DREAMS-IC

Measuring Success Endline Report

Grantee Name: World Vision Inc.

Project Name: STRENGTHENING SCHOOL COMMUNITY ACCOUNTABILITY FOR GIRLS EDUCTION (SAGE)

Country / Countries: Uganda

Date: February 27th 2019.

Determined **Resilient** **Empowered** **AIDS-Free** **Mentored** **Safe**

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Overview of the Innovation

The DREAMS Innovation Challenge (DREAMS-IC) program was a three-year cooperative agreement funded by the U.S. Department of State through Office of Global AIDS Coordination (OGAC) under Cooperative Agreement S-LMAQM-16-CA-1103. DREAMS-IC is managed by JSI Research & Training Institute, Inc. The project supported and advanced implementation of the U.S. President's Emergency Plan for AIDS Relief and the DREAMS initiative by providing capacity development and technical support to DREAMS-IC sub recipients in 10 African countries that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to adolescent girls and young women. In Uganda World Vision Uganda implemented a 2 years' Strengthening School – Community Accountability for Girl's Education (SAGE)-DREAMS project aimed at increasing school retention and reducing the incidence of HIV among adolescent girls aged 13 – 19 years. The SAGE- DREAMS project covered 10 districts of Uganda and targeted 38,750 AGYW in 151 schools by 2018. The targeted districts included: Gulu, Lira, Oyam, Bukomansimbi, Rakai, Mityana, Mukono, Mubende, Gomba and Ssembabule. The project was implemented in partnership with two sub- recipients; Center for Transformative Parenting and Research (CTPR) and Friends of Christ Revival Ministries (FOC- REV), each covering specific component of the project.

The specific project objectives were:
▪ To establish an adolescent girls-led Early Warning System (EWS) to prevent school dropout;
▪ To strengthen school-community linkages to support AGYW to remain in school and reduce new HIV infections; and
▪ To strengthen linkages with health care providers for Youth Friendly Reproductive Health Services (YFRHS) including HCT, referrals for HIV care treatment and adherence support.

The Innovation;

The project utilized the Early Warning Systems (EWS) approach; the EWS is an adolescent led evidence-based monitoring system that supported identification of critical vulnerabilities and risk factors (attendance patterns, behavior, and academic performance) and triggered quick actions to reduce dropout. The approach was used by the SAGE project to identify adolescent girls at risk of dropping out of school. This approach used the Stay in School Committee (SISC) structure consisting of six adolescent girls and nine adult members. The peer educators were instrumental in creating awareness, counseling and mentoring other girls, developing and delivering key messages to fellow students on life skills, GBV prevention, reporting and referrals, and HIV prevention, care, treatment and support.

SAGE project conducted, its end line evaluation which provided a basis for assessment of outcomes and potential impact regarding aspects of education and behavioral practices of adolescent as well as other relevant stakeholders within the project intervention areas/Districts.

Evaluation / Assessment Objective

The purpose of the end line survey was to explore the outcomes, potential impact and sustainability of the SAGE-DREAMS project, in order to facilitate an understanding amongst the project, its partners and project beneficiaries of the extent to which the innovation has accomplished proof of concept and the envisaged change has been realized.

Specific objectives of the end line survey:

1. **Retention and pre-and-post indicator comparison**: Assess measurable impact of the project and document the delivery of the project outcomes against the original specific objectives over the two-years of implementation; compare project performance against the end line data established at the start of the project.
2. **Effectiveness:** Assess effectiveness and efficiency of the strategies that were used by the project;
3. **Quality**: To assess the project relevance, visibility, and quality over the two years of implementation
4. **Sustainability:** To assess the project sustainability (To what extent will project activities continue in schools? Which project activities will be continued in schools? Who will continue them?)
5. **Recommendations:** To document lessons learnt and good practices that can be replicated in the future programming and projects (what is the potential of this project model to be scaled and replicated?)
6. **Enabling environment**: Assess the SWOT of the project coordination structures, the national response and operating policy environment for the AGYW retention in school and reduction of HIV among the girls.

Methods

The end line evaluation adopted the mixed method approach of evaluation, in which both the qualitative and quantitative were systematically integrated to gather the end line data. Under the quantitative survey method, a two group pre-post intervention design was adopted, with the 10 intervention districts matched with three comparison districts namely Apac, Kayunga and Masaka. In each of these thirteen districts, five public secondary schools were randomly selected to serve as supervision areas for the monitoring of the project performance. During the baseline, it was envisaged that pooled cross-sectional sample surveys were to be conducted at both the baseline and end-line of the project. The target population comprised: in-school Adolescent Girls and Young Women (AGYW) aged 15-19 years in the 13 districts; and their caregivers (parents or guardians). A sample of 1,310 completed tools of AGYW targeted for the end line were obtained at the end of the data collection. On the other hand, a sample of 672 completed tools of parents or caregivers were obtained from the control and intervention areas. The procedure for selecting school-based adolescent girls and community-based caregivers in each of the districts is presented in Tables 3.1 and 3.2.

Table 3.1: Description for sampling procedure of AGYW per district

Group	Baseline					End line
	Respondent	Schools [SA]	Sample[Per SA]	Districts	Total	
Intervention						
	AGYW	5	19	10	950	950
Control						
	AGYW	5	24	3	360	360
Total					1310	1310

Note. The schools were adopted as the Supervision Areas in each of the districts

Table 3.2: Description for sampling procedure of caretakers per district

Group	Baseline					End line
	Respondent	Clusters [Villages]	Sample[Per SA]	Districts	Total	
Intervention						
	Parent/Caretaker	2	21	10	420	420
Control						
	Parent/Caretaker	4	21	3	252	252
Total					672	672

Note. Two and four villages were randomly selected from the intervention and control districts, respectively

2.1   Qualitative Data Collection

Quantitative data was collected from AGYW (15-19) as well as parents and/or caregivers using interviewer administered questionnaires. The questionnaire covered seven major thematic areas: Identification information, background information, attitudes and perceptions regarding gender norms and school participation, school related sexual and gender-based violence, corporal

punishment including bullying and other forms of non-sexual violence as well as knowledge of sexual and reproductive health including predisposing behavioral factors related to HIV/AIDS.

2.2 Qualitative Data Collection

A number of qualitative methods were employed to collect data. The methodologies were mainly Key Informant Interviews (KII). The approaches were used to collect data from purposively select participants mainly in the 10 project districts. As earlier indicated, the study populations for qualitative data interviews included the relevant MoES staff, DEOs, DHOs, DHEs, DIS, child welfare/protection officers, women's affairs, HIV focal person, teachers (senior teachers and head teachers), matrons, student club patrons, health unit in-charges, project staff, caregivers (guardians or parents), as well as PTA/SMC members and community members.

The FGD and KII guides explored aspects on impact, effectiveness and efficiency of project activities (including EWS), relevance, sustainability and visibility of the interventions. Lessons learnt and best practices will also be captured. Interviews with district officials, MoES representatives, and project staff sought to understand the effectiveness of project strategies and whether they are aligned with government policies and priorities. Further, qualitative data explored gaps and challenges in the implementation of the project. Table 2.4 presents a description of the various qualitative approached adopted in collecting the data.

Table 2.4: Targeted respondents for qualitative data

Level	Population sampling	Method	# to interview
National	MoES	KII	2
District	Members of the district education, health, child protection and women affairs teams [DEOs, DHOs, DIS, child welfare officer, women affairs officer & HIV focal person]	KII	8
School level	Head-teachers, senior women/men teachers, focal person, SMC/PTA members)	KII	7
Project	Project implementation staff from WV, CTPR, FOC-REV	KII	6
AGYW	The FGDs were conducted for AGYW [including peer leaders] in the intervention districts.	FGD	8

Note: Qualitative data was obtained from at least one member of each of the intervention districts

2.3 Data Analysis

In light of the mixed approach adopted in the investigations, the analysis plan followed a similar layout. The subsequent sections present a detailed description of the analysis plan organized by qualitative and quantitative methodologies.

2.3.1 Qualitative Data Analysis

All qualitative data was transcribed before electronic capture using Atlas-ti software (version 7). Atlas-ti software was used to capture responses to questions from the transcribed notes of the interviewer/ moderator. Responses to each question were assigned codes and labels which were

used during data analysis. All data collected was analyzed based on content and selected themes as stated in the ToRs; hence both content and thematic analysis was done. Generated data was summarized in matrix format, and triangulated to guide interpretation of the quantitative results.

2.3.2   Quantitative data Analysis

The quantitative data analysis was done particular for: (i) describing the characteristics of the respondents considered in the quantitative tools; (ii) Addressing the first specific objective of the End line survey. The analysis was done using STATA 13.0 at two stages: First, a descriptive summary of characteristics of respondents was undertaken using frequency distributions and summary statistics, where applicable. In addition to the DID analysis, the study explored the use of ordinary analysis approaches in assessing differences between the control and treatment group.

2.10   Ethical Consideration

In order to ensure that the study was in line with internationally acceptable guidelines, the following steps were undertaken. Approval for conducting the study was obtained from the Ministry of Education and Sports as well as TASO Research and Ethics Committee an Institutional Review Board (IRB). The approval (s) was important in enabling the research team access AGYW and teachers in the selected public secondary schools. Formal approval for participating in the survey was sought from the AGYW and their parents. In particular, AGYW below the age of 18 were issued with assents forms to obtained formal approval while those aged 18 years and above were issued with consent forms for formal approval. The AGYW took parent consent forms for formal approval from their parents or guardians and were returned the following day. However, parent consent forms for AGYW in boarding schools were endorsed by the head teachers of their respective schools. Formal approval was also obtained from the community members comprising of parents in households with in-school AG in the age bracket. It is important to note that copies of assent and consent forms were left with the respondent as per the guidelines of the ethical clearance from TASO Research and Ethics Committee.

Confidentiality of the data collected from AGYW, teachers and/or head teachers, community members, parents or guardians as well as key informants was ensured at all levels of data collection and analysis as well as archiving. The data was protected by a password to ensure that only authorized persons access the records. Worth noting is the fact that all respondents were not required to provide their names for capturing during the interviews; this was intentionally done to ensure confidentiality of the respondents during and after the interviews. Nevertheless, the data compiled was and will strictly be used for the end line survey and related aspects.

Findings

This section presents results of the end line assessment based on the objectives of the end line assessment.

3.1 Retention and pre-and-post indicator comparison

The pre-and-post indicator comparison is made based on the thematic areas: school participation, retention and related aspects, SRGBV, including attitudes towards gender norms and school participation, corporal punishments, bullying and other forms of non-sexual violence; reproductive health and HIV knowledge as well as exposure to risky sexual behaviors.

4.1.1 School Enrolment, Attendance and Participation

In the results according to Table A1, the vast majority of AGYW in the intervention (94.5%) at baseline and 97.9% at the end line responded in the affirmative regarding attending school during their menstrual cycle; and regarding school enrolment during the previous year prior to the survey in the intervention 80.7% at baseline and 88.7% of the AGYW enrolled in school during end line. Based on the DID analysis, the proportion who reported attending school during their menstrual cycle increased by 0.5% due to the intervention; however, the increase was not statistically significant ($p > 0.05$). The positive increase noted in the findings demonstrates success of support towards menstrual hygiene management in schools.

The proportion of AGYW who reported being absent from school for at-least a month in a term during the past 12 months prior to the end line survey declines between baseline and end line in the intervention/treatment areas. The findings demonstrate a 2.5% decline in proportion who were absent from school for at least a month in a term during the past 12 months prior to the survey due to the intervention (12.7%) baseline and (10.2%) end line survey. These findings demonstrate success of interventions implementing to supporting adolescent girls' retention in school. Strengthening of schools to support retention was supported by establishing and implementing the Early Warning System (EWS) in the intervention schools. Prior to establishing and implementing, training of teachers and AG in the EWS was undertaken to support the initiative as illustrated by the excerpt below.

> "…we [AGYW] got the skills and knowledge of tracking these students. So because of that we have been able to identify those girls using those methods and now we use the tools the three predictors to identify like we are supposed to report on a Saturday to begin the term, so when you see on Sunday a friend has not yet come, you take action actually they are also concerned and begin asking the peer educators so and so has not come we are beginning exams and the rest of it" [FGD AGYW, Lira District].

> "……. girls have gained a lot because they have made themselves reusable pads, which has improved their hygiene. So you find that the problem of absenteeism is being eradicated out." (Key Informant, Rakai District)

As earlier stated, the baseline and end line survey included questions on safety of the AGYW in the community as well as travelling to and from school. The majority of AGYW confirmed to feeling safe and protected in the community where they come from at the end line (82.3%) in comparison to baseline (75.8%) in the intervention areas. Likewise, majority (75.2%) of AGYW in the intervention at

end line as compared to 68.6% at baseline responded in the affirmative with regard to feeling safe and protected while travelling to and from school.

3.1.2   Access and Support towards Education

Parents or caregivers were asked about the activities they participate in at their AGYW's school at the baseline and end line. In the findings, a vast majority of parents or caregivers at the baseline and end line were noted to have participated in at least one activity at their child's school in the control (94.0%) at baseline and 93.6% at end line in the intervention areas. In the results presented in Table A2, the main activities participated in by parents or caregivers in the control and intervention area were: school meetings, followed by visiting schools and meeting with the child's teacher. On the other hand, the lowest proportions were noted among parents or caregivers reporting to have participated in Parent-Teachers Associations (PTA) or School Management Committee (SMC).

