

Sisi Aminata

Evaluation Report



**Search for Common Ground
Talking Drum Studios**

December 2007

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EXECUTIVE SUMMARY

Search for Common Ground (SFCG) has been working in Sierra Leone since 2000, under its local name Talking Drum Studio (TDS). The overall goal of the Sierra Leone country programme is to strengthen sustainable peace through empowering communities to build tolerance and inclusion. SFCG has been achieving this through a variety of radio projects, including news shows, soap operas, and community outreach projects.

In 2004, Search for Common Ground – Sierra Leone, in collaboration with Ministry of Education, Science and Technology (MEST), CARE and UNICEF, initiated a radio program called Sisi Aminata, a radio show designed to increase knowledge and discussion about adolescent sexual and reproductive health and related issues among young people. The show is produced in an enquiry based interactive format between young people and an older female presenter. In the question-answer format, a woman representing an older sister answers youth's questions about issues of sexual and reproductive health. The answers are then also discussed by a peer group of young people to explore their relevance and analysis.

In December 2007, Search for Common Ground/Talking Drum Studios undertook a learning evaluation of the Sisi Aminata radio program, designed to assess the impacts of Sisi Aminata in Koinadugu and Bombali districts regarding sexual and reproductive health, to discover ways in which Sisi Aminata has not been successful, and to gather lessons learned about the implementation of the Sisi Aminata program. This evaluation was conducted through individual interviews, surveys, focus group discussions, key informant interviews, and most significant change discussions carried out in Koinadugu and Bombali districts.

The main findings from the Sisi Aminata evaluation are the following:

1. Sisi Aminata has had a large impact in Koinadugu district while it has had almost no impact in Bombali district, as measured both in listenership and in attitude and behavioral change.
2. When initiating the Sisi Aminata program, it is important to do community sensitization and to involve community leaders in order to prevent too much community resistance.
3. Sisi Aminata increases public discussion about sexual and reproductive health and HIV/AIDS, especially in Koinadugu district.
4. Sisi Aminata does not increase youth's ability to ask their parents for advice about sexual and reproductive health, but it does increase parents' ability to offer advice to their children.
5. Sisi Aminata increased the belief in the existence of HIV/AIDS among youth in Koinadugu district.
6. Sisi Aminata has contributed to increased confidence among young girls with regards to their ability to control their sexual and reproductive lives and to pursue their interests in school.
7. Parents believe that Sisi Aminata provides good advice, although some parents believe the show should not teach children about condoms.
8. Sisi Aminata has inspired many youth to focus more on their studies and their future.
9. Both parents and youth attribute a decrease in early pregnancy to the Sisi Aminata program.
10. Sisi Aminata has increased youth's ability to advise each other about sexual and reproductive health, as well as other life issues (such as poverty, education, etc.).
11. Sisi Aminata is more effective when the radio program is combined with other community activities, such as teaching in school, club meetings, live concerts, quiz competitions, etc.

The following are the recommendations for the Sisi Aminata program in Sierra Leone:

1. Continue programming in Koinadugu, but do not attempt re-initiation of the project in Bombali district.
2. Provide more advice for out-of-school youth on the radio show.
3. Address issues of polygamy from the perspective of taking care of oneself and others with regards to sexuality.
4. Include people living with HIV/AIDS in the program (although this may involve issues of confidentiality and, therefore, must be handled very sensitively).
5. Translate the program into local languages.
6. Potential expansions of the program include:
 - a. Add a drama portion.
 - b. Increase the air time of Sisi Aminata.
 - c. Distribute Sisi Aminata tapes and tape players to areas that do not receive radio reception.

- d. Distribute documents and leaflets to accompany the radio program.
- e. Supplement the radio show with live concerts.

The following are recommendations for the replication of Sisi Aminata in other countries:

1. This program should be replicated in other countries, provided SFCCG is prepared to put in the time and resources that this program needs. It has the highest potential to succeed in areas in which there is little discussion about HIV/AIDS and issues of sexuality, as this program is most useful in opening discussion about these often taboo issues.
2. Before initiating program, do a sensitization campaign and receive the support from local community leaders.
3. Supplement the radio program with other Sisi Aminata community activities. This could be achieved through partnership with other civil society organizations.
4. Adapt the Sisi Aminata program to the cultural context.
5. Utilize community resources in order to create community ownership over the program. One suggestion would be to have the woman who is the voice of Sisi Aminata be a member of the community in which it is aired.
6. Where possible, get the government involved in order to increase the legitimacy and credibility of the program. This becomes especially important if Sisi Aminata is implemented in schools.

BACKGROUND

Search for Common Ground (SFCG) has been working in Sierra Leone since 2000, under its local name Talking Drum Studio (TDS). The overall goal of the Sierra Leone country programme is to strengthen sustainable peace through empowering communities to build tolerance and inclusion. SFCG has been achieving this through a variety of radio projects, including news shows, soap operas, and community outreach projects.

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Originally building on a model from Zimbabwe called Auntie Stella, CARE worked with UNICEF and MEST to create an adapted program for Sierra Leone, Sisi Aminata. CARE then approached SFCG for assistance with the radio programming. Together, CARE, UNICEF, and SFCG created Sisi Aminata, an older sister type who can dispense good advice to young people on their social and reproductive health issues. This program has been aired for 3 years on two radio stations – Radio Bintumani and Radio Mankneh. Since its inception, this program has been replicated in Liberia, and is in the process of replication elsewhere. The Sisi Aminata project contains four main interventions: classroom curricula, community activities, club meetings, and a radio show. SFCG manages the radio portion of the program and is, thus, primarily interested in the impact of the radio portion in isolation.

In August 2007, CARE undertook an assessment survey to determine the impact of their intervention in the Kabala town and surrounding rural areas in Koinadugu district where Radio Bintumani is located. The aims of the report were the following: (1) to measure differences in knowledge, awareness and self-efficacy between baseline and endline groups; and (2) to determine the relationship between different levels of exposure to program interventions and levels of self-efficacy, knowledge, and awareness.

In CARE's survey, it has been shown both quantitatively and qualitatively that Sisi Aminata has the potential of greatly impacting youth's knowledge and behaviour regarding issues of sexual and reproductive health (SRH). Yet, it remained to be determined what portion of the increase in sexual and reproductive health knowledge is attributed to the radio programming (as opposed to the other portions of the Sisi Aminata intervention) and qualitatively how the radio programming has impacted on change of behaviour. Therefore a group who only listen to radio and are not involved in the community interventions have been interviewed in this study in order to get a sense of what types of impact the radio program has in HIV/AIDS prevention, independent of the other Sisi Aminata interventions.

This project contributes to SFCG's country programme goal by targeting local leaders, young people, and women and bringing their issues into the mainstream for discussion. Sisi Aminata is the tool for SFCG to involve young people and women in raising awareness, behaviour, and attitudinal change around their social concerns and mainly HIV/AIDS.

SFCG recognizes that youth have a significant impact on how societal challenges and conflicts unfold. As such, SFCG works to target issues facing youth and to mainstream youth into programming that address societal ails. In so doing, SFCG is working to promote a society that approaches conflict in a non-adversarial way. One such societal challenge that has the potential to be addressed constructively by youth is HIV/AIDS.

The spread of HIV/AIDS is often due to misinformation or ignorance about the disease. As such, it is of paramount importance to provide reliable information for people, especially youth, about HIV/AIDS and other sexually transmitted diseases. Accordingly, SFCG's strategy for HIV/AIDS sensitization includes six main tactics:

- Stimulating local leaders to take proactive action and be role models

- Bringing People Living With HIV/AIDS (PLWHA) to the fore and work with them as channels for communication
- Maximizing the impact of success stories and using them to change behaviour
- Using local language programming to reach rural and marginalized populations
- Developing interactive and catchy information dissemination formats
- Work with National HIV/AIDS Secretariat (NAS) and UN AIDS for technical information and backstopping.

These tactics are especially pertinent for Sierra Leone, as the HIV/AIDS prevalence rate is relatively low (approximately 2%), and interventions need to be aimed more towards prevention and education.

METHODOLOGY

This evaluation was conducted in two phases: first in Koinadugu district and then in Bombali district. In total 352 people participated in the evaluation, through surveys, individual interviews, focus groups, key informant interviews and most significant change discussions. This study was primarily interested in speaking with youth, as the Sisi Aminata program targets youth between the ages of 12 and 19. While the majority of respondents were youth, 3 of the focus groups were with parents and the key informants were adults in partner organizations. This study was not intended to be statistically significant, as it is a learning evaluation and, therefore, was focused on gathering information about general trends. The evaluation was carried out by one evaluator and a few assistants who helped with translation.

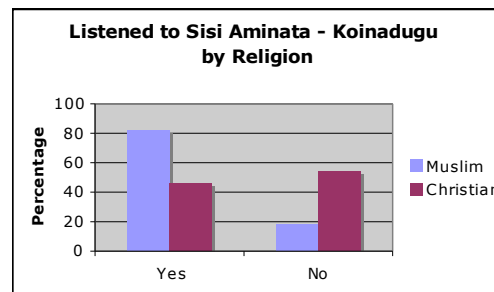
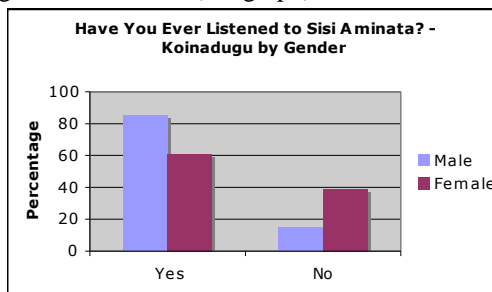
For more details about the methodology, please see Appendix A.

FINDINGS

This evaluation was conducted in two phases – one in Koinadugu and one in Bombali. Because the Sisi Aminata program appears to have impacted each district differently, the findings will be reported according to district.

Koinadugu

In Koinadugu, Sisi Aminata has reached a large number of youth and parents. Approximately 79% of those surveyed and the majority of those interviewed in focus groups had listened to Sisi Aminata on the radio. Slightly more males than females listen to the program (see graph). One focus group of in school boys verified this observation when they explained that boys listen more than girls because boys do not have as many opportunities to learn about SRH, as most other programs about SRH target the girl child. As a result, boys are more eager to get the information from the radio. Religion seems to have influenced listenership, as well, as many more Muslims than Christians have listened to the program on the radio (see graph).



Finally, more youth who live in Kabala Town have listened to Sisi Aminata (79%) than have youth who live in the villages (56%). This difference could be largely due to the fact that the villages do not always receive radio reception. For instance, one village visited, Sakuta, used to receive radio reception, but has since lost it because the mast at Radio Bintumani fell down.

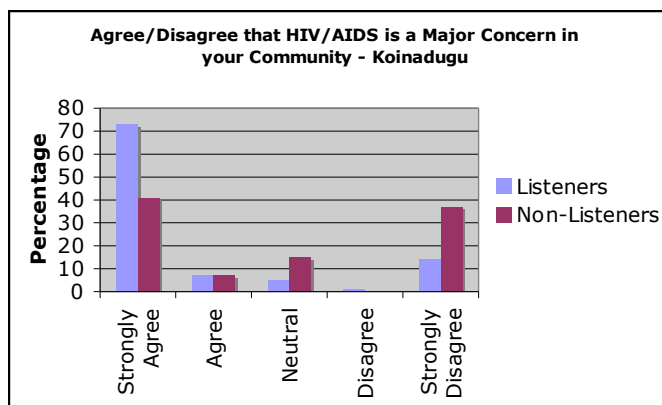
Of those surveyed who listen to the program, 92% strongly agree that Sisi Aminata has given them valuable advice about sexual and reproductive health. The messages remembered most among youth

who listen to Sisi Aminata are to abstain until you've reached the proper age to engage in sexual relations (which most youth agree is between 18 and 25 years old), focus on school, and protect yourself from HIV/AIDS. The trend among both focus groups and individual interviews was the belief that Sisi Aminata's advice is correct and that all youth should follow it if they want to have a positive future. Many youth said that they value the program because it helps them value school more and avoid risky behaviour. One girl said that whenever she wants to do "bad things," she thinks of Sisi Aminata and stops herself. Others said that, while they do not abstain, listening to Sisi Aminata has made them aware of all of the risks of being sexually active with many people without using protection. As such, they are more careful in their sexual behaviour and try to remain faithful to one partner.

