed, empowered and better equipped young people. This was targeted at enabling adolescents in making healthy decisions about their SRHR, contributing to longer term impacts in improved SRHR outcomes as evidenced by teenage pregnancy rates, age of sexual debut and prevalence of HIV and other STIs. In assessing the awareness and knowledge levels, behaviours and practices, this evaluation found that the TALK II has contributed to;

Reduction in teenage pregnancies and STI incidences among adolescents: In all the health facilities visited by the evaluation, evidence from secondary data through the Health Management Information Systems (HMIS) from health facilities indicated that fewer adolescents were now diagnosed with STIs after screening. Findings showed that this reduction moved from 173 in 2018 to 135 in 2019 and 79 in 2020 adolescents diagnosed with STIs. In addition, the number of pregnant adolescents who visited the health facilities in Kapata and Katansha areas reduced from 78 in 2018 to 41 in 2020
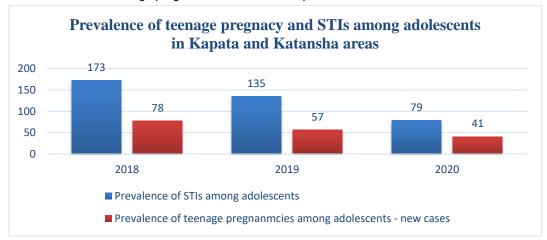
Figure 16: Prevalence of teenage pregnancies and STIs in Kapata and Katansha areas

Interviews with adolescents and teachers reviewed that enhanced discussions around SRHR through messaging on Talking Books contributed towards adolescents adopting non-risky behaviors. This helped the community to have reduced reports and incidences of pregnancies and other STIs among young people.

Improved parental and community support towards adolescents SRHR issues: This evaluation established that the TALK II project through the listening groups helped to reduce the challenges of inadequate parental and community support towards adolescent SRHR issues. At community levels, the stakeholders interviewed stated that the TALK II project responded to misinformation, and negative cultural and normative practices that impact parental and community support to various adolescent health and SRHR needs.

> *"in this area, we had serious cultural beliefs that restricts the interaction between parents and children or discussing reproductive health issues" … "no wander parents were not able to support adolescents,…, with information provided in families through small radios (Talking Books), parents have accurate information to support adolescents in their health needs"", (IDI – local leader- Chishi).*

Therefore, the community-based approach the TALK II project has strengthened SRHR messages of adolescents' health needs in the communities making it easy for community members to recognise the SRHR challenges adolescents to go through and support them in their needs including access to acceptable, equitable, appropriate and effective SRHR services.

3.11 Project Sustainability

Sustainability in this evaluation entails continuation of the delivery mechanisms and the desired outcomes beyond the lifespan of the project. The project had designed some sustainability activities from the outset. These included the building of capacity of community facilitators, formation of adolescent and family listening groups, and engagement with health facilities, schools and community at large.

Partnership developed with the Ministry of health: A working partnership that has been created with the Ministry of Health through the District Health Office (DHO) in the districts and health facilities was cited as one of the key measures that had the potential of fostering sustainability. In this regard, 15 government trained health workers have been oriented in the project to support community facilitators, adolescents and parents with continued SRHR and adolescent health information. In some health facilities like Kapata and Mbabala clinics, health workers are already prioritising adolescent for access

to health products and information as well as referral systems for further support to their needs. It is expected that such support will sustain the management of beneficiary adolescents as well as the provision of quality of information and health products.

Training of Community volunteers: Availability of human resources to continue community sensitization and access to SRH messages and services such as community volunteers that are linked with the clinics are expected to continue with the engagement with parents, adolescents and community leaders. This was in line with the VSO's VfD methodology which prioritizes the recruitment, capacity building and placing the right volunteers in the right places across the targeted communities to bring about transformational change. Interviews with community volunteers and health workers indicates that one of the most important aspects of sustainability is the availability of community volunteers who will ensure continued availability of information platforms, health products and community-based referral systems, for young people. Findings further shows that community volunteers are already connected to health centres, parents and adolescents and they have a structure through which to continue with their work. However, in an event that some of the community volunteers drop out, VSO and partners should support the horizontal capacity development to ensure sustainability.

Community participation and networking: The strengthening and creation of linkages of local structures and committees has enhanced local leadership, planning and monitoring capacities at the local level which are essential for fostering continued progress in meeting the adolescent SRHR needs. Findings showed that the TALK II project built the capacity, strengthened the voice, choice and agency of young people and communities to advocate for and access SRHR messages and services. Therefore, the cooperation between parents and community volunteers through the Talking Book listening activities increased and enhanced the levels of interaction and dialogue between the parents and adolescents which is necessary for continued support to adolescents needs. While it recognized that the listening groups will continue their work after the end of the project, there is need for the listening groups to develop plans for replacing the members who leave the group so that numbers do not dwindle.

Access to SRHR information and health commodities: The TALK II project strengthened and increased adolescent access to SRHR information and health products through accurate messaging and support from community volunteers and parents. This is expected to continue because the 100 trained community volunteers will continue linking young people to health facilities and available services. However, concerns were raised regarding continuous flow of SRHR information and health products especially for distant communities that are difficult for volunteers to reach. One of the factors which is likely to ensure continued access to SRHR information and access to health products is the behaviour change in communities, buy in and enthusiasm shown by various stakeholders in the community, including the traditional leaders to support adolescent health needs.