The increase in parents or caregivers participating in school activities is explained by the design of the project as illustrated by a Key informant in Bukomasimbi district.

> *"World Vision's role was to ensure that even the parents are brought on board, but what I know is that these days when the parents and the school management committees are working together, the parents will be able to come and sensitize other people and they have been doing so" (Key Informant, Bukomasimbi District)*

In sum, these findings demonstrate success attained by interventions on strengthening schools to support AGs' retention in school and community support to strengthen AG education. In particular, the interventions that could have contributed to the aforementioned success include: conducting district level Girls-for-Girls campaigns, community awareness on girl child education, safe learning, positive parenting and early signs for drop out; as well as SISC adult members' community outreach.

3.1.3   Encouraging enrolment and retention in the community

In the results presented in Table A3, as compared to the baseline (91.1%), the vast majority of parents or caregivers in the intervention at end line (87.1%) disagreed with the argument of sending their own girl or boy (86.2 %) to live with their relatives other than sending them to school. The role of parents in supporting school retention is illustrated by the excerpt below.

> *"...parental guidance, like when we go back home, our parents organize some meetings and then they guide us on how to behave at school and they tell us the good things about studies, good things about education, how we as girls have to stay at school such as we cannot drop out of school" [FGD AGYW, Lira District]*

The positive attitude of parents or caregivers towards school enrolment and retention of their children in the communities demonstrates success of interventions on strengthening community support to adolescent girl education. In particular, the interventions that could have contributed to the success are: community awareness on girl child education, safe learning, positive parenting and EWS signs for drop out as well as SISC adult members' community outreaches.

3.1.4   Gender norms and school participation

The baseline and end line survey investigated harmful norms and attitudes that violate the rights of AGYW. A distribution of responses for AGYW on each of the items is presented in Table A5. Overall, majority of AGYW and parents or caregivers had a positive attitude against harmful norms that violate rights of AGYW. Further, an index denotes AGYW who disagreed with at least three harmful norms and attitudes that violate the rights of AGYW. Table 4.1: presents a distribution of AGYW who disagreed with at-least three harmful norms and attitudes that violate AGYW in the control and intervention group at baseline and end line.

Table 4.1: AGYW who disagreed with at-least three harmful norms and attitudes that violate the rights of AGYW

| Activities	Baseline (%)			End-line (%)			DID	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
AGYW who disagreed with at least three harmful norms and attitudes that violate the rights of AGYW	46.2	50.0	-3.9	38.6	49.6	-11.0	-7.1	0.161

Note. Assessment is made using single difference-in-difference analysis (DID); where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1

In the results, less than a half of AGYW disagreed with at-least three harmful norms and attitudes that violate the rights of AGYW in the intervention (38.6%) at endline as compared to the 46.2% reported at baseline. However, some of these attitudes and behaviors require a much longer time to influence than was provided by the project as noted below by a key Informant in Mukono District.

> *"The project period is very short, just a mere two years! It needed more time to carry out the project activities to achieve positive outcomes. I would in future, think of a project period of 3-5 years." (Key Informant, Mukono District)*

3.1.5   Reproductive Health and HIV/AIDS Knowledge

In addition to knowledge of HIV/AIDS, the baseline and end line study evaluated comprehensive knowledge of AGYW in regard to HIV prevention. The 2017 Uganda Demographic and Health Survey, defines this aspect as: "knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission: that HIV can be transmitted by mosquito bites or by sharing food with a person who has HIV (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017).

AGYW with comprehensive knowledge about HIV prevention in the intervention areas
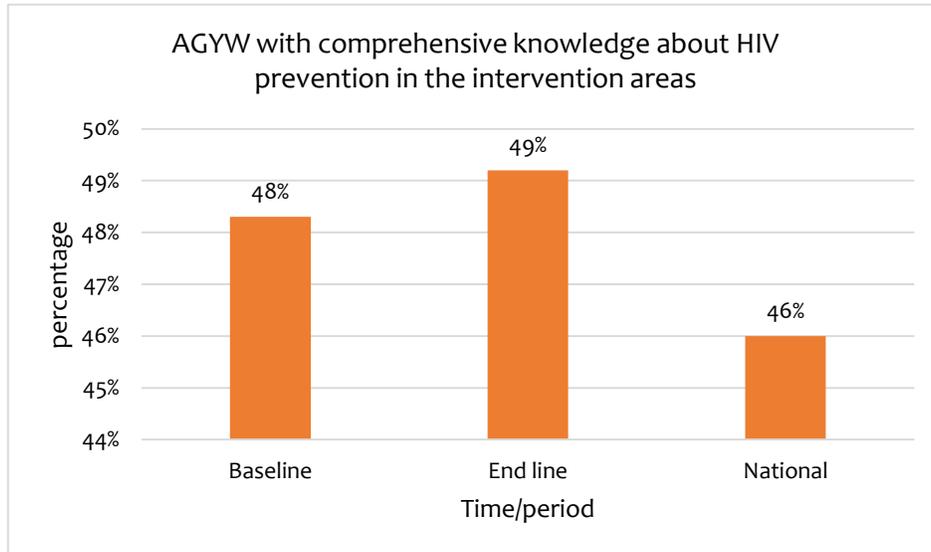
Figure 4.2: Proportion of AGYW with comprehensive knowledge about HIV prevention

According to Figure 4.2, the proportion of AGYW with comprehensive knowledge about HIV prevention was higher in intervention areas at end line (49%) than the baseline figure of 48%. The analysis revealed a slight increase of 1% in the proportion of AGYW with comprehensive knowledge on HIV prevention (p > 0.05). Nevertheless, the proportion of AGYW with comprehensive knowledge about HIV prevention in the intervention group compares favorably with the national figure of young women aged 15-24 (46.0%) in the country (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017). The findings from the 2016 Uganda Demographic and Health Survey (DHS) do not show major variations in comprehensive knowledge about HIV among the male counterparts aged 15-24 in the country. The country's 2016 DHS shows that 45% of young males (15-24) have comprehensive knowledge about HIV prevention. Nevertheless, this evidence points to shortfalls in comprehensive knowledge of AGYW in the control and intervention areas about HIV prevention.

AGYW who have had HIV test in past 12 months and those who received results in intervention areas

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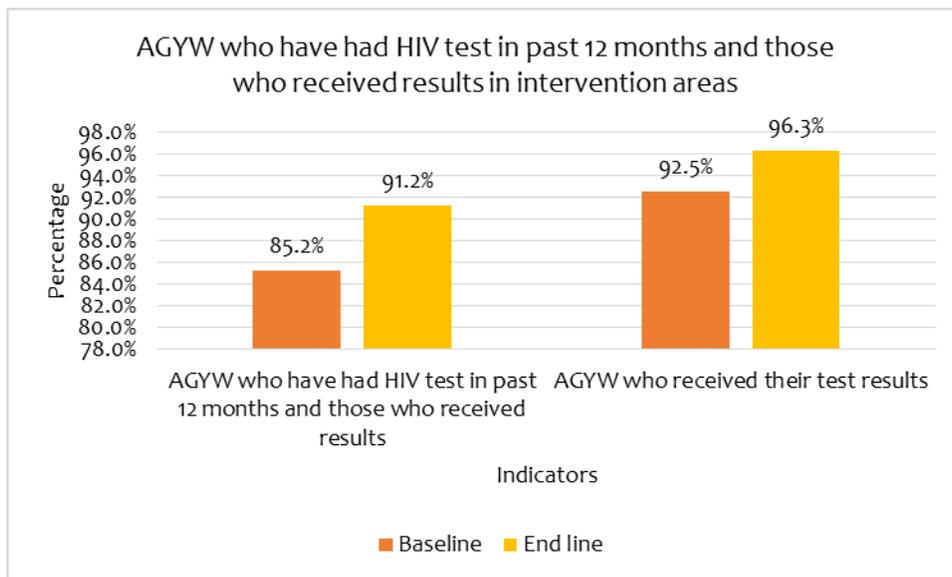
Figure 4.2: Proportion of AGYW who have had HIV test in past 12 months and those who received results

In addition to the comprehensive knowledge about HIV prevention, opinion of AGYW on HIV issues and health seeking behavior was established. In the results according to Figure 4.2, the majority of AGYW in the intervention (91.2%) at end line took an HIV test in the past 12 months prior to the end line survey compared to baseline 85.2%. Likewise, the vast majority of these AGYW were told their results in the intervention (96.3%) at end line as compared to baseline 92.5%. Slightly over eight-in-every ten AGYW who were told their HIV results responded in the affirmative regarding sharing their HIV results with someone else. The increase in utilization of HIV testing services can be summed up using the excerpt by a key informant in Mukono district as follows:

> *"We wanted to reduce on early marriages, teenage pregnancies and school drop - outs. We trained teachers on early marriage warning signs, addressed gender based violence and its prevention, and did referrals in case of any problems like for HIV positive students. In summary, about 300 teachers were trained in all methodologies; we had around 200 active members who carried out community dialogues; we worked with the local teachers, school management committees, head teachers, senior women and engaged the community and actually did school-home visits. Also, peer leaders were trained in leadership skills, and making reusable pads where 950 pads were given to 150 students within 19 schools. All girls were trained on menstrual hygiene and management including 15 boys from every school; over 2000 girls were tested for HIV/AIDS, and empowered to say no; over 5000 girls and boys were mentored because we talked to both; and both boys and girls shared their stories to inspire others through poems and music, dance and drama."* [Key Informant, Mukono District]

With regard to awareness of a place where you can go to get a test to see if you have the HIV virus, majority of the AGYW responded in the affirmative. No significant variations in HIV health seeking behaviors were noted between AGYW in the control and intervention group (p > 0.05) regarding this aspect. Nevertheless, the improvement in HIV/AIDS seeking behavior is attributed to the HIV/AIDS counseling and testing outreaches as well as the health centre outreaches conducted in the intervention schools.

Regarding attitude towards HIV issues, majority of AGYW had a positive attitude regarding the following: a teacher with HIV virus but is not sick should be allowed to continue teaching in school, buying fresh vegetables from a shopkeeper/vendor if you knew that this person had the HIV virus; willingness to care for a member of your family in the household who became sick with the HIV (94.5%). In addition to the aforementioned HIV/AIDS activities, the positive attitude is attributed to the training of teachers and peer educators on HIV prevention and school based training on life skills. These activities were successful in creating a peer-led system for adolescent HIV prevention.

3.1.6   Exposure to Risky Sexual Behaviour

The predominant risky sexual behaviors AGYW were exposed to in the past 12 months prior to the survey were: having a boyfriend; attending discos or village night dances; accepting gifts/money/favors from someone of the opposite sex in exchange for love or affection and given gifts/money/favors from someone of the opposite sex in exchange for love or affection. There was

significant decline in the proportion of AGYW who ever had a boyfriend of 16.2% due to the intervention. However, there was no significant variation in exposure to the rest of the behaviors noted between AGYW in the control and intervention group (p > 0.05). On the other hand, the least forms of risky sexual behaviors AGYW were exposed to were: smoking cigarettes, bangi/marijuana or taken other drugs as well as drinking alcohol or local brew. Further, Table A8: shows that slightly over one-in-every ten AGYW reported to have ever had sexual intercourse; the proportion reduced significantly by 7.1% due to the intervention. The significant reduction in proportion engaged in sexual intercourse in the past one year could be attributed to the HIV/AIDS counseling and testing outreaches, the health center outreaches conducted in the intervention schools as well as training of teachers and peer educators on HIV prevention and school based training on life skills as shown below.

> *"…Sex education, like some girls who don't mind. You might find yourself getting pregnant because you have not got sex education, so here we are educated they tell you the bad things about sex, because you have to first study and then you get what you want and you have to first get your education until the last time such that you avoid school dropout"* [FGD-AGYW, Lira District].

> *"…counseling and guidance --- this helped the girls to abstain from sex through continuous guidance of students* [Peer Leader, Mukono District].

Further, the intervention made use of talking compounds in the schools to promote positive discipline as illustrated below.

> *"…then the issue of the talking compound, the messages are good, you know time and again one can reflect on these messages, there are these sign posts that say, you know time again move with a friend, know your status, those messages are good, they have been placed in such a way that they have been put in places students normally sit so people sit and really think about it and live up to the messages"* [Key Informant, Mityana District]

> *"…talking compounds have been set up in school and these have helped students with the continuous reminders on how to conduct themselves so that they can stay in school…"* (FGD AGYW, Lira District)

In sum, all these interventions were successful in helping AGYW to delay sexual intercourse for HIV prevention. Among the AGYW who had ever had sexual intercourse, the majority confirmed having sexual intercourse in the past 12 months prior to the survey. This category represents AG who are considered to be sexually active by the time of the survey investigations.