The only deviance from the perspective that Sisi Aminata's advice is positive came from some parents who believe that Sisi Aminata encourages youth to have sex by teaching about condoms. These parents claim that telling youth about how to use condoms makes the youth believe that they can have sex without any risks, thus encouraging them to engage in more sex. However, when pressed more about what they believe should be done, they acknowledged that youth were engaging in sex at young ages before the Sisi Aminata program began and that the kids need to be protected from sexual diseases, especially HIV/AIDS. Hence, although they did not want youth to be exposed to discussions about condoms, they were unable to provide a better solution to protect the youth from disease. These parents also agreed that all of Sisi Aminata's other advice (besides condoms) is good and that children should listen to the program.

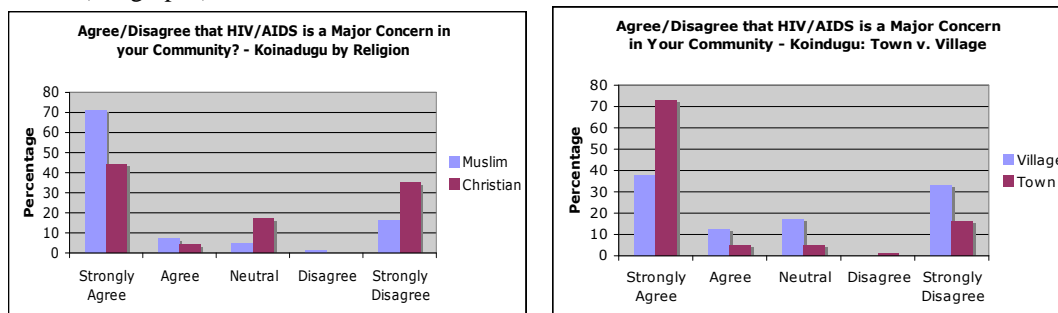
These sentiments about condom use reflect the initial resistance that Sisi Aminata faced in the community. Key informants, youth, and parents all explained that when Sisi Aminata originally came to Koinadugu, people believed that the program was encouraging their children to have more sex, largely because open discussion about sexual issues was immensely taboo. There was especially strong resistance among religious leaders who believed the teachings of Sisi Aminata went against the religious teachings. One man even claimed that imams were especially angered by Sisi Aminata's teachings against early marriage because imams generally receive financial benefits from performing these marriage ceremonies. In order to gain acceptance from the community, CARE organized many meetings for stakeholders and created an editorial committee made of key community members. The meetings were open to the public, but primarily targeted religious leaders, traditional leaders, teachers, parents, and chiefs. By explaining the purpose of Sisi Aminata and its aims to educate the youth about reproductive health so that they do not have to drop out of school because of early pregnancy or disease, the community members began to accept the program. The editorial committee was also key in promoting community acceptance. The editorial committee listened to the Sisi Aminata tapes before they were aired on the radio and changed some of the language that might seem too offensive to the community members listening to the program. According to community members and key informants, these two methods of community involvement and sensitization really helped in making Sisi Aminata accepted by the community.

In terms of impact on attitudes and behaviours regarding SRH, Sisi Aminata has drastically influenced attitudes and beliefs about HIV/AIDS. There is still a large debate among community members in Koinadugu about whether or not HIV/AIDS exists. Some say that it does exist, while others claim that it is an imaginary disease invented by the white people in order to control black population growth. Among those who believe it does not exist, their primary reason is that they have never seen anyone with the disease. Those who do believe it exists often say they believe because it is taught in schools and it is spoken about on the radio. In fact, many youth claim that listening to Sisi Aminata on the radio makes them believe more in the reality of the disease. To confirm this, the surveys show that people who listen to Sisi Aminata generally believe HIV/AIDS is a bigger problem than do those who do not listen to Sisi Aminata (see graph). Interestingly, religion and residence in town/village also seems to affect whether



believe more in the reality of the disease. To confirm this, the surveys show that people who listen to Sisi Aminata generally believe HIV/AIDS is a bigger problem than do those who do not listen to Sisi Aminata (see graph). Interestingly, religion and residence in town/village also seems to affect whether

or not one believes HIV/AIDS is a big problem in the community. Being Muslim and living in town, both of which had higher listenership, tends to be associated with a higher belief that HIV/AIDS is a problem (see graphs).



It is inconclusive from this data whether or not this association is because of culture, access to resources and information, listenership, or other factors.

Sisi Aminata also seems to have contributed to youth’s knowledge about HIV/AIDS. Few people understood the biological workings of HIV/AIDS and expressed a desire to learn more about how it affected the body. However, they did understand that it is a disease without a cure, many people calling it the “killing sickness.” The most well-known prevention methods were abstaining, using condoms, and not sharing blades/needles/knives, although most youth named abstinence first. It was clear in both focus group discussions and individual interviews that the youth had understood Sisi Aminata’s messages about abstaining in order to avoid HIV/AIDS at a young age. However, some youth seemed to have confused this message to mean that you’ll get HIV/AIDS if you have sex when you’re too young, but not if you have sex once you’ve reached the proper age. Also, Sisi Aminata does not seem to have increased the youth’s knowledge about STIs, as the majority of those interviewed either claimed they did not know what STIs were or could only name 1 or 2 (usually HIV/AIDS and gonorrhoea).

The attitudes and behaviours of youth regarding sexuality have been impacted by Sisi Aminata, as well. Many youth say that it has helped them abstain and focus on their studies. Others say that the program has inspired them to remain faithful to their partners. For instance, one young man said that he was a football player, so he got lot of attention from girls and would have sex with many of them. He developed a variety of STIs and impregnated one of the ladies. Yet, after listening to Sisi Aminata and realizing that his behaviour was risking his health and his future, he has changed the way he relates to women. He now is faithful to one girlfriend and has been cured of all of his STIs. For many of the girls, they say that listening to Sisi Aminata gives them the courage to protect themselves sexually and be able to say no to boys who solicit sex. One focus group of boys even said that since Sisi Aminata started, girls are not as “low cost” anymore and are more difficult to get sexually.

“For us, the kids who go to school, who have heard of Sisi Aminata, it has changed some of us. Some of us say Sisi Aminata is a lie. But those who say it’s a lie get pregnant in the end. Sisi Aminata advises us to study. If we study, we’ll avoid foolishness. If we learn, we learn for our parents and ourselves. If we learn, we won’t get pregnant. So I want to advise my friends to follow Sisi Aminata’s advice. Anything she tells us, let us follow it.”

- Teenage girl, Kabala

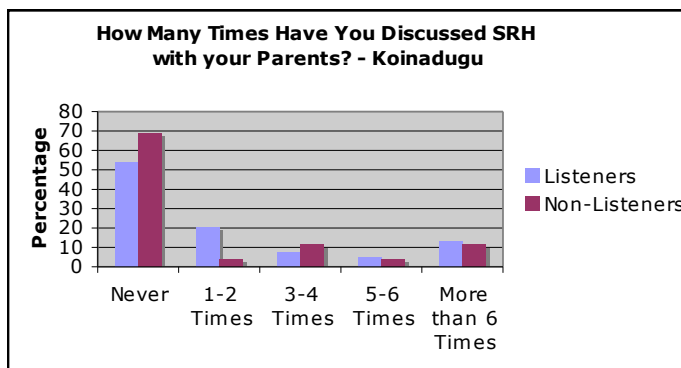
Additionally, both youth and parents claim that the rate of teen pregnancy has gone down since the introduction of Sisi Aminata. Although there is still a high rate of early pregnancy, as one man said, “There would be hundreds more if Sisi Aminata weren’t there.” In discussing early pregnancy, the youth claim it is extremely bad because it is detrimental to one’s future, as the girl has to drop out of school. The girls, especially, were aware of the health complications of delivering a

child at a young age, as well. The youth also seem to be becoming more aware of gender equality, as a number of them expressed that they believe both the mother and the father of a teenage pregnancy should have to drop out of school, not just the mother. Many of the parents of the youth also expressed that in the past, they would have expected girls to marry and get pregnant young, but now they understand that girls should go to school so that they have a positive future and can become more educated than the parents themselves. In the focus groups, the parents attributed this knowledge to listening to Sisi Aminata and being exposed to other gender equality programs.

Yet, Sisi Aminata has not been able to change the attitudes and behaviours of all of the youth. Many youth respondents claim that their friends still practice unprotected sex and some have to drop out of school due to pregnancy. The most common reason given for why these youth do not follow Sisi Aminata's advice is "personal stubbornness." The youth respondents claim that these youth who do not listen will never listen because they just want to have fun and do what they want to do. Yet, another more pervasive reason given for why youth do not follow Sisi Aminata's advice is poverty. Most often, boys or men offer girls financial support or gifts in exchange for a sexual relationship. Some men even offer to pay for the girls' school fees. When these girls come from poor families in which their parents cannot afford to pay for them, these financial offers from men are extremely enticing. Some youth and parents even relayed stories of mothers encouraging their daughters to find a boyfriend to pay for them because the mothers were unable to provide for all of their children. However, besides poverty and personality, the youth interviewed claimed there were no other barriers to following Sisi Aminata's advice.

With regards to community discussion of sexuality and HIV/AIDS, Sisi Aminata has made an impact but with limitations. Sisi Aminata has, without doubt, placed sexuality discourse in a more public sphere. Before the Sisi Aminata program, it was incredibly taboo to discuss issues of sexuality. As one key informant explained, there is a "culture of silence" about sex in Koinadugu. Since Sisi Aminata began and the initial resistance was largely overcome, people are, for the most part, accepting of the idea of discussing sexuality publicly, especially if it is about health or abstinence. Advising youth to protect themselves and to avoid early sexual behaviour is generally accepted as positive.

However, Sisi Aminata does not appear to have increased the ability of youth to discuss sexuality with their parents. This finding was consistent in the focus groups, individual interviews, and the surveys (see graph). Based on the surveys, there seemed to be no difference in ability to speak with parents

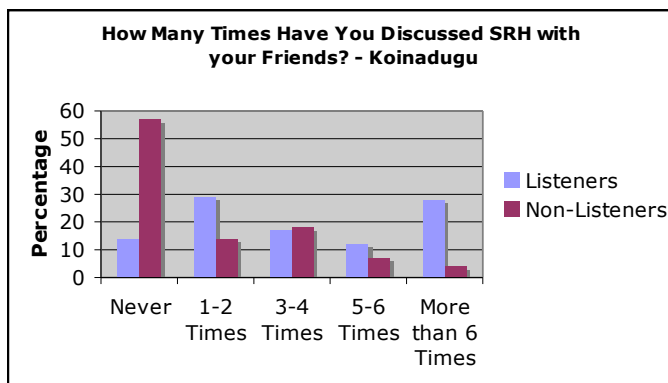
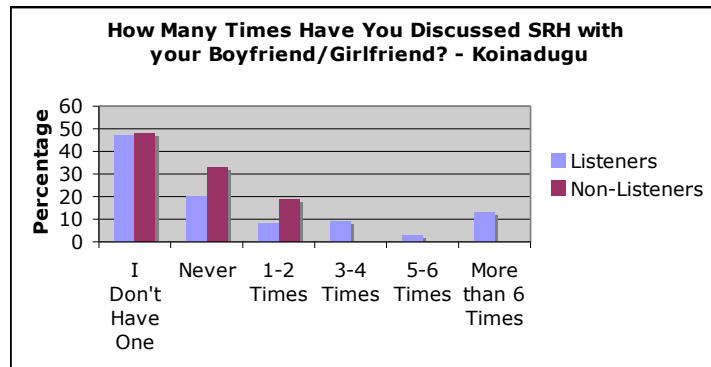


about SRH because of gender, religion, in or out of school, or residence in town or village. Most youth claimed that, while their parents can advise them to abstain, they could never ask their parents questions about sexual issues. The youth said they would be either ashamed or afraid to ask those questions, and they may even be flogged for it. According to them, asking sex questions would be completely disrespectful of their parents. According to parents, they

advise their youth to be careful, but are not sure whether or not the youth listen to their advice. This advice often comes after listening to Sisi Aminata together. The parents tell their children to listen to Sisi Aminata's advice and focus on their studies. However, neither parents nor youth seem to be comfortable having a completely open and honest discussion about the youth's sexual behaviour.

