

## **An Evaluation of Live Safe Play Safe Within the Right To Play Sport and Play Program in Sierra Leone Rwanda and Ghana**

# **Evaluation Report**

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## Glossary of Terms and Abbreviations

<b>Term</b>	<b>Meaning</b>
Live Safe Play Safe (LSPS)	Live Safe Play Safe is not a “program” but a series of activities and games used by a variety of volunteers in various settings.
Live Safe Play Safe Resources	Resource documents that describe the LSPS activities and games and are used to train leaders; namely the Leader Manual, Games Manual and the Frequently Asked Questions (FAQ) document.
Right To Play’s Live Safe Play Safe Project	This term refers to an international project implemented by Right To Play through a grant from CARE. The formal name of this project is Right To Play Sport and Play Program: Teaching Life Skills to Vulnerable Children and Youth - Cost Extension Period as implemented in Sierra Leone, Rwanda and Ghana between June 1, 2007 and December 1, 2008. The Live Safe Play Safe Project makes use of the LSPS resources in the course of delivering the Sport and Play program in the three countries. The primary focus of this evaluation report is on the Live Safe Play Safe Project.
Live Safe Play Safe Leaders	Refers to teachers, coaches, peer leaders, outreach workers, and other volunteers who have been trained to lead LSPS activities with children and youth. Typically, these volunteers are employees or volunteers at partner organizations, and they incorporate LSPS activities into their primary job.
The Right To Play Sport and Play Program	The Right To Play staff and volunteers who manage and support Live Safe Play Safe work do so within the context of a program called “Right To Play Sport and Play.” Volunteers who lead Live Safe Play Safe activities can also be said to be delivering the Sport and Play program.
Life Skills related to HIV and AIDS	One of the key intended outcomes of Live Safe Play Safe is to increase life skills that are related to HIV and AIDS among participating children and youth. This includes skills that promote HIV prevention (such as condom use), as well as constructive ways of dealing with issues around HIV and AIDS (like communicating openly or encouraging friends to get tested). Skills around living in a healthy positive way when HIV positive are also taught.
BDEC	Bombali District Education Committee in Makeni, Sierra Leone
CPAJ	Centre Presbyterien d’Amour de Jeunes

# Executive Summary

Live Safe Play Safe (LSPS) is an innovative prevention and education initiative designed to protect the sexual and reproductive health of children and youth, reduce their vulnerability to HIV and AIDS, and to promote their health in general. At the heart of Live Safe Play Safe (LSPS) is the idea that children and youth are more likely to change their attitudes and behaviours if they engage with the information through active participation in sports and games that are fun. If these games are embedded in the regular day to day life of the community - for example, if they are led by the sports coaches, outreach workers, and teachers that the children see every day - this opportunity to make real change becomes even more powerful. When children and youth engage in discussion about HIV and AIDS with adults who hold positions of respect in their community, an important change in the behaviour of both groups has already begun to happen. LSPS is a program that trains volunteer coaches, teachers, and others so that they can lead groups of children and youth in games designed to provide information, change attitudes, and alter behaviour of children and youth regarding HIV and AIDS.

This report presents the results of an evaluation of the Right To Play Sport and Play Program in Sierra Leone, Rwanda and Ghana, which uses the Live Safe Play Safe program resource. Live Safe Play Safe resources are developed and managed by Right To Play. LSPS is designed to educate vulnerable children and youth about HIV and AIDS, shape attitudes related to HIV and AIDS, and develop life skills for HIV prevention, dealing with other issues related to HIV and AIDS, and positive living for people who are living with HIV and AIDS. This evaluation was intended to determine the effectiveness of the project both in terms of its implementation and the extent to which it was successful in achieving its short term outcomes in the three African countries.

This evaluation report draws on evidence from focus groups and key informant interviews with a wide range of stakeholders, drama scenes, site visits, and two surveys. One survey was completed by children and youth, and the other was an LSPS leaders' survey. The children and youth survey data allowed, in a limited way, comparisons between children and youth who had been participating in Live Safe Play Safe activities and children and youth who had not been participating in them in order to determine if there were differences between the two groups that could be attributed to participation in the program.

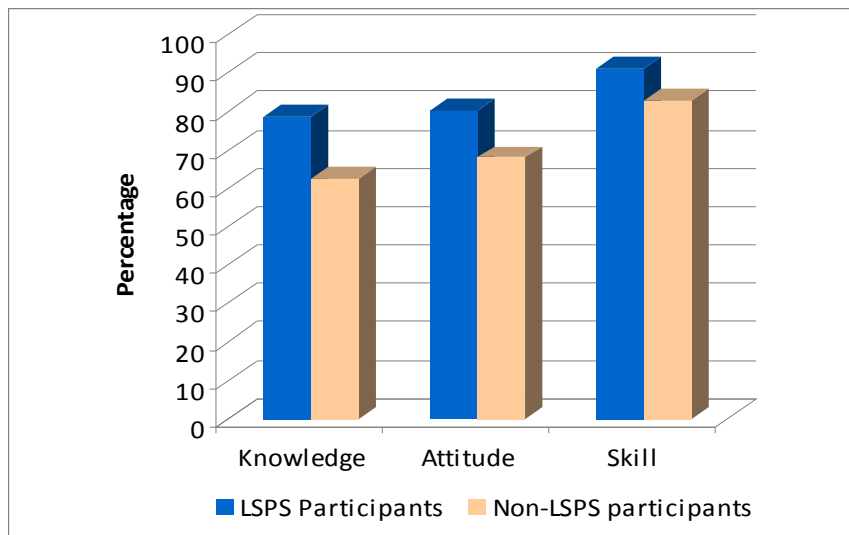
2007 and 2008 have been a time of success and growth for Live Safe Play Safe in Sierra Leone, Rwanda and Ghana. Almost universally, stakeholders interviewed for this evaluation felt that Live Safe Play Safe was a unique, innovative initiative that met an important need. Live Safe Play Safe manuals and other resources are being used widely and consistently. They are seen by all as very useful. Many training sessions are being run and more than 800 leaders have been trained. This figure far exceeds the goal of 390 trained leaders set out a project inception.

Live Safe Play Safe activities are taking place in a wide range of community settings, and many children are participating. Right To Play has reached more than 46,000 children and youth through this project, surpassing their target by almost 40%..

Right To Play field staff are offering additional educational events and building strategic partnerships. These activities are contributing to the success of the Right To Play Sport and Play Program in the three countries.

Children and youth who participate in Live Safe Play Safe activities in both Sierra Leone and Rwanda display high levels of knowledge about HIV and AIDS, and more informed attitudes related to HIV and AIDS. They are aware of basic things like what causes AIDS and the different ways through which a person can get infected with HIV. They are aware that the appropriate and reliable way for HIV diagnoses is an HIV test. They showed an understanding that people who are living with HIV and AIDS should be supported and not stigmatized. Children and youth who participate in LSPS activities are also learning life skills that are related to HIV prevention, how to deal with issues around HIV and AIDS (such as how to find out about one’s HIV status), and positive living for people who are living with HIV and AIDS.

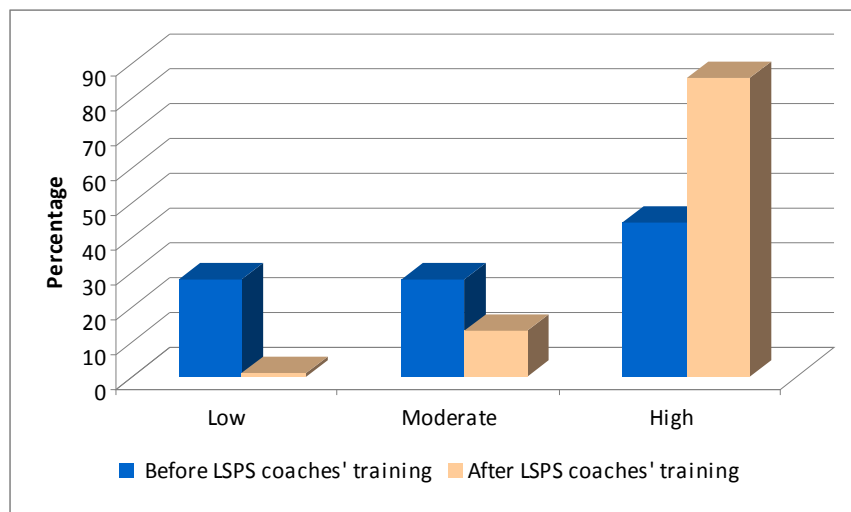
**Comparison of HIV and AIDS-related knowledge, attitudes and life skills between youth LSPS and non-LSPS from participants Mountain Rural JSS, Freetown (n=92)**



Findings indicated that the Right To Play Sport and Play Program is beneficial to both boys and girls. Comparisons of boys’ and girls’ scores on HIV and AIDS knowledge and attitudes found no significant gender differences. Boys, however, scored slightly higher on the life skills measure than girls. While this difference was statistically significant, it is worth noting that the average score on this measure for both boys and girls was above the mid-point of the scale.

In Sierra Leone, children and youth who participate in the Right To Play Sport and Play Program demonstrate higher levels of knowledge about HIV and AIDS knowledge and express more informed attitudes related to HIV and AIDS than their counterparts who do not participate in the program. Also, children and youth who participate in Live Safe Play Safe activities display more life skills that are important in HIV prevention, and life skills for dealing with such issues as how to find out about one’s HIV status, how to live positive lives if one gets infected with HIV and how to relate to people who are living with HIV and AIDS, than children who do not participate in the program.

**Rwandan LSPS leaders’ rating of their understanding of HIV and AIDS before and after training**



Children and youth who participate in the Sport and Play Program are more likely to

participate in other HIV and AIDS education programs than children and youth who do not participate in it. This indicates keenness to learn more about the disease and this may further explain the significant differences between the two groups on all three measures.

*The game called “don’t trust your eyes” has taught me not to prejudge people by their looks. I used to think that any person who is very skinny has HIV but now I know that the only way to know HIV status is through an HIV test. (LSPS Youth, Kigali, Rwanda)*

Live Safe Play Safe leaders in all three countries reported that the program had created a friendly environment where both teachers and children could talk to each other openly and freely about HIV and AIDS issues. In both Sierra Leone and Rwanda, the majority of LSPS leaders who participated in the evaluation indicated that their knowledge about HIV and AIDS had increased, their facilitation skills had increased, and that they had become more involved in their communities. A comparison of leaders’ self-rated understanding of HIV and AIDS before and after training as LSPS leaders found that more leaders rated their understanding of HIV higher after training.

*Teachers and children were not confident and comfortable talking about HIV and AIDS. But after participating in this program, they comfortably talk to each other about these issues. (LSPS Leader Trainer, Ghana)*

*Before training, I knew practically nothing about HIV. All I thought I knew were misconceptions. Now I am equipped with knowledge about prevention. With the knowledge that I have, I am able to advise young people about the disease and how to make the right choices. (LSPS Leader, Kigali, Rwanda)*

*The program has helped me to know how to avoid infecting other people and how to live a healthy life. (LSPS leader, Kigali, Rwanda)*

In explaining this success, most interviewees pointed to the efforts made by Right To Play between 2004 and 2007 to improve training resources, clarify roles, build local capacity, and strengthen partnerships. Live Safe Play Safe is based on a clear and well articulated set of core outcome objectives and values that key players in each country understand and share. The Right To Play Sport and Play Program has found a unique “niche” in the world of HIV and AIDS prevention work, by applying sport-based teaching methods and by working with children and youth.

Challenges remain. Changing biases and assumptions about such an important and sensitive topic is slow work, especially when resources are limited and the demand for training is high. Although staff, leaders, and parents frequently reported that they had seen changes in community attitudes about HIV and AIDS, they also felt that much more work was needed in this area. In many communities, financial and human resources are inadequate to meet the demand. Program sustainability, consequently, remains an important challenge. There has been a great deal of progress in building partnerships with both governmental and non-governmental organizations in the three countries, but more work is needed to link with families, traditional leaders, and religious organizations. In order to help address the challenges identified, we make the following recommendations:

**Recommendation #1:**

*Right To Play should continue with the production and distribution of the new Live Safe Play Safe resources to ensure that LSPS leaders who do not have resources are supplied without delay. Ensuring*

*that all LSPS leaders have the right tools for delivering Live Safe Play Safe activities will enhance consistency in the way messages are delivered.*

*Recommendation #2:*

*It is further recommended that Right To Play continue to review and revise the Live Safe Play Safe resources periodically to ensure that they are up to date with regards to new knowledge about HIV and AIDS.*

*Recommendation #3*

*It is further recommended that efforts be made to identify local games that can be adapted and incorporated into the Live Safe Play Safe resources to give them a cultural flavour. According to some focus group participants, there are local games in their communities that can be easily adapted for Live Safe Play Safe activities. Such local games would be country specific and can be produced as appendices to the standardized manuals that are currently being used.*

*Recommendation #4:*

*It is recommended that Right To Play ensure that all trained LSPS leaders have the necessary equipment for carrying out Live Safe Play Safe activities with children. One remarkable thing about Right To Play's sport and play program is that it uses very simple equipment most of which can be improvised. It will, therefore, be very helpful continue to encourage LSPS leaders to improvise as much as possible. For example two pieces of wood from the local carpenter's workshop is as good for "crossing the bridge" as the polished pieces of wood that LSPS leaders are currently using.*

*Recommendation #5:*

*It is recommended that Right To Play continue to assist its partners to acquire some of the other games-related resources that they need. One way of doing this is to explore partnerships with other international NGOs that have the resources and a mandate for such resources.*

*Recommendation #6:*

*It may be helpful to develop more detailed and specific language about the precise meanings of key outcomes and the ways in which these outcomes apply to different contexts. This information should be used to update the LSPS program logic model, and should also be included in future editions of the resource documents. Similarly, an effort should be made to develop and communicate consistent language for the description of key roles within the LSPS model.*

*Recommendation #7:*

*It is recommended that the identification and training of LSPS leaders from both schools and community based clubs be strategic to enable "leader-sharing". For example, Right To Play can explore working with schools to ensure that trained LSPS leaders do not only work with their regular classes but also with children in other classes. This can be done during special games periods when several classes can come together. For community based clubs, "roving LSPS leaders" can be identified and trained to work with more than one club at a time. Such "roving LSPS leaders" can be identified by Right To Play's partner-organizations. For example the Scouts can identify individuals who can be trained to work with more than one Scout branch.*

*Recommendation #8:*

*Right To Play should continue to engage parents to enable them to understand the aims of the Sport and Play program and the Live Safe Play Safe activities. Advocacy should also focus on educating entire*

communities about the importance of girls' involvement in HIV and AIDS education, to reduce their vulnerability to infection.

To enhance the participation of girls in the LSPS program, Right To Play should explore the potential of having partner organizations that engage in clothing distribution to donate girls' sports attire to Live Safe Play Safe groups.

*Recommendation #9:*

It is recommended that Right To Play country offices set aside a small amount in their annual budgets to be paid as honoraria to volunteer-supervisors who are currently carrying out tasks that staff would have carried out. In addition, Right To Play Sierra Leone's experiment of giving bicycles to volunteer-supervisors to facilitate mobility when supervising LSPS leaders can be explored, reviewed, and (if appropriate) implemented more broadly.

*Recommendation #10:*

It is recommended that Right To Play continue to build LSPS leaders' capacity for facilitation through refresher training. Also, Right To Play should continue to organize LSPS leaders' exchanges to promote shared learning and exchange of experience. Furthermore, Right To Play should support existing LSPS leaders associations and the formation of new ones (where they are non-existent) to provide LSPS leaders with both program related and non-program related support.

*Recommendation #11:*

Volunteers are crucial to the long-term sustainability of Live Safe Play Safe work in these three countries, and staff in each country work hard to show their appreciation to volunteers. Right To Play should explore in detail the issue of appropriate recognition of volunteers in the African context, and consider the creation of additional, culturally appropriate strategies for the recognition of volunteer contributions.

*Recommendation #12:*

Right To Play Sierra Leone, Rwanda, and Ghana have had significant success in developing and implementing community events and other social mobilization activities. These efforts should continue to be a priority. Program managers and staff should continue to engage the communities and advocate on behalf of the Right To Play Sport and Play Program. Use of the media for advocacy seems to be effective and should also be continued.

*Recommendation #13:*

It is recommended that the Right To Play country offices continue to strengthen existing partnerships with local schools and community-based organizations. To enhance sustainability of the program, Right To Play's local partners should be able to network with each other without relying on Right To Play as the centre that holds them together. That way the eventual exit of Right To Play will be less likely to lead to a disintegration of these partnerships.

*Recommendation #14:*

It is further recommended that Right To Play develop new partnerships with parents and community leaders. Partnerships with parents and community leaders can help to bring about changes in the communities and also help to address stigma. As custodians of the culture and traditions of their people, traditional leaders can play an important role in changing some of the belief and value systems that serve as obstacles to HIV and AIDS education. Also, the buy-in of political leaders, business leaders, and

*religious leaders can further facilitate community understanding and acceptance of HIV and AIDS education.*

*Although many parents who participated in the evaluation expressed interest and willingness to be trained as LSPS leaders to assist with the education of children, it is hard to assess the potential returns of such an endeavour for the project. It is therefore recommended that engagement of parents should involve invitations to participate in activities and discussion forums. Some of these discussion forums can be devoted to identifying ways to increase parents' participation.*

*Recommendation #15:*

*Right To Play should ensure that a formal, comprehensive sustainability strategy is developed at the inception of new time-limited projects like the Live Safe Play Safe project. It should identify the conditions required for project activities to continue beyond the end of grant funding. It should lay out plans for connecting with policy makers within large institutions and traditional leaders within communities. It should also identify mechanisms, such as changes in curriculum, through which the work could be sustained.*

*Recommendation #16:*

*It is recommended that Right To Play share the findings of this evaluation with partner organizations and other organizations that are involved in HIV and AIDS education and prevention in developing countries.*

*For this purpose, the leader exchange model offers a very good opportunity for internal sharing of knowledge and experience. Also, more opportunities should be made available for program coordinators and program assistants to interact and share knowledge and experience. Such forums could include virtual conferences as well as actual meetings.*

*Recommendation #17:*

*It is recommended that Right To Play's head office use the findings of this evaluation to promote Live Safe Play Safe (and play-based programs in general) as an important and impactful component of any AIDS prevention and education campaign. This promotion should emphasize Live Safe Play Safe's approach to capacity building, the lessons learned about resource development and program planning, and the impact of the program on children, youth, and leaders.*

# An Evaluation of Live Safe Play Safe Within the Right To Play Sport and Play Program in Sierra Leone Rwanda and Ghana

## 1. Introduction

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Right To Play’s mission is “to improve the lives of children in the most disadvantaged areas of the world by using the power of sport and play for development, health and peace.” People around the world have always used the universal grammar of sports and games to overcome barriers to communication. When we participate in games, we do more than talk. We stand up, we move around, we watch, we listen, we touch and we laugh. We engage all of our faculties in the process of communication, and so we become better able to connect with those whose lives are different from our own.

It is difficult, in many parts of Africa, for people to talk openly about HIV and AIDS. Open communication is an essential first step on the way to managing and preventing AIDS, and so the power of sports and games to harness our latent capacity for communication is especially important in the context of this work.

This report presents the findings of an evaluation of the Right to Play Sport and Play Program which utilizes the Live Safe Play Safe program resource. The Live Safe Play Safe resources are a set of innovative prevention and education tools designed to protect the sexual and reproductive health of youth, reduce their vulnerability to HIV and AIDS, and promote their general health using games and activities. This evaluation was intended to determine the effectiveness of Live Safe Play Safe activities for delivering HIV and AIDS education messages to children and youth.

When program evaluation is done right, it draws people with different perspectives together. It generates new facts and new insights, but it also strengthens the relationships between those involved with a program so that they can move forward in a more informed, cohesive, way. This evaluation project was guided by a multi-stakeholder steering committee. The people responsible for implementing Live Safe Play Safe were involved in forming the questions, designing the tools, gathering the data, and interpreting the results. The evaluation design used a combination of open-ended, qualitative, methods and more structured quasi-experimental quantitative methods.

### 1.1 Background

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The Right To Play Sport and Play Program: Teaching Life Skills to Vulnerable Children and Youth — Cost Extension Period (Right To Play Program) in Rwanda, Sierra Leone, and Ghana was built on a previous partnership between Right To Play and CARE to implement the Right To Play Sport and Play Program in Rwanda and Sierra Leone. This program represented a new partnership between the two organizations in Ghana. The project was designed as a response to the HIV and AIDS pandemic and focused on prevention and education messages using play-based games and activities with children and youth in affected communities. Using Right To Play’s Live Safe Play Safe (LSPS) resources, the project sought to build knowledge, develop life skills and improve attitudes and values in children and youth in HIV and AIDS issues.

The partnership between Right To Play and CARE began in 2004 when CARE funded the implementation of programs in Rwanda and Sierra Leone through the CORE Initiative - an international program supported by United States Agency for International Development (USAID) to support a consortium response to the causes and consequences of HIV and AIDS by strengthening the capacity of community and faith-based groups.

In 2007, CARE extended funding for the projects in Rwanda and Sierra Leone from July 2007 to December 2008 and began implementing the project in Ghana. The Right To Play Live Safe Play Safe Project was intended to train 390 new leaders in the Live Safe Play Safe program resource and reach 33,000 children and youth with regular sport and play activities.

## 1.2 Overview of the Evaluation

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The purpose of the evaluation was to examine the implementation and outcomes of the Right To Play Live Safe Play Safe Project. This was done in order to determine the extent to which Live Safe Play Safe, a preventive and educational tool, protected the sexual and reproductive health of children, reduced their vulnerability to HIV and AIDS and promoted their health in general. The evaluation drew from a program logic model in identifying, prioritizing, and measuring the activities and outcomes of the project. The evaluation covers the period from June 2007 to December 2008.

### Evaluation Questions

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Main evaluation questions were identified at the beginning of this project. At that time, they included the following:

#### *Process of Implementation*

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- How have project activities been implemented?
- What were the major strengths and challenges experienced during implementation of the project?

#### *Outcomes*

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- To what extent has the Right To Play Sport and Play Program achieved the intended short-term outcomes through use of the Live Safe Play Safe resources and activities?
- What additional outcomes has the Live Safe Play Safe Project achieved?