3.1.7   School-Related Sexual and Gender-Based Violence

Overall, slightly less than eight-in-every ten AG were noted to have experienced any form of SRGBV in the past 12 months prior to the end line survey in the intervention (65.6%) than the 77.4% at baseline. Figure 4.3, the proportion experiencing any form of SRGBV reduced by 11.8%; however, the reduction was not significant (p > 0.05).
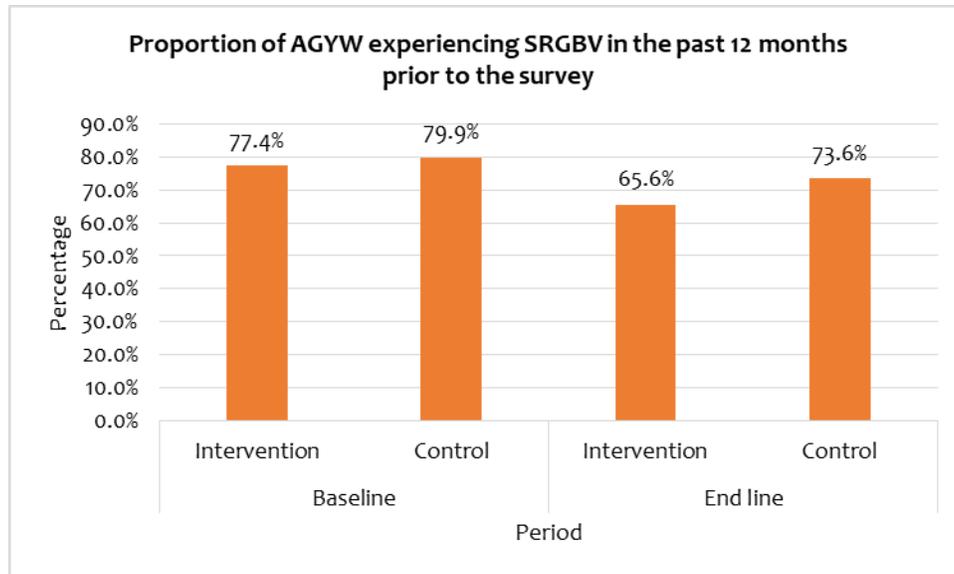
Figure 4.3: Proportion experiencing any form of SRGBV in past 6 and 12 months prior to survey

The predominant forms of SRGBV were: making sexual gestures at AGYW or looking at them in a sexual way; spreading sexual rumors and lies as well as touching, grabbing or pinching ones' butt, breast or private parts. Of all these SRGBV, the proportion of AGYW experiencing sexual rumors and lies reduced by 14.7% in the intervention areas between baseline and end line, for all the other violence no significant variations in the occurrence of these forms of SRGBV were noted between AGYW in the control and intervention area (p > 0.05).

3.1.8   Corporal Punishments

This baseline and end line survey included questions regarding the occurrence of corporal punishments in the past 12 months prior to the survey. Further inquiry was made on whether the occurrence in question happened in the past six months prior to the survey and the place where the most recent event occurred. Tables A11 and A12 present a distribution of occurrence of the events and whether or not the events occurred in the past six months prior to the survey.

Overall, the proportion experiencing any form of corporal punishment in the intervention (70.9%) at end line lower than (82.7%) at baseline during the past 12 months. Nevertheless, the higher proportion of AGYW experiencing any form of corporal punishment in the intervention area should not be surprising in light of a longer duration of inquiry (i.e. past 12 months) and wider scope of corporal punishments referred to in the baseline and end line survey. Nevertheless, the success attained regarding the reduction (11.8%) in reported cases of corporal punishments could be attributed – among other interventions – to training of teachers in positive discipline.
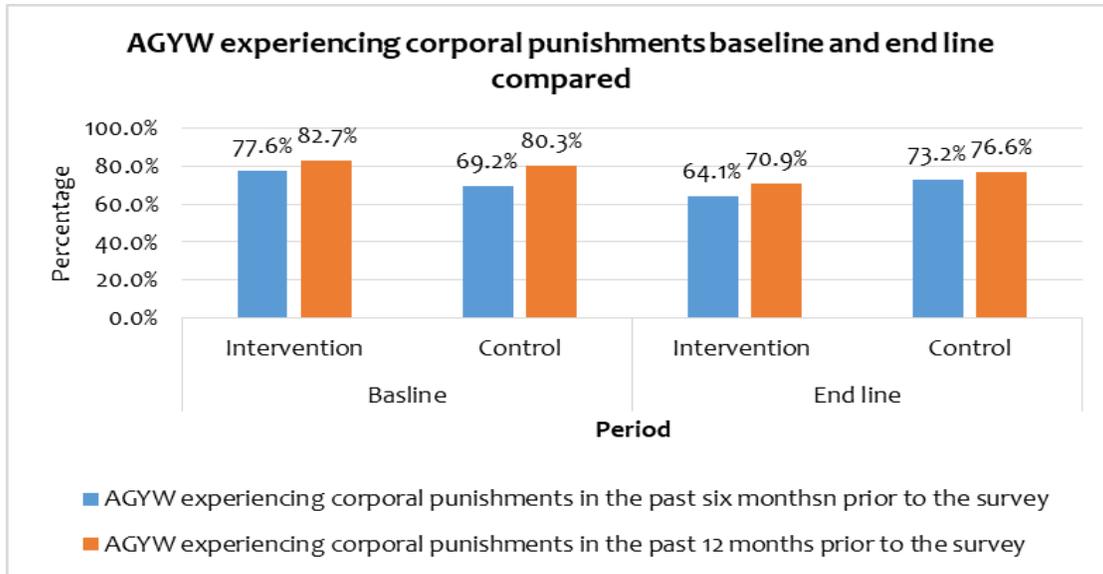
Figure 4.4: Proportion experiencing any form of corporal punishments in past 6 and 12 months prior to survey

Worth noting is the significant reduction of 11.8% and 13.5 % in the proportions of AGYW experiencing any form of corporal punishment in the past 12 months and six months prior to the survey. The success attained in this regard is attributed – among other activities – to training of teachers in positive discipline.

3.1.9   Bullying and Other Forms of Non-Sexual Violence

The predominant forms of bullying and other non-sexual violence reported occurring in the past 12 months prior to the survey were: stealing of one's things, telling lies or spreading rumors or stories to other students or a teacher that were not true and saying mean things or calling AGYW names that they did not like. No significant variations were noted in the occurrence of these aspects between the control and intervention group (p > 0.05). On the other hand, the least reported forms of bullying and other forms of non-sexual violence were: forcing one to do something they did not want to do such as joining a group in making fun of/hurting another student (4.7%); and leaving one out of their group of friends or during games or activities. With the exception of the former, significant variations were noted in the occurrence of the latter form of violence between the group and intervention group (p < 0.05) with a reduction of 7.4%.

In addition to the occurrence of bullying and other forms of non-sexual violence in the past 12 months prior to the survey, AGYW were asked whether the violence occurred in the past six months prior to the survey. It is however important to note that the occurrence of bullying and other forms of non-sexual violence in the past six months prior to the survey was only asked to AGYW who experienced the particular forms of violence in the past 12 months prior to the survey. In the results according to Table A12:, vast majority of AG reporting experiencing various forms of bullying and other forms of non-sexual violence in the past 12 months confirmed experiencing the violence in the past six months prior to the survey. In particular, the predominant forms experienced in the past six months prior to the survey were: stealing something from AGYW, forced one to do something you did not want such as joining a group in making fun of/hurting another student, and breaking or

ruining something of yours on purpose. The least reported type of bullying and other forms of non-sexual violence was threatening to hurt one or their family but did not do it. No significant variations in the occurrence of bullying and other forms of non-sexual violence in the past six months prior to the survey were noted between the control and intervention group (p > 0.05).

3.2 Effectiveness and Efficiency of the Strategies

Overall, the project achieved most of its targets (Life of Project targets). It is important to note that some of the activities over achieved beyond the target. These included: individuals referred for services that completed the referral (111%), number of teachers trained in EWS and positive discipline (111%), number of SISC members trained on EWS, HIV prevention and life skills (118%); number of individuals trained on GBV prevention, recognition and referral (174%) and number of girls with access to hygiene products and services (120%) as well as number of individuals trained in making re-usable sanitary pads (101%). However, there was under achievement in two major activities namely number of AGYW re-enrolled in school (8%), number of out reaches and home visits conducted by trained faith leaders or SISC (12%).

Despite the low achievement in some of the activities, the project was largely able to achieve its planned outcome targets. The key findings that demonstrate achievement of the project goal of reducing secondary school dropout are: reduction in % of AGYW who have ever been absent from school for at-least a month in a term during the past 12 months by 5%, an increase in % of AGYW enrolled in school during the previous school year by 2.4% and % of AGYW who feel safe and protected while travelling to and from school by 4.5%. on the other hand, the key findings that demonstrate achievement of the goal of reducing HIV infection among AGYW are: increase in % of AGYW who have taken an HIV test in the past 12 months and those who received their results by 10.7% and 1.1%, respectively as well as reduction in % of AGYW who have ever had sexual intercourse and those having sexual intercourse before age 15 by 7.1% and 9.4%, respectively.

One would therefore argue that the project activities were effective in meeting the needs of the AGYW. There is a diverse range of needs for the AGYW in the study communities, key of which included: access to information, empowerment, skills' training, sanitary materials (sanitary pads) among others. The adolescents were trained in making of re-usable pads, sensitized on several health topics such as HIV/AIDS and dangers of early pregnancies, among other issues. These project activities in part enabled World Vision to meet the needs of the AGYW through skills building, empowerment of the girl child, and access to information.

However, to a less extent, the project activities were not effective in meeting the critical needs of the AGYW in the study communities due to two main reasons.

i) World Vision SAGE/ DREAMS program only targeted selected government schools yet there are learners in the private schools. Hence, the needs of the AGYW in the private schools were not addressed which was a gap in the project implementation as further validated by a key informant. *"World Vision came up with a target of government schools in some parts of Gomba. But don't forget, we have some learners in private schools but those learners are not private. The schools are private, so these learners too need to be sensitized. So, am also saying now that World Vision should handle all schools with children who are adolescents."* (Key Informant, Gomba District)

ii) Although World Vision trained both adolescents and young persons in making of re-usable pads, there was a challenge in access to the raw materials for making these pads. Most of the adolescents, given that they were from poor families, were still unable to buy the raw materials which partly hindered effectiveness of the project activities in meeting the needs of the adolescents.

Among the internal factors that could have contributed to the under-achievement of the project objectives was: the socio-economic status of the learners' parents. Most of the parents of the AGYW are poor; thus unable to afford the raw materials needed to make re-usable pads, which partly hindered achievement of the project objectives of keeping girls in school during their menstrual periods. Additionally, lack of community sustainability mechanisms for the sanitary pads project accounted for the under-achievement of the project objectives. There was over reliance on World Vision on provision of the raw materials for the sanitary pads which was not sustainable. Also the community members had expectations that other non-governmental organizations and government would come in to support through provision of raw materials but this did not materialize which affected the project outcomes.

Additionally, the time period allocated for the DREAMS project implementation was inadequate to achieve its objectives. The project duration was two years which duration was inadequate for most of the long term project objectives such as reduction in teenage pregnancies, early marriages, school drop-out among others. The stakeholders involved in the project felt that it would be wise for the project duration to have been longer so that the project activities could be implemented for a longer period leading to a more lasting impact of the project and achievement of the project objectives as highlighted by a key informant below:

> "The project period is very short, just a mere two years! It needed more time to carry out the project activities to achieve positive outcomes. I would in future, think of a project period of 3-5 years." (Key Informant, Mukono District)

Furthermore, the limited project manpower or human resource also partly contributed to the under-achievement of the project objectives. This was a key constraint mainly in Mityana and Mukono districts. Similarly, lack of physical offices by World Vision also contributed to the under-achievement of the project activities. A key informant from Mityana district noted that: "With no physical office in the district by World Vision, the DREAMS community members did not know where exactly to find World Vision officials!" This could possibly have had repercussions on the successful implementation of the project activities.

Notably, among the external factors is the political will, which can also be credited for the success of this project towards the achievement of DREAMS as noted by a key informant.

> ".... the President, himself, through his speech and through other organizations, encourages people to go for HIV/AIDS testing." (Key Informant, Gomba District)

3.3   Project Relevance and Visibility

The SAGE-DREAMS project is an initiative whose main objectives is reduction in school drop-out and HIV infection among adolescent girls in 10 districts of Uganda. These objectives are well integrated into national policies as well as international standards and commitments particularly concerning girl child education, school retention, and child protection. For example, Uganda is a signatory to: (i) The

UN Convention on the Rights of the Child; (ii) African Charter on the Rights and Welfare of the Child, (iii) The Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights; (iv) the Social Development Goals (SDGs), (v) Education for all Goals to mention; (vi) Convention on Elimination of all forms of Discrimination Against Women; and (vii) United Nations Girls' Education Initiative (UNGEI).