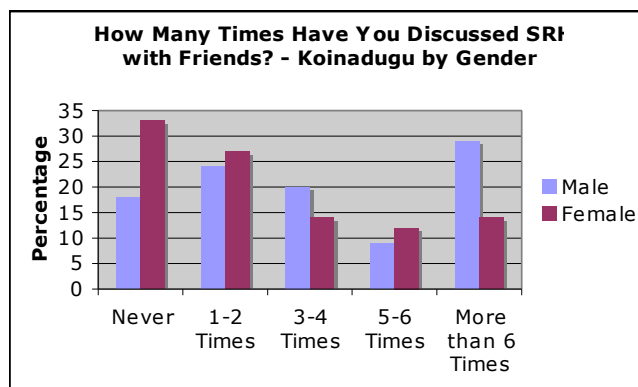
From the interviews and focus groups, it appears that most youth get their sexual advice from friends, siblings, teachers, or an aunt/grandmother figure, if they receive advice at all. Some youth say that they are ashamed to talk about it at all and simply do not ask for advice from anyone. Others say they ask for advice from friends and that they give advice, as well. Still others say that they observe what their siblings do and how their parents react, and learn about sexual behaviour that way. As such, some claim that the problem with early pregnancy persists because youth see their older siblings getting pregnant or impregnating a girl and their parents do not punish them. Thus, the youth learn that early pregnancy is not a bad thing. Yet, while youth have traditionally had access to sexual advice from close friends or siblings, that advice has never been public or constant for all youth. Youth do not seem to seek advice from the community health centers or traditional birth attendants, or they may wait until they are already pregnant to do so. Thus, according to many respondents, Sisi Aminata is extremely useful because it provides a format for advice. All youth who have access to the radio have access to information and advice about sexual and reproductive health, as well as many other issues in their lives. Furthermore, receiving advice such as that which Sisi Aminata gives, often gives youth the courage to advise their own friends and themselves about SRH.

Listening to Sisi Aminata seems to have a small affect on the ability of youth to discuss sexuality with their boyfriend or girlfriend (see graph). Based on responses in individual interviews and focus groups, the ability of youth to talk with a girlfriend or boyfriend about sexual issues is more dependent on the personalities of those in the relationship. Some believe that you should only be talking about it if you are doing it. Others disagree and say that they speak with their boyfriend or girlfriend about sex, but only tell them to abstain and/or remain faithful. One teenage male explained that he tries to talk to his girlfriend about HIV/AIDS and condoms, but she doesn't believe in the existence of AIDS. That has made it very difficult for him because he wants to protect himself, but she refuses to use condoms. He often listens to Sisi Aminata, hoping to learn how to handle the situation better.



Sisi Aminata also seems to have increased the amount that youth speak about issues of SRH with their friends (see graph). Almost every youth respondent said that when they want to talk about SRH, they feel most comfortable talking to friends. Some youth said that they talk to their friends about HIV/AIDS and advise their friends to abstain. Others say that they are able to talk with their friends about their girlfriends/boyfriends and their own sexual behaviour. From the

interviews and focus groups, it seems that peer groups are traditionally where youth get their information about sexual issues. Both listeners and non-listeners of Sisi Aminata reported that they talk to their friends most about sexual issues. However, two of the female focus groups explained that if they tell their friends about their sexual behaviour with their boyfriends, their friends will tease them too much. So, they prefer not to tell their friends about their behaviour. In fact, based on the surveys, boys are more comfortable discussing SRH with their friends than the girls (see graph). This gender difference could be because it is generally considered more taboo for girls to talk about sexuality than for boys. Traditionally, boys are seen to be more free sexually, perhaps because the consequences of being sexually active are not as apparent for boys as they are for girls. Many youth in the individual interviews claimed that Sisi Aminata made them feel more comfortable discussing SRH because they felt more knowledgeable about the topic due to Sisi Aminata's advice and because they discuss the show with friends after listening to it together.



How to facilitate community discussion about SRH was one of the primary lessons learned in the implementation of Sisi Aminata. As discussed earlier, there was a lot of initial resistance to Sisi Aminata because it discussed sexuality in a public way and "encouraged kids to have sex." Because of this, CARE and other partner organizations learned how important it is to obtain the support of the community before beginning the program. The key informants also related that involving the government in the project greatly helped give the project credibility and community acceptance.

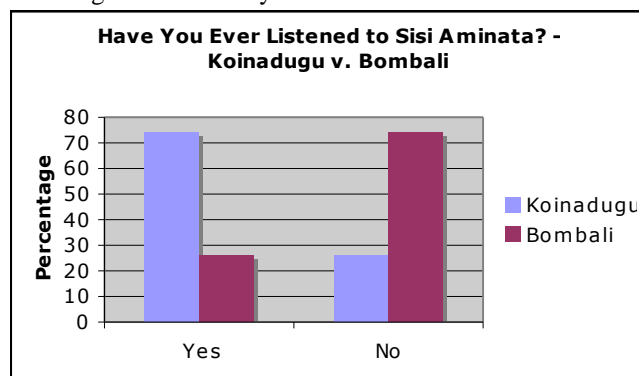
Although the government was primarily involved with the school component of the project, the credibility extended to the radio portion, as well.

While many respondents said that they enjoyed Sisi Aminata as it is, some of the youth and the key informants had some suggestions for how to improve the program. These suggestions include:

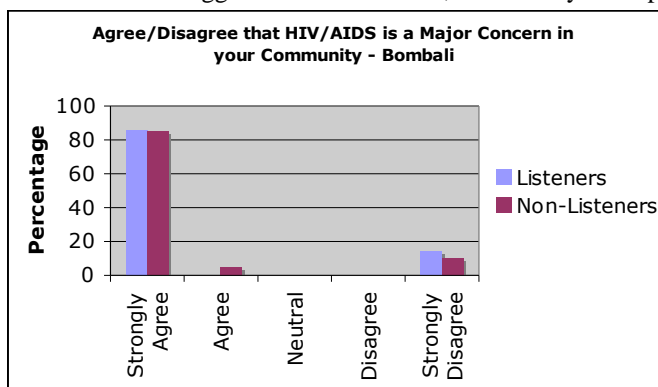
- ◇ Include a drama portion in the radio program – such as a skit on AIDS, pregnancy, rape, etc.
- ◇ Increase the airtime of Sisi Aminata.
- ◇ Give prizes to the children for calling in to the radio and answering questions.
- ◇ Have Sisi Aminata (the radio person) participate in other education shows in order to increase publicity and popularity of Sisi Aminata.
- ◇ Broadcast Sisi Aminata in local languages.
- ◇ Distribute Sisi Aminata tapes and tape players to areas that do not receive radio reception.
- ◇ Distribute documents/leaflets to accompany the radio program
- ◇ Teach Sisi Aminata in school (suggested by a girl in Fadugu where Sisi Aminata has not been implemented in any of the schools)
- ◇ Give more advice to out of school youth, as much of the current advice targets in school youth.
- ◇ Supplement the radio show with live concerts.

Bombali

In Bombali, Sisi Aminata appears to have made relatively little impact. Only 26% of youth surveyed have listened to Sisi Aminata, a stark contrast to Koinadugu in which only 26% had *not* listened to Sisi Aminata (see graph). There was no difference in listenership due to gender or religion in Bombali. There are a number of possible reasons why most youth are not aware of the program: Sisi Aminata is no longer being played on the radio, it was conducted as only one small component of a CARE project (the NPRDI Project) and was not publicized much, Makeni is a bigger town than Kabala and has exposure to more HIV/AIDS programs (which makes Sisi Aminata stand out less), and the culture in Makeni is not as sensitive to discussing issues of sexuality (which makes Sisi Aminata less controversial).



Yet, despite Sisi Aminata’s lack of presence, the youth of Bombali seem to have a decent understanding about HIV/AIDS. There was no difference between listeners and non-listeners as to whether or not they agreed that HIV/AIDS was a big problem in the community (see graph). As Makeni is a bigger town than Kabala, it has many more programs about HIV/AIDS available to the



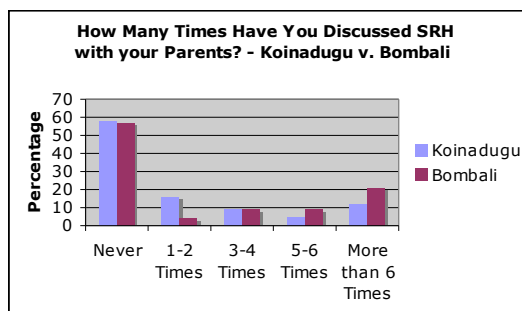
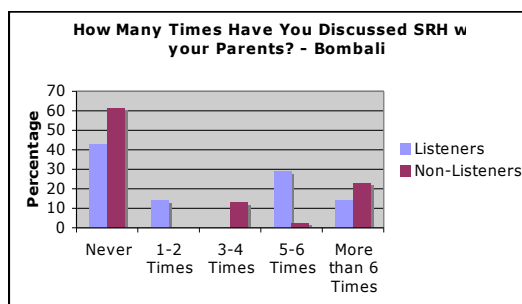
youth. The youth know ways to prevent getting the disease and how it is transferred. The most common response for ways to prevent getting HIV/AIDS was to use condoms, in contrast to Koinadugu where most youth said abstain. This finding suggests that condoms are the most advertised way of preventing HIV/AIDS. It also suggests that the culture in Makeni and Bombali is more accepting of discussion about condoms, whereas in Koinadugu it is culturally necessary to preach abstinence.

Despite the wide range of knowledge about HIV/AIDS, the existence of the disease is still very controversial. Many youth do not believe the disease exists because they have never seen anyone with the disease. On the other hand, others believe completely that the disease exists because they’ve been

taught about it in school and have heard about it on the radio. Whether or not the person believes the disease exists seems to greatly influence their behaviour in terms of protecting themselves sexually.