#### *Lessons learned/Recommendations*

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- What lessons can be derived from the project for strengthening implementation of Live Safe Play Safe and other Right To Play projects in the future?

## Evaluation Approach

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This evaluation used a participatory research approach: A 14-member steering committee guided each step of the Right To Play Sport and Play Program evaluation process. This committee included field staff from Sierra Leone, Rwanda and Ghana as well as representatives from Right To Play head office and CARE. Committee members met formally three times throughout the course of the project via teleconference. They provided input into all evaluation tools, sampling criteria, participant recruitment, analysis and interpretation, and the final report. Membership reflected the program's diverse stakeholder groups. Smaller group meetings were also held by teleconference with steering committee members from each country to discuss the evaluation process, plan, tools and report.

Members of the steering committee also participated in the evaluation in many other ways. Members based in Africa completed pilot tests of evaluation tools, assisted with the distribution and coding of leaders' surveys, and provided support to the evaluation team during site visits.

In both Sierra Leone and Rwanda, local research assistants were engaged to assist with site visit logistics and provide interpretation where needed.

A three member evaluation team from the Centre for Community Based Research (CCBR) gathered all the data, coordinated all evaluation activities, and prepared this final evaluation report.

## Evaluation Methods

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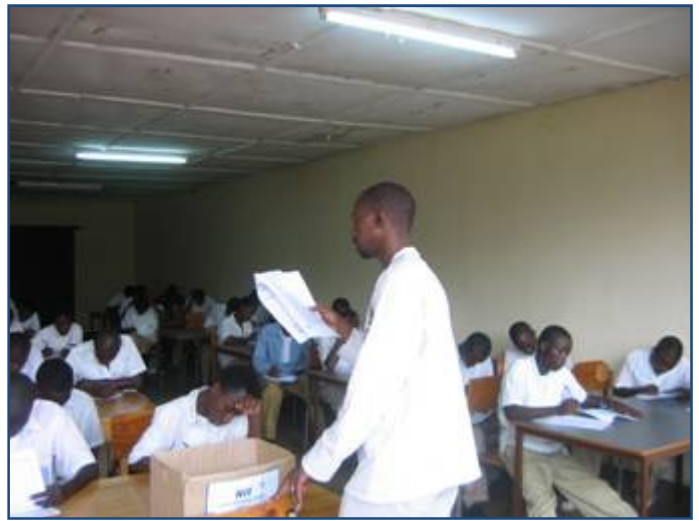
Several data gathering methods were used to capture different stakeholder perspectives on the project. The field data was gathered from Sierra Leone and Rwanda. In each of these countries, the evaluators spent about 10 days administering surveys and conducting interviews with the help of research assistants and program staff. The data from Ghana is based on three telephonic discussions with the Right To Play staff, LSPS leaders, and some Right To Play partners.

### *Survey for Children and Youth*

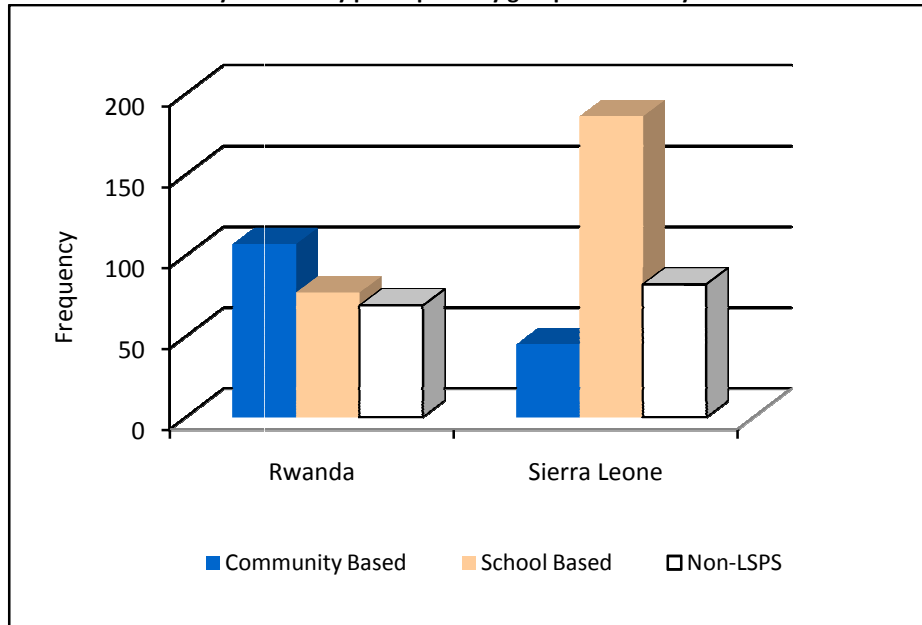
A survey for children and youth was developed to assess the three main intended outcomes of the Right To Play Sport and Play Program for children and youth, namely knowledge about HIV and AIDS, informed attitudes towards HIV and AIDS and people who are living with HIV and AIDS, and life skills that are related to HIV and AIDS.<sup>1</sup> The survey included items developed by the Centre for Community Based Research as well as items adapted from the Grass Roots Soccer Survey (Botcheva & Huffman, 2004; Please see Appendix 2 for a complete list of survey items).

The survey was administered primarily to children and youth who participate in Live Safe Play Safe activities in schools and community based groups. In addition, the survey was administered to comparison groups of children and youth who do not participate in the program in four schools. Group administration was adopted for the children and youth's survey to enhance understanding and response rates. School and community based LSPS groups were selected from lists provided by LSPS project coordinators in Sierra Leone and Rwanda for survey administration. The comparison groups were drawn from Mountain Rural Secondary and BDEC schools in Sierra Leone, and ETO Muhima and St. Patrick schools in Rwanda. The comparison groups had similar demographic characteristics to the LSPS participants who completed the surveys in their schools. The distribution of children and youth by group and country is presented in Figure 2.

**Figure 1: Group administration of the children and youth survey at ETO Muhima School in Kigali, Rwanda**



**Figure 2: Distribution of children and youth survey participants by group and country**



In each community visited, the children and youth’s survey was conducted by group administration. An evaluation team member led each group of participants through the survey orally question by question. Where necessary, the survey questions were translated orally into the local language with the help of a trained research assistant. In Rwanda, the survey was actually translated and printed in Kinyarwanda to enable the children and youth to read and respond.

### *Leaders’ Survey*

A Live Safe Play Safe leaders’ survey was designed to assess leaders’ understanding of Right To Play’s Live Safe Play Safe Project, their knowledge about HIV and AIDS, and the impact of their involvement in the project on them as individuals was distributed to all LSPS leaders in Rwanda and Sierra Leone. In Rwanda, the leaders’ survey was translated into Kinyarwanda and French to enhance understanding of the survey items.

In both Rwanda and Sierra Leone, the leaders’ survey was distributed to LSPS leaders with the help of project coordinators and project assistants. Leaders were instructed to return the completed surveys in sealed envelopes to enhance confidentiality of their responses.

### *Focus Groups*

Focus group discussions were held with all stakeholders in Sierra Leone and Rwanda; namely, Right to Play staff, Live Safe Play Safe leaders, parents, community partners and community leaders, and youth. Focus groups provide an interactive forum for discussing the implementation process of Live Safe Play Safe, the Right To Play approach that uses games to teach children about HIV and AIDS, and the project’s outcomes. The focus groups were facilitated by researchers from CCBR. These facilitators took notes

during the discussions. The discussions were also audio-recorded with the permission of the participants as a backup for the notes. In Ghana, three telephone discussions were held with Right To Play staff, leader-trainers, and leaders.

### *Key Informant Interviews*

Key informant interviews were held with senior Right To Play and CARE staff both at the country level and headquarters level. The key informant interviews enabled in-depth discussion of the project's implementation process, its strengths and challenges, the lessons learned, and outcomes from the stakeholders' perspectives. The researchers made notes during all key informant interviews. Also, all key informant interviews were audio recorded with participants' permission as a backup for the researchers' notes. No key informant interview was conducted in Ghana.

### *Drama Scene*

As part of this evaluation, youth participants' knowledge, attitudes, and skills related to HIV and AIDS were further tested in a drama scene in which they played participant-audiences. The drama was designed to assess what the participants knew about HIV and AIDS, how well they could communicate their knowledge, and how they would use such knowledge in various situations. The drama scene was in the form of a question and answer session in which a research assistant played the roles of the lead character, a puppet giraffe called Francois<sup>ii</sup>, and his imaginary friend called Claude<sup>iii</sup>. Francois, the main character, always began the conversation by telling the participant-audience (the youth club members) that he had just learned that Claude's, mother had died of AIDS and that he was scared of getting infected with HIV if he played with him. He then sought the audience's advice about what he should do. The discussion then continued about the different means by which a person could get HIV infection, what one should do if he thinks he might be HIV positive, and how people should relate to people who are living with HIV and AIDS. The drama scenes were audio recorded and transcribed for use in the data analysis.

### *Document Review*

Right To Play headquarters provided a number of project related documents such as the project quarterly reports. These documents were reviewed in order to provide an understanding of the main project activities in each country.

### *Observation*

During the field visit in Sierra Leone and Rwanda the team leader observed a few games and Live Safe Play Safe activities. The researcher also participated in few of those games and recorded his observations.

Figure 3: A focus group with LSPS leaders in Gisenyi, Rwanda



**Table 1: Methods and sample sizes**

Method	Description	Number of Participants by Country				
		Ghana	Rwanda	Sierra Leone	Canada	USA
<i>Key Informants</i>	Face-to-face and telephone interviews were held with project stakeholders from all three countries and from head office.		2 RTP staff, 2 CARE staff, 2 community partners	2 RTP staff, 1 CARE staff	7 RTP staff	1 CARE staff
<i>Focus Groups</i> (See appendix 5 for interview guide.)	Leaders	(n=4)	(n=39)	(n=18)		
	Youth		(n=40)			
	Right To Play staff	(n=3)	(n=8)	(n=10)		
	Partners	(n=4)	(n=7)	(n=16)		
	Parents & community leaders		(n=27)	(n=23)		
<i>Observation</i>	The researcher observed a few LSPS activities and games and participated in a couple of them.	NIL	(n=3)	(n=1)		
<i>Leader Survey</i>	See appendix 4 for survey. Right To Play country staff distributed a paper survey to all LSPS leaders.	NIL	(n=109)	(n=203)		
<i>Children/youth survey</i>	See appendices 2 and 3 for survey. Evaluation team members randomly selected two sites in each city visited. At each site, a group of children or youth were invited to complete the survey as a group with guidance from the evaluators. At some sites, a comparison group of children or youth who were not involved in LSPS also completed the same survey.	NIL	(n=258)	(n=315)		
<i>Drama</i>	(See appendix 5 for activity)	NIL	(n=106)	(n=189)		
<i>Document Review</i>	Documents related to LSPS were reviewed such as the project plan, Right To Play HQ quarterly reports.	Right To Play Headquarters				

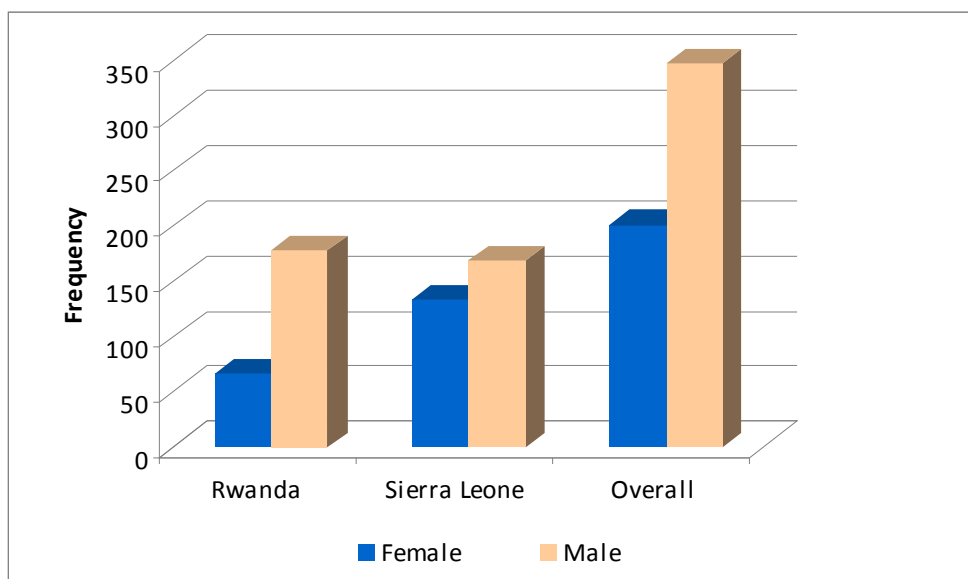
## Evaluation Participants

Overall, 983 people participated in the Right To Play Live Safe Play Safe (LSPS) Program evaluation. They included 573 children and youth between the ages of 8 and 25 years from Sierra Leone and Rwanda, and 410 adults from Sierra Leone, Rwanda, Ghana, Canada, and the United States of America. Table 1 provides a summary of the number of participants by methods and country.

## Children and Youth

Of the 573 children and youth who participated in the evaluation activities, 201 (35%) were female and 346 (60%) were male<sup>iv</sup>. Out of the 573 children and youth, 315 were from Sierra Leone and 258 were from Rwanda. The distribution of children and youth by gender and country is presented in Figure 4.

Figure 4: Distribution of children and youth's survey participants by country and gender



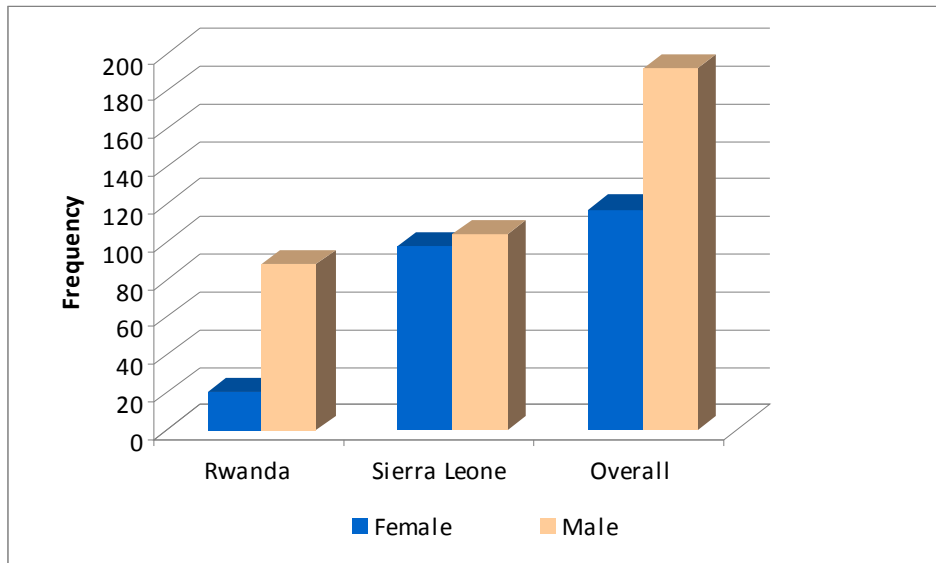
Of the 258 Rwandan children and youth who participated in the evaluation, 220 (85%) were from Kigali and 38 (14.7%) were from Gisenyi. Their ages ranged from 9 to 27 years<sup>v</sup>. Among them were 172 (66.7%) children and youth who indicated that they participate in Live Safe Play Safe activities and 69 (26.7%) who do not participate. The remaining 17 (6.6%) children did not indicate whether they participate in LSPS or not. Also, 67 (26%) of the evaluation participants were female and 178 (69%) were male; 13 (5%) did not indicate their gender.

Of the 315 Sierra Leonean children and youth who participated in the evaluation, 186 (59%) were from Freetown and 129 (41) were from Makeni. Their ages ranged from 9 to 25 years. This group included 227 (72.1%) children and youth who indicated that they participate in Live Safe Play Safe activities and 82 (26.0%) children and youth who do not participate. The remaining 6 (1.9%) children did not indicate whether they were participants in LSPS or not. Also, 134 (42.5%) of the evaluation participants were female and 168 (53.3%) were male. The remaining 12 participants (5%) did not indicate their gender.

## Leaders

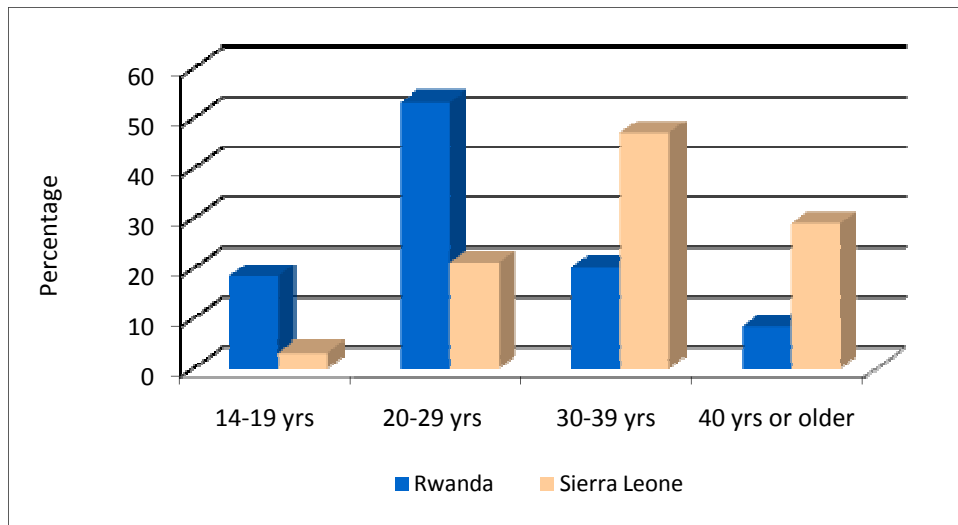
Overall, 312 Live Safe Play Safe leaders, aged between 14 and 50+ years, participated in this evaluation. This included 109 leaders from Rwanda and 203 from Sierra Leone. Of the 312 leaders from both countries, 192 (62%) were male and 117 (38%) were female. Figure 5 shows a distribution of leaders' survey participants by country.

**Figure 5: Distribution of leaders' survey participants by country and gender**



The ages of the LSPS leaders who participated in the survey in Sierra Leone and Rwanda were between 14 years and 50 years or older, including youth/peer leaders. The age distribution of leaders is presented in Figure 6.

**Figure 6: Distribution of LSPS leaders by age and country (n=303)**



The total number of LSPS leaders who participated in the survey and focus groups in Sierra Leone, was 203. Of this number, 104 (52%) were male and 97 (48%) were female. The majority of LSPS leaders in Sierra Leone had at least high school education. This included 92 (51%)<sup>vi</sup> who said they had teachers' training or other vocations including radio mechanics, 37 (20%) who had completed university, and 49 (27%) who had completed high school. Only 2 participants said they had not completed high school. The remaining 23 LSPS leaders did not indicate their educational status. Among the Sierra Leonean LSPS leaders, 29 (14%) had been trained with the old Live Safe Play Safe resources only, 140 (69%) had been trained with both the old and new Live Safe Play Safe resources, 14 (7%) had been trained with the new resources only, and 3 (1.5%) were yet to be trained.

A total of 109 Rwandan LSPS leaders participated in surveys and focus groups. Of this number, 88 (81%) were male and 20 (18%) were female. The majority of LSPS leaders who completed the survey (87%) had, at least, secondary school education. This included 25 (23%) who had completed university, 69 (63%) who had completed secondary school, and 14 (13%) who said that they did not complete secondary school. Among the LSPS leaders, 32 (29%) said that they had been trained with both the old and new Live Safe Play Safe resources, 43 (39%) had been trained with the new resources only, and 27 (25%) were yet to be trained.

Demographic information obtained from the leaders who participated in the evaluation showed more gender balance among trained LSPS leaders in Sierra Leone compared to Rwanda: In Sierra Leone 48% of the LSPS leaders were female compared to only 18% in Rwanda. The data further showed that, on the average, LSPS leaders in Rwanda were younger than those in Sierra Leone. The majority of LSPS leaders in both countries have been trained with the new Live Safe Play Safe resources: 68% in Rwanda and 76% in Sierra Leone. Compared to Rwanda, a higher number of LSPS leaders in Sierra Leone who were trained with the old Live Safe Play Safe program resource have been re-trained with the new resource. This finding may be partly due to the fact that Right To Play's sport and play program has been implemented in Sierra Leone for a longer period than in Rwanda.

## Data Analysis

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Data analysis was carried out collaboratively by the evaluation team to ensure that evaluation themes were identified and confirmed by multiple team members. The survey data was analyzed using SPSS software while the qualitative data from the key informant interviews, focus groups, and the drama scene was analyzed using content analysis. Furthermore, the evaluation findings were presented to the steering committee for further verification.

### 1.3 Limitations of the Evaluation

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Throughout this report, interpretations of the evaluation data have been made while keeping in mind the limitations of the research design.

Because of practical and logistical considerations, the samples used for samples for quantitative methods differed across countries. In Sierra Leone we had more elementary school students, whereas in Rwanda there were more secondary school students. For this reason, direct comparisons of test scores across countries have not been made.

An effort was made to purposively sample a representative range of programs within each country. Schools selected for visits were randomly chosen from a list provided by staff. However, the total number of schools visited was small and logistical factors affected the choice of schools to some degree. Consequently, these findings should not be taken as representative of all schools in each country.

Because the evaluation team did not visit Ghana, data from Ghana is limited. The Live Safe Play Safe implementation process is at a much earlier stage in that country; therefore, comments from interviews in Ghana should not be compared directly to those from other countries.

Every effort was made to include people who were most comfortable communicating in French or an indigenous language. The leaders' survey was translated into both French and Kinyarwanda. The survey for children and youth was translated into Kinyarwanda. The evaluation team always travelled with translators and interpreters. However, it is possible that important nuances of meaning were lost in translation.

The survey for children and youth was specially created for the purpose of this evaluation project. Some of the items were created by the evaluators and others were adapted from a tool that was developed by Botcheva and Huffman (2004) for an evaluation of the Grassroots Soccer Program in Zimbabwe. There was therefore no data on the psychometric properties of this new tool. Consequently, the evaluation team relied on data collected in the field to determine the reliability and factorial validity of the tool. Findings suggest that the tool was able to discriminate between participants and comparison groups, and the qualitative findings triangulated the trends in the survey data as well. Detailed information on the analyses used to assess reliability and validity are provided in Appendix 1.