At national level, Uganda has a strong policy environment or legal environment guiding education and wellbeing of AGYW. For example, National Adolescent Health Policy (2004) stipulates the need to increase girl-child enrolment and retention while the National Development Plan [2015/16-2020/21] ensures retention of adolescents in school especially the girl child. It is therefore evident that the objectives of the SAGE-DREAMS project is not only a commitment of the country, but is also well integrated into programs of the Ministry of Education and Sports (MoES). The MoES does not work in isolation, the policies are implemented with the help of several actors in health and education service provision. Some of the stakeholders in the districts and communities include various Non-Governmental Organizations (NGOs) such as DREAMS Project, Girls Education Movement, and Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), World Vision, Plan Uganda, MildMay, Makerere University Water Reed among others. These NGOs are involved in ensuring that AGYW are enrolled and retained in school. In light of the above, the relevance of the project cannot be questioned at the international and national level. While the project may have been a new initiative, "…*it is a project whose objectives are already well integrated into other ongoing projects and programs of the MOES" [Key Informant, MoES]*.

the project was - to a large extent - visible in the districts of operation and to the beneficiaries as stated by a key informant in Gomba district "*The visibility of the project in the district is outstanding! If you go to the schools, people will talk about the project, the project has been visible in all circles in the district.*" In the districts of operation, the project is majorly visible in the communities or schools where implementation activities are undertaken. Evidently the project objectives are increasingly being intergrated into routine activities of the districts as illustrated below:

> "…*we look at district development plans issues of violence, issues of children's education is already visible. We have sector specific development plans, children's education is already visible. Even in national programs*" (Key Informant, MoES)

Similarly, the presence of World Vision offices in some of the implementation districts also increases visibility of the project activities. However, to a smaller extent, it was noted that the project was not visible in some of the communities where no implementation activities took place. Although, most of the key informants were unable to ascertain whether the project was visible to the donors, it is important to note that there is a lot of donor support towards girls education. Thus, it is about tapping into the support available. The increasing support for issues concerning girl's education is demostrated by the excerpt below:

> "…*You don't know how much partners are committed to girl's education, in each and every project that MOES is putting across, girl's education is taken into account. African development bank, global partnership for education, global fund; there are a number of initiatives*" (Key Informant, MoES)

3.4   Project Sustainability

There is a high likelihood of project sustainability in most of the project outcomes such as retention of the girl child in school and menstrual hygiene management (making of re-usable sanitary pads). This is mainly as a result of capacity building of different stakeholders from national level (Ministry of Education) to the grassroots (teachers, community, parents, and students) which was done through sensitization workshops on the importance of girl child education, retention of the girl child in school and skills building. Notably, Ministry of Education has already shown great interest in the 'Early Warning System' as observed by a key informant in Mukono district: *"….Ministry of Education is interested and it is telling us to come up with policy guidelines of the early warning system. So even if we [World Vision] pull out, I will not say the early warning system ended with DREAMS, it will actually expand."* Such interest – request for policy guidelines - by Ministry of Education is a positive sign not only towards continuation and sustainability of project outcomes but also possible roll out of programmes geared towards reduction of school drop-out rates or child retention in school throughout the country.

Additionally, the community sensitization meetings are bound to continue as these were started or coordinated by the local leaders. Furthermore, both boys and girls have been involved in menstrual hygiene management activities including making of re-usable pads. With the skills acquired, the students if facilitated will be able to make these re-usable pads past end of World Vision project assistance as stated by a key informant in Mityana district: *"some schools are planning to incorporate the budget to buy materials that are used to make reusable pads for the school, so that it is sustainable".* Overall, the premise on the issue of project sustainability is majorly based on capacity building and involvement of several partners and stakeholders as earlier explained.

However, sustainability of some of the project outcomes may be limited especially outcomes whose implementation is majorly tagged to finances. While girls were trained in making of re-usable sanitary pads, World Vision in part provided the raw materials as stated by a key informant in Mukono district: *"We provided pads' materials in that even when they would get finished, they knew where to buy them from."* Thus with the end of the project, the community or parents may have challenges with accessing the raw materials for making these pads despite having knowledge of the source of these materials. Additionally, project implementation of the early warning system involved facilitation of teachers. Thus, continuation and sustainability of the related outcome remains in balance without any financial facilitation of the teachers involved as evidenced below:

> *"In the early warning system, teachers have always requested for facilitation because it is quite hard work to document and file the three predicators every day. The teachers will lose interest in the filing. But still, at least, they have the knowledge so they can tell students at risk even when they do not file because they know all the predicators. So if they are not facilitated, then this filing will be hard to do." (Key Informant, Mukono District)*

Further, it is important to note that the implementation of the project activities involved several partners and/or stakeholders. The roles played by the different partners and stakeholders, all had synergies that worked to achieve the overall goal of the project. Thus, the sustability of the project outcomes would greatly be influenced by the extent to which the partners and stakeholders: maintain the collaborations beyond the project life span and intergrate the project activities into routine activities of the various stakeholders. The role of the various partners and stakeholders in

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ensuring sustability of the project outcomes can best be summed up by a key informant from Gomba district as shown below.

> '.....we realized that if its within their mandate [district technical team] take an example HTS services is every health center have outreached to every community and they have committed to have outreaches to not only communities but also schools - that means HTS services continue to be sustained with communities' (Key Informant, Gomba District).

In addition to engaging as well as orienting and training several partners and stakeholders in the implementation of the project, the qualitative interviews shows that WV engaged the partners and stakeholders and beneficiries in deriving strategic plans for sustaining the project outcomes. The role of WV in equiping the various partners and stakeholders for implimentation and ensuring sustability of the project outcomes can best be summed up as follows:

> "....World Vision trained people ... it has been training them and now as they come to the end, they have also trained different stakeholders and they have come up with strategic plans. Themselves the beneficiaries they have come-up with a strategic plan how they are going to maintain or to sustain this project ..."(Key Informant, Gomba District).

> "World Vision invited stakeholders for reflection meetings so during those meetings gaps were identified and also how to close those gaps but also people came up with sustainability plans so those are the plans that will be implemented after World Vision paving a way because they were facilitated" (Key Informant, Mityana District).

WV has not only trainined the implimenting partners to aquire the relevant skills, but also provided manuals for reference as explained by key informant in Mubebende District "..the manuals are left in schools so they keep on talking to the learners..". It is evident from the qualitative interviews that WV has worked closely with these stakeholders from the onset through the implementation of the project and has sustained the collaborations through the life time of the project. It is important to note that WV indentified partners and stakeholders who are directly involved in the operations of learners in schools. Worth noting is the contribution of WV in bringing parents on board as shown below.

> "World Vision's role was to ensure that even the parents are brought on board, but what I know is that these days when the parents and the school management committees are working together, the parents will be able to come and sensitize other people and they have been doing so" (Key Informant, Bukomasimbi District)

In additon to involving parents and teachers, the project has engaged peer leaders in the schools. The role of peer leaders towards the sustanbility of the interventions is explained by the expert below.

> "...we trained the peer leaders, there will be multiple effect other students and every year they were saying they will always recruit other students and more peer leaders' mentorship as schools bringing some of the successful students who come and mentor the students" (Key Informant, Gomba District).

3.5 Enabling environment

This sections provides a SWOT analysis of the project coordination structures. The subsequent sections provide an analysis of the various components.

STRENGHTS

Major focus on the girl child: The project majorly focusses on the girl child which is a strength given that the girls are more disadvantaged and vulnerable compared to the boy child. Thus retention of the girl child has below in the country coupled with the high HIV/AIDS prevalence among AGYW. Therefore, the focus on the girl child is helpful in achieving the project objectives which are in line with the national goals.

Existence of policy guidelines in relation to AGYW retention in school and reduction of HIV among girls.

1.   Free education under Universal Secondary Education (USE): This enables more girls to attend school at no cost or a subsidized cost.

   "…… I would like to thank our President His Excellency Yoweri Kaguta! We have what we call USE, that is a policy. We have education for all and that is a big opportunity for these young women. This is because many parents in our community cannot afford to pay and Government is paying money for education. More so, when we look at Gomba district, all the learners in the eight secondary schools [implementation schools] are beneficiaries of USE "Bonna basome" [universal education] whereby the government pays for their tuition and registration fees. So, through this USE, these kids are retained. Remember, when you compare to the previous years, people used to pay fees and once your parent could not afford, you would be sent away from school. But this time, there is no sending away students because of no school fees. (Key Informant, Gomba District)

2.   Formulation of alternative disciplinary measures to corporal punishments is a positive step in retention of the girl child in school. This can be observed from the excerpt below: *"… the government has come up with policies to manage corporal punishment having alternatives to corporal punishments. So by managing those corporal punishments, these girls are retained hence having the drop-out rate reducing.* (Key Informant, Gomba District)

3.   HIV/AIDS in the Education Sector policy guidelines: Integration of HIV policies in the education sector is another strength that address HIV/AIDS issues in the education sector as summarized in the excerpt below: *"when you look at the HIV/AIDS policies within the education sector, it encourages retention of these girls in school. It also encourages HIV testing and positive living among those who are already HIV positive."* (Key Informant, Gomba District)

Training of all stakeholders from national level to the grassroots in relation to retention in school and reduction in HIV/AIDS among the adolescent girls and young women.

HIV/AIDS Services: Provision of HIV testing and counselling sessions to the AGYW impacted on access to HIV services to the young persons. In addition, it helped the young persons who tested HIV positive to start medication and taught them skills geared towards positive living.

Effective Coordination among the stakeholders: The project activities involved several partners and stakeholders. The effective coordination between the different partners and stakeholders such as

teachers, AGYW, police, health workers, parents, 'stay in school committees' was a big strength for the effective implementation of project activities. While the teachers were responsible for updating the 'early warning register', both the teachers and students were responsible to identify girls who were at risk of dropping out of school. Additionally, the project had on board the 'stay in school' committees that monitored attendance and made home visits and ensured girls did not drop out of school, while the police ensured justice for the perpetrators of child rights.

WEAKNESSES

1   Short duration of project implementation: The short duration of the project has potential to reverse the positive outcomes achieved during the two years as summarized in the excerpt below:

> *"What I want to say is that I would like to encourage the government of Uganda if possible that when such projects come in, there is need to run for more than two years. This is because if such programs come and run for only two years some people may not see value in it. I would suggest five or ten years so that people realize the benefits out of it. If I can give an example, they used to give these teachers registers and when we stopped giving registers to these schools, it is as if the schools will not operate." (Key Informant, Bukomansimbi District)*

2   Limited personnel to implement the project activities.
3   Weak referral system: It was noted that some of the health workers did not fully support the referral process and thus it was difficult to track the child's ailment and treatment (if any) on the child's referral form. *"The weakness is that the girls that have been referred have not been helped; some of them have not been helped." (Key Informant, Bukomansimbi District)*
4   Lack of infrastructure in some districts such as offices which constrained effective running of project activities.
5   Having peer leaders in "candidate" classes such as S.4 or S.6, yet they soon leave the school. It is a challenge that while they have been trained, they soon exit from the school compared to the other students in other classes.

OPPORTUNITIES

1   Existence of infrastructure that is needed for child retention in schools and reduction of HIV/AIDS among young girls. Implementation of the activities is implemented in government schools and at health centres among other places. Notably, there exist secondary schools and health facilities in almost every sub-county. These facilities have teachers and health workers who are paid by the Government of Uganda and thus sustainability of the project outcomes can be harnessed from availability of the required infrastructure.
2   Several stakeholders have been trained and thus can transfer skills to other stakeholders.
3   AGYW are empowered: Thus with increased empowerment, the AGYW can use the life skills acquired for sustainability of the project outcomes. The empowerment acquired is vital for retention of girls in schools and reduction of HIV/AIDS.
4   Uganda's Constitution: The child's right are enshrined in the Constitution of Uganda and thus act as an opportunity to harness to achieve the project outcomes. By the Constitution, a Ugandan child has the right to education and health among the basic rights they are entitled to. This was noted in the excerpt below:

"When you talk about policies, you talk about the constitution. They define the girls, before 18 years, a girl cannot get married. Among the rights of the children, they have a right to education, a right to life and to health. There is also a number of laws against defilement, and sexual abuse at policy level." (Key informant, Gomba District).

THREATS

These potential threats have an effect on the continuation and sustainability of the project activities and outcomes.

Continued community negative attitudes towards adolescent sexual and reproductive health remain a potential threat in reduction of HIV/AIDS among girls as shown below.

"…… within the health department, they distribute condoms and they are supposed to have a certain corner [youth corner]. However, the threat is the community instead views it as promotion of HIV/AIDS….." ((Key Informant, Gomba District)

Fake news in the health sector: False news or potential belief that the health facilities were distributing expired condoms. The community was then hesitant to use these condoms or any other drugs.

Transfer of teachers: While World Vision has trained several teachers in schools to undertake the activities at the selected schools, there is a threat that teachers in government schools can be transferred anytime. Such transfers can affect continuity and sustainability of the project activities.

Limited focus on the boy child: The sense of feeling among community members that the project is only intended to benefit girls and not the boys. This has potential for the communities to find the project activities discriminatory and thus shun the project activities.

Few targeted schools: With only a few schools selected for project implementation, there is a potential threat for the positive outcomes to be limited and reversed if the activities are not sustained, or replicated in other communities or schools.