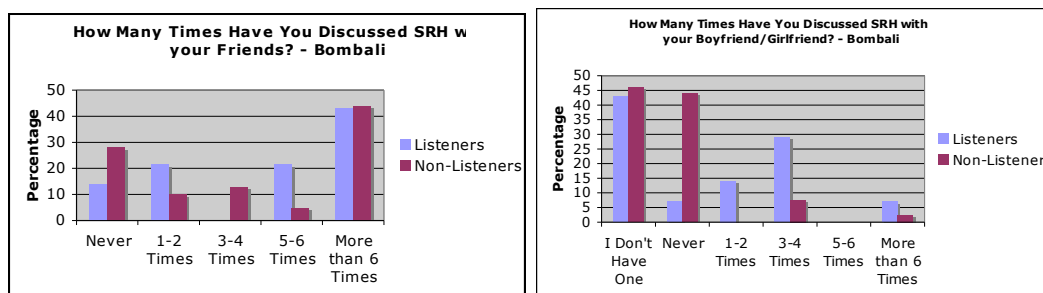
While those who listen to Sisi Aminata claim that they abstain and tell their friends to protect themselves, those who do not listen to Sisi Aminata also made these claims. All youth in the interviews and the focus groups claimed that they believe teenage sex is bad because “they have not yet reached the age” (which one boy suggested was 52 years old), but most of the youth also admitted that their friends or they themselves were having sex. Many youth also said that it is important to use a condom if you are going to have sex. Nonetheless, most youth interviewed said that condom use in practice was rare because people think sex without condoms is “sweeter.” Furthermore, both male and female focus groups suggested that it is usually the females who request that sex be done without a condom. Yet the female group related that if her boyfriend asks for sex, she cannot deny him without risking losing him as a boyfriend – a conundrum that does not seem to exist for the boys in relationships. These views and practices were common amongst both youth who listen to Sisi Aminata and youth who do not listen to Sisi Aminata, suggesting that Sisi Aminata does not seem to have made a large difference in the attitudes and behaviours of the youth regarding SRH in Bombali.

Interestingly, when speaking about youth having sex, most people interviewed spoke about the risk specifically for girls, implying that many do not believe that it is as problematic for young boys to have sex as it is for young girls. Those interviewed often spoke about how girls succumb to sexual advances because of money or because they are “stubborn” and like doing “bad things.” However, no one discussed why boys make the sexual solicitations in the first place. Part of why it is considered worse for a girl to have sexual relations may be because if they get pregnant, the girls bear most, if not all, of the negative consequences of that pregnancy, such as delivering, dropping out of school, and having to raise a child. There is a new law that the boy who impregnates the girl must also drop out of school, but that law is not being widely enforced.



Sisi Aminata has only slightly affected youth’s ability to discuss issues of sexuality with their parents, as it remains a huge taboo (see graph). Most youth interviewed say they are afraid to speak with their parents about sexual issues because it would be disrespectful, their parents would be angry, and/or their parents would believe they were having sex themselves. The only type of discussion that is widely accepted as appropriate is when parents advise their children to be careful and to avoid getting involved in any sexual engagements. Nonetheless, a few of the youth interviewed said that they were able to listen to the Sisi Aminata program with their parents and that they discussed the issues after the program. In this way, Sisi Aminata has encouraged discussion between parents and youth about sexual health. This behaviour, however, appears to be uncommon. These findings are very similar to those from Koinadugu, as also expressed in the survey results (see graph).

According to survey results, Sisi Aminata has increased youth’s ability to discuss SRH with their boyfriends or girlfriends, but not necessarily with their friends (see graphs). These findings, however, were not reflected in the interviews and focus groups. In the interviews, youth who listened to Sisi Aminata and youth who did not listen to Sisi Aminata said that they either did not discuss sexuality with their boyfriend/girlfriend, or that they advised their boyfriend/girlfriend to abstain. As discussed above, a few respondents reflected that their boyfriends would talk to them about having sex and that they were unable to refuse. However, most respondents claimed that when they talk to their friends or to their significant other, they talk about how to protect themselves from getting HIV/AIDS or getting pregnant. Those who listen to Sisi Aminata often said that the program has made them more comfortable talking to their friends about these issues because, as one boy said, “it enlightens me about how to advise my friends.”



While all respondents who listened to Sisi Aminata said that they enjoyed the program and believed that Sisi Aminata gave good advice, it appears to have had minimal impact in Bombali. As such, some youth gave suggestions on how to improve the program. These suggestions include:

- ◇ Air Sisi Aminata more regularly
- ◇ Extend the program to the villages more
- ◇ Teach Sisi Aminata in schools
- ◇ Include teachers in the radio discussions

ANALYSIS

Sisi Aminata has had a large impact in Koinadugu, but a relatively small impact in Bombali. This finding suggests a number of conclusions about the circumstances under which Sisi Aminata can be most successful. Firstly, it is possible that Sisi Aminata will make the most impact in a setting in which there is a cultural silence about sexual issues. In this setting, more people will likely be aware of Sisi Aminata because of its controversial nature. Also, breaking through the silence will give credibility to the program and create a larger impact in getting people to discuss SRH issues than would be the case in an area in which SRH is already being discussed.

Secondly, Sisi Aminata is an effective program when there is a lack of awareness about HIV/AIDS and SRH issues. However, in places in which there are already many programs that focus on HIV/AIDS (such as in Makeni), Sisi Aminata does not stand out from the other programs enough to make a noticeable difference. Hence, Sisi Aminata should be implemented in areas in which there is a gap in SRH information and programming in order for it to have the most impact.

Finally, while the Sisi Aminata radio program does have the potential to have a positive impact on the community, it needs to be supplemented with other community or school activities in order to make a large impact. In Koinadugu, the radio program is accompanied by an in-school curriculum, quiz competition, after school social afternoons and clubs, World AIDS Day Sisi Aminata events, and more. Because of this, the term Sisi Aminata is almost synonymous with “HIV/AIDS awareness activities.” However, in Bombali, where the Sisi Aminata activities were extremely limited in select schools, very few people were aware of the Sisi Aminata program, despite the fact that it was aired on the radio as frequently as in Koinadugu. Thus, the more supplemental activities conducted, the more successful Sisi Aminata has the potential to be.

The findings in Koinadugu and Bombali show that Sisi Aminata makes a large impact on youth’s awareness of HIV/AIDS and their views about adolescent sexual activity. More youth believe that HIV/AIDS exists and know how to protect themselves from it. The youth also spout the ideals of abstaining until they have “reached the proper age” and to concentrate on their studies. However, these views are the socially acceptable ones and are not always the views that are acted upon. For instance, although most youth interviewed said that they were abstaining, they always knew of “friends” who were not. As such, it appears that Sisi Aminata first impacts what is socially acceptable in the public discourse about sexual and reproductive health. Behaviour change, although influenced by the public discourse, is ultimately decided by the individual. As such, the advice from Sisi Aminata may influence their decisions, but in the end they will make their own decisions about sexual behaviour.

The change that Sisi Aminata has the potential of promoting requires a long process. Ultimately, Sisi Aminata aims to change a culture about sexuality, gender dynamics, health, and early marriage. In

places such as Koinadugu where beliefs about these topics are ingrained into the culture, the process of changing these beliefs takes some time. As a result, it is important to ensure that Sisi Aminata lasts for a long period of time. A year project, as it was in Bombali, will have relatively small impact.

One of the beliefs that Sisi Aminata aims to influence is the belief in HIV/AIDS. This evaluation found that there are still many community members in Koinadugu and Bombali districts who do not believe that HIV/AIDS exists. The primary reason given is that they have never seen a person living with HIV/AIDS. As such, one way in which Sisi Aminata may improve is by including discussions, concerts, meetings, and/or drama performances with people with the disease. Seeing people with the disease and hearing their testimonies may provide the information people need in order to recognize that HIV/AIDS actually exists.

Yet more than just the issue of HIV/AIDS, Sisi Aminata as a program presents a format in which youth have direct access to advice. In communities in which children are given advice sporadically, if at all, about sexual and reproductive health, Sisi Aminata fills a very important gap for youth. The youth who listen to the program receive advice about an important area in their life about which they may not otherwise receive guidance. Beyond that, Sisi Aminata fills a gap in the media in terms of providing information for youth. Youth tend to be ignored in the field of public information dissemination, as much of the news and information is targeted at an adult audience. Thus, most youth utilize the radio for music and for little else. In Koinadugu, Sisi Aminata has provided an alternative – a show which resonates with the youth, speaks to their issues, gives them information, and entertains them. In fact, the format of question-answer for youth should be considered for replication around other topics, other than SRH, as it appears to be effective in reaching younger people.

Potential Impacts of Sisi Aminata

Based upon findings in Koinadugu and Bombali, the following are the potential impacts of the Sisi Aminata program:

- ◇ Increase public discussion about sexual and reproductive health, especially about HIV/AIDS
- ◇ Increase the number of people who believe that HIV/AIDS exists
- ◇ Promote the belief that girls have an equal right to attend school
- ◇ Decrease rate of teenage pregnancy
- ◇ Increase youth's knowledge about how to protect themselves sexually
- ◇ Increase ability of parents to advise their children about sexual issues
- ◇ Increase ability of youth to advise their friends about sexual health

In-Country Recommendations

The following are the recommendations for the Sisi Aminata program in Sierra Leone:

- ◇ Continue programming in Koinadugu, but do not attempt re-initiation of the project in Bombali district.
- ◇ Provide more advice for out-of-school youth on the radio show.
- ◇ Address issues of polygamy from the perspective of taking care of oneself and others with regards to sexuality.
- ◇ Include people living with HIV/AIDS in the program (although this may involve issues of confidentiality and, therefore, must be handled very sensitively).
- ◇ Translate the program into local languages.
- ◇ Hold discussions on the radio program with positive parents who are already discussing SRH issues with their children as an example for other parents to follow.
- ◇ Potential expansions of the program (depending upon resources and commitment of SFCCG) include:
 - Add a drama portion.
 - Increase the air time of Sisi Aminata.
 - Distribute Sisi Aminata tapes and tape players to areas that do not receive radio reception.
 - Distribute documents and leaflets to accompany the radio program.
 - Supplement the radio show with live concerts.

Radio Replication

Based upon the findings of this study, the following recommendations are made for any potential replication of the Sisi Aminata program:

- ◇ **SENSITIZATION:** It is very important to sensitize the community about a program such as Sisi Aminata before actually initiating it in order to reduce community resistance. This should be done through meetings with stakeholders, especially religious leaders, community leaders, chiefs, teachers, parents, and civil society activists. Although there will most likely still be some resistance (as fundamental parts of culture are being challenged), opening the discussion to key stakeholders will potentially reduce the amount of resistance. In addition to regular meetings, an editorial committee made up of community leaders should be formed. This editorial committee will be in charge of listening to the program and giving feedback about some of the language that they know will arouse a great amount of community resistance. Because editors do not always have time to listen to the tapes in a timely fashion, it may be more feasible to have the committee listen and give feedback that will inform future shows instead of editing the tapes before they are aired. In Sierra Leone, the editorial committee has been accused of simply wanting money and not actually contributing to the program. This is an issue that must be considered in forming an editorial committee in other countries.
- ◇ **SUPPLEMENTARY ACTIVITIES:** While doing a radio program in isolation has the potential to create the impacts listed above, the magnitude of those impacts will be greatly diminished. In order to achieve the greatest impacts, the program should be done in conjunction with at least some community activities (such as workshops, concerts, quizzes) and preferably with a school component, as well. The nature of the supplemental activities should be dependent upon the area in which it is replicated.
- ◇ **CULTURAL ADAPTATION:** Just as “Auntie Stella” from Zimbabwe was adapted to “Sisi Aminata” for Sierra Leone, it is important to adapt the program to the cultural context in which it is being implemented. This could be as simple as changing the name of the program to more complex issues of traditional practices, religious beliefs, etc.
- ◇ **COMMUNITY OWNERSHIP:** This program will be much more successful if the community in which it is being implemented has a sense of ownership over the program. As such, the “Sisi Aminata” character should come from that community, if possible. It is crucial that the Sisi Aminata figure be a person of credibility and someone who youth can view as a role model. Thus, while it would be ideal to find a Sisi Aminata figure from the community radio station, it is more important to find a person with the right characteristics. Also, various community members should be interviewed on the air about their opinions of the SRH issues in order to get the community involved. Furthermore, the letters from the youth must come from that community, in order for the youth to feel that the show understands their issues specifically. This program does not have the potential to be as successful if it is aired at a national level without receiving community support and involvement.
- ◇ **GOVERNMENT INVOLVEMENT:** If this program is to be incorporated into schools, it is important to get support from the government. This will help greatly in incorporating the Sisi Aminata program into the school curriculum and in convincing the teachers to support the Sisi Aminata program.
- ◇ **PARTNERSHIPS:** It is important to establish the nature of the partnerships before working together. This will prevent animosity because of unfulfilled expectations. It is also important to meet very regularly with partner organizations to ensure that they are doing their part of the work.