## **1.4 How the Report is Organized**

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The evaluation findings are summarized in three sections that mirror the main research questions: implementation or process, outcomes, and recommendations. The first two sections (implementation and outcomes) begin with a brief description of what was implemented and intended. This description is followed by critical reflections from the perspective of Live Safe Play Safe stakeholders as to the extent to which these intentions have been realized in each of the project implementing countries. The recommendations section then provides stakeholder suggestions designed to improve Live Safe Play Safe implementation as well as suggestions for future planning of Live Safe Play Safe or other Right To Play programs.

## 2. Live Safe Play Safe Implementation

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This section provides a detailed description of how Live Safe Play Safe has been implemented in Sierra Leone, Rwanda, and Ghana. It describes how partnerships were built, how training of LSPS leaders was conducted, and how LSPS activities were carried out in the three countries.

This description focuses on the present – more specifically, the way LSPS has been implemented in the last 18 months. However, it is important to understand something about the earlier stages of this project’s history. Since the Live Safe Play Safe resource was originally created, Right To Play has dramatically changed its approach to delivering programs around the world. The Live Safe Play Safe Project in these three countries has provided Right To Play with an opportunity to implement and learn about a capacity-building approach to program delivery. This approach emphasizes the care and maintenance of strong partnerships with local organizations. Because Live Safe Play Safe leaders are volunteers embedded in these partner organizations, the potential for knowledge transfer and wider distribution of key messages about HIV and AIDS is increased.

This section of the report highlights many of the ways in which this new approach to program delivery has yielded positive results. For example, the roles of Right To Play field staff and at head office are clearer.

In an effort to improve the consistency of program delivery around the world, Right To Play has placed a great deal of emphasis on the development and distribution of Live Safe Play Safe manuals in the period considered by this evaluation. This section reviews the success Right To Play has had in getting these improved resources distributed and used in a consistent way.

This evaluation makes it clear that Right To Play Sport and Play Program has been very active in all three countries during the last year and a half. In Sierra Leone, the project is being implemented in Freetown and Makeni; in Rwanda the program is being implemented in Kigali and Gisenyi; and in Ghana it is being implemented in Accra and some parts of the Northern Region. In each country, the implementation of the project involves the identification of partners, identification and training of leaders, the distribution of resources and equipment, and the conduction of Live Safe Play Safe activities with children and youth.

### 2.1. The Implementation Process

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Right To Play’s Live Safe Play Safe project in Sierra Leone, Rwanda, and Ghana is mainly implemented through local partner organizations. The main partners involved in the implementation are schools and community based organizations. Schools that are implementing Live Safe Play Safe activities in the three countries include primary schools, secondary schools, and colleges. Implementing community based organizations include organizations that provide services for vulnerable children, organizations that are family and child focused, and HIV and AIDS organizations.

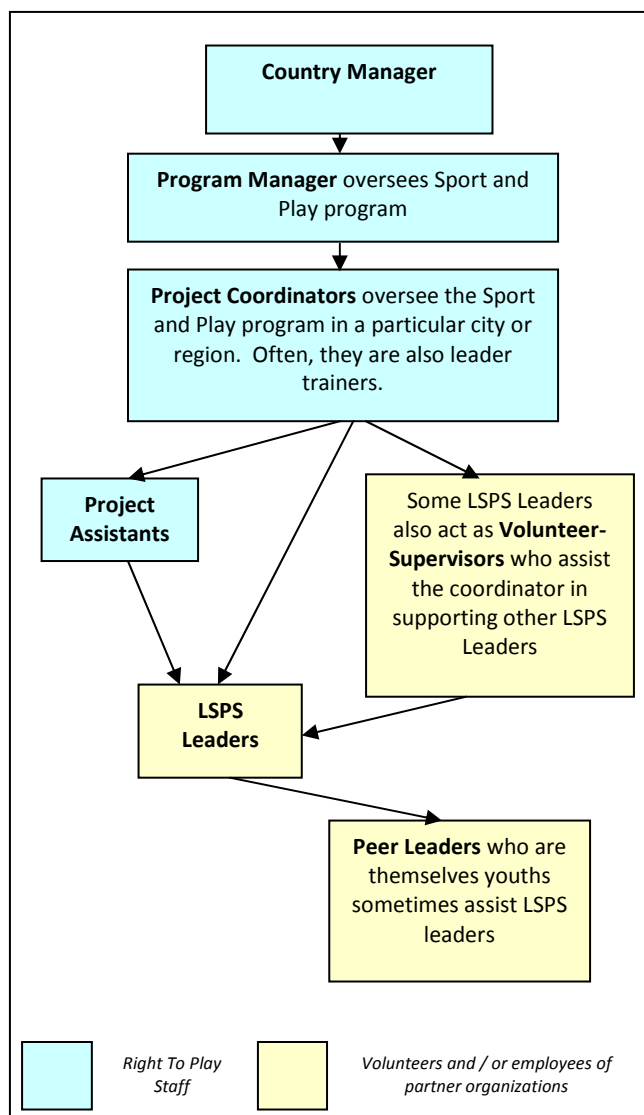
## Implementing Partners

In Sierra Leone, the Right To Play Sport and Play Program is currently being implemented in 87 schools: 35 in Freetown and 52 in Makeni. Implementing community based organizations in Sierra Leone include Help A Needy Child International, Sierra Leone Red Cross Society, Children’s Forum Network, Network of HIV Positives in Sierra Leone, SOS Children’s Village, Concern World Wide, and Freetown Cheshire Home.

In Rwanda, the Right To Play Sport and Play Program in Kigali is implemented through both schools and community based organizations. However, in Gisenyi, the program is implemented solely through community based organizations. Altogether, Live Safe Play Safe is currently being implemented in 26 anti-AIDS clubs in various secondary schools and community based organizations in Rwanda. These include the Rwanda Scouts Association, Vision Jeunesse Nouvelle, the Sport for Peace Foundation, SOS Children’s Village, the Centre Presbyterien d’Amour de Jeunes, Gisimba Memorial Center, and the Youth Friendly Center.

In Ghana, the Right To Play Sport and Play Program is being implemented in nearly 30 schools in Greater Accra and parts of the Northern Region. The program is implemented mostly through public schools as the purpose is to serve the most disadvantaged children. Also, some Live Safe Play Safe activities are carried out in a few private schools through community partners.

Figure 7: Right To Play Sport and Play Project Structure at Country Level



## Project Planning and Supervision

In all three countries, the Live Safe Play Safe project is managed by the Right To Play country manager. Next to the country manager is a program manager who works closely with project coordinators to implement Live Safe Play Safe. In Sierra Leone, there is one project coordinator for Freetown and one for Makeni. In Rwanda, there are three project coordinators; two in Kigali, one for the school sector and one for the community sector, and one in Gisenyi. In Ghana, there are two coordinators based in Accra.

This program structure evolved through the implementation process: Until a few years ago, many Right To Play programs were implemented by volunteers from outside the country and managed by staff from Right To Play's head office.

New partners are approved after consultation between the country manager, the program manager and the project coordinators based on internally defined criteria. This is followed by the selection and training of LSPS leaders from the new partners. The program manager and project coordinators work closely with community partners to promote shared understanding of the project and its objectives. To further enhance program quality, the project coordinators and project assistants provide continued support and supervision for leaders in the field.

Live Safe Play Safe leaders are mostly teachers and program facilitators from partner community based organizations. Right To Play screens individuals who have been identified by the partner organizations for LSPS leader training. At the end of the training, they are provided with the necessary resources and support for implementing LSPS games and activities. In Sierra Leone and Rwanda experienced leaders are further trained as volunteer-supervisors (usually referred to as head coaches in Sierra Leone or evaluators in Rwanda) to support other LSPS leaders and assist the project coordinators and assistants with monitoring and evaluation. In some schools, peer leaders have been trained to assist leaders with the implementation of LSPS activities.

## Groups that Implement Live Safe Play Safe Activities

Regular school classes conduct LSPS activities two to three times a week while most school-based anti-AIDS clubs and community based groups meet once a week. Overall, there appears to be a gender balance in regular school classes that conduct Live Safe Play Safe activities. In most community based groups, however, more boys than girls tend to participate in Live Safe Play Safe activities. This gender imbalance has been attributed to several reasons including traditional norms and practices that do not encourage girls' participation in programs and the fact that there are more boys than girls on the streets. Exceptions to this are organizations that focus specifically on girls. One example of such a program is Help A Needy Child International's program for young mothers in Freetown.

## Live Safe Play Safe Activities

Live Safe Play Safe activities are mostly performed on school fields, at community centres, halls, and the premises of implementing community organizations. The leaders prepare for Live Safe Play Safe activities using the Leaders Manual and Games Manual. They also ensure that all necessary resources and equipment for the activities are assembled and ready for use. They then conduct the activities with the children and youth following the instructions in the Live Safe Play Safe games manual step by step.

**Reflect Connect and Apply:** Live Safe Play Safe games and activities focus on messages related to HIV and AIDS knowledge, attitudes, and life skills. Each game or activity in the Live Safe Play Safe games manual is therefore related to specific messages about HIV and AIDS. LSPS leaders demonstrate or give children and youth instructions on how to play the games. At the end of the games, the leaders ask the children and youth to reflect on the activities they had just performed and connect and apply them to situations regarding HIV and AIDS. In doing this, the LSPS leaders usually use guide questions to

stimulate reflective thinking. Some of the information and messages provided to the children and youth are related to prevention measures, stigma, and relating to people living with HIV and AIDS.

**Record keeping:** Live Safe Play Safe leaders maintain log books in which they record the activities that they carry out with children and youth. This helps with supervisions because it enables Right To Play's project coordinators and assistants to keep track of their activities, games, and children's participation.

## **2.2 Training Activities**

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All three countries have been very active in training LSPS leaders and leader-trainers. Since June of 2007 at least 831 leaders have been certified in Sierra Leone, Rwanda, and Ghana. This figure represents more than double the target of 390 trained leaders which was set in the original grant application. Overall, about 65% of trained leaders and leader-trainers were male and 35% were female. In addition to initial training, all three countries have also organized follow-up workshops and refresher courses for LSPS leaders.

## Sierra Leone

**Table 2: Project information for Sierra Leone**

Project Information	Male	Female	Total
Number of LSPS training programs held for trainers (since January 2008)			4
Number of volunteer-supervisors certified (since January 2008)			92
Number of training sessions for LSPS leaders (since January 2008)			3
Number of LSPS leaders trained (since June 2007)	239	191	430
Number of school based groups that are implementing LSPS activities using the new resources			13
Number of community based groups/clubs/associations implementing LSPS activities using the new resources			33
Number of children served (since June 2007)	16,544	11,448	27,992
Number of trainers involved in 2 trainers networks			242

*(This table draws on quarterly reports as well as a project inventories completed by Right To Play field staff for the purposes of this evaluation)*

At least 10 training events, including orientation and introductory workshops, were conducted for LSPS leaders during this period. A number of refresher training sessions (12) were also organized for the LSPS leaders. An LSPS leader recognition and certification ceremony was held for 79 LSPS leaders. The project also conducted two Live Safe Play Safe training programs with 14 persons living with HIV or AIDS and 7 youth association representatives. It also conducted one training program with 30 adolescent girls from slum communities. Five workshops were organized for child/youth peer leaders drawn both from school and community sectors. Also, two Live Safe Play Safe Project coordinators attended the regional Live Safe Play Safe training in Accra.

## Rwanda

**Table 3: Project information for Rwanda**

Project Information	Male	Female	Total
Number of LSPS training programs held for trainers (since January 2008)			1
Number of trainers certified (since January 2008)			0
Number of training sessions for LSPS leaders (since January 2008)			6
Number of LSPS leaders trained (since June 2007)	156	74	230
Number of school based groups that are implementing LSPS activities based on the new resources			26
Number of community based groups/clubs/associations implementing new LSPS resources			9
Number of children served (since June 2007)	6,862	3,556	10,418

*(This table draws on quarterly reports as well as a project inventories completed by Right To Play field staff for the purposes of this evaluation)*

A number of training activities were conducted during this period (June, 2007, to December, 2008) for LSPS leaders representing both the education and the community sectors. In total 12 training workshops of varying duration were organized at different locations. Some of these trainings were conducted in collaboration with other partners such as UNFPA, Youth Centre, or SOS village. Two refresher trainings were also conducted with a total of 55 LSPS leaders. Also, a 2-day workshop for exemplary LSPS leaders (31 in Kigali, 20 in Gisenyi) was also organized. These exemplary leaders were chosen to act as volunteer-supervisors. They were taught about the role of monitoring and evaluation in Right To Play's projects and trained in basic concepts of monitoring and evaluation.

To build the capacity of Right To Play's staff and partner organizations, three HIV and AIDS focused workshops were organized. Four staff members participated in a regional workshop on Live Safe Play Safe in Accra. A workshop was also held with partners to sensitize them on children's rights and the role that sport and play programs could play in promoting those rights.

## Ghana

**Table 4: Project information for Ghana**

Project Information	Male	Female	Total
Number of LSPS training programs held for trainers (since January 2008)			1
Number of trainers certified (since January 2008)			0
Number of training sessions for LSPS leaders (since January 2008)			8
Number of LSPS leaders trained (since project inception)	127	44	171
Number of school based groups that are implementing LSPS activities based on the new resources			87
Number of community based groups/clubs/associations implementing new LSPS resources			0
Number of children served (since project inception)	4,358	3,657	8,015
Number of Trainers Networks			1

*(This table draws on quarterly reports as well as a project inventories completed by Right To Play field staff for the purposes of this evaluation)*

Two program staff participated in Training of Trainers (ToT) in Uganda who then trained 13 Right To Play Ghana staff in the new Live Safe Play Safe resource. New leaders were recruited and three leader trainings were conducted at different project sites. The program also conducted a ToT session for 15 trainers.

In Ghana, the selected Live Safe Play Safe leaders receive 6-day long training. Considering that these leaders are volunteers and have to fulfill their other job requirements, the training is usually divided into two parts consisting of 3-days each. The first training of leaders was conducted in March 2008. These leaders start implementing their activities after 2-3 weeks of their training. The trainers first attend the Live Safe Play Safe training as leaders and then as trainers. They also participate in some other

workshops that Right To Play organizes occasionally to build the capacity of its partners. These leaders and trainers also receive training material including a leaders’ manual and games manual.

**Figure 8: Youth sing before playing a game at HANCI, in Freetown, Sierra Leone**

### 2.3 HIV and AIDS Prevention Education

Live Safe Play Safe activities promote HIV and AIDS prevention knowledge, attitudes and practices to children and youth. They are also intended to promote similar changes for parents and other community members. According to data from quarterly reports, more than 46,000 children in Sierra Leone, Rwanda, and Ghana have participated in LSPS games and activities since the spring of 2007. The original target set out in the project proposal was 33,000.



The majority of the LSPS leaders indicated that the games in the new Live Safe Play Safe games manual were very relevant to HIV and AIDS education in their communities. When asked to assess the new Live Safe Play Safe resources, ratings by the majority of LSPS leaders indicated that they found the new resources very helpful for planning (91.5%) and leading (88.0%) Live Safe Play Safe games. Also, the majority of LSPS leaders said they consult the resources regularly (83.3%). The results of the survey items that assessed the new Live Safe Play Safe resources are summarized on Table 5 below.

**Table 5: Summary of LSPS leaders' evaluation of the new Live Safe Play Safe resources for Sierra Leone and Rwanda (n=272)**

Resource	Low/Moderate (1,2,3)	High (4, 5)
Helpfulness of the new LSPS resources for planning activities	23 (8.3%)	253 (91.7%)
Helpfulness of the new LSPS resources for leading activities	32 (12.0%)	235 (88%)
How often leaders consult new LSPS resources for HIV and AIDS education	45 (16.7%)	224 (83.3%)
Relevance of games in new LSPS Games Manual to issues about HIV and AIDS in LSPS leaders' communities	28 (10.4%)	240 (89.6%)
Helpfulness of new leaders' manual in assessing games sessions with children	22 (8.7%)	232 (91.3%)
Contribution of FAQ to HIV and AIDS knowledge	20 (8.3%)	222 (91.7%)
Effectiveness of new LSPS for teaching children and youth about HIV and AIDS	15 (5.5%)	257 (94.5%)

*Ratings: Higher ratings indicate better or more positive results.*

The evaluation further revealed that Live Safe Play Safe leaders' favourite means for selecting games was by using the sample program guide to games and selecting games according to children's ages and topic area. Other methods that were frequently used were implementing games that were practiced during LSPS leaders' training or games learnt from other LSPS leaders. Results summaries for Sierra Leone and Rwanda, respectively, are presented on tables in Appendices 2 and 3.

## Sierra Leone

In Sierra Leone, various activities were organized to create awareness about HIV and AIDS in the country. Live Safe Play Safe activities take place regularly in 46 school and community locations. A country-wide Manchester United supported HIV and AIDS awareness campaign was launched by UNICEF Sierra Leone in collaboration with Right To Play and National AIDS Secretariat. HIV and AIDS audio/visual shows, containing prevention messages, were organized at various community centers. Regular Right To Play radio programs involved the discussion of HIV and AIDS issues by students who participate in the Right To Play Sport and Play Program. HIV and AIDS prevention messages were incorporated into football league practices. The project also celebrated **International Women's Day** where children discussed the right to involvement of women and girls in sport and play. The project team participated in a community football gala organized to support sports for development. The gala was organized by the Ogoo Farm Football Association and Network of Disadvantaged Youths (a member of Right to Play Community Group Network).

Right To Play, in collaboration with the Community Coaches Association, organized an **Inter-Primary Drama Competition**. Fifteen primary schools participated in this competition. The participants used different Live Safe Play Safe modules (such as facts about HIV and AIDS, communication, prevention, etc.) and performed short plays to convey the main messages of these Live Safe Play Safe modules. Various Right To Play partners, CARE, representatives of the Ministry of Health and Sanitation, heads of

### **Sample Live Safe Play Safe Game: Don't Trust Your Eyes**

#### **Game Message:**

*The HIV virus can be caught by anybody, and you cannot tell if somebody is HIV positive just by looking at them. HIV positive individuals can look and feel completely healthy. Just because you can't see the ball does not mean it is not there. Just because you can't see HIV and AIDS does not mean it's not there.*

#### **How To Play:**

1. Divide participants into two equal teams. Teams line up shoulder to shoulder, facing one another across a five-metre space.
2. The first team will pass a small object behind their backs, while the second team claps and counts to 10.
3. When the second team gets to 10, the other team must stop passing the object. The second team has three guesses (three different players should guess) which player on the other team has the object. If they guess right, they get one point. If they guess wrong, the passing team gets one point.
4. It is then the second team's turn to pass the object, the game is then repeated. The first team that reaches five points wins the game.

#### **Discussion Points:**

**HIV transmission:** HIV is not spread by casual contact; this game is just meant to illustrate a point. HIV can only enter the body through the four main body fluids (blood, semen, vaginal fluid and breast milk), via cuts, sores, openings in the skin, or the soft, wet tissue in the vagina, anus, penis or mouth.

**HIV testing:** The only way to discover one's HIV status is by having an HIV test – it is not possible

primary schools, media, and parents attended this drama competition.

On **African Child Day** (June 16<sup>th</sup>), children who participate in the Sport and Play program discussed and debated on the radio about the reasons for children to participate in HIV and AIDS education.

## Rwanda

During the period of this evaluation (July 2007 to December 2008), a number of activities were conducted to educate children, youth, and community members about the prevention and treatment of HIV and AIDS, attitudes towards people living with HIV and AIDS, and living healthy when HIV positive. Aside from the regular Live Safe Play Safe (LSPS) activities in 38 community and school settings, a **Play Day** was held at Kamisagara youth centre which was attended by school teachers, Right To Play staff, Parent-Teacher Association members and members of the local community. Regular follow up visits were conducted to further support LSPS leaders and volunteer-supervisors. Sport and game materials were also distributed among the community partners and schools.

Two **sport tournaments** were organized with secondary schools. The first tournament was organized in October 2007 in which 164 students and 22 LSPS leaders from 20 different schools participated. The second tournament, which was organized in October 2008, attracted 144 students and LSPS leaders from 24 different groups. These tournaments, which were organized to raise awareness of HIV and AIDS used sketches and posters, question and answer sessions, and LSPS activities. The tournaments were designed, in part, to facilitate exchange of information among leaders and participants. The input gathered was also used to guide future implementation of LSPS activities.

A **mini Play Day** was held at two health centers of Gasabo district. These health centres are Right To Play partners. Their staff members received LSPS training, and worked with children as LSPS leaders during the Play Day. The day incorporated LSPS games and activities.

### Sample Live Safe Play Safe Game: Game: Limbo Pressure

#### **Game Message:**

*The purpose of this game is to discuss how peer pressure can lead to having unprotected sex and therefore increases the chances to be infected with HIV. Everyone faces peer pressure. Peer pressure gets worse as we get older. Peer pressure makes it harder to protect ourselves from HIV.*

#### **How To Play:**

1. Participants form a circle.
2. Select two participants to hold the skipping rope while the others will line up to pass under the skipping rope. Encourage the participants to clap and sing a song.
3. After everyone has passed under the rope, the height of the skipping rope will be reduced. By reducing the skipping rope it will become more and more difficult for every one to pass under.
4. The participants who cannot pass under must go and sit on the side while the others continue. The game ends when no one can pass under the skipping rope. However, you can end the game whenever you want if you are running out of time.

#### **Discussion Points:**

*The rope represents peer pressure*

## Ghana

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Aside from the regular Live Safe Play Safe activities, a workshop for staff/ leaders on HIV and AIDS, Gender, and Monitoring and Evaluation was organized. The training was meant to build the capacity of staff and LSPS leaders for program facilitation, and update their knowledge on current issues and trends about HIV and AIDS.

### 2.4 Social Mobilization

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To ensure that Live Safe Play Safe was a community initiative with the active involvement of the various local stakeholders, the project implemented and participated in activities to mobilize the community.