4.0 Conclusion

The TALK II project was relevant to the UN Youth Strategy, Sustainable Development Goals (SDGs), the National Health Strategic Plan (NHSP) 2017 – 2021, the Adolescent Health Strategic Plan 2017-2021, the Comprehensive Sexuality Education (CSE) strategy   as well as to contributing towards achieving an AIDS-free generation and Accelerating Children's HIV/AIDS Treatment (ACT) Initiative. Further, the project was also relevant to the Amplio's goal of using technology and services to amplify the work of international development organizations, as well as VSO's goal of working through volunteers and partners to empower people living in remote and most overlooked regions to inspire change and strengthen VSO strategy of placing "People First".

The project has been effective in reaching out to adolescents and their families with appropriate SRHR and HIV messages. Findings showed that this was made possible through the use of the talking books which were used by adolescents and parents in groups. Through the use of the Talking Book devices adolescents and households were able to receive accurate SRHR and COVID 19 information thereby, they avoided getting infected with Covid-19, and enhanced their access to SRHR information and services within their household. The messages had been useful in informing SRH decision making, meeting SRH/HIV needs, understanding adolescent SRH needs and promoting intergenerational communication on SRH matters.

In addition, project coordination and partisanship among partners facilitated a common understanding of the project goal including reaching out to the rural marginalised with SRHR messages using the Amplio technology. This promoted a shared vision through content feedback using Talking Books. The coordination of information sharing forums through joint meetings, as well as the engagement of the DHO and service providers promoted increased capacity for the excluded groups (adolescents and parents) to shape outcomes and fostering multi-sector collaboration.

While successes have been scored, challenges in the implementation process were experienced. These challenges included inadequate support to volunteers in the community, limitations with the Talking Book operations and non-consideration of local livelihood activities. Further the impact of COVID 19 overshadowed the presence of international volunteers due to travel restrictions. Despite these challenges, there are several issues which have the potential to promote sustainability of the activities. Building the capacity of community facilitators, formation of adolescent and family listening groups, engagement with health facilities, schools and community as well as the existence of a working partnership with the Ministry of Health were some of the key measures that had the potential of fostering sustainability.

5.0. Recommendations

5.1 Recommendations for VSO

1. Findings shows that a strong partnership foundation between and Arm and Amplio was created that requires further collaboration. It is recommended that VSO's health team should pursue further partnership with Amplio and seek to develop and source for further projects in SRHR issues. The use of Talking Books would be well fitted as a complementary way to deliver comprehensive sexuality education which is part of the curriculum in schools and the popular DREAMS model through adolescent friendly spaces being scaled-up by the Zambia Ministry of Health

2. Findings showed that the training of community volunteers helped to improve the project to reach a large number of primary actors (adolescents and their families) and acceptability of the Talking Books as a choice of information sharing. It is therefore, recommended that in scaling-up the use of the Talking Books, VSO should train and orient more community volunteers to effectively support the delivery of sessions using the Talking Books. Community volunteers would also add significant value in receiving the feedback from the primary actors for stretching the content.

3. Findings showed that the use of the Talking Books when used together with visual teaching and demonstrations generated additional benefits for adaptation. It is therefore, recommended that if VSO continues to use the Taking Book as a means of information sharing with rural, marginalised and vulnerable communities, it should consider integrating the audio content in the Talking Books with relevant visual teaching aids such as IEC materials and social media to increase the reach of messaging.

4. Evaluation results showed that the use of the talking books helped to ensure that adolescents and parents received accurate and appropriate SRHR information. It is recommended that VSO should consider extending the use of the talking book to other health and education interventions as the Amplio technology has shown to be effective and user friendly in disseminating accurate SRHR information to adolescent and parents in groups using adjustable content to suit the audience.

5.2. Recommendations for the District Health Office and facilities

1. Findings from this evaluation showed that the use of the Talking Books was well adapted for use during community outreach and home-based activities. It is therefore, recommended that government departments including DHOs and health facilities should integrate the use of the Talking Books in their primary health care work involving the Neighbourhood Health Committees, (NHC) as well as Community Welfare Assistant Committees (CWACs). This should involve engagement and training of community traditional platforms and leaders to allow for increased reach to people with accurate information and help influence attitudes and mindset change as well as strengthen access to accurate SRHR information.

2. Findings showed that the Amplio device can generate information and feedback which gives statistics on usage of the device and oral feedback on the messages themselves that enables a better understanding of how effective the SRHR messages are. It is recommended   that government departments should consider adopting the Talking Book in data management and reporting for easy access to real time reliable SRHR data by establishing a data base to build evidence around adolescent SRHR and disability.

3. Findings also showed that the talking book helped reach adolescents with SRHR messages in hard-to-reach areas. It is recommendation that DHOs should invest part of their budgets in the procurement and use of Talking Books in their community health strategies and plans.

5.3 Recommendation to CSOs and CBDs

1. This evaluation established that despite adolescents having access to quality and accurate SRHR information, access to health products and services was still a challenge. It is recommended that CSOs and CBDs should advocate for increase SRHR service delivery points at community level to improve access to health products and services as well as effective utilisation of referrals made by different stakeholders for the adolescents.

2. Findings showed that the TALK II project contributed to enhancing awareness on disability information. However, concerns were raised over the availability of services for adolescents and community members with disabilities. It is recommended that CSOs and CBDs should deliberately identify people with disabilities and groups with compounded vulnerabilities and develop interventions to meet their needs with the intention of leaving no one behind.

Picture 2: The Talk 2 project team