Given these recommendations, this evaluation has found that the Sisi Aminata program has the potential to have a great impact on the way the community relates to SRH and HIV/AIDS. Thus, it is recommended that SFCG explore the option of replicating the program in other countries in which it operates.

APPENDIX A – Methodology

Intended Audience

This evaluation is primarily intended for the internal purposes of SFCG/TDS-SL as a learning evaluation about the Sisi Aminata program. As Sisi Aminata was conducted in partnership with CARE International, Ministry of Education, Science, and Technology, Radio Bintumani, and Radio Mankneh, this evaluation will be shared with these partner organizations, as well. Although this evaluation was not conducted for the purpose of being shared with donors, it is possible that some of the information will be utilized in the future for funding applications.

Scope

This study is a learning evaluation. As such, SFCG is interested in general trends and impacts of the program, as well as lessons learned about the implementation of Sisi Aminata. This study was not designed to be representative or statistically significant. Rather, it focuses on the perceptions, thoughts, and opinions of various individuals within the targeted communities. This approach was chosen because, as a learning evaluation, this study is more concerned with assessing broader impacts than evaluating specific indicators.

Evaluation Objectives

This learning evaluation had three main objectives:

- ◇ To assess the impacts of Sisi Aminata in Koinadugu and Bombali districts regarding sexual and reproductive health.
Why? To understand the potential impacts Sisi Aminata could have if replicated in other countries in West Africa.
- ◇ To discover ways in which Sisi Aminata has not been successful.
Why? To improve upon the Sisi Aminata program within Sierra Leone.
- ◇ To gather lessons learned about the implementation of the Sisi Aminata program.
Why? To inform SFCG about how to implement Sisi Aminata in other countries, if it is decided worthwhile to do so.

Data Collection Tools

There were five primary data collection tools used in this evaluation:

- ◇ *Individual Interviews* – Individual Interviews were conducted with youth between the ages of 12 and 19 years old. These interviews were designed to provide a more in-depth examination of individual experiences regarding sexual and reproductive health. These individual experiences are used to verify and expand upon trends discovered in the surveys and focus group discussions.
- ◇ *Focus Groups* – Focus groups were held in groups of 6 to 10 individuals, all female or all male youth. A few focus groups with parents of these youth were held, as well. Because people tend to discuss what is socially acceptable in groups, the focus group discussions were designed to provide insight into the cultural norms and perceptions of SRH and the Sisi Aminata program among particular social groups. The focus group discussion questions were based off of the same open-ended questions used in the individual interviews.
- ◇ *Most Significant Change Discussions* – Informal discussions with youth were held in which only one question was asked: “What is the most significant change, if any, you have seen due to the Sisi Aminata program?” In Koinadugu, these discussions were held separately from the interviews, while in Bombali these discussions were incorporated into the individual interviews. These responses act as case studies from participants who showed change or lack thereof in order to understand their perspectives of what change they believe is most important.
- ◇ *Rapid Assessment Surveys* – Short surveys were conducted with youth between the ages of 12 and 19. All surveys were conducted verbally in order to maintain consistency amongst educated and non-educated youth. All interview participants were surveyed before being interviewed. The surveys were designed to be a rapid assessment to provide some indication of the magnitude of the impact of Sisi Aminata. The surveys were also designed to provide some sense of behaviour trends among youth with regards to discussion of SRH issues. Due to the limited number of surveys conducted, the data is not statistically significant. However, for the purposes of a learning evaluation, trends are more important than statistical significance, and these surveys are used to indicate societal trends.

- ◇ *Key Informant Interviews* – Interviews were conducted with key individuals from partner organizations who have been involved with the implementation of the Sisi Aminata program. These interviews are designed to give insight into the process of implementing Sisi Aminata and provide lessons learned which will inform potential future implementation of Sisi Aminata in other countries.

A variety of data collection tools were used so as to provide a way to gain insight into both individual and societal experiences of Sisi Aminata. Further, the data from the different tools have been triangulated to give a more complete evaluation of the Sisi Aminata program.

Sample Size and Location

This study was conducted in Koinadugu and Bombali districts of Sierra Leone. These two districts were chosen because they are the only two districts in Sierra Leone in which Sisi Aminata is aired. In Koinadugu, information was collected from Kabala Town and five villages in Koinadugu: Fadugu, Karako Sokuralla, Kakoya, Sakuta, and Kanuka. In Bombali, the study was more limited due to time constraints and was conducted in Makeni Town and only two villages: Rogbonko and Makampo. The evaluation was conducted both in town and in villages in order to assess if there is any difference in impact and perceptions of Sisi Aminata between town and village settings. Because this evaluation was looking for differences in general trends and because of time constraints, only focus groups were conducted in the villages in Bombali.

The target population for this study was youth between the ages of 12 and 19 years old. These youth were chosen as the target population because they are the targeted group of the Sisi Aminata program. However, a few focus groups with parents were conducted, as well, in order to assess the general sentiment of parents towards the Sisi Aminata program. For lessons learned about the implementation of Sisi Aminata, key individuals from partner organizations were interviewed.

There were a total of 352 respondents in this evaluation, split among focus groups, surveys, most significant change discussions, and key informant interviews. All respondents who participated in individual interviews were also surveyed, so they are included in the count as “surveyed.” The following is a summary of this study’s sample population:

Focus Groups

A total of 18 focus groups were conducted: 12 in Koinadugu and 6 in Bombali. In the focus groups, a total of 145 individuals participated, as shown below.

Region	Location	# participants	Gender	Age
Koinadugu	Fadugu Village – Primary School	6	Female	12 – 15
	Fadugu Village – Primary School	6	Male	12 – 14
	Sakuta Village – Primary School	6	Female	15 – 19
	Sakuta Village – Primary School	6	Male	12 – 15
	Kanuka Village – Village Center	10	Female	12 – 19
	Kanuka Village – Village Center	10	Female	15 – 19
	Kanuka Village – Village Center	10	Mixed	*
	Kabala Town – Primary School	10	Female	12 – 17
	Kabala Town – Primary School	10	Male	12 – 18
	Kabala Town – Street	8	Male	14 – 19
	Kabala Town – Street	10	Male	13 – 19
	Kabala Town – Street	7	Mixed	*
Bombali	Makeni – Street	8	Male	12 – 18
	Makeni – Secondary School	9	Male	14 – 19
	Makeni – Secondary School	10	Female	13 – 16
	Makampo – Primary School	6	Male	12 – 16
	Makampo – Primary School	6	Female	12 – 16
	Rogbonko – Street	7	Mixed	*

* These were focus groups with the parents of the teenagers. The exact ages are unknown as it would be culturally inappropriate to ask for their ages.

Individual Interviews

In total, 56 individual interviews were conducted, as shown below.

District	# Male Interviewed	# Female Interviewed	# Total Interviewed
Koinadugu	14	16	30
Bombali	13	13	26

Surveys

In total 168 youth were surveyed, as shown in the chart below. In Koinadugu, 115 youth were surveyed, but 9 people (5 female, 4 male) did not consent to answer the questions. In Bombali, all youth who were asked to be surveyed gave their consent.

District	# Male Surveyed	# Female Surveyed	#Total Surveyed
Koinadugu	59	56	115
Bombali	27	26	53

For further demographic data of those interviewed and surveyed, please see Appendix B.

Most Significant Change Discussions

Due to time constraints, the most significant change discussions were only conducted separately in Koinadugu. In Bombali, the most significant change questions were incorporated into the individual interviews and focus groups. In Koinadugu, 30 youth were asked how Sisi Aminata most significantly changed themselves, their friends, or their community. Of the 30, there were 17 males and 13 females, all between the ages of 12 and 19. All of these interviews were conducted within Kabala Town.

Key Informant Interviews

A total of 10 key informant interviews were conducted in Koinadugu and Bombali, as shown in the chart below.

District	Name	Organization	Position	Relation to Sisi Aminata
Koinadugu	Joseph Davies	CARE International	Project Coordinator	Coordinates all Sisi Aminata activities
	Juliette Tucker	CARE International	Partner Advisor – Youth Friendly Services	Former Field Coordinator for Sisi Aminata
	Bockerie Sesay	CARE International	M&E Officer	Evaluated Sisi Aminata for CARE
	Steven Mansaray	Radio Bintumani	Producer and Presenter of Children’s Programs	Airs Sisi Aminata and runs Sisi Aminata quiz competitions
	Mohamed Bobson Mansaray	Radio Bintumani	Head of Productions	Airs Sisi Aminata and receives feedback on Radio Bintumani
	Michael M. Koday	Ministry of Education, Science, and Technology	Supervisor of Schools	Oversees Sisi Aminata school program in the Wara Wara Yagala and Sengbeh Chiefdoms
	Dipo K.Y. Mansaray	D.E.C. Primary School Islamic Yogomaia	Head Teacher	Member of the Sisi Aminata editorial committee
Bombali	Amara Bangura	Radio Mankneh	Head of Productions	Airs Sisi Aminata on Radio Mankneh
	Sam Juana	CARE International	M&E Officer	Evaluated the NPRDI project (of which Sisi Aminata was a part)
	Ruth Kanu	CARE International	Field Officer	Worked with Sisi Aminata in the schools

Evaluation Questions (General)

There were six general questions that this evaluation study aimed to answer:

- ◇ What are the opinions of youth and parents about the Sisi Aminata radio program?
- ◇ Has Sisi Aminata impacted youth's attitudes and behaviour regarding SRH and HIV/AIDS? If so, how? If not, why not?
- ◇ How has Sisi Aminata impacted community and family discussion about SRH?
- ◇ Which barriers exist in the community that prevent youth from listening to or following Sisi Aminata's advice?
- ◇ What were the lessons learned in implementing Sisi Aminata?
- ◇ How can Sisi Aminata be changed to be more effective?

For the specific research questions, please see Appendix C.

Limitations of the Study

This study had a number of limitations. First of all, there was only one evaluator, so the number of interviews and surveys conducted was limited by human resources. Secondly, the evaluator is not Sierra Leonean and required a translator. According to availability, a few different people were used to help with translation, which may have created some inconsistencies in the data collection. Also, translation in itself is inherently problematic, and some meaning may have been lost in the translation process. Thirdly, the evaluator is both white and a woman, both of which may have affected the way in which respondents answered the questions. However, exactly how those factors could have influenced the data cannot be known. Fourthly, this evaluation process used surveys, which are also inherently problematic. It is likely that respondents answered the questions based on what they thought the evaluator wanted to hear. This suspicion was confirmed when respondents who had never listened to Sisi Aminata still answered that they strongly agreed that Sisi Aminata had provided them with valuable advice about sexual and reproductive health. It is impossible to know which respondents answered based on their perceptions of what is "right," and, therefore, cannot be controlled for. Again, this is an inherent limitation with surveys. Fifthly, this study was limited by the cultural taboo of talking about sexual issues. This limitation was especially true for the girls, who were often shy and not forthcoming about issues of sexuality. Finally, this evaluation was limited by time and resources. Transportation was limited, which affected the amount of villages and areas in town that could be surveyed. The evaluation only lasted 3 weeks, which was not enough time to conduct a large study with statistical significance.