Less willingness by community members to do voluntary work. Such attitudes have potential to have less people involved in the project activities if no personal benefit, especially financial benefits, is derived from participation in project activities as shown below:

"Peoples' attitudes have changed towards work. They no longer do the voluntary activities. Whatever thing you ask them to do, they always ask how they are benefiting"; "people have withdrawn, even in the community, they no longer want to be involved. Like here I work with only one person fully here. They all got tired. Maybe I attribute this to the financial constraints." (Key Informant, Mukono District)

Weak enforcement of the policies in Uganda: It was noted that while the country has strong policies governing retention of students in schools and reduction of HIV/AIDS among AGYW, enforcement of these policies remains weak. This leaves many culprits to go scout free, increases the crime rate and deters many community members from reporting the perpetrators of child abuse. This remains a threat to the continuation and sustainability of project outcomes.

Poverty: With escalating poverty levels in the communities, retention of the girl child and reduction of HIV/AIDS among AGYW might remain a challenge. Despite existence of Universal Secondary Education, parents are expected to meet a few costs. Failure of the AGYW's parents to meet these education related costs due to increasing poverty is a threat to the continuation and sustainability of the project activities and outcomes such as retention in school.

Discussion

The discussion is based on the four specific objectives of the end line survey: retention and pre and post indicator comparison, assess effectiveness and efficiency of the strategies used; assess project relevance, visibility, and quality as well as assess the project sustainability. In addition to drawing reference to related literature on the subject matter, the discussion draws evidence from the qualitative findings generated on these themes.

5.1 Pre-and-post indicator comparison

The main objective of the baseline survey was to provide a snapshot of the operating environment and benchmark values for SAGE - DREAMS project indicators to aid implementation and evaluation of the project. On the other hand, the purpose of the end line survey is to explore the outcomes, potential impact and sustainability of the project. The commencement of the baseline and end line evaluation assessment was in April 2017 and November 2018, respectively. Thus, one would argue that the actual implementation of the intervention was about 18 months. In light of measuring impact, this was rather a short period –a period of at-least three years could possibly have provided a longer time to engage with community structures and realize positive behavior change much more than what is reported in this report. It would therefore be no surprise that there were no statistically significant changes in some of the project indicators as demonstrated in the findings.

The discussion is based on the indicators of the project which are organized by five major themes namely, attitudes towards gender norms and school participation, school related sexual and gender based violence; corporal punishments, bullying and other forms of non-sexual violence, reproductive health and HIV knowledge as well as exposure to risky sexual behaviors. In addition to drawing reference to related literature on the subject matter, the discussion draws evidence from the qualitative findings generated on these themes.

Reproductive Health and HIV Knowledge

The findings demonstrate a moderate proportion of AGYW with comprehensive knowledge about HIV prevention at the baseline and end line. This coverage –especially in the intervention area - compares favorably with national estimate of 46.0% of young women aged 15-19 who are reported to have comprehensive knowledge about HIV prevention in Uganda (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017). The 2017 DHS demonstrates that the coverage of young men (15-19) with comprehensive knowledge about HIV prevention in the country (45%) is not any different from the proportion among the national estimate for the females.

Surprisingly, the proportion of AGYW with comprehensive knowledge about HIV prevention reduced by 9.3% at the end line. This evidence questions the relevance of interventions geared towards strengthening HIV prevention activities for the AG. However, activities implementation were focused on HIV/AIDS counseling and testing including coordinating health centre outreach in schools as well

as school-based training in life skills for peer educators. These activities hardly address issues regarding reproductive health and HIV/AIDS knowledge.

In light of the fact that comprehensive knowledge about HIV prevention increases with age (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017), it is highly likely that the proportion of AGYW in the lower classes and/or ages with the knowledge are lower than the estimated reported at the end line. The shortfall in comprehensive knowledge about HIV prevention implies that a considerable proportion of in-school AGYW are at a high risk of acquiring the HIV infection. Further, the engagement in shorter relationships, multiple sexual partners and risky sexual behaviors of these young individuals puts them at a higher risk of acquiring HIV.

The proportion of AGYW who knew a place where to get an HIV test at the baseline and end line stages comparable to the national estimate of 89.4% among adolescent women aged 15-19 (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017). However, the proportion of AGYW (15-19) who ever tested for HIV in the intervention (82.7%) at the end line is way higher than the national estimate of adolescent women in the same age group (56.3%). The proportion in the control group (58.7%) at the end line compares favorably with the national estimate. To demonstrate the success of the intervention, the proportion who had ever taken an HIV test and those took an HIV test in the past year increased significantly by 25.5% and 10.7%, respectively by the end line. The findings should not be surprising in light of the health centre HIV/AIDS counseling and testing outreaches conducted in the intervention schools.

Exposure to risky sexual behaviors

Similar to the baseline, the end line study identifies the major risky sexual behaviors AGYW are exposed to as attending discos or village night dances, accepting gifts/money/favors from someone of the opposite sex in exchange for love or affection and given gifts/money/favors from someone of the opposite sex in exchange for love or affection. In light of the relatively low comprehensive knowledge about HIV prevention in the intervention (49.2%) and control group (59.1%) at the end line, such behaviors put AGYW at a greater risk of getting HIV infection. Worth noting is the reduction in the proportion of AGYW who had sexual intercourse with at-least two partners in the past 12 months prior to the survey in the intervention group at the end line from 26.5% to 18.3%. Despite the reduction, this figure denotes AGYW with multiple sexual partners. The concern of multiple sexual partners has been cited as one of the major reasons for the peak incidence of HIV among young people aged 15-24 years in Sub-Saharan Africa (UNICEF, 2014; United Nations Programme on HIV/AIDS, 2009). This evidence implies that AGYW in the intervention area are at a high risk of acquiring HIV infection since about two-thirds of new HIV infections globally are among adolescent girls aged 15-19 (UNICEF, 2014).

Regarding sexual debut, findings revealed a 9.4% reduction in the proportion of AGYW who were sexually active had their first sexual intercourse before the age of 15 at the end line. Despite the reduction, the estimate in the intervention area is higher than the national estimate of young women (14%) and men (16%) aged 15-24 who have first sexual intercourse before the age of 15 (UBOS and ICF International, 2011). Certainly, it would be no surprise to argue that AGYW in the intervention area who have engaged in early sexual intercourse are highly likely to have more lifetime sexual partners as well as a greater risk of acquiring HIV and other sexually transmitted infections (Landor, Simons, Simons, Brody, & Gibbons, 2011). This evidence points to the need for continued sensitization of AGYW about HIV/AIDS and measures for reducing the risk of acquiring HIV.

School related Sexual and Gender-based Violence

Similar to the baseline, the end line surveys reveal occurrence of School related Sexual Gender-based Violence (SRGBV) among in-school AGYW. However, the end line findings revealed a reduction in the proportion of AGYW experiencing any form of SRGBV in the past 12 months prior to the survey and six months by 5.6% and 7.0%, respectively. Nevertheless, the proportions reporting occurrence of any form of SRGBV in the control and intervention area at the end line were 63.1% and 56.4%, respectively. These figures are relatively high when compared to the estimates at the national level. The fact that women aged 15-19 are less likely to report recent experiences of sexual violence than their older counterparts (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017) implies that the coverage of SRGBV among the AGYW could be higher than what was reported. The major forms of SRGBV reported by AGYW at the baseline and end line were: making love proposals that upset AGYW, making sexual gestures or looking at AGYW in a sexual way; spreading sexual rumors and lies as well as touching, grabbing or pinching ones' butt, breast or private parts. The occurrence of SRGBV is not unique to AGYW in the control and intervention districts. The key findings from the Uganda Demographic Health Survey reveal that about one-in-every five women aged 15-49 (22%) report having experienced sexual violence at some point in time. Further, about 13% are reported to have experienced sexual violence in the last 12 months prior to the survey (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017).

The higher proportion of AGYW at the baseline and end line reporting SRGBV when compared to the national estimates should not be surprising in light of the variations in age and context of the respondents. The national figure is based on domestic violence (also known as spousal violence or intimate partner violence) and violence by other family members and unrelated individuals while the baseline and end line survey investigates school-related occurrences. To this end, the occurrence and perpetuators of GBV at the national level may differ from the experiences reported of AGYW in the survey. Nevertheless, the findings at the end line point to the need for continuous effort to reduce these occurrences among AGYW since recent country-based evidence demonstrates that women are more than twice likely to experience sexual violence when compared to their male counterparts.

Corporal Punishments

The end line survey reveals existence of corporal punishments despite it being unlawful; thus, prohibited as a disciplinary measure in Uganda (MoESTS, 2015). However, it is important to note that the proportion of AGYW experiencing any form of corporal punishments in the past six months prior to the survey reduced significantly by 17.1%. Despite the reduction, the proportions experiencing any form of corporal punishment in the intervention area (64.1%) way higher than the baseline proportion (54.0%) reported in a recent study involving 42 primary schools in Luwero district, Uganda (Devries et al., 2015). The estimate is reported based on past week experience of physical violence from school staff. Thus, the higher proportion of AGYW experiencing any form of corporal punishment in the intervention area should not be surprising in light of a longer duration of inquiry (i.e. past 12 months) and wider scope of corporal punishments referred to in the baseline and end line survey. Nevertheless, the success attained regarding the reduction in reported cases of corporal punishments could be attributed – among other interventions – to training of teachers in positive discipline.

Similar to the baseline, the major forms of corporal punishments reported by AGYW at the end line were whipping or canning, hitting with any type of object such as a cane, stick, belt or book, pulling

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or twisting ears; making one to stand or kneel in a way that hurts or for a long period of time; and shouting things in front of classmates that humiliated them. As noted at the baseline, these unlawful disciplinary measures are not unique to AGYW in the selected districts of the SAGE-DREAM study. A baseline survey on community child protection systems in Uganda (ANPCCAN & Makerere University, 2013) identifies similar forms of unlawful disciplinary measures among children aged 5-17 in Uganda namely, being hit or "spanked" with an object by a teacher, hit or spanked with a hand; as well as being pinched, had their ears twisted or their hair pulled in the by a teacher. The findings from a baseline survey assessing violence against children in Arua, Apac, Kitgum, Mukono and Rakai districts does not reveal otherwise regarding beating at school as one of the major forms of unlawful disciplinary measures (ANPPCAN, 2011).

It is important to note that the aforementioned studies regarding occurrence of corporal punishments in Uganda address children in primary schools (ANPCCAN & Makerere University, 2013; ANPPCAN, 2011; Devries et al., 2015). The findings from the SAGE-DREAMS project demonstrate therefore that the occurrence of these forms of unlawful disciplinary measures in secondary schools can be handled by training of teachers in positive discipline. Nevertheless, the mixed perceptions about corporal punishments in schools and society could have contributed to either the under or over reporting the punishments in the study. Thus, the varying understanding of what is entailed in corporal punishment between schools and communities points to the need for continuous sensitization in addressing issues of such unlawful practices.

4.2   Effectiveness and Efficiency of Strategies Used

The findings demonstrate that the project achieved – to a greater extent – the goal of reducing secondary school dropout and HIV infection among AGYW aged 15-19 years in intervention districts of Uganda. The quantitative findings that demonstrate achievement of the project goal of reducing secondary school dropout are: reduction in proportion of AGYW who have ever been absent from school for at-least a month in a term during the past 12 months by 5%, an increase in proportion of AGYW enrolled in school during the previous school year by 2.4%; and increase in proportion of AGYW who feel safe and protected while travelling to and from school by 4.5%. The quantitative findings that demonstrate achievement of the goal of reducing HIV infection among AGYW are: increase in proportion of AGYW who have taken an HIV test in the past 12 months by 10.7% and reduction in proportion of AGYW who have ever had sexual intercourse and those having sexual intercourse before age 15 by 7.1% and 9.4%, respectively.

In support of the quantitative results, the qualitative findings affirm great progress made towards the achievement of all the project objectives and outcomes. For example, the objective of retention of the Ag in school was achieved to a greater extent through the formation of SISC by ensuring that no one dropped out of school. In cases where some AG dropped out of school, say due to pregnancy, these committees ensured that the AG were re-enrolled in school after child birth. One of the main strategies used in the implementation of the DREAMS project was effective collaboration of several partners and stakeholders such as District Education department (District Education Officers, Inspectors of Schools), schools, board of governors/ trustees, school management committees, parents' teachers associations, police, councilors, village local chairpersons, parents, head-teachers, school focal programme persons, sub-county officials and religious persons among others. Worth noting is the fact that all the stakeholders were brought on board at the onset of implementation of the project activities through orientation or inception workshops. In addition to the synergies established among the various stakeholders, there was monitoring of the project in

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several ways. For example, there were monthly meetings at the school level to monitor progress; AG were monitored from school to home to ensure a safe environment.

Further, World Vision provided inputs in form of raw materials and skilling of students (boys and girls) in making of reusable sanitary pads in order to achieve the objective of girl retention in school. There was therefore a noticeable decline in school drop-out rates especially arising from lack of sanitary pads during the girls' menstrual cycles. The questionable aspect however is the sustainability of access to raw materials for the sanitary pads upon closure of the project. Nevertheless, the project was effective in meeting the diverse needs of the AG comprising access to information, empowerment, skills' training, sanitary materials (sanitary pads) among others. However, the project was not effective in meeting the critical needs of AG in private schools since only government schools were targeted for the intervention.