## Sierra Leone

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Three **Live Safe Play Safe football galas** were organized in Sierra Leone during this period. The theme of the first football gala in Makeni was “football as a tool to fight stigma.” The event was organized in collaboration with Community Group Networks for children aged 14 and under. The gala was partly funded by CARE’s HIV and AIDS Prevention Program (HAPP). The gala events continued for three days during which children and youth presented LSPS games and spoke about key HIV and AIDS messages to sensitize communities. CARE International HAPP staff did social marketing of their branded condoms (Protector Plus) to youth during the gala events.

In Makeni, another two-day football gala was organized by Bombali District Youth in collaboration with Right To Play to promote female football. Three female football clubs participated in this gala. A total of two hours were allocated to Right To Play during which the leaders and children sensitized the audience about HIV and AIDS through games.

In Freetown, a gala for youth groups based in slum communities was organized in collaboration with the Kroo-Bay and Gray Bush Youth Development Associations. Representatives of HIV Positive Networks, the Community Group Network, the HIV and AIDS Counseling Department of Government Hospital, and the Ministry for Youth and Sports attended the gala and talked to communities on prevention, stigma, and related issues.

Right To Play also organized a special event on **World AIDS Day**. Representatives of the Armed Forces, Police National AIDS Secretariat and an organization of people living with HIV and AIDS made the public statements. The events were organized at the Central Community Football fields and the National Stadium to attract a mass attendance.

Right To Play was appointed as a member of the National Health Steering Committee for the coordination of various HIV mitigation activities. The committee led an awareness raising program for Voluntary Counseling and Confidential Testing through the Ministry of Health National AIDS Control Program (NACP). The committee also provided information about the free services centers across the country.

**Right To Play radio programs** focused both on school children and community members. The program for school children, conducted by children and youth, discussed the key learnings of the core modules of the Live Safe Play Safe resource. Community radio programs educated the public about Anti-Retroviral Drugs (AVRs).

## Rwanda

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Right To Play organized different special events such as Play Days on International Women’s Day and World Peace Day in partnership with other organizations. Play Days were held at different project locations and were attended by children, youth, parents and community leaders.

**International Women’s Day** was celebrated in Kigali in partnership with the Girl Guides Association. A conference on women’s empowerment and their participation in sports activities as a contribution to their development was organized to mark the day. A Play Day with children in the Kabuye sector was organized in partnership with the local Catholic Church. During the Play Day celebration, children presented sketches focusing on building girls’ self esteem and decision making skills. A 15 minutes radio program was also part of the women’s day celebrations. The program was produced in partnership with the Girls Guides Association and focused on women’s empowerment through sport and play activities.

A Play Day was organized in partnership with Sport for Peace Foundation to mark **World Peace Day**. Around 300 children, 25 LSPS leaders, parents, and representatives of the media attended this event. During the day, various Live Safe Play Safe games were played. A Rwandan athlete supporter attended the events and talked about peace, cooperation, and teamwork in sports and in life. The event also provided an opportunity for the speakers to highlight the link between HIV prevention and peace building.

Play Days were also held at different project locations to commemorate the **World AIDS Day** in years 2007 and 2008. Other organizations, such as the Vision Jeunesse Nouvelle in Gisenyi, Sport for Peace Foundation, and Scouts Association in Kigali, partnered with Right To Play in organizing these events. A day before the Play Day, a special event was arranged for the parents to provide them an opportunity to meet and discuss with a community doctor about HIV and AIDS transmission, prevention and treatment, and how to talk to their children about these issues. In Gisenyi, a sport competition was organized and HIV and AIDS prevention information was disseminated. Particular emphasis was placed on information about voluntary counseling and testing (VCT). A health centre was contacted before the event to provide VCT services to people attending the event.

## Ghana

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Right To Play participated in the celebration of World AIDS. An hour long march was organized with over 4000 children and youth wearing World AIDS Day t-shirts. During the march, flyers and leaflets on HIV and AIDS were distributed among the marchers and by-standers.

Right To Play collaborated with different partners, such as SOS Ghana, Tackle Africa, Play Soccer, and Step by Step, to organize a **sport for development festival**. The purpose of the festival was to involve children and youth in a mini African Cup of Nations where they could learn and build relations with

peers through sport and play. Around 3000 children from SOS villages and schools participated in this festival. The festival activities included gala matches for 20 teams, a Play Day for 600 children, and a few choreographic displays. Tackle Africa also organized a coaching clinic. This coaching clinic helped around 100 school children to learn ways of preventing HIV and AIDS and reducing stigma through football. The festival was also attended by a few Athlete Ambassadors such as Abedi Pele (former player of Ghana Black Stars and three time African Player of the Year), Tony Bafoe (former Ghana Black Star Defender, FIFA goodwill ambassador, and International Officer of the Ghana Football Association), and Segun Odegbame (a record goal scorer and one time African Player of the Year from Nigeria).

In collaboration with the Tomorrow Soccer Academy at the Budumburam Camp, Right To Play celebrated **International Women's Day (IWD)**. The theme for the celebration was "invest in girls and invest in nations". The celebrations included "Football and Games for Development and Peace" in which 6 female teams from Budumburam refugee camp and surrounding communities participated. During the matches, Live Safe Play Safe games were also incorporated. Examples included 'The Choice is Yours' (focusing on acquiring knowledge and strategies to make healthy choices) and 'Focus on the Values' (focusing on personal characteristics such as integrity, honest, respect and cooperation).

## 2.5 Summary

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Overall, 2007 and 2008 have been a time of success and growth for Live Safe Play Safe in Sierra Leone, Rwanda, and Ghana. Live Safe Play Safe manuals and other resources are being used widely and consistently. They are seen by all as very useful. Many training sessions have been organized, and the Live Safe Play Safe Project as a whole has far exceeded its targets for number of leaders trained.

Live Safe Play Safe activities are taking place in a wide range of community settings, and are being led by local people who already have strong relationships with children and youth. Many different kinds of organizations have become partners, and this network continues to grow. The project had originally hoped to reach 33,000 children. To date, tracking data suggest that approximately 46,000 children have participated in LSPS activities.

Country staff are offering additional educational events and building strategic partnerships. They are finding ways to bring HIV and AIDS issues to the attention of the broader community through social mobilization efforts. Live Safe Play Safe resources and strategies are regularly incorporated into other programs and events in which Right to Play is involved.

In explaining this success, most interviewees point to the efforts made by Right to Play between 2004 and 2007 to improve training resources, clarify roles, build local capacity and strengthen partnerships. Right To Play staff in each country continue to adapt their approach to program delivery, by (for example) creating volunteer-supervisor positions.

### 3. Program Outcomes

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This section of the report reviews qualitative and quantitative evidence in an effort to determine the degree to which Live Safe Play Safe has achieved its intended outcomes.

Three main indicators of children and youth's outcomes were measured in this evaluation. These were "knowledge about HIV and AIDS", "attitudes related to HIV and AIDS", and "life skills". Knowledge about HIV and AIDS include knowledge about what causes AIDS, how HIV is transmitted, and how to learn about one's HIV status. Attitudes related to HIV and AIDS refers to attitudes that demonstrate individual responsibility for HIV prevention and positive attitudes towards people who are living with HIV and AIDS. Life skills include skills for "making good or informed choices" and "being assertive" that can help children and youth to prevent HIV infection, enable them to better deal with issues pertaining to HIV in their communities and in their families, and relate well to people who are living with HIV and AIDS. The scale for life skills presented children and youth with several scenarios to see how they would react towards HIV risk situations and people who are living with HIV and AIDS. It also included questions regarding what they would do if they found that they were HIV positive.

The scale for "Knowledge about HIV and AIDS" had a minimum score of 0.0, a maximum score of 8.0, and a mid-point of 4.0. The scale for "Attitudes related to HIV and AIDS" had a minimum score of 8.0, maximum score of 24.0, and mid-point of 14.0. Finally, the "life skills" scale had a minimum score of 13.0, maximum score of 39.0, and a mid-point of 26.0.

The children and youth who participated in the evaluation were also asked questions in focus groups and during drama scenes to assess their knowledge, attitudes related to HIV and AIDS, and life skills. Specifically, this aspect of the evaluation aimed at assessing the clarity of children's communication about HIV and AIDS, expressed attitudes related to HIV and AIDS, and the skills that they would exhibit in dealing with various situations.

Participants' knowledge about HIV and AIDS, attitudes related to HIV and AIDS, and life skills were inferred from their scores on the three scales and their reactions and responses to questions during the focus groups and drama scenes. The evaluation also considered the impact of the program on LSPS leaders. A survey and a series of focus groups were used to understand changes in LSPS leaders' facilitation skills, community involvement, knowledge about HIV and AIDS and attitudes related to HIV and AIDS.

Although impacts on families and communities were not measured as systematically, the evaluation did generate some useful information about this type of change, which is presented in this section as well.

#### 3.1. Changes in Children and Youth's Knowledge, Attitude and Life Skills

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Overall, children and youth who participate in the Right To Play Sport and Play Program in Sierra Leone and Rwanda demonstrated high levels of HIV and AIDS knowledge and expressed more informed attitudes related to HIV and AIDS. Through their responses to survey questions, and in focus groups and

drama scenes, they also demonstrated appreciable life skills for dealing with various situations with respect to HIV and AIDS.

Sierra Leonean and Rwandan children and youth who participate in the Right To Play Sport and Play Program obtained a mean score of 6.8 (SD = 1.5) on the HIV and AIDS knowledge scale, 19.9 (SD = 3.4) on HIV and AIDS attitude scale, and 35.7 (SD = 4.3) on the life skills scale. An overall summary of mean scores by gender is presented in Table 6.

**Table 6: Mean scores for HIV and AIDS knowledge, attitudes and skills by gender for Sierra Leone and Rwanda combined**

Measure	HIV & AIDS Knowledge (Max=8.0)	HIV & AIDS Attitudes (Max=24.0)	HIV & AIDS Skills (Max=39.0)
Gender			
Male	6.9 (1.35)	20.1 (3.38)	36.2 (4.02)
Female	6.5 (1.67)	19.7 (3.56)	34.4 (4.91)
Total (n=225)	6.8 (1.47)	19.9 (3.41)	35.7 (4.32)

Further analysis showed no significant differences between male and female LSPS participants on “Knowledge about HIV and AIDS” and “Attitudes related to HIV and AIDS”<sup>vii</sup>. Male participants, however, demonstrated higher levels of life skills than girls<sup>viii</sup>. Both groups, however, obtained high scores on the average indicating that both boys and girls are benefiting from the program.

The results indicating that Live Safe Play Safe participants had high levels of knowledge about HIV and AIDS, expressed more informed attitudes related to HIV and AIDS, and showed more life skills were further supported by findings from qualitative data that was gathered through focus groups, key informant interviews and drama scenes. Parents, community leaders, and LSPS leaders in all four communities from which data was gathered said that they had observed increased knowledge of HIV and AIDS among their children. For example, a participant in a parents’ focus group in Freetown said,

*At a certification event, the social welfare official who was the guest speaker said he was impressed at the knowledge that the children were displaying. He also expressed the hope that the program would be extended to the rural areas so that children living in rural communities can also benefit from it. (Parent, Freetown, Sierra Leone)*

In a demonstration of a change in attitude towards people who are living with HIV and AIDS, a youth focus group participant from ETO Muhima School in Kigali said,

*Formerly, I thought that I could get infected with HIV by touching person who is living with HIV and AIDS and so it was unclear to me how I could relate to HIV patients. I have learned through Live Safe Play Safe that is not true and that people who are living with HIV and AIDS need our support. We have to sympathize with them. (LSPS Youth, Kigali, Rwanda)*

Commenting about changes in the behaviour of children and youth who participate in Live Safe Play Safe activities, a parent from Gisenyi declared,

*There is a change in young people’s behaviour regarding unprotected sex and so we don’t see or hear about as many unwanted pregnancies as before. (Parent, Gisenyi, Rwanda)*

When youth who participate in Live Safe Play Safe activities were asked in drama scenes and focus groups to describe what they had learned from participating in the program, some of their responses were:

*I have learned how to use condoms and now I can only have protected sex.*

*When I am going to the [hair dressing] salon, I make sure that I take my own instruments [some] along with me.*

*I talk to my friends and my family about how to protect themselves from HIV infection.*

The results of the evaluation are presented in further details by country in the following sections.

## Sierra Leone

Overall, the evaluation revealed that Sierra Leonean children and youth who participate in the Right To Play Sport and Play Program had more knowledge about HIV and AIDS and expressed more informed attitudes related to HIV and AIDS. Their responses to survey questions and questions during interactive drama scenes also indicated appreciable levels of life skills for dealing with issues related to HIV and AIDS. On average, Sierra Leonean children and youth who participate in the program obtained high scores on all three measures designed to assess knowledge about HIV and AIDS, attitudes related to HIV and AIDS, and life skills. The children and youth's mean scores on the three measures are presented by city in Table 7 below.

**Table 7: Summary of mean scores for participants in Live Safe Play Safe activities Sierra Leone by city**

Measure	HIV & AIDS Knowledge (Max=8.0)	Attitudes Related to HIV & AIDS (Max=24.0)	Life Skills (Max=39.0)
Location			
Freetown (n=133)	6.9 (1.42)	20.5 (3.8)	35.0 (4.51)
Makeni (n=92)	6.2 (1.90)	19.2 (3.29)	31.5 (5.95)
Total (n=225)	6.6 (1.67)	20.0 (3.67)	34.4 (4.92)

*Standard deviation in parenthesis*

To further assess if the observed results were due to participation in the Right To Play Sport and Play Program, the children and youth's survey was also administered to two classes in Mountain Rural Secondary School in Freetown and two classes in BDEC Primary School in Makeni. In each school, one class participates regularly in LSPS activities while the other did not. The average scores obtained by these groups of students on the scales for HIV and AIDS knowledge, attitudes related to HIV and AIDS, and life skills were compared. The two classes at Mountain Rural Secondary School were JSS 2<sup>ix</sup> classes. Each class had 46 youth with an average age of 14 years. The two classes at BDEC Primary School were Primary 5<sup>x</sup> classes. There were 32 children in the first class and 31 children in the second. The average age of children in the two classes was 11 years.

## *HIV and AIDS Knowledge*

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The results of the youth survey indicated that, based on the HIV and AIDS knowledge scale that was used, Sierra Leonean children and youth who participate in the Right To Play Sport and Play Program had higher than average knowledge about HIV and AIDS<sup>xi</sup>. The average HIV and AIDS knowledge scores for 215 Sierra Leonean children and youth who participate in the program was 6.6 (SD = 1.68) on a scale with a mid-point of 4.0.

Notably,

- 87% of the children and youth who participate in the LSPS program knew that the only way to tell that a person is HIV positive was by taking an HIV test,
- 86% knew that most people get infected with HIV through **unprotected** sex,
- 75% of them correctly identified that having “protected sex” means using condoms correctly every time one has sex, and
- 77% of them knew that a person who is HIV positive can live a healthy life.

### *Gender Differences in Knowledge about HIV and AIDS*

We compared participants in Right To Play Sport and Play Program in Sierra Leone by gender to determine if there were any gender differences in HIV and AIDS knowledge among them. This comparison involved a total of 215 children and youth: 96 females and 119 males. The survey results showed that girls (mean = 6.4, SD = 1.17) and boys (mean = 6.8, SD = 1.54) who participate in the program had comparable levels of knowledge about HIV and AIDS<sup>xii</sup>.

### *Comparison between Participants and Non-Participants in the Right To Play Sport and Play Program*

A comparison of HIV and AIDS knowledge scores obtained by youth from Mountain Rural Secondary School found that the average score for youth who participate in the Right To Play Sport and Play Program (mean = 6.3, SD = 1.72) was significantly higher than the average score for youth who do not participate in the program (mean = 5.0, SD = 1.55)<sup>xiii</sup>.

Similarly, the second comparison involving students from BDEC Primary School in Makeni found that the average HIV and AIDS knowledge score for children who participate in the Right To Play Sport and Play Program (mean = 5.9, SD = 1.90) was significantly higher than the average score for children who do not participate in the program (mean = 3.6, SD = 1.38)<sup>xiv</sup>.

Both of these results indicate that students who participate in the Right To Play Sport and Play Program have more knowledge about HIV and AIDS than students who do not participate in the program. Students who participate in the program knew more about how HIV is transmitted, how to find out about one’s HIV status, and what to do when it is established that one is HIV positive than students who do not participate in the program. Students who participate in the program also knew more about how to relate well to people who are living with HIV and AIDS than students who do not participate in the program.

### Qualitative Appraisal of HIV and AIDS Knowledge

Evaluation participants' responses to questions and scenarios posted by the lead character in the drama scene demonstrated knowledge about the different ways in which a person could get infected with HIV, and how one should relate to people who are living with HIV and AIDS. For example, when the lead character asked the youth participant-audience for advice on how to relate to his friend who was HIV positive, they always gave appropriate responses. The youth participants communicated clearly that one could not get infected with HIV by merely playing with a friend who is HIV positive. They further impressed upon the character that people who are living with HIV and AIDS deserve compassion. In one of the drama scenes, when one youth (not an accomplice) responded to this question saying, "You have to stay away from him," several youth reacted instantly saying,

*No, no, this is the time that he really needs you most. You must support and comfort him.  
(LSPS Youth, Freetown, Sierra Leone)*

Responses by Live Safe Play Safe leaders and parents who participated in the focus groups in both Freetown and Makeni corroborated these findings. Both LSPS leaders and parents said that they had noticed that students who participate in LSPS activities have high levels of knowledge about HIV and AIDS. Many parents said they are now able to discuss HIV and AIDS with their children and have learned a lot about the disease through such discussions. A parent who said he was a barber by profession said that through his child's involvement in LSPS he has learned more about HIV and AIDS, which has helped him to practice his profession in a safe manner.

*I learned from my son that HIV can be spread by some of the tools that I use in my work. Now, I am more careful with how I do my work to avoid that. (Parent, Makeni, Sierra Leone)*

### Attitudes Related to HIV and AIDS

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The attitudes of Sierra Leonean children and youth who participate in the Right To Play Sport and Play Program towards HIV and AIDS and people who are living with HIV and AIDS was assessed using multiple methods, namely the youth survey, focus groups, drama scenes, and parents' and LSPS leaders' impressions.

The children and youth's survey results indicated that, based on the attitude scale that was used, Sierra Leonean children and youth who participate in the program express more informed attitudes related to HIV and AIDS. The average attitude score for 210 Sierra Leonean children and youth who participate in the program was 20.0 (SD = 3.70), on a scale with a mid-point of 14.0. Notably,

- 72% of children and youth who participate in the program disagreed with the statement that "There is nothing I can do to prevent myself from getting infected with HIV" and
- 66% of them expressed the belief that if a person is infected with HIV it is not his or her fault.

### Gender Differences in Attitudes Related to HIV and AIDS

The survey results further showed that boys and girls who participate in Live Safe Play Safe activities have comparable levels of HIV and AIDS related attitudes. A comparison of attitude scores for 93

females (mean = 19.9, SD = 3.56) and 117 males (mean = 20.6, SD = 3.84) found no significant gender differences among children and youth who participate in these activities<sup>xv</sup>.

#### Comparison between Participants and Non-Participants in the Program

The average scores for two JSS 2 classes from Mountain Rural JSS, Freetown, on the scale for attitudes related to HIV and AIDS were compared. The comparison showed that students who participate in the Right To Play Sport and Play Program (mean = 19.3, SD = 3.42) expressed more informed attitudes related HIV and AIDS than students who do not participate in the program (mean = 16.3, SD = 2.63)<sup>xvi</sup>.

A second comparison involved two Primary 5 classes from BDEC Primary School. This comparison also found that children who participate in the Right To Play Sport and Play Program (mean = 19.5, SD = 3.43) expressed more informed attitudes related to HIV and AIDS than children who do not participate in the program (mean = 16.9, SD = 2.29)<sup>xvii</sup>.

#### Qualitative Appraisal of Changes in Attitudes

In the drama scene performed as part of this evaluation, Foday, the lead character sometimes expressed a negative attitude towards his “friend” who was living with HIV to see how the participant-audiences would react. In all the drama performances given, the children and youth audiences reacted in a positive and compassionate way towards the “friend” who was purported to be living with HIV. In a drama scene at the Help a Needy Child, Sierra Leone, Freetown, youth participants suggested that people who are living with HIV and AIDS deserve compassion and understanding.

*You have to support your friend and let him understand that he is just like everybody else. He is normal.*

*Continue to play with him. One cannot get infected with HIV by touch. You can only get infected when there is an exchange of blood.*

*You have to say kind words to your friend.*

Parents and LSPS leaders who participated in focus groups said that they had seen a change in attitudes towards HIV and AIDS and people who are living with HIV and AIDS among children who participate in the Right To Play Sport and Play Program. According to these participants, children are no longer scared of getting HIV from contact with people who are living with HIV and AIDS. In the words of some parents,

*The Right To Play [Sport and Play] program encourages inclusion. It involves children who are disabled too. I have seen disabled children opting to lead activities. (Parent, Freetown, Sierra Leone)*

*My children are now able to talk openly about HIV and AIDS. (Parent, Makeni, Sierra Leone)*

They also observed that the change in attitude is not only towards people living with HIV but also to children with disabilities. According to the parents and LSPS leaders, the changes in children’s attitudes reflect their enhanced understanding of the disease and how it is transferred.

These findings indicate that children and youth who participate in the Right To Play Sport and Play Program are developing more informed attitudes related to HIV and AIDS. The children and youth are expressing attitudes that show understanding of personal responsibility in HIV prevention and compassion for people who are living with HIV and AIDS.

### *Life Skills Related to HIV and AIDS*

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In Sierra Leone, there are indications that the messages delivered through the Right To Play Sport and Play Program are beginning to shape children and youth's behaviour. Results from the survey indicated that Sierra Leonean children and youth who participate in the Right to Play Sport and Play Program are developing certain life skills that may be very important in HIV prevention and dealing with other issues related to HIV and AIDS. The average score for 110 Sierra Leonean children and youth who participate in the program was 34.3 (SD = 5.00), on scale with a mid-point of 26.0.

Notably,

- 80% of the children and youth who participate in the Right To Play Sport and Play Program indicated that if they had friends who were HIV positive, they would support them and not abandon them; and
- 79% of them said girls should not give in to pressure to have sex without using condoms.