APPENDIX B – Demographic Data

Interviews/Surveys

	Koinadugu	Bombali
Total Number Surveyed/Interviewed	115	53
Male	59	27
Female	56	26
Age:		
- 11 years old	1	0
- 12 years old	6	5
- 13 years old	5	4
- 14 years old	12	5
- 15 years old	21	22
- 16 years old	12	4
- 17 years old	14	3
- 18 years old	26	9
- 19 years old	11	1
- 20 years old	7	0
In-School Youth	85	50
Out-of-School Youth	30	3
Muslim	83	36
Christian	32	17
Tribe:		
- Koranko	28	0
- Fullah	24	6
- Limba	29	9
- Soso	1	2
- Temne	4	27
- Mende	3	1
- Madingo	12	4
- Yalunka	13	0
- Loko	1	0
- Kono	0	2
- Kissy	0	1
- Creole	0	1
Town	82	53
Village	34	0

- c. 1-2 times
 - d. 3-4 times
 - e. 5-6 times
 - f. More than 6 times
8. Do you believe that Sisi Aminata has helped you discuss sexual and reproductive health issues with your parents?
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
 9. Do you believe that HIV/AIDS is a major concern within your community?
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
 10. Do you believe that Sisi Aminata has provided valuable advice about your sexual and reproductive health?
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

Interview/Focus Group Questions

- 1) Have you ever heard of the radio program Sisi Aminata?
 - a. Have you ever listened to it? If so, how often?
 - b. What messages does Sisi Aminata give?
- 2) Have you ever participated in any other sexual/reproductive health programs? How are they different from Sisi Aminata?
- 3) What are STIs? Which STIs have you heard of in Sisi Aminata?
- 4) How can a person prevent getting an STI, including HIV/AIDS?
- 5) Tell me about your opinion of adolescents being sexually active.
- 6) With whom do you feel comfortable discussing issues of sexuality and reproductive health? Why do you go to these people?
 - a. What is your opinion of discussing these issues with family members (parents or children)? In the community?
 - b. Since listening to Sisi Aminata, have you begun to discuss issues of sexual and reproductive health more? With whom?
- 7) Do you believe that Sisi Aminata is a good program?
 - a. Is it good for youth to listen to?
 - b. What does SA bring to you? How do you feel when you listen to the program?
 - c. How has the program impacted the way you view yourself? Did you change since you started listening to the program? How did you change?
 - d. Does it adequately address the issues that you are going through? In what way?
 - e. Is Sisi Aminata's advice helpful? How has it been helpful to you? Can you give an example from your experience?
- 8) Has listening to Sisi Aminata made you change any of your behaviours? Tell me about it.
- 9) Have you had any trouble in trying to listen to Sisi Aminata?

- 10) What has been the response of your family/friends to the program?
- 11) Are there any barriers in society that make it hard for people to follow the advice of Sisi Aminata? Which ones?
- 12) Do you believe that the Sisi Aminata radio program should continue? Why is that?
- 13) What suggestions do you have about how to make Sisi Aminata a better program?

Key Informant Questions

- 1) What were the first necessary steps in the planning process of Sisi Aminata? What about for the actual initiation of the program?
- 2) What were the most critical steps? Why?
- 3) List the critical factors that influenced the project (these could include decisions, personalities, expertise, relationships, communication, donor support etc), explain why they are critical.
- 4) List any challenges faced and how they were overcome.
- 5) What were the project outcomes?
- 6) What role did you have in this project? How much control did you have over the project outcomes? What were other factors in the decision-making process of the program?
- 7) What would you do differently next time and why?
- 8) What do you know now that you wished you knew when you began this program?
- 9) Do the radio stations receive any local spontaneous feedback? How is it documented? How often? By whom?
- 10) If the program were to be replicated, in what context do you think this program will succeed best? Are there cultural components? Rural/urban setting? Who should carry out the project? Any other structural components?
- 11) Do you believe that Sisi Aminata has produced the intended outcomes? Why or why not?
- 12) How were the partner relationships for Sisi Aminata? What lessons did you learn about/from these partnerships?
- 13) Please describe any other lessons learned you have identified.

APPENDIX D – Survey Results

KOINADUGU

Koinadugu – By Gender

Question	Male	Female	Total
Have you ever heard of Sisi Aminata?			
- Yes	49 (89%)	35 (69%)	84 (79%)
- No	6 (11%)	16 (31%)	22 (21%)
Have you ever listened to Sisi Aminata?			
- Yes	47 (85%)	31 (61%)	78 (74%)
- No	8 (15%)	20 (39%)	28 (26%)
How many times have you listened to Sisi Aminata in the past 6 months?			
- Never	8 (15%)	20 (39%)	28 (26%)
- 1-2 times	11 (20%)	7 (14%)	18 (17%)
- 3-4 times	20 (36%)	6 (12%)	26 (25%)
- 5-6 times	3 (5%)	7 (14%)	10 (9%)
- More than 6 times	13 (24%)	11 (21%)	24 (23%)
Who do you listen to the program with?*			
- Parents	6 (11%)	9 (18%)	15 (14%)
- Siblings	8 (15%)	4 (8%)	12 (11%)
- Friends	31 (56%)	18 (35%)	49 (46%)
- Teacher	2 (4%)	2 (4%)	4 (4%)
- Alone	0 (0%)	0 (0%)	0 (0%)
- I don't listen to it	8 (15%)	20 (39%)	28 (26%)
- Other	3 (5%)	4 (8%)	7 (7%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your parents?			
- Never	33 (61%)	27 (54%)	60 (58%)
- 1-2 times	11 (20%)	6 (12%)	17 (16%)
- 3-4 times	2 (4%)	7 (14%)	9 (9%)
- 5-6 times	3 (6%)	2 (4%)	5 (5%)
- More than 6 times	5 (9%)	8 (16%)	13 (12%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?			
- Never	10 (18%)	17 (33%)	27(25.5%)
- 1-2 times	13 (24%)	14 (27%)	27(25.5%)
- 3-4 times	11 (20%)	7 (14%)	18 (17%)
- 5-6 times	5 (9%)	6 (12%)	11 (10%)
- More than 6 times	16 (29%)	7 (14%)	23 (22%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your girlfriend/boyfriend?			
- I don't have a girlfriend/boyfriend	24(43.5%)	26 (52%)	50 (48%)
- Never	12 (22%)	13 (26%)	25 (24%)
- 1-2 times	6 (11%)	5 (10%)	11 (10%)
- 3-4 times	6 (11%)	1 (2%)	7 (7%)
- 5-6 times	2 (3.5%)	0 (0%)	2 (2%)
- More than 6 times	5 (9%)	5 (10%)	10 (9%)
Do you agree or disagree that Sisi Aminata has helped you discuss sexual and reproductive health with your parents?***			
- Strongly Agree	32 (68%)	16 (52%)	48 (62%)
- Agree	7 (15%)	5 (16%)	12 (15%)
- Neutral	1 (2%)	1 (3%)	2 (3%)
- Disagree	0 (0%)	0 (0%)	0 (0%)
- Strongly Disagree	7 (15%)	9 (29%)	16 (20%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?			
- Strongly Agree	36 (67%)	32 (63%)	68 (65%)

- Agree	4 (7%)	3 (6%)	7 (6%)
- Neutral	2 (4%)	6 (12%)	8 (8%)
- Disagree	1 (2%)	0 (0%)	1 (1%)
- Strongly Disagree	11 (20%)	10 (19%)	21 (20%)
Do you agree or disagree that Sisi Aminata has provided valuable advice about your sexual and reproductive health?***			
- Strongly Agree	43 (92%)	29 (94%)	72 (92%)
- Agree	1 (2%)	2 (6%)	3 (4%)
- Neutral	1 (2%)	0 (0%)	1 (1%)
- Disagree	0 (0%)	0 (0%)	0 (0%)
- Strongly Disagree	2 (4%)	0 (0%)	2 (3%)

*Note: Percentages for this category may not add to 100% because some respondents gave more than one answer.

**Note: Only those who have listened to Sisi Aminata are included in this count.

Koinadugu – Listeners v. Non-Listeners

Question	Listeners	Non-Listeners
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your parents?		
- Never	42 (54%)	18 (69%)
- 1-2 times	16 (20.5%)	1 (4%)
- 3-4 times	6 (7.5%)	3 (11.5%)
- 5-6 times	4 (5%)	1 (4%)
- More than 6 times	10 (13%)	3 (11.5%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	11 (14%)	16 (57%)
- 1-2 times	23 (29%)	4 (14%)
- 3-4 times	13 (17%)	5 (18%)
- 5-6 times	9 (12%)	2 (7%)
- More than 6 times	22 (28%)	1 (4%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your girlfriend/boyfriend?		
- I don't have a girlfriend/boyfriend	37 (47%)	13 (48%)
- Never	16 (20%)	9 (33%)
- 1-2 times	6 (8%)	5 (19%)
- 3-4 times	7 (9%)	0 (0%)
- 5-6 times	2 (3%)	0 (0%)
- More than 6 times	10 (13%)	0 (0%)
Do you agree or disagree that Sisi Aminata has helped you discuss sexual and reproductive health with your parents?		
- Strongly Agree	48 (62%)	5 (18.5%)
- Agree	12 (15%)	5 (18.5%)
- Neutral	2 (3%)	0 (0%)
- Disagree	0 (0%)	1 (4%)
- Strongly Disagree	16 (20%)	16 (59%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?		
- Strongly Agree	57 (73%)	11 (41%)
- Agree	5 (7%)	2 (7%)
- Neutral	4 (5%)	4 (15%)
- Disagree	1 (1%)	0 (0%)
- Strongly Disagree	11 (14%)	10 (37%)
Do you agree or disagree that Sisi Aminata has provided valuable advice about your sexual and reproductive health?		
- Strongly Agree	72 (92%)	13 (48%)
- Agree	3 (4%)	1 (4%)
- Neutral	1 (1%)	3 (11%)

- Disagree	0 (0%)	0 (0%)
- Strongly Disagree	2 (3%)	10 (37%)

Koinadugu – Religion

Question	Muslim	Christian
Have you ever listened to Sisi Aminata?		
- Yes	67 (82%)	11 (46%)
- No	15 (18%)	13 (54%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	46 (56%)	14 (64%)
- 1-2 times	16 (20%)	1 (4%)
- 3-4 times	6 (7%)	3 (14%)
- 5-6 times	4 (5%)	1 (4%)
- More than 6 times	10 (12%)	3 (14%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?		
- Strongly Agree	58 (71%)	10 (44%)
- Agree	6 (7%)	1 (4%)
- Neutral	4 (5%)	4 (17%)
- Disagree	1 (1%)	0 (0%)
- Strongly Disagree	13 (16%)	8 (35%)

Koinadugu – In School v. Out of School

Question	In School	Out of School
Have you ever listened to Sisi Aminata?		
- Yes	58 (76%)	20 (67%)
- No	18 (24%)	10 (33%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	39 (53%)	21 (70%)
- 1-2 times	15 (20%)	2 (7%)
- 3-4 times	7 (9%)	2 (7%)
- 5-6 times	5 (7%)	0 (0%)
- More than 6 times	8 (11%)	5 (16%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?		
- Strongly Agree	48 (64%)	20 (67%)
- Agree	5 (7%)	2 (6.5%)
- Neutral	6 (8%)	2 (6.5%)
- Disagree	1 (1%)	0 (0%)
- Strongly Disagree	15 (20%)	6 (20%)

Koinadugu –Village v. Town

Question	Village	Town
Have you ever listened to Sisi Aminata?		
- Yes	14 (56%)	64 (79%)
- No	11 (44%)	17 (21%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	14 (61%)	46 (57%)
- 1-2 times	4 (17%)	13 (16%)
- 3-4 times	3 (13%)	6 (7%)
- 5-6 times	0 (0%)	5 (6%)
- More than 6 times	2 (9%)	11 (14%)
Do you agree or disagree that HIV/AIDS is a major concern within your		

community?		
- Strongly Agree	9 (37.5%)	59 (73%)
- Agree	3 (12.5%)	4 (5%)
- Neutral	4 (17%)	4 (5%)
- Disagree	0 (0%)	1 (1%)
- Strongly Disagree	8 (33%)	13 (16%)