The internal factors that contributed to the aforementioned success was community support of all stakeholders (religious leaders, learners, AGYW, district leadership, community members), regular supervision, motivation of staff through allowances and frequent reporting on the project. On the other hand, one of the internal factors that could have contributed to the under-achievement of the project objectives is the low socio-economic status of the learners' parents. In addition, lack of community sustainability mechanisms for the sanitary pads project accounted for the under-achievement of the project objective.

In light of the achievement of the project outcomes demonstrated in prior sections of the report, one can conclude that the strategies adopted in the implementation of the interventions were to a greater extent effective and efficient in realizing the outcomes.

Conclusions and Recommendations

5.1 Conclusions

The measurable impact of the project over the two-year period of implementation is illustrated by the variations in the project indicators between the baseline and end line. The difference demonstrates the change in the indicators due to exposure of the intervention compared to the expected outcome had there been no exposure. The conclusion is organized along the major goal of the project i.e. to reduce secondary school dropout and HIV infection among Adolescent Girls and Young Women (AGYW) aged 15-19 years.

The indicators that demonstrate achievement of the goal of reducing secondary school dropout are: reduction in % of AGYW who have ever been absent from school for at-least a month in a term during the past 12 months by 5%, an increase in % of AGYW enrolled in school during the previous school year by 2.4% and % of AGYW who feel safe and protected while travelling to and from school by 4.5%. In addition, other indicators that contribute to reducing school dropout are: increase in % of parents or caregivers involved in at-least one activity that supports girls' retention by 1.2%, reduction in % of AGYW who have experienced SRGBV (any) in the last 12 and 6 months by 5.6% and 7.0%, respectively; as well as reduction in % AGYW experiencing any form of corporal punishment in past 12 and 6 months by 8.1% and 17.1%, respectively.

On the other hand, the indicators that demonstrate achievement of the goal of reducing HIV infection among AGYW are: increase in % of AGYW who have taken an HIV test in the past 12 months

and those who received their results by 10.7% and 1.1%, respectively as well as reduction in % of AGYW who have ever had sexual intercourse and those having sexual intercourse before age 15 by 7.1% and 9.4%, respectively.

On the contrary, there was a reduction in % of AGYW who correctly reject major misconceptions about HIV transmission and those having comprehensive knowledge about HIV prevention by 8.2% and 9.3%, respectively. Certainly the reduction does not argue well with regard to the goal of reducing HIV infection among AGYW.

The percentage of AGYW who disagree with at-least three harmful norms and attitudes that violate the rights of AGYW reduced by 7.1% while the percentage of AGYW who attend school during menstrual cycle increased by 0.5%.

5.2   Recommendations

1) There is need to specifically integrate and implement activities that strengthen AGs' retention into the routine activities of secondary schools. In particular, the activities comprise, however are not limited to the following: support tracking and follow-up of school drop-outs, safe school contract and safety friends in school, transformation training for teachers as well as life skills training and mentorship for peer group leaders.

2) There is need to integrate activities that promote knowledge of reproductive health and HIV/AIDS issues into HIV/AIDS counseling and testing outreaches in schools. This is because knowledge of how HIV is transmission is crucial for enabling AGYW to avoid HIV infection.

3) There is need to integrate wider community awareness on girl child education, safe learning, positive parenting and EWS sings for drop-out into the routine MoES programming. This is because the existing programs, comprising school meetings, PTA and SMC target parents who already have children in enrolled in school. The objective of the awareness is to strengthening communities to support adolescent's girl education and retention in and out of school.

4) It would be unrealistic to have a safe learning environment without promoting health child-to-child engagement. Thus, there is need to strengthen measures that promote healthy child-to-child engagement into the routine activities of the school. The activities should be directed towards promoting a healthy relationship between peers in a school.

5) There is need to roll-out Safe School Contract (SSC) and Safety Friends in Schools (SFS) as a measure of promoting positive discipline in schools. The SSC should be taken by teachers and school administration to promote a violence free learning environment. In addition to reinforcing teachers' commitment to their professional code of conduct, the SSC would serve as a constant reminder to teachers and the school administration of their responsibility to ensure safety of students from all forms of abuse.

6) The training of teachers and peer educators on HIV prevention should be accompanied by strengthening mechanisms for communicating reproductive health and HIV knowledge in the schools. Otherwise, the number of teachers and peer educators trained is usually not large enough to serve the population of learners in the schools.

7) While the success of the project is attributed to the involvement of the parents to achieve the overall goal of retaining AG in school, the continuity and sustainability of some of the project innovations – such as making sanitary pads – will depend highly on how the parents support the provision of raw materials for the items. Thus, the need for continuous sensitization of the parents to prioritize the needs of AG during the menstrual period is vital in ensuring the sustainability of the initiative.

8) In light of a two-year implementation period of the project, it would have been more ideal to have a longer duration of the project activities to realize a more lasting impact of the project and achievement of the project objectives. Thus, there is need to mainstream some of the programs of the project into routine activities of the school to ensure continuity. For example, attendance of learners in school has been mainly done for administrative purposes. However, evidence from the EWS demonstrates that school attendance could be used as a predictor of school retention and performance subsequently.

9) While the success attained by the project benefited greatly from the involved of several partners and stakeholders at the district, school and community levels including village, the continuity and sustainability of the project outcomes will depend highly on the extent to which the collaborations are maintained. Thus, there is need to establish mechanisms for maintaining the collaborations between the various stakeholders involved in the project beyond the project life span.

10) The partners and stakeholders were brought on board at the onset of the implementation of the project activities through orientation or inception workshops. A similar approach should be adopted at the closure of the project in order to secure the continuity and sustainability of the project outcomes.

11) In light of the wide variation in the human resource capacity of stakeholders and partners involved project - ranged from highly skilled technical persons to uneducated or unskilled community members or parents – mechanisms for maintaining the collaborations and roll-out of project outcomes need to be sensitive to the diversity.

12) In order to ensure sustainability of the overall project goal of school retention, there is need for persistent and continuous sensitization of the community to address myths and misconceptions as well as socio-cultural beliefs and norms which impede girl education.

Appendices

APPENDIX A: SAMPLE TABLES

Table A1: Responses of AGYW on school enrolment and attendance

Enrollment and absenteeism	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Attends school during menstrual cycle	94.5	95.9	-1.3	97.1	97.9	-0.9	0.5	0.783
Enrolled in school during the previous school year	80.7	81.7	-1.1	88.7	87.4	1.3	2.4	0.539
Feel safe and protected in the community where I come from	75.8	77.7	-1.8	82.3	85.8	-3.5	-1.6	0.686
Feel safe and protected while travelling to and from school	68.6	71.0	-2.4	75.2	73.1	2.2	4.5	0.323
Ever been absent from school at least a month in a term during the past 12 months	12.7	8.8	3.9	10.2	11.1	-1.0	-4.9	0.105

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A2: Activities parents or caretakers participate in at AGYW's school

Activities	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
School meetings	74.6	83.1	-8.4	72.1	60.3	11.8	20.3	0.000***
Visit the school	64.6	63.4	1.2	55.5	56.7	-1.3	-2.5	0.653
Participating in PTA/SMC	41.4	58.3	-16.9	43.6	7.9	35.6	52.5	0.000***
Meet with child's teacher	58.1	64.8	-6.7	57.4	63.1	-5.7	1.0	0.860
Overall [At least one activity]	94.0	95.7	-1.7	93.6	92.5	1.1	2.8	0.306

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A3: Parents or caregivers with positive attitude towards school enrolment and retention of AGYW

Items	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
I would send my own girl(s) to live with my relative /others other than sending them to school	91.1	96.5	-5.3	87.1	79.4	7.8	13.1	0.000***
I would send my own boy to live with a relative/others other than sending them to school	89.5	96.1	-6.6	86.2	79.0	7.2	13.8	0.000***
Parents should ask a girl about her day at school	94.5	93.3	1.2	96.0	97.2	-1.3	-2.5	0.305
Parents should ask a boy about his day at school	96.2	94.1	2.1	96.7	98.0	-1.3	-3.4	0.108
Parents should not have too many expectations from a girl who goes to school	41.9	44.9	-3.0	46.2	30.6	15.6	18.7	0.001***
In our community, we believe girls should be educated as much as boys.	92.3	91.3	1.0	91.7	95.6	-4.0	-5.0	0.092*

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A4: Activities parents or caregivers support their AGYW in school

Activities	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Participate in parent awareness meeting	37.3	44.9	-7.6	31.9	12.3	19.6	27.2	0.000***
I go to school meetings	70.1	76.0	-5.9	67.9	61.1	6.7	12.6	0.015**
Meet with my child's teacher at school	45.7	53.9	-8.2	43.6	39.7	3.9	12.1	0.030**
Asking what they have learnt from school	41.1	43.3	-2.2	38.8	28.2	10.6	12.8	0.019**
Having/Buying reading materials	77.3	85.0	-7.8	74.8	62.7	12.1	19.8	0.000***
Help a child to do home work	34.0	26.0	8.0	31.7	33.7	-2.1	-10.1	0.055*
Encouraged a child to do home work	63.9	80.7	-16.8	56.2	51.2	5.0	21.8	0.000***
Overall [at-least one activity]	**98.3**	**99.6**	**-1.3**	**97.1**	**97.2**	**-0.1**	**1.2**	**0.447**

Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1

Table A5: AGYW with positive attitudes towards gender norms and school participation aspects

Items	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Girls and boys should be treated equally in the school, family and community	90.6	92.1	-1.5	91.4	92.9	-1.5	-0.0	0.986
Girls and boys should have the same economic opportunities	83.8	79.8	4.0	84.4	80.4	4.0	0.0	1.000
Women and men should be equally represented in the local government and national parliament	92.1	92.0	0.2	92.9	93.2	-0.4	-0.5	0.843
Women and men should have equal access to land, houses, and credit	86.0	79.5	6.5	90.4	82.3	8.1	1.5	0.690
The father should NOT have more say than the mother in making family decisions	58.1	56.8	1.3	60.9	48.4	12.6	11.3	0.025**
It is a problem for a boy to act or dress more like a girl*	75.3	57.9	17.4	68.4	73.8	-5.4	-22.8	0.000***
Girls and boys have equal opportunity to go to school*	92.0	92.1	-0.1	94.9	96.2	-1.3	-1.2	0.628
Boys and girls should receive the same punishment	57.5	59.2	-1.7	58.7	43.1	15.6	17.3	0.001***
Older girls should NOT leave school and get married	78.3	82.8	-4.5	83.8	80.2	3.6	8.1	0.048**
Older boys should NOT leave school and get married	78.0	77.7	0.3	82.2	77.2	5.0	4.7	0.275
It is NOT acceptable for girls to get married before the age of 18 years	90.0	87.9	2.1	88.4	95.0	-6.6	-8.7	0.002***
Girls should be allowed to return to	78.6	80.1	-1.5	85.3	79.8	5.5	7.0	0.081*

Items	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
school after giving birth								
A male student who impregnates a female student should NOT leave school	47.0	40.7	6.3	58.1	45.3	12.8	6.5	0.197
Boys and girls should have access to learn the same school subjects	94.6	92.6	2.0	96.3	95.3	1.0	-1.0	0.675
Girls and boys should have equal opportunity to inherit family property	85.6	88.3	-2.7	87.4	85.6	1.9	4.6	0.184

Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1

Table A6: Proportion of AGYW responding correctly to each of the reproductive and HIV/AIDS items

Reproductive Health and HIV/AIDS Knowledge	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
A person can protect him/herself from getting infected with HIV by having one sexual partner who is not infected that also has no other partners	89.9	84.1	5.7	83.5	89.1	-5.6	-11.4	0.001***
A person can get infected with HIV virus because of witchcraft or other supernatural means*	91.7	81.8	9.9	93.4	90.9	2.5	-7.4	0.021**
A person can reduce their chance of getting the HIV virus by using condom every time they have sex	79.7	82.4	-2.8	81.2	83.7	-2.5	0.3	0.948
A person can get the HIV virus from mosquito bites	85.8	86.8	-1.0	90.4	87.0	3.4	4.4	0.190
A person can reduce their chance of getting infected with the HIV virus by not having sex at all*	88.0	78.8	9.2	88.3	86.3	2.0	-7.3	0.055*
A person can get the HIV virus by sharing food with a person who has HIV	87.3	87.4	-0.2	89.5	93.0	-3.5	-3.3	0.282
A person can get the HIV virus by receiving injections with a needle that was already used by someone else	93.6	94.7	-1.2	93.0	95.3	-2.4	-1.2	0.605
It possible for a healthy looking person to have the HIV virus	83.0	77.6	5.4	83.9	90.9	-7.0	-12.4	0.001***
HIV virus can be transmitted from a mother to a baby during pregnancy	60.4	63.4	-3.0	63.0	65.2	-2.2	0.7	0.879
HIV virus be transmitted from a mother to a baby during delivery	84.9	88.3	-3.4	92.9	89.8	3.1	6.5	0.036**
HIV virus be transmitted from a mother to a baby during breast feeding	77.7	80.8	-3.1	84.1	79.7	4.4	7.5	0.059*

Reproductive Health and HIV/AIDS Knowledge	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
AGYW who correctly reject major misconceptions about HIV transmission	63.2	61.3	1.9	68.8	75.1	-6.2	-8.2	0.084*
AGYW with comprehensive knowledge about HIV prevention [a]	48.3	48.8	-0.6	49.2	59.1	-9.9	-9.3	0.066*

Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1; [a] comprehensive knowledge of HIV prevention denotes AGYW responding correctly to all bold items (Uganda Bureau of Statistics (UBOS) & ICF International Inc, 2017)

Table A7: AGYW with positive attitude towards the following reproductive health and HIV/AIDS aspects

Aspects	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
A teacher with HIV virus but is not sick, should be allowed to continue teaching in school	86.5	89.3	-2.9	87.2	91.1	-3.9	-1.0	0.756
I would buy fresh vegetables from a shopkeeper/vendor if you knew that this person had the HIV virus	83.2	86.0	-2.8	83.3	86.9	-3.5	-0.7	0.836
I would want it to remain a secret if a member of your family became sick with the HIV virus	74.1	78.9	-4.7	78.2	81.2	-3.0	1.8	0.668
If a member of your family became sick with the HIV virus, would you be willing to care for him / her in your household?	94.2	94.5	-0.2	98.2	97.9	0.3	0.5	0.794
I don't want to know the results, but have you ever been tested to know if you have HIV, the virus that causes AIDS	70.7	72.5	-1.7	82.7	58.7	24.0	25.7	0.000***
In the last one year, did you take an HIV test [b]	85.2	79.3	6.0	91.2	74.5	16.7	10.7	0.030**
I don't want you to tell me the results of the test, but have you been told of your result? [b]	92.5	94.4	-1.9	96.3	97.1	-0.8	1.1	0.673
If yes, did you tell the results to someone? [b]	79.4	81.2	-1.8	78.8	88.4	-9.6	-7.8	0.082*
At this point, do you know of a place where you can go to get a test to see if you have the HIV virus?	83.0	82.5	0.5	93.8	88.6	5.2	4.7	0.179

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A8: Proportion of AGYW participating in risky sexual behaviors in the past 12 months prior to the survey

Exposure to risky sexual behavior	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Attended discos or village night dances	28.4	28.7	-0.3	19.6	18.9	0.7	1.0	0.818
Kissed or been kissed by someone of the opposite sex	18.3	13.2	5.1	14.8	13.9	0.9	-4.1	0.246
Accepted gifts/money/favors from someone of the opposite sex in exchange for love or affection	19.2	12.5	6.7	24.6	25.6	-1.0	-7.7	0.060*
Given gifts/money/favors from someone of the opposite sex in exchange for love or affection	16.5	17.4	-1.0	20.3	26.5	-6.2	-5.2	0.223
Drank alcohol (including local brew)	6.9	4.3	2.6	3.6	5.8	-2.3	-4.9	0.038**
Smoked cigarettes	0.1	0.0	0.1	0.4	0.0	0.4	0.3	0.258
Smoked bangi/marijuana or taken other drugs	0.5	0.0	0.5	0.4	0.3	0.2	-0.4	0.556
Ever had a boy friend	47.2	40.7	6.5	43.7	53.4	-9.7	-16.2	0.001***
Ever had sexual intercourse	15.6	9.6	5.9	8.0	9.2	-1.2	-7.1	0.017***
Had sexual intercourse in the past 12 months [b]	61.3	57.4	3.9	52.0	54.4	-2.5	-6.4	0.681
Ever had sexual intercourse after using drugs such as marijuana [b]	1.7	8.2	-6.5	6.3	-0.0	6.3	12.8	0.169
AGYW who had had sexual intercourse before the age of 15[b]	33.4	19.7	13.6	26.0	21.8	4.2	-9.4	0.474
Had sexual intercourse with someone else other than your boy friend or girl friend [b]	26.9	19.6	7.3	18.3	11.1	7.2	-0.2	0.993

Table A9: Proportion of AGYW experiencing SRGBV in the past 12 months prior to the survey

School related sexual and gender-based violence	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Rape/forced/unwanted sex (vaginal, anal, oral) by someone using a weapon or threat of death	5.1	3.2	1.8	1.9	2.7	-0.7	-2.6	0.162
Someone made sexual gestures at you or looked at you in a sexual way	51.2	54.6	-3.4	40.9	46.6	-5.8	-2.3	0.644
Someone made love proposals to you that upset you	58.3	53.6	4.7	45.3	48.3	-3.0	-7.7	0.126
Showed you or gave you sexual pictures or sexual videos on a cell phone or pornographic materials	21.0	26.1	-5.1	13.1	18.2	-5.1	0.0	0.993
Spread sexual rumors and lies about you *	36.7	25.7	11.0	22.0	23.2	-1.2	-12.1	0.006***
Forced sex or coerced sex in exchange for food, gifts, grades or money	14.4	8.6	5.9	10.6	10.4	0.2	-5.7	0.055*
Peeping (in toilets, mirrors, under desk) or pulled at your clothing to see your underwear or your body	11.5	8.4	3.2	5.5	3.5	2.0	-1.2	0.639
Someone exposing his/ her genitalia	4.9	5.3	-0.4	2.0	2.01	-0.1	0.4	0.824
Forced you to kiss them and you didn't want them to	14.6	10.4	4.3	9.2	10.5	-1.4	-5.6	0.081*
Touched, grabbed or pinched your butt, breast or private parts	36.2	30.5	5.7	20.0	23.0	-3.0	-8.6	0.053*
Overall [Any form of SRGBV]	77.4	79.9	-2.4	65.6	73.6	-8.0	-5.6	0.197

Table A10: Proportion of AGYW experiencing SRGBV in the past six months prior to the survey

School related sexual and gender-based violence	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Rape/forced/unwanted sex (vaginal, anal, oral) by someone using a weapon or threat of death	80.5	43.0	37.5	39.4	25.8	13.6	-23.8	0.391
Someone made sexual gestures at you or looked at you in a sexual way**	82.5	72.8	9.7	79.7	86.3	-6.6	-16.3	0.004***
Someone made love proposals to you that upset you	80.9	79.8	1.1	82.5	87.6	-5.2	-6.3	0.234
Showed you or gave you sexual pictures or sexual videos on a cell phone or pornographic materials	77.3	64.7	12.6	73.7	68.9	12.6	-7.7	0.476
Spread sexual rumors and lies about you*	84.8	71.0	13.8	84.0	74.3	9.7	-4.1	0.630
Forced sex or coerced sex in exchange for food, gifts, grades or money	74.7	81.8	-7.1	73.6	68.3	5.3	12.4	0.341
Peeping (in toilets, mirrors, under desk) or pulled at your clothing to see your underwear or your body?	62.0	76.3	-14.3	78.9	68.4	10.5	24.8	0.169
Someone exposing his/ her genitalia	55.7	79.0	-23.3	72.4	86.3	-13.9	9.4	0.661
Forced you to kiss them and you didn't want them to	78.2	72.4	5.8	72.6	82.1	-9.5	-15.3	0.254
Touched, grabbed or pinched your butt, breast or private parts	84.2	82.6	1.6	84.8	73.3	11.5	9.9	0.212
Overall [Any form of SRGBV]	69.5	69.2	0.3	56.4	63.1	-6.7	-7.0	0.148

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A11: AGYW experiencing corporal punishments in the past 12 months prior to the survey

Corporal punishments	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Whipped or caned you	68.5	66.0	2.5	58.5	63.1	-4.7	-7.2	0.134
Pushed or stripped you**	10.0	3.5	6.5	3..0	3.9	-0.9	-7.4	0.001***
Hit you with any type of object such as a cane, stick, belt or book	37.2	28.6	8.6	31.8	41.1	-9.3	-17.9	0.000***
Pulled or twisted your ear	19.2	22.0	-2.8	10.2	15.9	-5.7	-2.9	0.457
Made you stand or kneel in a way that hurts or for a long period of time.	21.6	16.5	5.2	13.2	17.7	-4.6	-9.7	0.012**
Made you work at the school or at their house as a punishment	15.1	14.7	0.4	12.0	13.1	-1.1	-1.5	0.666
Shouted things at you in front of your classmates that humiliated you	20.3	19.3	1.0	11.2	17.2	-6.0	-7.0	0.077*
Hit you with a hand/closed fist on any part of your body including your head, face, hand, chest or leg	8.4	10.1	-1.7	4.0	6.0	-2.0	-0.3	0.906
Denied food / water in school	4.9	4.4	0.6	2.8	2.5	0.4	-0.2	0.908
Overall [Any form of punishment]	82.7	80.3	2.4	70.9	76.6	-5.7	-8.1	0.045**

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A12: AGYW experiencing corporal punishments in the past six months prior to the survey

Corporal punishments	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Whipped or canned you**	92.2	78.9	13.4	91.1	90.0	1.1	-12.3	0.004***
Pushed or stripped you	97.6	92.4	5.2	79.5	86.1	-6.6	-11.7	0.460
Hit you with any type of object such as a cane, stick, belt or book	91.9	84.4	7.6	86.9	87.1	-0.	-7.8	0.202
Pulled or twisted your ear*	86.8	75.2	11.5	87.9	86.3	1.6	-9.9	0.288
Made you stand or kneel in a way that hurts or for a long period of time.	79.3	76.1	3.2	90.0	91.7	-1.7	-4.9	0.572
Made you work at the school or at their house as a punishment	91.5	74.6	16.9	92.5	100.0	-7.5	-24.4	0.003***
Shouted things at you in front of your classmates that humiliated you	86.4	87.6	-1.2	83.0	89.9	-6.9	-5.7	0.513
Hit you with a hand/closed fist on any part of your body including your head, face, hand, chest or leg	82.9	84.8	-1.9	78.5	95.3	-16.8	-14.8	0.294
Denied food / water in school	84.9	71.4	13.5	79.7	89.4	-9.8	-23.3	0.294
Overall [Any form of punishment]*	77.6	69.2	-8.4	64.1	73.2	-9.1	-17.4	0.000***

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A12: Proportion of AGYW experiencing bullying and other forms of non-sexual violence in the past 12 months prior to the survey

Bullying and other forms of non-sexual violence	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Made fun of you and teased you	23.3	23.8	-0.5	13.6	17.9	-4.3	-3.8	0.357
Said mean things to you or called you names that you did not like	28.7	31.8	-3.0	16.9	25.8	-8.9	-5.8	0.193
Left you out of your group of friends or during games or activities*	10.8	4.8	6.0	4.9	6.3	-1.4	-7.4	0.004***
Stole something from you	55.6	62.0	-6.4	46.6	54.0	-7.5	-1.1	0.832
Broke or ruined something of yours on purpose	10.4	14.4	-4.0	8.6	9.2	-0.6	3.4	0.284
Physically hurt you on purpose by pushing you down kicking/hitting you with a hand/clenched fist/object	8.4	8.5	-0.1	3.7	7.8	-4.1	-4.0	0.154
Threatened to hurt you or your family, but did not do it	17.7	22.9	-5.3	12.6	12.1	0.5	5.7	0.127
Told lies about you or spread rumors or stories to other students or a teacher that were not true	31.8	32.7	-0.9	18.8	19.5	-0.7	0.2	0.969
Forced you to do something you did not want such as joining a group (%) in making fun of/hurting another student								
Overall [Any form of bullying]	72.9	79.9	-4.3	60.7	63.4	-2.7	4.3	0.340

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

Table A13: Proportion of AGYW experiencing bullying and other forms of non-sexual violence in the past six months prior to the survey

Bullying and other forms of non-sexual violence	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value

Bullying and other forms of non-sexual violence	Baseline (%)			End-line (%)			Diff-in-diff estimate	
	Treatment	Control	Diff	Treatment	Control	Diff	Value	P value
Made fun of you and teased you	81.6	82.8	-1.2	78.6	77.4	1.2	2.4	0.794
Said mean things to you or called you names that you did not like.	87.3	90.7	-3.4	84.1	86.7	-2.7	0.7	0.911
Left you out of your group (%) of friends or during games or activities	87.2	87.6	-0.4	93.6	91.6	2.0	2.4	0.840
Stole something from you	92.1	87.5	4.6	93.3	92.1	1.2	-3.4	0.381
Broke or ruined something of yours on purpose	92.9	82.6	10.3	86.9	81.4	5.5	-4.8	0.677
Physically hurt you on purpose by pushing you down kicking/hitting you with a hand/clenched fist/object	82.4	74.9	7.5	79.6	65.7	13.8	6.3	0.732
Threatened to hurt you or your family, but did not do it.	79.8	71.0	8.8	77.5	55.3	22.2	13.4	0.255
Told lies about you or spread rumors or stories to other students or a teacher that were not true	83.4	78.1	5.3	85.7	88.8	-3.1	-8.4	0.269
Forced you to do something you did not want such as joining a group (%) in making fun of/hurting another student	92.9	84.7	8.2	93.5	95.8	-2.3	-10.4	0.385
Overall [Any form of bullying]	69.1	74.0	-4.9	56.9	60.1	-3.2	1.7	0.712

*Note. Assessment is made using single difference-in-difference analysis; where, proportions estimated using linear regression; *** 0.001; ** p<0.05; * p<0.1*

APPENDIX B: SWOT ANALYSIS OF PROJECT COORDINATION STRUCTURES

Table B1: SWOT analysis of project coordination structures, national response and operating policy environment for AGYW