The participants in the children and youth's survey were asked whether they had used what they had learned about HIV and AIDS in the Right To Play Sport and Play Program. In response to this question, 44 out of 64<sup>xviii</sup> (69.0%) participants responded "yes". When asked how they had used this knowledge their responses included "abstaining from sex", "not having unprotected sex," "avoiding sharing sharp objects like razor blades and needles at the hair dressers'," and "sharing the knowledge they had gained with their friends and family". These responses were similar to what the participants shared during the drama scenes.

### *Gender Differences in Life Skills*

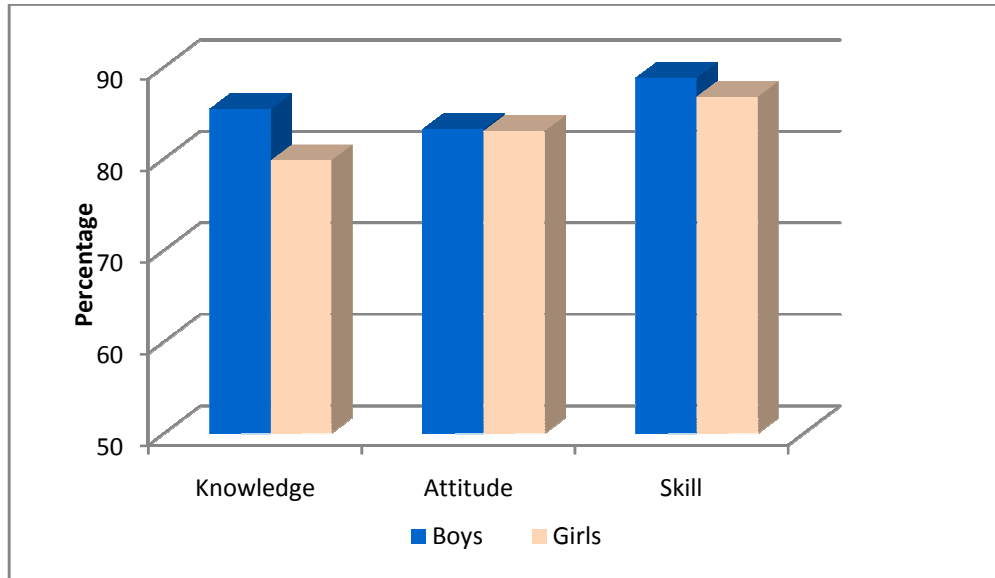
The survey results further showed that boys and girls who participate in the sport and play program had comparable levels of life skills that are related to HIV and AIDS. A comparison of life skills scores for 48 females (mean = 33.8, SD = 5.40) and 62 males (mean = 34.6, SD = 4.40) who participate in the Right To Play Sport and Play Program found no significant gender differences between them<sup>xix</sup>. This indicated that both boys and girls who participate in the program were developing important life skills that they could use for HIV prevention and dealing with other issues related to HIV and AIDS.

### *Participants versus Non-Participants in the Sport and Play Program*

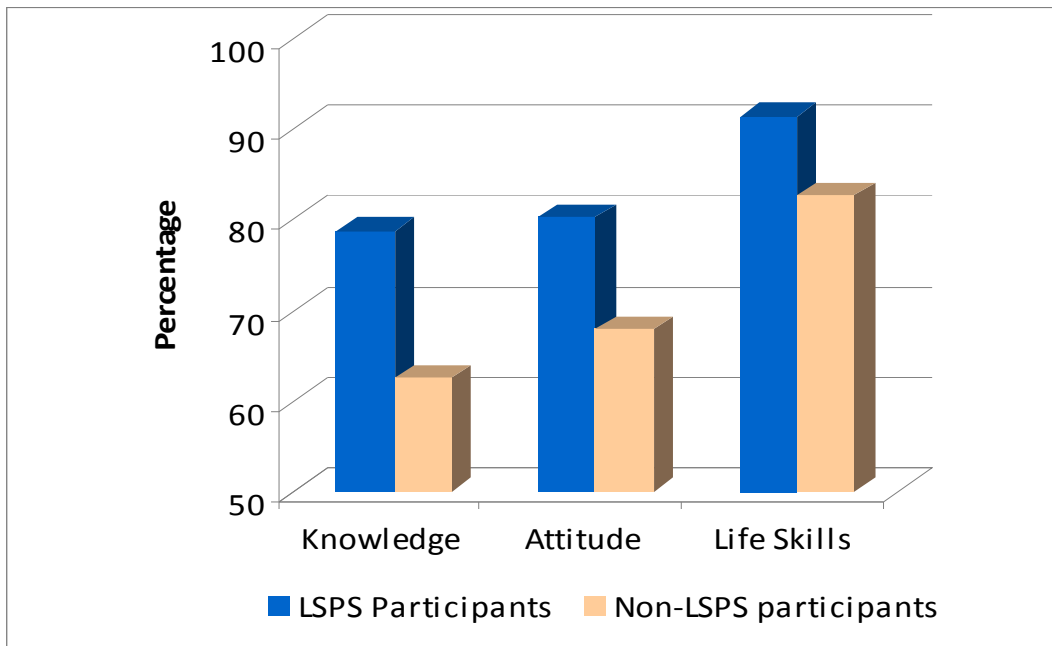
The average scores obtained by students in the two JSS 2 classes from Mountain Rural Secondary School were compared. The results indicated that youth who participate in the Right To Play Sport and Play Program (mean = 35.6, SD = 3.39) demonstrated higher levels of life skills than youth who do not participate in the program (mean = 32.2, SD = 4.22)<sup>xx</sup>. This finding suggests that youth who participate in the program are in a better position to deal with issues related to HIV and AIDS than their counterparts who do not participate in the program.

The average scores of Sierra Leonean boys and girls who participate in the LSPS program are compared on Figure 9 for the three measures. On Figure 10, the average scores of children and youth from Mountain Rural Secondary School who participate in the LSPS program are compared with the average scores of their counterparts from the same school who do not participate in the program.

**Figure 9: Comparison between boys and girls on HIV and AIDS knowledge, attitudes and skills in Sierra Leone (N=215)**



**Figure 10: Comparison between LSPS youth and non-LSPS youth from Mountain Rural JSS, Freetown (N=92)**



Group means expressed as percentages of maximum scores obtainable

Figure 9 illustrates that there were no clear gender differences between children and youth who participate in the LSPS program. Figure 10, however, shows clear differences between children and youth who participate in the LSPS program and those who do not participate in it.

#### Participation in Other HIV and AIDS Education Programs

The evaluation findings further indicated that children and youth who participate in the Right To Play Sport and Play Program are more likely to participate in other HIV and AIDS education programs than children and youth who do not participate in the program. Taken together, 26% of Mountain Rural and BDEC students who participate in Live Safe Play Safe activities said they had also participated in other HIV and AIDS education programs, compared to only 8% of their counterparts who do not participate in the program<sup>xxi</sup>. This association suggests that children and youth who participate in Live Safe Play Safe activities are keener to learn about HIV and AIDS than children who do not participate. They are therefore more likely to know more about HIV and AIDS than their counterparts who do not participate in the program.

#### Qualitative Appraisal of Life Skills

When asked whether they had seen any changes in children's behaviour that could be attributed to their participation in the Right To Play Sport and Play Program, parents and LSPS leaders who participated in the focus groups said they had seen a lot of changes in the children and youth's behaviour. According to one parent,

*The program is developing leadership [skills] among the children. Some children who used to be aloof are now leading some of the games sessions with other children. (LSPS leader, Makeni, Sierra Leone)*

In response to the same question, another parent said,

*Children who used to be shy and lonely are now engaging in these activities. (Parent, Makeni, Sierra Leone)*

#### Summary

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Sierra Leonean children and youth who participate in the Right To Play Sport and Play Program showed awareness of basic things like what causes AIDS, the different ways through which a person can get infected with HIV, that HIV can only be diagnosed through an HIV test, and how to relate to people who are living with HIV and AIDS. Children and youth who participate in Live Safe Play Safe activities are expressing more informed attitudes related to HIV and AIDS, and are also learning essential life skills that can aid them to prevent HIV infection, deal with issues related to HIV and AIDS, and relate to people who are living with HIV and AIDS.

While the results above indicate that Right To Play's sport and play program has had a huge impact on HIV and AIDS knowledge, attitudes, and life skills among LSPS participants in Sierra Leone, there is still some level of stigma among them. For example some of the LSPS children and youth (39%) who participated in the youth survey in Sierra Leone thought it is shameful to be infected with HIV. Also, some of them (20%) agreed that getting infected with HIV is just bad luck.

The implication of these findings is that children and youth who are participating in program can still benefit from it. Besides, there are many Sierra Leonean children and youth who do not have access to the program. Extending it to these children and youth could be beneficial.

## Rwanda

Overall, this evaluation revealed that Rwandan children and youth who participate in the Right To Play Sport and Play Program have high levels of knowledge about HIV and AIDS knowledge and express informed attitudes related to HIV and AIDS. The children’s and youth’s responses to survey questions and questions during focus groups and interactive drama scene further indicated appreciable levels of life skills that can be useful in dealing with issues related to HIV and AIDS. On the average, Rwandan children and youth who participate in the program obtained high scores on the three measures designed to assess Knowledge about HIV and AIDS, Attitudes related to HIV and AIDS, and Life Skills that can help them to prevent HIV infection, deal with issues related to HIV and AIDS, and relate to people who are living with HIV and AIDS. The mean scores on these measures for children and youth who participate in the program are presented on Table 8 below.

**Table 8: Summary of mean scores for participants in Live Safe Play Safe activities in Rwanda by city**

Location	Measure	HIV & AIDS Knowledge (Max=8.0)	Attitudes Related to HIV & AIDS (Max=24.0)	Life Skills (Max=39.0)
Kigali (n =132)		7.0 (1.21)	20.1 (2.95)	36.6 (3.66)
Gisenyi (n =35)		6.8 (0.88)	18.7 (3.27)	36.8(3.20)
Total (n =166)		6.9 (1.15)	19.8 (3.06)	36.6 (3.55)

*Standard deviation in parenthesis*

### *HIV and AIDS Knowledge*

The results of the youth survey indicated that, based on the HIV and AIDS knowledge scale that we used, Rwandan children and youth who participate in the Right To Play Sport and Play Program have higher than average knowledge about HIV and AIDS. The average HIV and AIDS knowledge scores for 160 Rwandan children and youth who participate in the program was 7.0 (SD = 1.16) on a scale with a mid-point of 4.0.

Notably,

- 95% of youth who participate in the program knew that the only way to know whether a person is HIV positive was by taking an HIV test;
- 95% of them knew that most people get infected with HIV through **unprotected** sex;
- 93% of them correctly identified that having “protected sex” means using condoms correctly every time one has sex; and
- 77% of them knew that a person who is HIV positive can live a healthy life.

### Gender Differences in Knowledge about HIV and AIDS

The survey results from Rwanda further showed that boys and girls have comparable levels of HIV and AIDS knowledge. A comparison between HIV and AIDS knowledge scores for 40 females (mean = 6.9, SD = 1.17) and 120 males (mean = 7.0, SD = 1.14) found no significant gender differences among children and youth who participate in the program<sup>xxii</sup>.

Comparisons between participants and non-participants in the Right To Play Sport and Play Program in Rwanda was not conducted.<sup>xxiii</sup>

### Qualitative Appraisal of HIV and AIDS Knowledge

Rwandan youth who participate in the Right To Play Sport and Play Program also demonstrated knowledge about HIV and AIDS in focus groups and drama scenes. When asked what they had learned from the program in a focus group, one student said:

*One of the [LSPS] games is called crossing the bridge. From this game, I learned about three different ways to prevent HIV. I learned that I can prevent HIV [infection] through abstinence, fidelity and safe sex. (Youth, Kigali, Rwanda)*

Another student said,

*The game called “don’t trust your eyes” has taught me not to prejudge people by their looks. I used to think that any person who is very skinny has HIV but now I know that the only way to know HIV status is through an HIV test. (Youth, Kigali, Rwanda)*

When asked in the focus groups and drama scenes how one could get infected with HIV, the children and youth were able to provide a list of different ways in which a person could get infected with HIV. Some of their responses were,

*One can get infected with HIV through unprotected sex.*

*You can get infected through blood transfusion.*

*A mother can pass the [HIV] virus to a baby during delivery.*

*A person can get infected with HIV through piercing and cutting objects like needles, razor blades.*

Statements by parents and LSPS leaders who participated in the evaluation in both Kigali and Gisenyi were consistent with the survey findings that students who participate in the Right To Play Sport and Play Program generally display high levels of knowledge about HIV and AIDS. According to the parents and LSPS leaders, the program has had a huge impact on children and this is evident in the way they talk about HIV and AIDS with their teachers, family members, and friends.

## *Attitudes Related to HIV and AIDS*

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The attitudes of Rwandan children and youth who participate in the Right To Play Sport and Play Program towards HIV and AIDS and people who are living with HIV and AIDS was assessed through the youth survey, youth focus groups, drama scenes, and parents' and LSPS leaders' impressions.

Survey results indicated that Rwandan children and youth who participate in the Right To Play Sport and Play Program express more informed attitudes towards HIV and AIDS and people who are living with HIV and AIDS. The average attitude scores for 161 Rwandan children and youth who participate in the program was 19.9 (SD = 3.07) on a scale with a mid-point of 14.0.

Notably,

- 85% of youth who participate in Live Safe Play Safe activities during the Sport and Play program disagreed with the statement, "There is nothing I can do to prevent myself from getting infected with HIV"; and
- 89% of them disagreed with the statement, "A person can get infected with HIV through spiritual means".

### *Gender Differences in Attitudes Related to HIV and AIDS*

The survey results further showed that boys and girls who participate in the Right To Play Sport and Play Program had comparable levels of attitudes related to HIV and AIDS. A comparison of attitude scores for 122 males (mean = 20.1, SD = 2.88) and 39 females (mean = 19.1, SD = 3.53) found no significant gender differences among children and youth who participate in the program<sup>xxiv</sup>. The high mean scores for both boys and girls suggest that the messages that are delivered through the Live Safe Play Safe activities are helping to shape the attitudes of both boys and girls.

### *Qualitative Appraisal of Attitudes related to HIV and AIDS*

In the drama scene, Francois sometimes expressed a negative attitude towards his friend Claude who was living with HIV to see how the participant-audiences would react. In all the drama performances given, the youth audience reacted in a positive and compassionate way towards Claude. In one scene at Vision Jeunese Nouvelle, the participants encouraged Francois to be more positive towards his friend saying,

*You can continue to play with him because you cannot get infected with HIV by playing with a person who is HIV positive.*

*You have to say kind words to him and let him know that he is normal, just like everyone else.*

Responses by parents and LSPS leaders who participated in focus groups were consistent with the finding that children were developing informed attitudes related to HIV and AIDS, especially attitudes towards people who are living with HIV and AIDS. One LSPS leader who works with street children, some of whom were known to be living with HIV, said,

*Young people were formerly scared to touch HIV patients. Now they are better able to relate to HIV patients. There are children in this club who are known to be living with HIV yet other children do not discriminate against them or shun them. They all play together. (LSPS Leader, Kigali, Rwanda)*

Also, one of the parents who participated in a focus group said,

*I attended an anti-AIDS competition and I was amazed to see young children talking openly about HIV and AIDS. (Parent, Kigali, Rwanda)*

These findings indicated that children and youth who participate in LSPS are developing more informed attitudes related to HIV and AIDS. They are expressing attitudes that indicate personal responsibility in HIV prevention and more understanding and compassion for people who are living with HIV and AIDS.

### *Life Skills Related to HIV and AIDS*

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The findings of this evaluation indicated that the messages that are delivered through Live Safe Play Safe are beginning to shape children and youth's behaviour. The results from the survey indicated that, based on the life skills scale that was used, Rwandan children and youth who participate in the Right To Play Sport and Play Program are developing life skills that aid them in HIV prevention, dealing with issues related to HIV and AIDS, and relating to people who are living with HIV and AIDS. The average life skills scores for 150 Rwandan children and youth who participate in LSPS was 36.6 (SD = 3.60) on a scale with a mid-point of 26.0. The implication of this finding was that children and youth who participate in the program display appreciable levels of life skills.

Notably,

- 95% of the children and youth who participate in the LSPS program indicated that if they had friends who were HIV positive they would support them and not abandon them; and
- 85% of them said girls should not give in to pressure to have sex without using condoms.

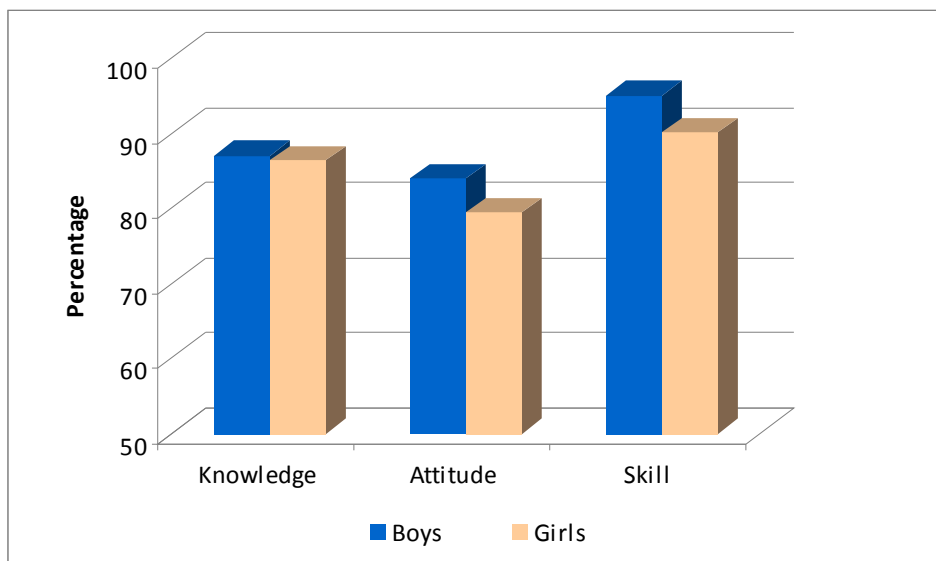
The participants in the children and youth's survey were asked whether they had used what they had learned about HIV and AIDS through Live Safe Play Safe. In response to this question, 44 out of 68<sup>xxv</sup> (65%) participants responded "yes". When asked how they had used this knowledge, their responses included "abstaining from sex", "advising other children not to engage in unprotected sex", "not prejudging people (i.e., thinking people have AIDS only by their looks)", and "not discriminating against children who are HIV positive".

### *Gender Differences in Life Skills*

The average Life Skills scores obtained from 116 boys and 34 girls who participate in Live Safe Play Safe activities were compared. The results showed significant differences<sup>xxvi</sup> in life skills between boys (mean = 37.0, SD = 3.35) and girls (mean = 35.1, SD = 4.08). This result indicated that boys were displaying more life skills in relation to HIV and AIDS than girls. It is, however, important to point out that in spite of the differences between their scores, both boys and girls obtained high scores on the average on this scale. Furthermore, any interpretation of this result must be done with caution because of the disparity in the numbers of boys and girls who participated in the survey.

A graphical presentation of the mean scores of boys and girls in Rwanda is presented on Figure 11.

Figure 11: Comparison between boys and girls on HIV and AIDS knowledge, attitudes and life skills (n=161)



#### Qualitative Appraisal of Life Skills

When students who participated in the youth focus group were asked in what way they had used what they had learned during LSPS activities, they said:

*I have stopped prejudging people based on their looks [referring to the notion which is shared by many people in Rwandan society that people who are thin are suffering from AIDS].*

*What I learned from this program has helped me to make a decision to abstain from sex.*

*I have avoided going to traditional healers because some of them use sharp objects to cut or pierce your skin and I know it could be an HIV risk.*

*I advise my friends to stay away from sex, or at least use condoms if they cannot abstain.*

*We [AIDS club] went to the hospital to visit AIDS patients and we were able to interact with them because we know that we cannot get infected through that.*

Parents and LSPS leaders who participated in the focus groups said that they had seen a lot of changes in children and youth's behaviour that could be attributed to their participation in LSPS activities. Some of the parents said that their children had gone for voluntary HIV testing to know their HIV status, something that, according to the parents, was unheard of a few years back, even among adults. In the words of parents,

*The [Right To Play Program] program has taught my children how to protect themselves from getting HIV infection. (Parent, Gisenyi, Rwanda)*

*I work with street children, since we started this program, I have noticed less sexually aggressive behaviour among them. I also see that they are more inclined to use condoms. (LSPS Leader, Kigali, Rwanda)*

*Children are now able to discuss HIV with their parents and friends, and challenge some of the myths surrounding it because they have clear knowledge and understanding of the disease [HIV]. (LSPS Leader, Kigali, Rwanda)*

*The [Right To Play ] program has helped a lot of young people. They now know how to avoid HIV infection because of the knowledge they have gained from the activities. (Parent, Kigali, Rwanda)*

## Summary

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In summary, the findings of this evaluation indicated that Rwandan children and youth who participate in Live Safe Play Safe activities had acquired a lot of knowledge about HIV and AIDS. They were aware of basic things like what causes AIDS and the different ways through which a person could get infected with HIV. They were also aware that HIV could only be diagnosed through an HIV test, and knew more about how to relate appropriately to people who are living with HIV and AIDS. The evaluation findings further indicated that children and youth who participate in Right To Play's sport and play program are developing informed attitudes related to HIV and AIDS, and are also learning life skills that could be used to protect themselves against HIV infection or support people who are living with HIV and AIDS.

Overall, these results indicated that the Right To Play Sport and Play Program has had a huge impact on children and youth's knowledge about HIV and AIDS, attitudes related to HIV and AIDS, and life skills. There is, however, room for more work in all three areas. For example some of the children and youth (31%) who participate in Live Safe Play Safe activities could not correctly identify that sharing sharp piercing or cutting objects with a person who is infected with HIV is one of the ways by which a person could get infected with HIV. The implication of these findings is that children and youth who are participating in LSPS can still benefit from its messages. Besides, there are many children and youth in Rwandan communities who could benefit from the program but do not currently have access to it.

## Ghana

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Evidence of the impact of the project on children and youth in Ghana was obtained through telephone interviews with small groups of LSPS leaders and some members of Right To Play's partner organizations.