BOMBALI

Bombali – By Gender

Question	Male	Female	Total
Have you ever heard of Sisi Aminata?			
- Yes	9 (33%)	10 (38%)	19 (36%)
- No	18 (67%)	16 (62%)	34 (64%)
Have you ever listened to Sisi Aminata?			
- Yes	7 (26%)	7 (27%)	14 (26%)
- No	20 (74%)	19 (73%)	39 (74%)
How many times have you listened to Sisi Aminata in the past 6 months?			
- Never	20 (74%)	19 (73%)	39 (73%)
- 1-2 times	1 (4%)	3 (11%)	4 (8%)
- 3-4 times	2 (7%)	2 (8%)	4 (8%)
- 5-6 times	1 (4%)	1 (4%)	2 (3%)
- More than 6 times	3 (11%)	1 (4%)	4 (8%)
Who do you listen to the program with?*			
- Parents	4 (15%)	5 (19%)	9 (17%)
- Siblings	2 (7%)	1 (4%)	3 (6%)
- Friends	2 (7%)	0 (0%)	2 (4%)
- Teacher	0 (0%)	0 (0%)	0 (0%)
- Alone	0 (0%)	1 (4%)	1 (2%)
- I don't listen to it	20 (74%)	19 (73%)	39 (74%)
- Other	0 (0%)	0 (0%)	0 (0%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your parents?			
- Never	12 (44%)	18 (69%)	30 (57%)
- 1-2 times	1 (4%)	1 (4%)	2 (4%)
- 3-4 times	3 (11%)	2 (8%)	5 (9%)
- 5-6 times	3 (11%)	2 (8%)	5 (9%)
- More than 6 times	8 (30%)	3 (11%)	11 (21%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?			
- Never	4 (15%)	9 (35%)	13 (25%)
- 1-2 times	4 (15%)	3 (11%)	7 (14%)
- 3-4 times	2 (7%)	3 (11%)	5 (9%)
- 5-6 times	4 (15%)	1 (4%)	5 (9%)
- More than 6 times	13 (48%)	10 (39%)	23 (43%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your girlfriend/boyfriend?			
- I don't have a girlfriend/boyfriend	15 (56%)	9 (35%)	24 (45%)
- Never	7 (26%)	11 (42%)	18 (34%)
- 1-2 times	0 (0%)	2 (8%)	2 (4%)
- 3-4 times	4 (15%)	3 (11%)	7 (13%)
- 5-6 times	0 (0%)	0 (0%)	0 (0%)
- More than 6 times	1 (3%)	1 (4%)	2 (4%)
Do you agree or disagree that Sisi Aminata has helped you discuss sexual and reproductive health with your parents?***			
- Strongly Agree	4 (57%)	4 (57%)	8 (57%)

- Agree	0 (0%)	2 (29%)	2 (14%)
- Neutral	0 (0%)	0 (0%)	0 (0%)
- Disagree	0 (0%)	0 (0%)	0 (0%)
- Strongly Disagree	3 (43%)	1 (14%)	4 (29%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?			
- Strongly Agree	24 (89%)	21 (81%)	45 (85%)
- Agree	0 (0%)	2 (8%)	2 (4%)
- Neutral	0 (0%)	0 (0%)	0 (0%)
- Disagree	0 (0%)	0 (0%)	0 (0%)
- Strongly Disagree	3 (11%)	3 (11%)	6 (11%)
Do you agree or disagree that Sisi Aminata has provided valuable advice about your sexual and reproductive health?*			
- Strongly Agree	6 (86%)	5 (71%)	11 (79%)
- Agree	0 (0%)	1 (14%)	1 (7%)
- Neutral	0 (0%)	0 (0%)	0 (0%)
- Disagree	0 (0%)	0 (0%)	0 (0%)
- Strongly Disagree	1 (14%)	1 (14%)	2 (14%)

*Note: Percentages for this category may not add to 100% because some respondents gave more than one answer.

**Note: Only those who have listened to Sisi Aminata are included in this count.

Bombali – Listeners v. Non-Listeners

Question	Listeners	Non-Listeners
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your parents?		
- Never	6 (43%)	24 (61.5%)
- 1-2 times	2 (14%)	0 (0%)
- 3-4 times	0 (0%)	5 (13%)
- 5-6 times	4 (29%)	1 (2.5%)
- More than 6 times	2 (14%)	9 (23%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	2 (14%)	11 (28%)
- 1-2 times	3 (21.5%)	4 (10%)
- 3-4 times	0 (0%)	5 (13%)
- 5-6 times	3 (21.5%)	2 (5%)
- More than 6 times	6 (43%)	17 (44%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your girlfriend/boyfriend?		
- I don't have a girlfriend/boyfriend	6 (43%)	18 (46%)
- Never	1 (7%)	17 (44%)
- 1-2 times	2 (14%)	0 (0%)
- 3-4 times	4 (29%)	3 (7.5%)
- 5-6 times	0 (0%)	0 (0%)
- More than 6 times	1 (7%)	1 (2.5%)
Do you agree or disagree that Sisi Aminata has helped you discuss sexual and reproductive health with your parents?		
- Strongly Agree	8 (57%)	22 (56.5%)
- Agree	2 (14%)	3 (7.5%)
- Neutral	0 (0%)	2 (5%)
- Disagree	0 (0%)	0 (0%)
- Strongly Disagree	4 (29%)	12 (31%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?		
- Strongly Agree	12 (86%)	33 (85%)
- Agree	0 (0%)	2 (5%)
- Neutral	0 (0%)	0 (0%)

- Disagree	0 (0%)	0 (0%)
- Strongly Disagree	2 (14%)	4 (10%)
Do you agree or disagree that Sisi Aminata has provided valuable advice about your sexual and reproductive health?		
- Strongly Agree	11 (79%)	30 (77%)
- Agree	1 (7%)	1 (2.5%)
- Neutral	0 (0%)	1 (2.5%)
- Disagree	0 (0%)	0 (0%)
- Strongly Disagree	2 (14%)	7 (18%)

Bombali – Religion

Question	Muslim	Christian
Have you ever listened to Sisi Aminata?		
- Yes	8 (22%)	6 (35%)
- No	28 (78%)	11 (65%)
How many times in the past 6 months have you discussed issues of sexual and reproductive health with your friends?		
- Never	19 (53%)	11 (64%)
- 1-2 times	2 (6%)	0 (0%)
- 3-4 times	3 (8%)	2 (12%)
- 5-6 times	3 (8%)	2 (12%)
- More than 6 times	9 (25%)	2 (12%)
Do you agree or disagree that HIV/AIDS is a major concern within your community?		
- Strongly Agree	30 (83%)	15 (88%)
- Agree	0 (0%)	2 (12%)
- Neutral	0 (0%)	0 (0%)
- Disagree	0 (0%)	0 (0%)
- Strongly Disagree	6 (17%)	0 (0%)

Bombali – In School v. Out of School

Not enough out of school youth to make the comparison

APPENDIX E – Key Informant Interviews

KOINADUGU

Joseph Davies – CARE International Project Coordinator

Mr. Davies was not involved with the Sisi Aminata (SA) program at its initial stages. He was hired to coordinate the project within the last year.

Important Factors of the Sisi Aminata Program:

- SA addresses issues of the youth. This is especially important in Koinadugu where there are many problems with sexual issues.
- Sensitization through radio and stakeholders meetings was crucial to overcome initial resistance in the community and to get people to accept the program.
- Association with the government helped gain acceptance from the schools.

Project Outcomes:

- Teachers and youth were trained as SA facilitators.
- Children have begun to come out to talk about SRH. Girls, in particular, have begun to report incidents of harassment from parents and teachers, and that their parents are forcing them into early marriage. In general, the community is beginning to overcome the cultural silence about sexuality.
- People have begun to demand more health services.

Challenges:

- Partnerships were somewhat ineffective.
 - o Partners saw SA as a good program, but working with partners was difficult because CARE had to build their capacity and provide logistical support. Often CARE had to continuously push the partner organizations to do their work.
- Community resistance
 - o Initially, many people resisted the program. This was overcome by forming an editorial committee made up of stakeholders in the community.
 - o There is still some resistance, particularly from religious leaders, some of whom are upset because if people follow SA's advice, they won't get as many benefits from early marriage.
- The attendance of out of school activities reduced every month because the youth said they weren't receiving any incentive to stick with the SA program.
 - o This was overcome through social afternoon activities and the distribution of radios and t-shirts based on level of participation and attendance.

Thoughts on Radio Replication:

- The radio program has the potential to be successful anywhere, as SRH issues are everywhere.
- It will be successful if TDS gets the community stakeholders on board.
 - o People respect traditional and religious leaders, so it's important to get them on board first, perhaps through a SA working group. They can also preach SA issues in the church/mosque.
- The voice of SA should be someone from that community, not someone from outside the community. This creates community ownership of the program and will decrease resistance.
- The SA package needs to be modified for the cultural context.

Lessons Learned:

- SA cannot succeed without the support from the community
- Sensitization is necessary because many people originally perceive SA to preach against their culture.
- If SA is taught in schools, it should not be taught at all levels. Needs to be just for older kids.
- Peer education and out of school programs were successful.

Juliette Tucker – CARE International Field Coordinator

Ms. Tucker has been with Sisi Aminata program since it first began. She originally supervised field agents in 2 chiefdoms of Koinadugu District. She conducted SA sessions with out of school adolescents and supervised in-school activities. Some of the activities she coordinated include diagnostic role plays, social afternoons, quiz competitions, and friendly football matches.

Important First Steps for SA:

- Created a log frame and activity timeline
- Held community meetings to sensitive them about the project, to which everyone in the community was invited.
- Began with school children in Freetown, where they recorded cassette tapes, which were brought to Kabala. Next they distributed the letter boxes to the schools, where the kids placed their letters to Sisi Aminata and CARE collected them at the end of each month. The Sisi Aminata program would then be based off of these letters.
- Training for the facilitators in schools helped the implementation of SA in the schools.
- Community meetings were vital for the sensitization of the community, especially parents.
- Sports activities – they would name the teams “Condom,” “Be faithful,” or “Abstinence.”
- Quizzes and drama activities helped motivate and boost participation.

Challenges:

- Parents’ resistance to the implementation of SA in schools. There is a culture of silence about sexuality, as they think talking about sex will make the kids want to have sex.
 - o This was overcome through community meetings, a community teachers association committee, live discussions on the radio with parents in which the phone lines were opened to the public, and Vox Pop – a radio program in which the reporters would go on the streets and ask questions about SA.
- There was some difficulty with the incorporation of SA in the schools, as some schools wouldn’t incorporate it into the curriculum and others wanted to hold SA sessions after school, which would be ineffective.
 - o This was overcome through lots of meetings with the Inspector of Schools.
- Teachers wanted an incentive to incorporate SA into their classrooms.
 - o This was overcome through meetings and when the Inspector of Schools said SA is in the school curriculum, so therefore teachers should not be paid extra for it. Getting the government involved was key in this process.
- The attendance of out of school activities reduced every month because the youth said they weren’t receiving any incentive to stick with the SA program.
 - o This was overcome through social afternoon activities and the distribution of radios and t-shirts based on level of participation and attendance.

Project Outcomes:

- Increased self-esteem for youth.
- Increased knowledge and awareness levels about STIs and SRH.
- Female youth, in particular, are bolder now and know where to go when faced with problems.

Suggestions for Change:

- Do more radio programs
- Extend school interventions to other schools
- Make the out-of-school youth activities more sustainable (it is now being implemented in schools only because the communities did not have the capability to lead the out-of-school portions).

Partner Relationships:

- The relationships were effective through monthly planning meetings and collaboration on implementation.