	STRENGTHS (S)	**WEAKNESSES (W)**
	1. Existence of policy guidelines in relation to AGYW retention in school and reduction of HIV among girls 2. Project focused mainly on the AGYW 3. Training of all stakeholders from national level to the grassroots 4. Provision of HIV testing and counseling sessions to the AGYW 5. Effective coordination among the stakeholders	1. Short duration of project implementation 2. Limited personnel to implement the project activities 3. Weak referral system 4. Poor infrastructure in some districts 5. Having peer leaders in "candidate" classes such as S.4 or S.6
OPPORTUNITIES (O) 1. Child's right are enshrined in the Constitution of Uganda 2. Existence of infrastructure that is needed for child retention in schools and reduction of HIV/AIDS 3. Several stakeholders have been trained and thus can transfer skills to other stakeholders	**Opportunity-Strength (OS)Strategies** • Mobilize resources from donor communities to promote the project objectives as outlined in the international commitments (S1, O1) • Promote and/or maintain collaboration between stakeholders (S5, O3)	**Opportunity-Weakness (OW) Strategies** • Continuous sensitize parents or caregivers on violence against children (W2, O1) • Empower local communities to facilitate community sensitization on child retention in schools and reduction of HIV/AIDS (W2, O1)
THREATS (T) 1. Continued community negative attitudes 2. Limited focus on the boy child 3. Few targeted schools 4. Less willingness by teachers and community members to do voluntary work 5. Weak enforcement of the policies in Uganda 6. Poverty	**Threat-Strength (TS) Strategies** • Persistent and continuous sensitization of the community members on AGYW retention in school and reduction of HIV (S1, T1, T5) • Continued involvement and/or engagement of the boy child in matters concerning AGYW (S2, T2)	**Threat-Weakness (TW) Strategies** • Integrate EWS sings for drop-out into the routine MoES programming (W2, T4) • Promote a wider community engagement on girl child education, safe learning, positive parenting and EWS sings for drop-out (W2, T4, T5)

*Note. SWOT denotes **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats*

APPENDIX C: SAGE-DREAM ACTIVITY AND OUTPUT TRACKING TABLE

Code	Outcome/output/Activity descriptions	LoP Target	LoP Actual	%achievement
1	Outcome 1: Improved retention of and reduce risk of HIV infection in 37,500 adolescent girls in 151 secondary school schools across 10 districts.			
1.1	Output 1.1: Schools strengthened to support adolescent girls' retention activities			
1.1.1	Conduct school mapping for adolescent girl education in the target district	1	1	100%
1.1.2	Develop Teacher and Peer training materials on EWS			-
1.1.3	Train teachers in Early Warning System (EWS) and positive discipline	906	852	94%
1.1.4	Select and train school based adolescent peer educators (the SISC).	906	803	89%
1.1.5	Establish and implement an early warning system in the target schools	151	151	100%
1.1.6	Establish and implement a talking compound to disseminate HIV/AIDS information	151	151	100%
1.1.7	Support menstrual hygiene management in schools	7202	8433	117%
1.1.8	Support tracking and follow up of school drop outs.	151	151	100%
1.1.09	Conduct training workshops for the SISCs in life skills and HIV prevention including reproductive health and gender	2265	1946	86%
1.1.10	Implement the Safe School Contract and Safety Friends in Schools	151	151	100%
1.1.11	Organize School-based and District based Competitions in activities that promote girls' education and reduce HIV infection amongst adolescent girls			-
1.1.12	Adapt a simple life skills training package for adolescents			-
1.1.13	School-based peer mentoring in life skills	26740	10554	39%
1.1.14	Adapt a teacher training guide for transformative teaching			-
1.1.115	Conduct Transformative training for teachers	906	799	88%
1.1.16	Life skills training and mentorship for peer group leaders	906	803	89%
1.1.17	Conduct sessions for making re-usable sanitary towels for AGs	151	154	102%
1.2	Output 1.2: Schools strengthened to support adolescent girls' retention activities			
1.2.1	Conduct district and national launches			-
1.2.2	Develop district capacity to support the EWS initiatives		425	-

Code	Outcome/output/Activity descriptions	LoP Target	LoP Actual	%achievement
1.2.3	Conduct district level Girls for Girls campaigns	17516	10321	-41%
1.2.4	Printing and distribution of policies for prevention of violence against children in schools, Reporting, Tracking, referral and response guideline, positive discipline			-
1.2.5	Create and Task a team to support MOES adolescent girls' education initiative through development of EWS implementation guidelines and tools			-
1.3	Output 1.3: Community support to adolescent girl education strengthened			
1.3.1	Mapping out of Congregational Hope Teams (Community Support Groups in Districts of Operation)			-
1.3.2	Conduct Orientation for the Action Congregational Hope Teams on Girls Child education and prevention of HIV prevention amongst adolescent girls	400	418	105%
1.3.3	Conduct community awareness on girl child education, safe learning, and positive parenting and EWS signs for drop out.	40500	28561	71%
1.3.4	SISC adult members perform community outreaches	2718	339	12%
1.3.5	Training Faith Leaders in the COH Gender and COH CP	800	724	91%
1.3.6	Conduct mentoring sessions for adolescent girls by Youth Champions, Women leaders and role models	33752	31730	94%
1.3.7	Support community mentors and peer champions to conduct home visits to at-risk adolescents			-
1.3.8	Map out and engage community role models to conduct mentoring of adolescent girls			-
1.3.9	Work with the Community SISCs and the Congregation Hope Teams to conduct counseling of girls at risk of dropping out of school and their parents/guardians			-
1.4	Output 1.4 HIV Prevention activities for adolescents strengthened.			
1.4.1	Conduct HIV/AIDS Counseling and testing outreaches	302	195	65%
1.4.2	Train Community SISCs in referrals and linkages for HIV counseling and testing			-
1.4.3	Coordinate health center outreaches in schools	302	195	65%
1.4.4	Provision of referral tools, training/mentoring linkage facilitators			-

Code	Outcome/output/Activity descriptions	LoP Target	LoP Actual	%achievement
1.4.5	Strengthening referrals and linkages between schools and health centers			-
1.4.6	Facilitate adolescent friendly spaces in schools			-
1.4.7	Training teachers and peer educators on HIV prevention to create a peer-led system for adolescent HIV prevention		118	-
1.4.8	Facilitate monitoring and learning sessions of peer groups in schools			-
1.4.9	School based training in life skills for peer educators	906	803	89%
1.5	Output 1.5 All staff, adolescents, parents, and key community stakeholders engaged in discussions for GBV prevention, referrals, care and treatment.			
1.5.1	Linkages and referrals for post GBV care and support			-
1.5.2	SRGBV education and training for students and teachers			-
1.5.3	Conduct health service mapping for SAGE in target schools	1	1	100%
1.5.4	Conduct school-health facility dialogues at sub county level			-
1.6	Project Monitoring, documentation and Evaluation systems strengthened			
1.6.1.	Conduct project baseline study	1	1	100%
1.6.2	Data collection, documentation, quarterly planning and feedback meetings			-
1.6.3	Conduct Support supervision	4	3	75%
1.6.4	Conduct KAP survey and outcome monitoring	0	0	-
1.6.5	Printing Quarterly, mid-term and final review reports and registers and data forms for the project			-
1.6.6	Monitoring of life skills training			-
1.6.7	Support supervision and mentoring of SISC committees			-

Source: World Vision (2018)

APPENDIX D: KEY INFORMANT INTERVIEW GUIDE

Section A: Project outcomes

1. How effectively and appropriately did the project team work with others and involved them in relevant stages through the process (stakeholders, partners, policy makers, etc.)?
2. What difference did the partnership make to the project outcomes?
3. How did the project contribute to a collaborative process with other actors? How effective a partner was World Vision?
4. What was the capacity and gaps in human resources (World Vision staff and partners), M&E systems and learning outcomes
5. What were the unintended positive and negative results of the project?
6. How did the external socio-economic political factors affect this process, constraints and contributing external factors?
7. What progress was made towards the project outcomes? What were the reasons?

Section B: Assess the effectiveness of the strategies that were used by the project

1. To what extent has the project achieved its originally planned results – inputs, outputs, and outcomes? How many young people and children benefited directly from skills training/capacity in participation?
2. How effective were the project activities in meeting the needs of the AGYW?
3. What interventions have so far been more or less successful in meeting project targets?
4. What factors (internal and external) contributed to the success and/or underachievement of each of the objectives?
5. What were the management strengths including technical and financial of this project?
6. To what extent was the monitoring system effective for tracking the project achievements? Was it feasible and effective? Why or why not?
7. What unexpected program challenges (internal/external) were experienced? How did these challenges affect project delivery? How were they addressed, if any?
8. To what extent was local ownership and commitment of the project by the different stakeholders especially health workers, community members and local authorities developed?
9. Are there any negative effects or unintended consequences of the project that needed to be addressed?

Section C: Assess the efficiency of the strategies that were used by the project

1. To what extent were project activities were delivered as planned, on time, and on budget
2. To what extent did teachers' capacity building (training, mentoring, support, etc.) result into gains in achieving project specific objectives?

Section D: Assess the project relevance and quality over the two years of implementation

1. How effectively and appropriately did the project team work with others and involved them in relevant stages through the process (stakeholders, partners, policy makers, etc.)?

2. How relevant was the project to the priorities, strategies and policies of: (a) the district (b) Ministry of Education?

3. To what extent was the project relevant to needs of the beneficiaries – AGs, women and other stakeholders?

4. What were the main obstacles or barriers that the project encountered in addressing improved retention and reduced HIV infections among young people in the 10 districts?

5. To want extent was the project successful in implementing MoES and MoH strategies in response to improved retention and reduced HIV infections among young people

Section E: Assess the project sustainability and quality over the two years of implementation

1. What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project?

2. What was World Visions' role in ensuring project interventions are sustained?

3. What is the current capacity of the district stakeholders for sustaining the monitoring function of innovation implementation?

4. What can be the possible strategies for transition to guarantee the sustainability of interventions implemented?

5. On what basis did district stakeholders work together with the project for ownership?

6. What was the level of involvement of stakeholders and other partners like MoES in sustaining project interventions? What was the role of beneficiaries in project implementation?

7. How has the project been integrated with other World Vision projects in the project areas – benefits, challenges and lessons learnt?

8. How effective are the exit strategies and approaches to phase out assistance provided by the project including contributing factors and constraints

9. What key factors will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?

10. How have the capacities strengthened at the individual and organizational level (including contributing factors and constraints)?

11. What processes and mechanisms are specifically aligned to sustainability building during design and implementation?

12. Are the different stakeholders (World Vision, local governments, MoES & schools) replicating the project processes and outcomes?

13. Does the local political situation at the community, district and government level allow for the continuation of the project objectives?

14. Are there significant social, political or religious rifts created, exacerbated or sustained by the project?

Section F: Assess the project visibility over the two years of implementation

1. To what extent is the project visible in the districts of operation, among the donors and the beneficiaries?

2. What evidence of visibility was observed?

Section G: Lessons Learnt

1. What lessons have the project team and partners learned relevant for programming, implementation and monitoring and evaluation?

2. What can be done to make similar future interventions more effective?

Section H: Assess SWOT of the project coordination structures

1. What are the strengths of the project's coordination structure, the national response and operating policy environment for AGYW retention in school and reduction of HIV among the girls?

2. What are the weakness of the project's coordination structure, the national response and operating policy environment for AGYW retention in school and reduction of HIV among the girls?

3. What are the opportunities of the project's coordination structure, the national response and operating policy environment for AGYW retention in school and reduction of HIV among the girls?

4. What are the threats of the project's coordination structure, the national response and operating policy environment for AGYW retention in school and reduction of HIV among the girls?

APPENDIX E: ADOLESCENT GIRL'S INTERVIEW GUIDE [FDG]

1. What activities were carried by the DREAMS project in your school? **Probe if any of the following activities is not mentioned**
   a. Making menstrual hygiene management
   b. Early Warning System – tracking of AG
   c. Conduct HIV/AIDS Counseling and testing
   d. Training teachers and peer educators on HIV prevention to create a peer-led system for adolescent HIV prevention
   e. Others

2. How were the activities conducted in your school? **Refer to the activities above and** p**robe about the following:**
   a. The time allocated to the activities – probe whether it was adequate
   b. Satisfaction with the activities
   c. Methods used – probe talking compounds, engaging of both boys and girls, involvement of teachers and school administration
   d. What has worked well / not worked well? Probe

3. How were the following persons involved in the activities of the DREAMS project in your school?
   a. Boys in the school
   b. Teachers
   c. school administration

4. How relevant were the activities mentioned above to your needs? **Probe on each of the activities mentioned above**
   a. Refer to each of the activities mentioned by the group
   b. Probe about other reasons that any

5. How have the activities mentioned above helped you to stay in school? **Probe on how the activities have benefited the girls in the following aspects:**
   a. Attendance (A)
   b. Behavior (B)
   c. Course Performance (C)
   d. Other

6. Are you able to continue with the making of menstrual hygiene pads on your own? **Probe on how easy or difficult it is to access raw materials for making of the pads**
   a. What is the extent of experience of School Related Gender Based Violence (SRGBV)?