All focus group participants noted that the project had been successful in bringing about changes in children's and youth's knowledge about HIV and AIDS, attitudes related to HIV and AIDS, and life skills that can aid the prevention of HIV infection, dealing with issues related to HIV and AIDS, and relating to people who are living with HIV and AIDS. The project has provided an opportunity for children and youth to talk about these sensitive topics (i.e., HIV and AIDS and sexuality) with their teachers. All interviewees felt that participants had become more knowledgeable about HIV and AIDS.

*Children are more knowledgeable about HIV and AIDS and its spread. They know that shaking hands, or sharing things with others will not harm them and they will get the virus only when they use some sharp (infected) instrument. So it helped in dispelling those misconceptions about spread of HIV and AIDS. (LSPS Leader Trainer, Ghana)*

During focus group discussions, evaluators heard that the project had also helped in addressing some of the misconceptions about the spread of HIV and AIDS. In addition, the project was seen as successful in bringing about positive change in children and youth's attitudes toward people living with HIV and AIDS (PLWHA).

*After participating in the Right To Play Program, kids are more informed and careful about having sex. I can say this because of my close interaction with the youth in my community. I have noticed a change in their knowledge and behaviour. (LSPS Leader, Ghana)*

*Children have learned more about HIV and AIDS and I observed changes in their attitudes; they don't stigmatize PLWHA. For instance, earlier when children would see a lean, slim man they would think he might have HIV and AIDS but now they know that being slim does not mean that the person will have HIV and AIDS. (LSPS Leader, Ghana)*

The project also brought about some other positive changes among children. The participants noted that participating children have become more confident and their relationship with teachers has become very cordial.

*Relationships between teachers and children have become cordial; there is more openness and children discuss issues with teachers freely. (LSPS Leader Trainer, Ghana)*

### 3.2 Outcomes for LSPS Leaders and Trainers

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Outcomes for Live Safe Play Safe leaders and trainers were assessed through the leaders' survey as well as through focus groups with LSPS leaders. The survey data from Sierra Leone and Rwanda were combined and analyzed for a general overview of outcomes. In addition, the data were analyzed separately by country to provide a more detailed understanding of what is going on in each country. Content analysis was performed on the focus group data and the findings were used to support the findings from the survey data.

#### Overall Outcomes for Live Safe Play Safe Leaders and Trainers

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The findings of this study indicated that the Right To Play Sport and Play Program has helped to build the capacity of LSPS leaders and trainers in Sierra Leone and Rwanda. In response to an item in the leaders' survey that asked participants to rate how much Live Safe Play Safe leaders' training had improved their facilitation skills, 174 (61.3%) LSPS leaders rated it high/very high. Also, the majority of participating LSPS leaders felt that they were more involved in their communities now than they were before Live Safe Play Safe leaders' training<sup>xxvii</sup>. The majority of LSPS leaders said that they had more knowledge about HIV and AIDS now than they did before getting involved in the Right To Play Sport and Play Program<sup>xxviii</sup>. When asked to rate themselves on the amount of positive change that had occurred in their attitudes related

to HIV and AIDS, on a scale from 1 to 5, 238 out of 289 (82.3%) rated this item 4 or 5, indicating more informed attitudes related to HIV and AIDS.

These findings were further supported by LSPS leaders' responses in the focus groups. LSPS leaders who participated in the focus groups said they have acquired more knowledge about HIV and AIDS through their involvement in Live Safe Play Safe. According to them the training and the resources have helped them to clarify some of their own misconceptions about HIV and AIDS and this has aided them in their work with children and youth. The LSPS leaders also said that their better understanding of HIV and AIDS has improved their attitudes towards people who are living with HIV and AIDS.

*Becoming a Live Safe Play Safe leader has changed my attitude towards people who are living with HIV and AIDS. (LSPS Leader, Freetown, Sierra Leone)*

*The game "Don't trust your eyes" has had a huge impact on the way I look at things. (LSPS Leader, Freetown, Sierra Leone)*

*I used to have a lot of misconceptions about HIV. What I know now are true facts about the disease (LSPS Leader, Kigali, Rwanda)*

Furthermore, the LSPS leaders said they have acquired many skills from the Live Safe Play Safe leaders' training. According to them, those skills are helping them in program facilitation and other aspects of their work with children and youth, colleagues, and other members of their communities.

*The training has improved my facilitation skills immensely. (LSPS Leader, Kigali, Rwanda)*

*I used to teach children about HIV and AIDS but the lecture method was not effective. With the training and the games, my message delivery has become more effective. (LSPS Leader, Gisenyi, Rwanda)*

These evaluation findings clearly indicated that, besides its impact on children and youth, Live Safe Play Safe has impacted LSPS leaders in many ways. According to one LSPS leader who participated in a focus group in Sierra Leone,

*What I have learned from the [Right To Play's Live Safe Play Safe] program as an LSPS leader has helped me to change my own sex habits. (LSPS Leader, Freetown, Sierra Leone)*

Another LSPS leader said,

*We do not only teach the program, we live it. (LSPS Leader, Freetown, Sierra Leone)*

Live Safe Play Safe leaders in both Sierra Leone and Rwanda said that many people in their communities come to them when they have questions about HIV and AIDS. The influence of the program on LSPS leaders, therefore, has implications for both their communities and the sustainability of the program.

## Sierra Leone

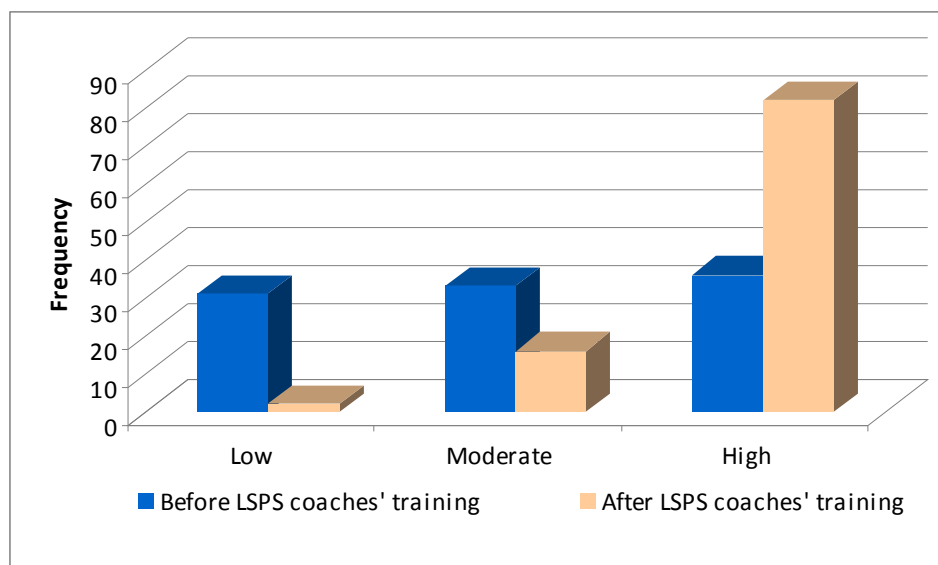
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There were indications that the Right To Play Sport and Play program has contributed to capacity building in the Freetown and Makeni communities. Participants in the Live Safe Play Safe leaders' survey

rated several items including the extent to which LSPS leaders' training had improved their facilitation skills, improved their knowledge about HIV and AIDS, and increased their involvement in their communities on a scale of 1 to 10<sup>xxix</sup>. The majority of LSPS leaders who participated in the evaluation (79%) indicated that their knowledge about HIV and AIDS had increased. Also, 61% of them said their facilitation skills had increased a lot, and 69% of them said that they had become more involved in their communities.

Most LSPS leaders rated their understanding of HIV higher after training than before training<sup>xxx</sup>. Participant self-assessments of their understanding of HIV and AIDS before and after Live Safe Play Safe leader training are compared on Figure 12.

**Figure 12: Sierra Leonean LSPS leaders' rating of their understanding of HIV and AIDS before and after training**



As Figure 12 demonstrates, many LSPS leaders rated themselves as having better understanding of HIV and AIDS issues after, rather than before, training as LSPS leaders. According to one Live Safe Play Safe leader in Freetown,

*I am more assertive now when it comes to talking about HIV and AIDS and sexuality because I have a better understanding of the issues now than I did before. (LSPS Leader, Freetown, Sierra Leone)*

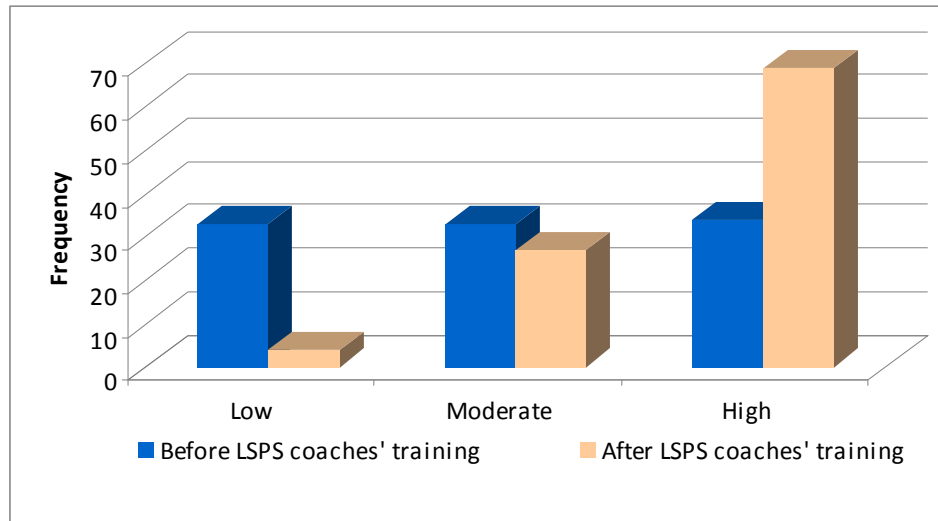
LSPS leaders in Sierra Leone also said that they were in a better position to teach children and youth the right things about HIV and AIDS because their own misconceptions about HIV and AIDS had been clarified and they now knew, what they referred to as, the “real facts” about the disease.

*Before training, I knew practically nothing about HIV. All I thought I knew were misconceptions. Now I am equipped with knowledge about prevention. With the knowledge that I have, I am able to advise young people about the disease and how to make the right choices. (LSPS Leader, Kigali, Rwanda)*

The majority of LSPS leaders in Sierra Leone reported improvement in their facilitation skills after training to become LSPS leaders. According to them, LSPS leaders' training has developed their

leadership skills and has helped them in working with children and youth. In addition, the training has also increased their involvement in their communities. A comparison of LSPS leaders' self-rated involvement in their communities found that more LSPS leaders assessed themselves as being more involved in their communities after training as LSPS leaders<sup>xxxii</sup>. The LSPS leaders' self assessment of their community involvement before and after LSPS leaders' training are compared on Figure 13.

**Figure 13: Sierra Leonean LSPS leaders' self-rated community involvement before and after LSPS leaders' training**



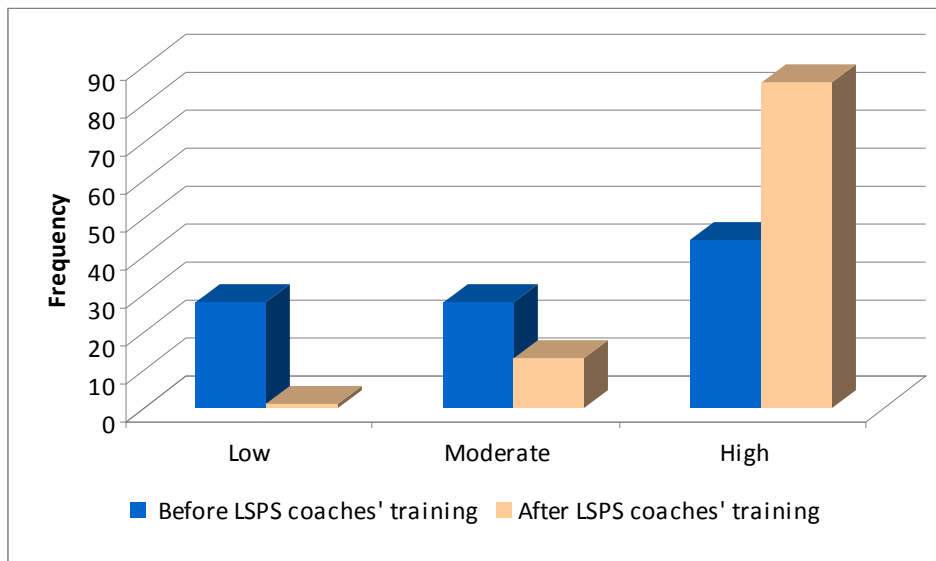
As demonstrated in this chart, a greater percentage of LSPS leaders rated themselves as more involved in their communities after training than before they became LSPS leaders.

## Rwanda

There is indication that Right To Play's sport and play program has helped to build capacity in the Kigali and Gisenyi communities. Participants in the LSPS leaders' survey were asked to rate several items including the extent to which LSPS leaders' training has improved their facilitation skills, improved their knowledge about HIV and AIDS, and increased their involvement in their communities on a scale of 1 to 10<sup>xxxii</sup>. The majority of LSPS leaders who participated in the evaluation indicated that their knowledge about HIV and AIDS had increased (83%), their facilitation skills had increased a lot (63%), and that they have become more involved in their communities (78%).

A comparison of LSPS leaders' self-rated understanding of HIV and AIDS before and after training as LSPS leaders found that more LSPS leaders rated their understanding of HIV higher after LSPS leaders' training than before LSPS leaders' training<sup>xxxiii</sup>. Participants' self-assessment of their understanding of HIV and AIDS before and after LSPS leader training are compared on Figure 14.

**Figure 14: Rwandan LSPS leaders' rating of their understanding of HIV and AIDS before and after LSPS leaders' training**



As illustrated on Figure 14, many LSPS leaders rated themselves as having better understanding of HIV and AIDS issues after training than before training as LSPS leaders. According to one LSPS leader in Kigali,

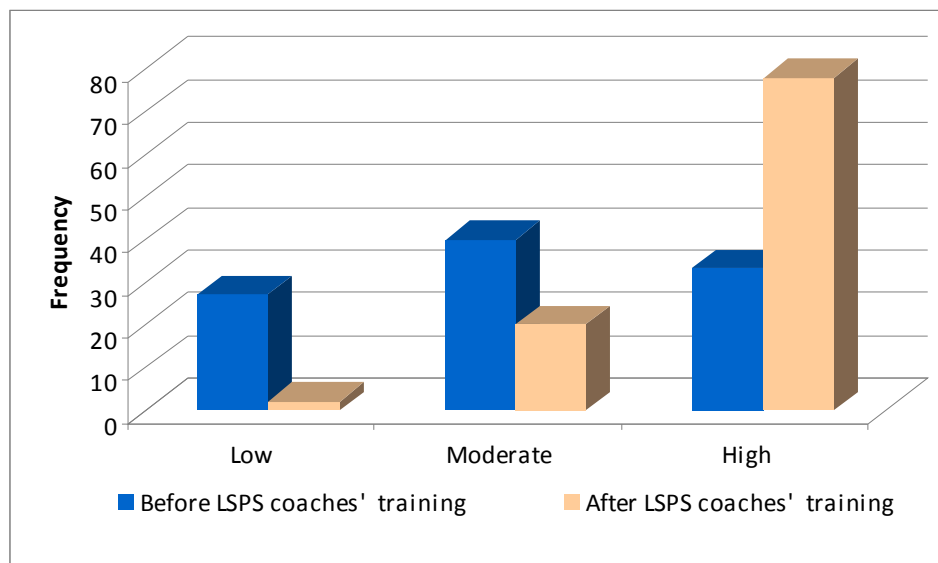
*In the past, we had misconceptions about HIV. With this program, we have become more aware and able to answer questions about HIV. (LSPS Leader, Kigali, Rwanda)*

LSPS leaders in Rwanda also said that with their better understanding for HIV, they are better able to teach the children and youth that they work with and they are better able to relate to people who are living with HIV and AIDS.

*People who are living with HIV and AIDS are people who need our support. This program has helped me to understand how to support them. In the past, no one liked to interact with people who are living with HIV and AIDS. Now we do because we have better understanding of the disease. (LSPS Leader, Kigali, Rwanda)*

The majority of Rwandan LSPS leaders reported improvement in their facilitation skills after receiving training to become LSPS leaders. According to them, LSPS leaders' training has developed their leadership skills and increased their ability to work with young people. They also indicated that sometimes people in their communities look up to them for leadership in matters concerning HIV and AIDS. A comparison of LSPS leaders' self-rated involvement in their communities found that more LSPS leaders assessed themselves as being more involved in their communities after training as LSPS leaders<sup>xxxiv</sup>. The LSPS leaders' self assessment of their community involvement before and after LSPS leaders' training are compared on Figure 15.

**Figure 15: Rwandan LSPS leaders' self-rated community involvement before and after LSPS leaders' training**



As demonstrated in Figure 15, a greater percentage of LSPS leaders rated themselves as more involved in their communities following their training to become LSPS leaders.

## Ghana

Although leaders' surveys were not completed in Ghana, focus group data suggested that the project was considered helpful in building the capacity of LSPS leaders, and leaders of some of Right To Play's partner organizations. First and foremost, the Live Safe Play Safe activities have created a friendly environment where both teachers and children could talk to each other openly and freely about HIV and AIDS issues. According to LSPS leaders, participation in the Right To Play Project has not only increased the awareness and knowledge of leaders, it has also led to attitudinal changes. Furthermore, the project has enhanced the image of teachers/leaders and now children and other community members are more willing to seek guidance and information from them.

*Teachers and children were not confident and comfortable talking about HIV and AIDS. But after participating in this program, they comfortably talk to each other about these issues. (LSPS Leader Trainer, Ghana)*

*Our own attitudes and knowledge as leaders have improved a lot after participating in this program. I have become more active as the program is play based. Children now look up to us as role models. Participation in this program has helped us establishing relationships with others, including children. (LSPS Leader, Ghana)*

*Leaders have demonstrated high level of knowledge and change in behaviour in regards to information and relating to HIV and AIDS. (Right To Play Quarterly Report)*

Ghanaian focus group participants also observed that leaders use the learnings from LSPS leaders' training in their roles as teachers or soccer LSPS leaders. They found that involvement of teachers as leaders has led to increased enrollment of children in this project.

*Training the teachers is in itself is a success of this project. We see more children coming to play and community is benefiting from it. (LSPS Leader Trainer, Ghana)*

Some Ghanaian focus group participants also said the games have improved relationships between children and their teachers. According to them, in the past, it was rare to see a teacher out in the field playing games with children. The Right To Play approach has changed this; now people can see teachers in a circle with children singing and clapping together or kicking a ball.

### Right To Play Head Office

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Several Right To Play staff members felt that Live Safe Play Safe's greatest impact to date has been on the attitudes and behaviours of trainers and LSPS leaders. As one interviewee put it:

*Before their involvement with LSPS, they [teachers and LSPS leaders] knew they were supposed to talk about these topics, but they felt they were not very effective. The LSPS influences leaders' pedagogy in other classes; it makes their approach more interactive. (Right To Play Staff, Head Office)*

### 3.3 Changes in the Communities

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Although it is difficult to draw a direct link between Live Safe Play Safe activities and broad, community wide, changes in behaviour and attitudes, many of the people interviewed for this evaluation felt that Live Safe Play Safe had played a role in precipitating community change.

#### Sierra Leone

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Sierra Leonean parents and LSPS leaders who participated in the evaluation said they had observed some changes in their communities with regards to HIV and AIDS, which they attribute to Right To Play's sport and play program.

*The program has had a big impact on this community. (LSPS Leader, Freetown, Sierra Leone)*

When asked to discuss some of the changes that they had observed, some of the participants said that they had observed that some of the misconceptions about HIV and AIDS are changing in their communities. For example, some parents said that they had observed that many people are beginning to talk openly about HIV and AIDS in their communities. According to them, open discussion about HIV and AIDS is not done only among adults but also between parents and their children. In the words of one parent,

*Formerly, children were not allowed to talk to their parents about HIV and sex but now this is changing: Our children talk to us about what they are learning in this [LSPS] program and now we find it easier to talk to them about sexuality and how to take care of themselves. (Parent, Makeni, Sierra Leone)*

The adult participants also said that they have observed that more people in their communities are gaining a better understanding of HIV and AIDS. According to them, this is evidenced by the fact that many people who are living with HIV and AIDS are coming out in the open. In the words of one parent,

*More people are coming out openly about their HIV status because they now understand that being HIV positive is not the end of one's life. (Parent, Freetown, Sierra Leone)*

According to some of the LSPS leaders, they were confident in attributing these changes to Right To Play because, although the main focus of LSPS is to provide education for children, Right To Play networks with organizations for people who are living with HIV and AIDS.

Furthermore, the majority of participants in the evaluation expressed the view that LSPS is helping to break down some of the barriers to HIV and AIDS education in the country. Some participants pointed to a change in parents' initial response to Live Safe Play Safe as an important indicator of change in their communities towards HIV and AIDS. According to one LSPS leader,

*Many parents questioned the program at the beginning because sex is a taboo topic in Sierra Leone. Now these parents understand the importance of sex and education for their children and are allowing them to participate. (LSPS Leader, Freetown, Sierra Leone)*

These observations by adult evaluation participants indicated that there have been changes in Sierra Leonean communities where the Right To Play Sport and Play Program is being implemented. Furthermore, all of them were comfortable in attributing these changes to LSPS. In fairness, we can say that these changes can be attributed to LSPS and other HIV and AIDS education programs in Sierra Leone.

## Rwanda

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Adult participants reported several indicators of change that they had observed in their communities, regarding HIV and AIDS. While the LSPS leaders and parents who participated in the evaluation said they could not speak for their entire communities, they said that people's beliefs about HIV and AIDS are changing. People are learning that the fear that one could contract HIV by merely interacting with people who are living with HIV and AIDS was based on lack of knowledge and understanding of the disease.