Thoughts on Radio Replication:

- The radio program has the potential to be successful anywhere, as SRH issues are everywhere.
- In the replication process, it is important to do a lot of sensitization for parents.

Lessons Learned:

- Parents need sensitization
- It's important to involve the government, as it reduces the amount of obstacles faced.
- It's important to have a lot of activities to boost the participation of youth and motivate them around the issues.

Steven Mansaray – Radio Bintumani

Steven is the one who has worked on Sisi Aminata at Radio Bintumani and has also been asked by CARE to moderate some of their quiz competitions.

Important Factors:

- The letter writing aspect of SA is very good because children are able to express themselves.
- The radio component is important because it reaches more people.

Project Outcomes:

- Girls now know where to go if they are raped and are bolder to seek preventative medication at the hospital.
- Kids know about AIDS now.
- The Family Support Unit shows that early pregnancy rates have decreased.
- People are beginning to realize that it's more beneficial to discuss sexual issues if they want their children to succeed in the future.

Challenges:

- People originally believed that it's a crime to talk about sex, so they saw the SA program as a threat.
 - o This was overcome by showing parents how they will benefit more if their children learn how to prevent getting pregnant and sick.
- High illiteracy rates in Koinadugu make it hard for many people to understand the program.
- Bad roads make it hard to get to more remote areas.
- Not everyone speaks Krio.

Suggestions for Change:

- Some of the language should be simplified, especially in the quiz competitions.
- A drama portion should be included in the radio program – such as skits on AIDS, pregnancy, rape, etc.
- Increase airtime of SA.
- Train 2 or 3 children from each school for the drama team, which can perform before and after the quiz competitions.
- Give prizes to children for calling in to the radio and answering questions.
- Have SA participate in other general education shows.
- Create SA clubs in the schools in which the youth can listen to the radio show together and talk to their friends about AIDS.
- Have children interpret SA messages into local languages and take the programs to their chiefdoms.

Thoughts on Radio Replication:

- Has the potential to be successful as HIV/AIDS is an open secret – every country is dealing with it.
- It is important to involve societal leaders, parents, and chiefs in the implementation of the program.
- The radio program alone is not enough. It is important to combine the radio with schools, as the teachers are better able to access the children.

Bockerie Sesay – CARE International M&E Officer

Bockerie has been with SA since its inception and was in charge of doing all of the monitoring and evaluation activities for the program.

First Steps:

- CARE conducted a social analysis study to explore the social norms that affect adolescent sexual health in Koinadugu. The findings from this study informed the strategies for SA.
- Modified the Auntie Stella package from Zimbabwe to fit the situation in Sierra Leone.

Important Factors:

- The radio played the largest role in influencing the cultural structures.
- Sensitization and stakeholder meetings helped change the community's perceptions about SA and convince the parents that SA does not encourage sex, but rather is very educative.

Challenges:

- Initial resistance from the community.
 - o This resistance was overcome through frequent stakeholders meetings and the creation of an editorial committee. The committee listened to tapes first and removed parts that were not acceptable. The committee did a lot to modify the language used so that it was not as offensive. Because the committee was made up of influential people from the community, their approval helped the rest of the community approve the program, as well.
- Some parents condone kids' sexual behaviour because of poverty.
- Teachers were not always cooperative for the in-school portion of the program because they saw the SA program as extra work and wanted to be compensated for it.
 - o This was overcome when the government (especially the Inspector of Schools) agreed to incorporate SA into the school curriculum.

Project Outcomes:

- The youth's self-efficacy improved.
- STI prevention and HIV awareness improved, especially knowledge about condom use and early pregnancy.

Partner Relationships:

- The relationships were cordial, however there was not always the same understanding about what a partnership entailed. As a result, MEST expected CARE to give them vehicles and money.
- It is important to have continuous consultation with partners and to continuously push them to do their part (especially with the Ministries).

Suggestions for Change:

- Put more mechanisms in place for places that do not receive radio reception. One way to do this is to give out tape players and distribute SA tapes. Another option would be to increase the radio reception coverage.

Thoughts on Radio Replication:

- Success of replication depends upon the capacity of the radio to cover the entire targeted area, the timing of the radio program, and the ability of adolescents to listen to the program.
- Need to minimize community resistance through a wide range of sensitization activities. Especially important for sensitization are meetings with stakeholders, such as religious leaders and community leaders. Without proper sensitization, the program cannot be successful.

Lessons Learned:

- Involving stakeholders and other important leaders is extremely important for sensitization and making the community aware of what the program is about.
- Frequent consultations with stakeholders are necessary so that if they have any information about resistance, you can act quickly.
- A multiple channel approach facilitates knowledge and value to the program. So, having the radio and in-school components reinforced the messages for both parents and children.

Mohamed Bobson Mansaray – Radio Bintumani Head of Productions

First Critical Steps:

- Tell people over the radio about the SA program. Most people accept whatever the radio says.

- Go to the schools and get the teachers involved because children will accept what the teachers accept (they believe teachers more than they believe their parents).
- Approach the traditional rulers and tell them about the program and get them to understand the value of the program.

Project Outcomes:

- The program has educated children about AIDS and STIs.
- The program has helped the community accept these issues being talked about.

Challenges:

- In a complex society with many tribes, it is hard to get everyone to accept the program.
 - o Important to get leaders involved so that people will begin to accept it.

Suggestions for Change:

- People will accept the program and understand it more if it's done in local languages.
- Need more sensitization over the radio.
- Live drama should be done in the villages.

Partner Relationships:

- They've never had any problems.

Radio Feedback:

- People call during phone-in program and voice their opinions. Some people don't like the program, but the majority of them accept it.
- Adults and community leaders are the main ones who call in.

Thoughts on Radio Replication:

- This program has the potential to be successful anywhere.
- It's important to change the name of the show to one that is culture/country specific.
- The program will be more successful in areas where there aren't as many Muslims.
- Should put the program in the local languages of other countries.

Lessons Learned:

- It is very important to get stakeholders involved in the radio programs. If elders, religious leaders, chiefs, and parents are not involved, the people will not easily accept it.
- SA format is really good and should be adapted to talk about other issues, such as issues in the home.

Michael M. Konday – Ministry of Education, JP

Mr. Konday is the Supervisor of Schools, assigned to oversee the SA program in the Wara Wara Yagala Chiefdom and the Sengbeh Chiefdom.

Important Factors:

- Talks about early sex
- Teaches about teenage pregnancy
- Teaches against early and forced marriage

Project outcomes:

- Parents now know that it is not good to force their children into early marriage.
- Children and parents enjoy the program, especially when they hear their kids talk on the radio.

Challenges:

- The radio does not cover the whole district, which makes parts of the district feel left out.
- Cultural taboos make sensitization about SA issues a continuous process.
- Parents do not talk to their children about sexual issues.
- Teachers want incentives to teach SA.
- Many people are afraid of getting and HIV/AIDS test because they are afraid of getting a positive result. It's important to do more workshops to sensitize people about this issue.

Suggestions for Change:

- Should make tapes of the program and bring them to the areas in the district that don't receive radio reception.
- Show film shows in some communities.
- Give teachers incentives to teach the SA curriculum.
- Do more workshops for teachers, students, supervisors, and traditional leaders.
- Need to improve working conditions and funding of Radio Bintumani.
- Do more SA shows on the radio, using a variety of methods, such as quizzes.

Thoughts on Radio Replication:

- It is important to get the cooperation of paramount chiefs, chiefdom speakers, section and town chiefs, various organizations, religious leaders, and PLWHA's.
- If the radio is done in isolation, it will make an impact, but very little because not all parents have radio. Most people play music instead of listening to radio news.
- It's important to tell people before meeting with them whether or not there are incentives involved (i.e. money of some sort).

Dipo K.Y. Mansaray – Head Teacher of D.E.C. Primary School Islamic Yogomaia

Mr. Mansaray is a member of the editorial committee for SA. The editorial committee goes to the villages to collect scripts written by children, and then they edit the scripts and the SA cassettes.

Important Steps:

- Cite examples of children who have fallen behind in school because of early pregnancy and diseases and how they have been marginalized.
- Stress the importance of prevention.
- Speak in soft tones.
- Create editorial committee to gauge the language and the approach. If the approach is too fast, there will be many problems.

Project Outcomes:

- More people are being tested.
- Introduced the system of the condom.
- More people are abstaining until they reach the proper age to have sex.
- Rate of teenage pregnancy has been reduced.

Challenges:

- Most homes are polygamous, so diseases spread easily.
- Poverty often forces girls to use sex as a way to make money.
- Muslims were offended by the program.
 - o This was overcome by changing the language to be more moderate (i.e. instead of saying sex, saying "mother and father games")

Suggestions:

- Use teachers and children as ambassadors to teach those who are not in school.
- Incorporate health personnel into the school component to monitor whether or not the girls are getting pregnant.

BOMBALI

Sam Juana – CARE International M&E Officer; Ruth Kanu – CARE International Field Officer

This interview was conducted jointly with Sam Juana and Ruth Kanu. Mr. Juana was the M&E officer who evaluated CARE's NPRDI project in Bombali, of which Sisi Aminata was a part. Ms. Kanu was a field officer in charge of training teachers and implementing the Sisi Aminata package with the children.

Important Steps:

- Frances Freeman would come to the schools to interview the students once a month. When the name of the school was mentioned in the interview on the radio, it created interest and ownership among the youth and the schools.

Nature of the Project:

- The Sisi Aminata program was just one of many tools used to educate the community about HIV/AIDS. It was implemented under the NPRDI project and was never treated as an individual project.
- It ended earlier this year. As such, the radio program is no longer being aired.

Challenges:

- Initially, there were undertones of resistance from parents, although SA was never openly rejected.
 - o This was overcome through creating an HIV/AIDS task force in the schools, which included the Inspector of Schools, pastors, imams, traditional leaders, and parents. Many meetings were held about the dangers of HIV/AIDS and what SA is really about, the result of which was acceptance of the program.
- The Sisi Aminata program was not incorporated into the school curriculum in Bombali, despite CARE's efforts to get it included.
- In some community schools, the students were unable to read adequately enough to read the Sisi Aminata letters. The result was that the teachers had to intervene in the program more than was originally planned.
- Teachers wanted incentives to teach the SA program, which caused many conflicts between the teachers and CARE.

Partner Relationships:

- Many partnering organizations misunderstood the amount of money available and asked for extra incentives.
- Partner organizations expected CARE to help them with their other projects.
- Partner organizations did not always understand that the Sisi Aminata project complemented their other projects.

Suggestions for Change:

- Make the letter cards simpler to understand.

Thoughts for Radio Replication

- Create a task force of parents and stakeholders in the community in order to get them involved.
- If combined with work in the schools, it is important to work with the Ministry of Education
- Radio show needs to do a better job of drawing people's attention so that they will listen.

Amara Bangura – Radio Mankneh Head of Productions

Mr. Bangura is in charge of airing the Sisi Aminata program on Radio Mankneh.

Project Outcomes:

- SA's advice has helped reduce teenage pregnancy, according to the Family Support Unit.
- Most children now believe HIV/AIDS exists.
- Parents are beginning to accept HIV/AIDS.
- Youth enjoy the program and listen to the advice.

Challenges:

- None that he is aware of. The community has always accepted the program, as it was not a taboo to talk about sexuality.

Partner Relationships:

- Partnerships with TDS and CARE have always been good.
- CARE provides Radio Mankneh with some motorbikes.

Suggestions for Change:

- SA should do more to get people from the villages to participate. While people in the urban areas have good ideas, people in rural areas need more representation.
- Should be played more regularly.

Radio Mankneh airs Sisi Aminata because it is one way they can help the community. However, because it is not a Radio Mankneh program, they do not receive spontaneous feedback about SA.