*I used to believe that sitting next to a person who had HIV can get me infected with HIV but now I know that is not true. (Parent, Kigali, Rwanda)*

*There is no more fear that one can get infected by shaking hands with people who are living with HIV and AIDS. I now feel comfortable getting close to [people who are living with HIV]. (Parent, Gisenyi, Rwanda)*

Through Right To Play's Live Safe Play Safe project and other HIV and AIDS education programs, people have come to learn more about the disease. Participants told us that the changes that they have observed in themselves and other people are indicators of changes in their communities. For example, one LSPS leader pointed to a change that she had observed in parents as evidence that the Right To Play program has contributed to a change of attitudes in her community. According to her,

*Initially, parents were reluctant to let their daughters participate in the [Live Safe Play Safe] program; especially their but now they feel more comfortable about it. (LSPS Leader, Kigali, Rwanda)*

Among the participants who inferred changes in their community from changes that they had observed in themselves was one parent who said that all she knew previously was that HIV was contracted through sex. She did not know that HIV is contracted not just through sex, but through unprotected sex. She also said that she now knows that HIV can be contracted through sharing knives, needles, and other sharp objects with people who are living with HIV and AIDS. She explained that the HIV virus can be transmitted from one person to another if a sharp object that has been used to cut or pierce a person who is living with HIV or AIDS is used to cut or pierce another person. When asked how she is using this new-found knowledge, she said that she is now very careful not to share sharp implements.

*Now I am more careful about using sharp objects; I can't afford to use such objects when I don't know who else has used them. (Parent, Gisenyi, Rwanda)*

Another participant said she now knows that while HIV can be passed on at birth from a pregnant mother to a baby, that receiving early care can help HIV positive women who are pregnant to prevent passing on the virus to their babies. According to this participant, many people now understand that with proper monitoring and medication pregnant women who are HIV positive can safely deliver babies who are not HIV positive.

*Mothers who are HIV positive used to think that they cannot have their babies safely without passing the disease on to them. Now they understand that they can safely have their babies and so they are less worried. (Parent, Kigali, Rwanda)*

Formerly, when people learned about their HIV positive status, they would go out and have more sex because they no longer cared. With HIV education, people now understand that having more sex could still expose them to sexually transmitted diseases like gonorrhea and syphilis.

*People who are infected [with HIV] thought they could now have more sex but they can be at risk of other STDs. (Parent, Kigali, Rwanda)*

LSPS leaders' responses also indicated that what they learn from the program as they work with the children and youth has made an impact on their own lives. According to one participant,

*What attracted me to the Right To Play Program is teaching children about AIDS through games but we LSPS leaders also benefit from the program because we live what we teach the children. (LSPS Leader, Kigali, Rwanda)*

Another LSPS leader who was HIV positive said,

*The program has helped me to know how to avoid infecting other people and how to live a healthy life. (LSPS Leader, Kigali, Rwanda)*

Another indicator of change in the community was the ease with which children and youth who participate in Live Safe Play Safe activities talk about HIV and AIDS and sexuality. During the evaluation,

some parents and youth who participated in Play Day activities held in Kigali on September 20, 2008, were engaged in discussions about HIV and AIDS and sexuality by one of the evaluators. According to this evaluator, with the exception of one youth, all who were engaged felt very much at ease relaying the messages from games they had played and talking about HIV and AIDS. The one youth who showed some shyness in talking about these issues told the evaluator that he was participating in Live Safe Play Safe activities for the first time. This gave an indication that children and youth who participate regularly in the LSPS program and their parents have different attitudes towards talking about HIV, AIDS, and sexuality.

## Ghana

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Focus group participants in Ghana felt that Live Safe Play Safe had increased awareness about HIV and AIDS in the general community, and that there had been less stigmatization of people living with HIV and AIDS. Focus group participants also noted that there had been increasing support for Right To Play's sport and play program from different sectors of the community. For instance, parents, local politicians, and other community members have started showing an interest in Live Safe Play Safe activities.

*Parents are quite supportive and willing to send their children to participate in the Live Safe Play Safe activities. For instance, I conduct my Live Safe Play Safe session on Wednesday usually and when, for any reason, I don't come for the session the parents will come out to see what has happened. This shows their interest in this program and the Live Safe Play Safe activities. (LSPS Leader, Ghana)*

*In my community we have an MP who is very supportive and will sometimes drop by to watch these activities. (LSPS Leader, Ghana)*

*Community members including Police will gather and watch Live Safe Play Safe activities. Once when we celebrated International Women's Day and were doing Live Safe Play Safe activities, a journalist who was present showed keen interest in the activities. (LSPS Leader, Ghana)*

### 3.4 Sustainability of the Project

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Sustainability of a project refers, in a general sense, to the capacity of the project to continue as long as it remains relevant to the population that it serves<sup>xxxv</sup>. According to an ecological model of sustainability developed by Taylor, Roderick, Ochocka and Adema (2004) the sustainability of a non-profit organization depends upon its strength in four main areas: relationships and partnerships, planning and leadership, organizational culture, and organizational relevance. According to this model, for a non-profit organization to be sustainable, its services must remain relevant to the communities and populations that they serve. It must have sound leadership that is capable of good planning and the building of strong and effective partnerships. Furthermore, the organization must have a sound organizational culture. In Sierra Leone, Rwanda, and Ghana there is evidence that Right To Play is strongly engaged in partnerships for promoting HIV and AIDS education with both civil society and government.

In Sierra Leone, Right To Play is networking with organizations that service children and families, religious organizations, human rights organizations, and HIV and AIDS prevention programs to promote HIV and AIDS education in the Freetown and Makeni communities. To facilitate its work with its partners, Right To Play Sierra Leone has initiated Community Group Network (CGN) in Freetown and Makeni. These groups bring together various community partners who are implementing Live Safe Play Safe to discuss strategies for effective programming. Furthermore, Right To Play has formed community LSPS leaders' associations in the two project communities to enhance program quality and sustainability.

Right To Play is also an active member of the Sierra Leone National Aids Secretariat's committee on HIV and AIDS education. In furtherance of HIV and AIDS prevention work in Sierra Leone, Right To Play has submitted a memo on teaching methodologies around HIV and AIDS for Teacher Training Colleges in a UNICEF funded project. Right To Play's key partners in Sierra Leone offered very positive comments about their efforts at collaboration.

*Our work with our partners has being a very fruitful one. This relationship, has led to diverse opportunities for experience sharing with regards to HIV & AIDS both at the community and national levels. (Community Partner, Makeni, Sierra Leone)*

Participants' responses to focus group questions further indicated that there was some level of collaboration among Right To Play's partners outside the CGN. According to a senior Right To Play Sierra Leone staff member in Freetown, some of Right To Play's partners are beginning to provide support for each other.

*Some of these operational and implementing partners are providing support for each other on project implementation. This is helping to enrich the programs of smaller organizations. (Right To Play Staff, Sierra Leone)*

Such statements gave an indication that the community network that Right To Play Sierra Leone has initiated is growing in strength. Indeed, during one of the focus groups, some of the Right To Play Sierra Leone's partners expressed a strong belief that some partner organizations would continue with Live Safe Play Safe activities even if Right To Play's operations in Sierra Leone were discontinued.

In Rwanda, Right To Play works with the National AIDS Control Commission (CNLS) and also with district level partners in the district commissions on HIV and AIDS. Right To Play and its partners are also members of the NGO forum on HIV and AIDS. According to a senior staff member, through this commission, Right To Play has been able to network with various organizations to enhance HIV and AIDS prevention. Organizations with which Right To Play has established partnerships for HIV and AIDS education include organizations that work with vulnerable children and youth. Right To Play Rwanda also works in partnership with several schools in Kigali. According to senior Right To Play staff in Rwanda, the organization has signed a Memorandum of Understanding with directors of about 28 secondary schools in Kigali.

In both Rwanda and Sierra Leone, Right To Play appears to be the centre that holds those partners that are implementing Live Safe Play Safe together. For instance when asked whether any of Right To Play's partner organizations had worked together in anyway outside their work with Right To Play, their response was a resounding "no". The implication is that Right To Play is yet to take steps to encourage further networking among its partners to enhance sustainability<sup>xxxvi</sup>.

In Ghana, the Right To Play Program has been successful in partnering with a number of important organizations such as the Ghana Education Service (GES), Ghana AIDS Commission (GAC), Ghana Red Cross Society (GRCS), and Girl Guide Association. For sustainability of the Right To Play Program, GES would work to formalize the activities of the project by making them part of the syllabus. Focus group participants believed that the project would be sustainable as it had already spread the message around in the communities.

*It [Live Safe Play Safe] is sustainable as we are trying to make this part of our syllabus. (LSPS Leader Trainer, Ghana)*

*It is knowledge and knowledge is always sustainable; these children and teachers will continue to share this information with others. (LSPS Leader Trainer, Ghana)*

*Since a lot of children and community members are aware of Live Safe Play Safe messages, even if the Right To Play is not there, the message will remain. (LSPS Leader, Ghana)*

According to interviews conducted with partners in both Rwanda and Sierra Leone, Live Safe Play Safe has enabled Right To Play to gain recognition in the field of HIV and AIDS prevention. This development is another form of sustainability strategy. Right To Play's partners in both Rwanda and Sierra Leone said they were very much impressed with the uniqueness of Right To Play's sports-based approach to HIV and AIDS education. According to them, using games as means for teaching children about HIV is very innovative because children love to play and so the games exert a pulling effect on them.

*The approach that Right To Play uses in teaching children about HIV and AIDS is very efficient and cost effective. My colleagues who work closely with Right To Play are very impressed with the program. (CARE Sierra Leone staff)*

*The Right To Play approach is unique. The children get so excited about the games and what they learn that they want to share with their friends and us [parents]. (Parent, Gisenyi, Rwanda)*

The staff, parents, and LSPS leaders also said that the impact is a "chain effect". In their words, using games and sports to teach children about HIV and AIDS is very innovative and enables children to share what they learn in the Live Safe Play Safe activities with other children in their neighbourhoods.

*Right To Play trains the LSPS leaders, who teach the children. The children share what they learn with other children and even their parents. It is a chain effect. (LSPS Leader, Kigali, Rwanda)*

According to participants in the evaluation, the impact of Right To Play's programs go beyond HIV and AIDS education and awareness; it is helping to build peace and cooperation among the children of Rwanda.

*The [Live Safe Play Safe] program is helping to build peace because the children are learning to work with each other as they play and learn about HIV and AIDS. (Parent, Kigali, Rwanda)*

*Young people participated in the [Rwandan] genocide. Today, the [LSPS] program is bringing these youth people together and it is helping to build peace among them. (Parent, Kigali, Rwanda)*

For Right To Play as an organization, Live Safe Play Safe has opened up a lot of opportunities for new partnerships.

*Live Safe Play Safe has also helped Right To Play to define our target areas. People want to see sport and play linked to issues people care about. It has been an opportunity for us to learn by doing. Addressing HIV and AIDS education through play has proven to be an important “niche” for Right To Play. (Right To Play Staff, Head Office)*

*The goal of Live Safe Play Safe is to fight the spread of a disease, using play to instill basic knowledge attitudes and behaviours in children. It [Live Safe Play Safe] is unique in that the LSPS leaders or leaders are not just told facts. The value is that the LSPS leaders or leaders can see the issues in the games. They live it while playing. (Right To Play Staff, Head Office)*

Head office interviewees also told us that Live Safe Play Safe has provided the organization with opportunities to implement and test new ideas about managing programs.

*Live Safe Play Safe is a fantastic tool that needs to get used more. What we really need is recognition of the value of sport as a vehicle for programming. We need the evaluation data to mainstream that idea (Right to Play Partner).*

### **3.5 Summary of Main Messages about Outcomes**

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Overall, the evaluation revealed that children and youth who participate in the Right To Play Sport and Play Program in both Sierra Leone and Rwanda had high levels of knowledge about HIV and AIDS and more informed attitudes towards HIV and AIDS and people living with HIV and AIDS. Their responses to survey questions and questions during interactive drama scenes also indicated appreciable levels of HIV and AIDS related life skills. Children and youth LSPS participants were aware of basic things like what causes AIDS, and the different ways through which a person could get infected with HIV. They were also aware that HIV could only be diagnosed through an HIV test. The evaluation findings further indicated that children and youth LSPS participants were developing informed attitudes related to HIV and AIDS. The majority of them expressed an understanding that people who are living with HIV and AIDS should not be stigmatized. Furthermore, LSPS participants’ responses to questions indicated the presence of life skills that could be used for self-protection against HIV infection.

Findings indicated that LSPS is beneficial to children and youth of both sexes. Comparisons of boys’ and girls’ scores on HIV and AIDS knowledge, attitudes, and skills by gender found no significant differences between the sexes.

In Sierra Leone, children and youth who participate in Live Safe Play Safe activities demonstrated higher levels of life skills than youth who do not participate in Live Safe Play Safe activities. Children and youth who participate in Live Safe Play Safe activities are more likely to participate in other HIV and AIDS education programs than children and youth who do not participate in Live Safe Play Safe activities.

LSPS leaders in all three countries reported that use of LSPS activities within the Sport and Play Program has created a friendly environment where both teachers and children could talk to each other openly and freely about HIV and AIDS issues. In both Sierra Leone and Rwanda, the majority of LSPS leaders who participated in the evaluation indicated that their knowledge about HIV and AIDS had increased, their facilitation skills had increased, and that they have become more involved in their communities. A comparison of LSPS leaders' self-rated understanding of HIV and AIDS before and after training found that more LSPS leaders rated their understanding of HIV higher after training.

Key stakeholders involved in Live Safe Play Safe reported that their efforts are beginning to affect attitudes in the broader community. One indication of this trend is the progress that Right To Play staff have made in building new partnerships with organizations that are in a position to embed Live Safe Play Safe games into their practice in an ongoing way.

Live Safe Play Safe has also had an impact on Right To Play as an organization. Its profile has been raised in these countries, and it has come to be seen as a leader in the prevention of HIV and AIDs. Partners are developing a deeper understanding of the value of sport and play for the promotion of peace and community.

## 4. Strengths and Challenges

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Interviewees in all three countries offered reflections on the factors that have influenced program implementation. In this section, some of the key program strengths and challenges are discussed.

### 4.1 Clarity of Program Outcomes Objectives and Approach

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Interviews conducted for this evaluation suggested that key stakeholders at all levels have a reasonably clear and consistent understanding of what Live Safe Play Safe is all about. Staff members in each country and at head office articulated the outcome objectives in a consistent way, and generally felt that these objectives had remained much the same since the project began.

However, interviewees also felt that their understanding of these objectives had evolved and deepened over time. For example, Right To Play staff at all levels reported that they have become more aware of the rights-based approach that undergirds Live Safe Play Safe. The importance of providing skills and knowledge to children living with AIDS (as well as those at risk) has also become clearer. Some questions about outcome objectives remain. Field staff often raised questions about whether Live Safe Play Safe's objectives ought to be adapted to the needs of different age groups. For example, there was some discussion in country staff focus groups about the degree to which one could incorporate messages of abstinence into the Live Safe Play Safe model when working with younger children.

Some head office staff underscored the importance of making sure that the central messages of Live Safe Play Safe – the core public health information about the prevention of HIV and AIDS - were being communicated consistently and accurately in all countries. They felt that further work was needed to ensure consistency. Staff in country generally felt that the core messages about prevention were being delivered clearly and consistently.

Although the core outcome objectives of LSPS are clear, relevant, and broadly understood, it may be helpful to develop more detailed and specific language about the precise meanings of key outcomes. While staff and volunteers in the field can identify improvements in life skills as one of the key outcome objectives of LSPS, it may be helpful to provide more detailed explanations of the specific skills, how the teaching of these skills may differ for boys and girls, children of different ages, or children living in different circumstances.

### 4.2 Clarity of Roles and Responsibilities

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Many interviewees reported that Right To Play has made immense progress in clarifying roles and responsibilities since LSPS began. In the early stages of implementation there were challenges in several areas, including the expectations of volunteers from outside the country, the respective roles of Right To Play and CARE staff, and procedures for progress reporting. However, most interviewees felt that these challenges had been resolved before the period under consideration in this evaluation report.

Many saw the building of staff members' capacity within each country as the key factor in resolving these challenges. As one partner put it:

*"Over time, Right To Play looked more closely at the program coordinator role. This has led to the creation of well-run offices. It is great to see that Sierra Leone is now 100% national staff."*

Paid, trained, staff helped to ensure that volunteers got the support they needed.

*"Volunteers will always have power in the community, but they need expert support. We aren't requiring all volunteers to be experts, but we do need some expert supports." (Right To Play Staff, Head Office)*

Some Right To Play staff and LSPS leaders felt that this success has brought its own, new challenges.

*Our trainers are run off their feet. It is hard to maintain enthusiasm without seeing results or celebrating success. (Right To Play Staff, Head Office)*

*There are very fewer people [LSPS leaders or leaders] to train children. In my school, I am the only LSPS leader responsible for teaching all the 150 children. (LSPS Leader, Ghana)*

However, further elaboration of key terms may be helpful in a few key areas. LSPS leaders are typically referred to as coaches in the field, but this term does not reflect the diversity of people who have been trained as leaders. "Head coach" and "coach-evaluator" are also terms that are not used consistently and may be confusing. The distinctions between the Sport and Play Program, LSPS resource, and LSPS activities might be clarified if language was used more consistently.

### **4.3 Resource Development and Distribution**

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Overall, evaluation participants felt that the resources were excellent and well used. Many head office interviewees shared reflections on the resource development process. They described a very thorough and engaging resource review process, which included obtaining inputs from program staff from the various countries. This process has resulted in new improved LSPS resources that LSPS leaders and field staff have described as very useful and easy to use.

*The new resources are well made. The games manual has a lot of new games ideas and gives step-by-step instructions for planning and implementing them. The resources equip us well as leaders. (LSPS Leader, Rwanda)*

*Leader and games manuals helped us designing our own activities with children and helped us clarify our roles and responsibilities. (LSPS Leader, Ghana)*

*The manuals have increased my self confidence one hundred percent. Compared with other training that I have had, the LSPS training has been the most helpful. (LSPS Leader, Sierra Leone)*

Both LSPS leaders and Right To Play field staff felt that these resources helped them teach children effectively about HIV and AIDS. They also felt that messages delivered through LSPS activities are helping

to shape children and youth's attitudes related to HIV and AIDS. The majority of LSPS leaders said they have received and are using the new Live Safe Play Safe resources. An overwhelming majority of those who have used both the old and new resources said they found the new resources very helpful and easy to use for planning and leading activities.

*Before, I did not have adequate knowledge about HIV and AIDS or how to teach children about HIV and AIDS but the training and resources have given me enough knowledge and the tools to impart this knowledge to children. (LSPS Leader, Sierra Leone)*

In order to sustain children's interest in Live Safe Play Safe activities, some evaluation participants suggested that new activities and new equipments should be introduced into Live Safe Play Safe from time to time. In addition to football, participants suggested other games like handball and volleyball. Some of the parents and LSPS leaders also hinted that there are local games in their communities that could be adapted for Live Safe Play Safe activities. However, these participants did not name any specific local games.



**Figure 16: Basketball court built with support from Right to Play**

Many LSPS leaders who participated in the focus groups said that the Live Safe Play Safe games equipment were very useful because they make it easy to implement the games. The majority of them, however, complained about the inadequacy of equipment. According to these participants they had more children than equipment and this makes it difficult to adequately involve all children in the games as much as they would like. Others also said that some of the equipment that they have received from Right To Play are of low quality and therefore wear out very quickly.

Additionally, some of Right To Play's partners indicated that they need assistance with other sports facilities and equipment. According to them, facilities and equipment like soccer fields, basketball courts, footballs, handballs, volleyballs, nets, and sportswear will not only facilitate the sport and play program but will also attract more children to it. It is important to note here that Right To Play has assisted some of these organizations in acquiring such resources.

For example, Right To Play Rwanda helped Centre Presbyterien d'Amour de Jeunes (CPAJ), a community based organization that works with street kids, to build the basketball court seen in the two pictures on this page.

#### **4.4 Program Delivery**

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There is evidence that Right To Play's play-based approach to HIV and AIDS prevention and education has been very effective. Stakeholders described this approach as very attractive to children and youth. According to them, many parents who were initially reluctant to let their children participate in the program have come to value the knowledge that children acquired through it and have therefore become very enthusiastic supporters of Live Safe Play Safe.

*Right To Play has brought an approach to programming that the children actually enjoy and this helps their understanding. (Right To Play partner, Freetown, Sierra Leone)*

All stakeholders also agreed that the play-based approach makes the delivery of HIV and AIDS related messages very simple and easy for children to follow.

*I like Right To Play's work with the foundation [Foundation for Peace]. I have three boys and a girl in program and they are getting more knowledge about HIV and AIDS. (Parent, Kigali, Rwanda)*

There is also evidence that the strategy of delivering the sport and play program through schools and other community based partner organizations is very effective. It has enabled Live Safe Play Safe to reach many children and youth in all the three countries that took part in this evaluation. However, there are many communities in each of these countries that could benefit from the program but do not currently have access to it.

*I want Right To Play to bring the program to my village. There are many communities that need this program but are not getting it. (Parent, Makeni, Sierra Leone)*

Many head teachers and teachers are enthusiastic and supportive of the Right To Play Sport and Play Program. However, there are signs of frustration among some head teachers. Some of them are becoming unhappy about the amount of school time that LSPS leaders spend doing Live Safe Play Safe activities with children. Moreover, some head teachers were said to feel left out of the little “material benefits” such as transportation and communication allowance that LSPS leaders and volunteer-supervisors receive to enable them carry out Live Safe Play Safe activities or for participating in centrally organized events. It is important to note, however, that three head teachers who were interviewed as part of this evaluation did not mention either issue.

Also, in Rwanda, fewer girls participate in Right To Play's sport and play program than boys. Some LSPS leaders attributed this to parents being very protective of their daughters. Others said it was traditional to keep daughters at home to do household chores. Challenges to participation in Live Safe Play Safe activities by girls were reported in Ghana and Sierra Leone where there is more gender balance in Live Safe Play Safe participation. In both of these countries, staff and LSPS leaders reported that some girls stay away from physically active games because their traditional way of dressing serves as a hindrance.

Another shared challenge of Right To Play's sport and play program in Sierra Leone, Rwanda, and Ghana was staffing. As the program in all the three countries expands towards their objectives of reaching many children and youth, staff has become stretched very thin. This has had implications for the regularity of supervision and support for the LSPS leaders in the field.



**Figure 17: Street youth play a Live Safe Play Safe game at CPAJ in Rwanda**

*We have trained many LSPS leaders but now following up with all of them is difficult because of the small number of staff that we have. Sometimes the staff have to work with community organizations during the weekends as well. We need to find ways to motivate them to keep this work going. (Right To Play Staff, Kigali, Rwanda)*

In response to the staffing problem, Right To Play program managers and coordinators in Sierra Leone and Rwanda have been innovative in training some LSPS leaders as volunteer-supervisors to help with supervision. This innovation has helped ease the pressure on project coordinators and assistants. However, the volunteer-supervisors who are required to do extra work have expectations of some form of compensation as “motivation”. These expectations have largely not been met because of the small budgets on which the country offices operate.

There is evidence that LSPS leaders in Sierra Leone, Rwanda, and Ghana are very enthusiastic about Right To Play’s sport and play program. Many of them also indicated a willingness to continue to be involved in it. Although these LSPS leaders said they were getting support from Right To Play, they indicated that more support would be desirable and very helpful for the success of the program. Right To Play’s partners and LSPS leaders who participated in the focus groups noted that it would be very important for Right To Play to continue to provide LSPS leaders with adequate support to enable them to conduct activities with children and youth. They also suggested that the LSPS leaders need to be “motivated” in order to maintain their interest and commitment to the project.

Some staff members at Right To Play’s head office expressed concerns about whether the key messages of Live Safe Play Safe are always delivered completely or accurately and whether children and youth are receiving the key life-saving messages about how to prevent or manage HIV and AIDS in the implementing countries. These concerns stem from a recognition that the Sport and Play Program in the three countries; Sierra Leone, Rwanda and Ghana, have grown so fast that they have out-grown the amount of resources available for support and monitoring, especially in terms of adequate staffing. This report contains detailed information about program implementation and outcomes in each country, and may help to inform further discussion of this issue.

#### **4.5 Building Supportive Community Contexts**

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The results of this evaluation revealed signs of changes in the communities in which the Right To Play Sport and Play Program is being implemented. The LSPS leaders, parents, and community leaders who participated in focus groups reported that they have seen some changes in their communities with regards to HIV and AIDS. They said that people are beginning to have better understanding of the disease, some people who are living with HIV and AIDS are coming out openly about their status, and parents who were initially opposed to the program are now allowing their children to participate in them. While we cannot wholly attribute this to the program, participants felt strongly that this program has contributed to this change.

Interviewees in all three countries, however, maintained that misconceptions about HIV and AIDS and stigma still abound in their communities. They told us that communities sometimes have pre-conceived mindsets around some information concerning HIV and AIDS that are misconceptions and they have clung to them, making it difficult for them to accept correct information and preventive methods that are sure ways to reduce infection rates. While local communities were considered to be generally supportive of the program, some evaluation participants noted that there were still many traditional

values and beliefs that serve as barriers to its teachings. In all these communities, sexuality and HIV and AIDS are sensitive topics that people find difficult to talk openly about with children.

*People have difficulty talking to children about such sensitive topics as sex, HIV and AIDS. (LSPS Leader, Ghana)*

*Sex is a taboo in Sierra Leonean community and so many parents were apprehensive at the beginning. Right To Play [LSPS] is helping to break those barriers. (Right To Play Partner, Makeni, Sierra Leone)*

*There are people who still believe people can get infected with HIV through witchcraft. (Parent, Kigali, Rwanda)*

In Rwanda, some Right To Play staff reported that they had seen resistance to promoting condom use as an option. Another challenge in that country has to do with the fact that community members may be working with many organizations, not just Right To Play. Mixed messages can be received, and this can lead to confusion. Interviewees also felt that a general resistance to the idea of talking about sexuality is still a challenge in all three countries, but especially in Rwanda.

In Sierra Leone, this resistance shows itself in several ways. Interviewees reported that they sometimes see people who refuse to accept their status after testing HIV positive through Voluntarily Confidential Counseling and Testing (VCCT). The issue of talking about sex in relation to HIV and AIDS in some Muslim Schools and also some predominately Muslim communities within the country is a challenge as well, since these communities consider it as a taboo to discuss such issues. For example the evaluation participants from Ghana felt that many parents are skeptical about Live Safe Play Safe because it teaches children about sexuality and HIV and AIDS.

*We mobilize community around thematic area of HIV and AIDS and try to involve traditional groups or informal and opinion leaders (local authorities, community development committee members). But not enough opinion leaders are yet part of this initiative. (Right To Plays Staff, Ghana)*

*The low involvement of parents is partly due to very nature of this program—using schools to implement Live Safe Play Safe activities. This limits the involvement of parents, unless there is some public event. (LSPS Leader, Ghana)*

Gender stereotypes not only contributed to making girls more vulnerable to HIV and AIDS, but they also had an impact on their participation in the Live Safe Play Safe activities. The evaluation participants also discussed that lack of the right attire for girls sometimes discouraged them from participating in Live Safe Play Safe activities.

*We are working in a social environment which discourages girls not to come to participate in such activities; also lack of equipment for girls such as shoes, T-shirts; we teach Live Safe Play Safe through games and when girls do not have shoes, T-shirts (which boys have) they feel insecure. (LSPS Leader, Ghana)*

## 4.6 Enhancing Program Sustainability

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Several head office interviewees felt that Right To Play, and Live Safe Play Safe in particular, had made significant progress over that last few years in their methods for developing partnerships at the country level. In particular, they felt that Right To Play has come to focus more on building connections with the host organization, and has allowed the host organization to take on more responsibility for picking the most strategic local partners. Right To Play has developed standards and protocols for handling agreements with sponsoring organizations which have made roles and responsibilities clearer. In general, this approach appears to have been successful. However, some interviewees felt that this approach had sometimes led to local partnerships with organizations that did not fully share Right To Play values.

In all three countries, the development of strategic partnerships has been a priority (as described earlier in this report). Right To Play Sierra Leone, Rwanda, and Ghana have made a lot of progress in building partnerships both at the national and local levels with national agencies including education ministries and national AIDS agencies, and various local organizations that work with children and families. These partnerships have been a major source of strength for Right To Play's sport and play program in these countries. Right To Play Ghana, which is relatively younger, is also in the process of developing partnerships at these levels.

However, the process is not always easy; there have been some challenges in maintaining and strengthening these partnerships.

*Some partner organizations are dropping out because they think Right To Play is using them. (Right To Play Partner, Freetown, Sierra Leone)*

In Sierra Leone, one of the challenges has been in finding local partners with resources to commit to the project.

*Some of our partners find it very difficult to match and mesh their activities with that of other organizations in terms of providing support. (Right To Play Staff, Freetown, Sierra Leone)*

*Considering the apathy of donors in funding project activities in the country, most partners cannot afford to give financial support to other organizations in helping with their project activities. Nonetheless our partnership have added value to individual organizations project activities. (Right To Play Staff, Freetown, Sierra Leone)*

In Ghana, generally, participants found that working with different partners had been quite successful for both Right To Play and its partners. However, some interviewees expressed frustration with government bureaucracy. The trainers pointed out that complicated bureaucratic procedures in the Education Department sometimes delay the implementation of Live Safe Play Safe.

*We have a lot of hierarchy in our education system which sometimes becomes an obstacle for carrying out our activities quickly. (LSPS Leader Trainer, Ghana)*

The Right To Play Sport and Play Program in the three countries has not been successful in exploring partnerships with parents, traditional leaders, and religious leaders. In the words of Right To Play staff from Sierra Leone, the project has been trying to involve traditional institutions or groups and informal

leaders to seek their support but so far these efforts have not yielded any tangible results. However, since these groups of people can be very useful allies in changing attitudes towards HIV and AIDS, it will be very important to explore partnerships with them. It is encouraging to note that Right To Play Sierra Leone reported some progress with some mosques and churches. According to Right To Play staff, some of these religious organizations have changed from preaching against the use of condoms to advising their members to use condoms for protection against HIV infection. This development gives an indication that some groups that were formerly opposed to sex and HIV and AIDS education may now be ready to listen.

For some interviewees, finding ways to embed Live Safe Play Safe content within the school curriculum was the key to long-term sustainability.

*The only way to achieve sustainability is to go through the schools – to figure out a way to community buy-in. (Right To Play Head Office staff)*

## 4.7 Summary

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Right To Play has addressed many challenges connected to the implementation of Live Safe Play Safe over the last two years, and this evaluation report documents the achievements that these changes have made possible. The key challenges that remain are, to some degree, inherent in any project funded through a time-limited grant. Resources are limited and time is short. Transplanting successful activities or programs into existing institutions by, for example, incorporating LSPS games into school board curricula is a slow process.

Right To Play staff at all levels are vigorously pursuing partnerships with groups that can help the work to continue. However, they are doing so without the benefit of a comprehensive and strategic sustainability plan. Had such a plan existed in the early stages of the project, more progress might have been possible. Looking to the future, Right To Play may be able to glean valuable lessons about sustainability planning from the Live Safe Play Safe Project in Sierra Leone, Rwanda, and Ghana. For example, partnerships with traditional leaders and parents are important. Links with policy makers in government and school boards should be established early. Recruiting volunteers into capacity building roles (such as volunteer-supervisors) is important.

## 5.0 Recommendations

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The recommendations in this section are based on the evaluation findings and suggestions made by evaluation participants, steering committee members, and Right To Play staff from Sierra Leone, Rwanda, and Ghana. Their intent is to highlight the practical implications of the findings presented in earlier sections and to highlight areas where Live Safe Play Safe can continue to improve. The recommendations are classified as follows: 1) Resources and equipment, 2) Program delivery, 3) Building supportive community contexts, and 4) Enhancing program sustainability.

### 5.1 Resources and Equipment

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**Development and distribution of Live Safe Play Safe resource:** The development and distribution of the main Live Safe Play Safe resources has been very efficient. Research participants who were closely involved in reviewing and revising the Live Safe Play Safe resource described a very thorough and engaging process. It included obtaining inputs from program staff from the various countries. As a result of this process, the new Live Safe Play Safe resources have been described as greatly improved.

They have also been widely distributed and applied. More than three-quarters of LSPS leaders who completed the LSPS leaders' survey in Rwanda and Sierra Leone said they use the new Live Safe Play Safe resources. Among them, an overwhelming majority of those who have used both the old and new resources said they found the new resources very helpful and easy to use for planning and leading activities. While this is very encouraging, it is important to ensure that the remaining LSPS leaders receive the new manuals to aid them in programming.

**Recommendation #1:**

*Right To Play should continue with the production and distribution of the new Live Safe Play Safe resources to ensure that LSPS leaders who do not have resources are supplied without delay. Ensuring that all LSPS leaders have the right tools for delivering Live Safe Play Safe activities will enhance consistency in the way messages are delivered.*

**Recommendation #2:**

*It is further recommended that Right To Play continue to review and revise the Live Safe Play Safe resources periodically to ensure that they are up to date with regards to new knowledge about HIV and AIDS.*

**Recommendation #3**

*It is further recommended that efforts be made to identify local games that can be adapted and incorporated into the Live Safe Play Safe resources to give them a cultural flavour. According to some focus group participants, there are local games in their communities that can be easily adapted for Live Safe Play Safe activities. Such local games would be country specific and can be produced as appendices to the standardized manuals that are currently being used.*

**Live Safe Play Safe equipment:** Most Live Safe Play Safe games are designed to require minimal equipment. However, many LSPS leaders who participated in the focus groups complained about the

inadequacy of equipment for Live Safe Play Safe activities. Some of these participants said they did not have all the equipment they needed while other said they did not have enough equipment for the number of children they work with.

*Recommendation #4:*

*It is recommended that Right To Play ensure that all trained LSPS leaders have the necessary equipment for carrying out Live Safe Play Safe activities with children. One remarkable thing about LSPS is that it uses very simple equipment most of which can be improvised. It will, therefore, be very helpful continue to encourage LSPS leaders to improvise as much as possible. For example two pieces of wood from the local carpenter's workshop is as good for "crossing the bridge" as the polished pieces of wood that LSPS leaders are currently using.*

**Other games, facilities, equipment, and accessories:** It was also clear from the research findings that the expectations of partner organizations go beyond the Live Safe Play Safe games resources. Right To Play staff in Rwanda and Sierra Leone observed that some of their partner organizations are poorly equipped. Some lack playing fields, basketball courts, and other sports equipment such as footballs, handballs, volleyballs, and nets. While some of these resources are not directly related to Right To Play's Sport and Play programming, there are expectations that because the program is games-based, Right To Play would assist the partners in acquiring them. Right To Play has assisted some of these organizations in acquiring some of these resources but there are more who are expecting such assistance.

*Recommendation #5:*

*It is recommended that Right To Play continue to assist its partners to acquire some of the other games-related resources that they need. One way of doing this is to explore partnerships with other international NGOs that have the resources and a mandate for such resources.*

## 5.2 Program Delivery

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**Programming:** Delivering the Right To Play Sport and Play Program through schools and other community based partner organizations appears to be very effective. This strategy is enabling Right To Play to reach many children and youth. Children and youth are attracted to the program because it is play-based and parents are enthusiastic because they see value in the messages that are delivered through Live Safe Play Safe. However, in each community, the number of children reached directly by the program is a mere fraction of the number of children in the community. There were indications that very low numbers of girls participated in the Live Safe Play Safe activities in Rwanda. Evaluation participants attributed this to traditional values and beliefs that exert control over girls. Staff in Ghana and Sierra Leone also observed that the way girls typically dress does not allow them to play in some physically active games. Furthermore, some head teachers are becoming unhappy about the amount of school time that teacher-LSPS leaders spend doing Live Safe Play Safe activities. To address these issues, the following are recommended:

*Recommendation #6:*

*It may be helpful to develop more detailed and specific language about the precise meanings of key outcomes and the ways in which these outcomes apply to different contexts. This information should be used to update the LSPS program logic model, and should also be included in future editions of the resource documents. Similarly, an effort should be made to develop and communicate consistent language for the description of key roles within the LSPS model.*

*Recommendation #7:*

*It is recommended that the identification and training of LSPS leaders from both schools and community based clubs be strategic to enable “leader-sharing”. For example, Right To Play can explore working with schools to ensure that trained LSPS leaders do not only work with their regular classes but also with children in other classes. This can be done during special games periods when several classes can come together. For community based clubs, “roving LSPS leaders” can be identified and trained to work with more than one club at a time. Such “roving LSPS leaders” can be identified by Right To Play’s partner-organizations. For example the Scouts can identify individuals who can be trained to work with more than one Scout branch.*

*Recommendation #8:*

*Right To Play should continue to engage parents to enable them to understand the aims of the Sport and Play program and the Live Safe Play Safe activities. Advocacy should also focus on educating entire communities about the importance of girls’ involvement in HIV and AIDS education, to reduce their vulnerability to infection.*

*To enhance the participation of girls in the LSPS program, Right To Play should explore the potential of having partner organizations that engage in clothing distribution to donate girls’ sports attire to Live Safe Play Safe groups.*

**Staffing:** Staffing at Right To Play's country offices in Sierra Leone, Rwanda, and Ghana is insufficient to meet community needs. In the face of staffing insufficiency, project coordinators and assistants in Sierra Leone and Rwanda have had to rely heavily on volunteer-supervisors for supervising and monitoring LSPS leaders. Also, there is high demand for Right To Play’s sport and play program from numerous communities in each country where the program is not available. Limited staff and small annual budgets make it unrealistic to attempt to reach all children or set up the sport and play program in all communities. Some Right To Play staff have expressed concern that it is difficult to monitor the fidelity of Live Safe Play Safe’s core messages because of limited resources. What is needed, therefore, are strategies that can help to maximize both program quality and reach, simultaneously. In order to achieve this, we recommend the following;

*Recommendation #9:*

*It is recommended that Right To Play country offices set aside a small amount in their annual budgets to be paid as honoraria to volunteer-supervisors who are currently carrying out tasks that staff would have carried out. In addition, Right To Play Sierra Leone’s experiment of giving bicycles to volunteer-supervisors to facilitate mobility when supervising LSPS leaders can be explored, reviewed, and (if appropriate) implemented more broadly.*

**Supporting LSPS leaders:** The delivery of the Right To Play Sport and Play Program depends on volunteerism: LSPS leaders with most partner organizations work on the program on volunteer basis. During this evaluation, LSPS leaders in Sierra Leone, Rwanda, and Ghana displayed a lot of enthusiasm and commitment to the program. It is therefore important for Right To Play to continue to provide them with adequate support and meet their needs to keep them interested and committed. In all three countries, demand for incentives by LSPS leaders continues to increase; especially in situations where pressures have been mounted on them to embark on quality implementation and delivery of program.

*Recommendation #10:*

*It is recommended that Right To Play continue to build LSPS leaders' capacity for facilitation through refresher training. Also, Right To Play should continue to organize LSPS leaders' exchanges to promote shared learning and exchange of experience. Furthermore, Right To Play should support existing LSPS leaders associations and the formation of new ones (where they are non-existent) to provide LSPS leaders with both program related and non-program related support.*

*Recommendation #11:*

*Volunteers are crucial to the long-term sustainability of Live Safe Play Safe work in these three countries, and staff in each country work hard to show their appreciation to volunteers. Right To Play should explore in detail the issue of appropriate recognition of volunteers in the African context, and consider the creation of additional, culturally appropriate strategies for the recognition of volunteer contributions.*

### **5.3 Building Supportive Community Contexts**

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**Enhancing the community contexts within which Live Safe Play Safe is implemented:** Findings from this evaluation revealed some signs of change in the communities in which Right To Play's sport and play program is being implemented. Some parents who were initially opposed to the program are now allowing their children to participate in them, stigma remains high within the communities, and people still have misconceptions about HIV and AIDS. To enhance community understanding and acceptance of HIV and AIDS education, the following is recommended:

*Recommendation #12:*

*Right To Play Sierra Leone, Rwanda, and Ghana have had significant success in developing and implementing community events and other social mobilization activities. These efforts should continue to be a priority. Program managers and staff should continue to engage the communities and advocate on behalf of the Right To Play Sport and Play Program. Use of the media for advocacy seems to be effective and should also be continued.*

### **5.4 Enhancing Program Sustainability**

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**Strengthening partnerships:** A good way to ensure sustainability of a program is by influencing the behaviour of people who will continue working with children into the future. Findings of this evaluation showed that Right To Play Sierra Leone, Rwanda, and Ghana have all made a lot of progress in building partnerships both at the national and local levels with national agencies including education ministries and national AIDS agencies, and various local organizations that work with children and families. These partnerships are providing more avenues for Right To Play to engage the communities within which its programs are being implemented. The partnerships are also serving as forums for developing strategies for HIV and AIDS education and prevention.

At an international level, Right To Play is aware of the risks associated with initiating projects like Live Safe Play Safe through time-limited grants, and is exploring strategies to continue this important work.

*Recommendation #13:*

*It is recommended that the Right To Play country offices continue to strengthen existing partnerships with local schools and community-based organizations. To enhance sustainability of the program, Right To Play's local partners should be able to network with each other without relying on Right To Play as the centre that holds them together. That way the eventual exit of Right To Play will be less likely to lead to a disintegration of these partnerships.*

*Recommendation #14:*

*It is further recommended that Right To Play develop new partnerships with parents and community leaders. Partnerships with parents and community leaders can help to bring about changes in the communities and also help to address stigma. As custodians of the culture and traditions of their people, traditional leaders can play an important role in changing some of the belief and value systems that serve as obstacles to HIV and AIDS education. Also, the buy-in of political leaders, business leaders, and religious leaders can further facilitate community understanding and acceptance of HIV and AIDS education.*

*Although many parents who participated in the evaluation expressed interest and willingness to be trained as LSPS leaders to assist with the education of children, it is hard to assess the potential returns of such an endeavour for the project. It is therefore recommended that engagement of parents should involve invitations to participate in activities and discussion forums. Some of these discussion forums can be devoted to identifying ways to increase parents' participation.*

*Recommendation #15:*

*Right To Play should ensure that a formal, comprehensive sustainability strategy is developed at the inception of new time-limited projects like the Live Safe Play Safe project. It should identify the conditions required for project activities to continue beyond the end of grant funding. It should lay out plans for connecting with policy makers within large institutions and traditional leaders within communities. It should also identify mechanisms, such as changes in curriculum, through which the work could be sustained.*

**Information sharing:** Right to Play Rwanda has made headway in establishing a LSPS leaders' exchange for staff development and sharing of experience. At an international level, Right To Play has worked to promote the Live Safe Play Safe model at international conferences and events. However, more strategies should be developed for better dissemination of program information (and information about outcomes) both internally and externally.

*Recommendation #16:*

*It is recommended that Right To Play share the findings of this evaluation with partner organizations and other organizations that are involved in HIV and AIDS education and prevention in developing countries.*

*For this purpose, the leader exchange model offers a very good opportunity for internal sharing of knowledge and experience. Also, more opportunities should be made available for program coordinators and program assistants to interact and share knowledge and experience. Such forums could include virtual conferences as well as actual meetings.*

*Recommendation #17:*

*It is recommended that Right To Play's head office use the findings of this evaluation to promote Live Safe Play Safe (and play-based programs in general) as an important and impactful component of any AIDS prevention and education campaign. This promotion should emphasize Live Safe Play Safe's approach to capacity building, the lessons learned about resource development and program planning, and the impact of the program on children, youth, and leaders.*

## 6. Conclusion

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The findings presented in this report suggest that Live Safe Play Safe is functioning well in Sierra Leone, Rwanda, and Ghana. Key partners are very supportive of the work, large numbers of LSPS leaders are being trained, and thousands of children are receiving key messages about HIV and AIDS. The program meets an important need in each community visited for this evaluation. Games are being carried out in accordance with the guidelines provided by Right To Play.

Children and youth are becoming more knowledgeable about the prevention, detection and treatment of HIV and AIDS. They are learning new skills about how to prevent HIV, talk about HIV, and interact with people who are HIV positive. Their attitudes about HIV and AIDs are changing. LSPS leaders' attitudes and skill sets are changing as well, as they become more knowledgeable.

This success has not been achieved through luck. The Live Safe Play Safe model of development through sport and play is innovative, and well suited to the task at hand. Staff and volunteers at all levels have worked hard in the last two years to improve program management, recruit and train leaders, build partnerships, and raise public awareness.

All involved with Live Safe Play Safe deserve to be congratulated for this success. In Rwanda, Sierra Leone, and Ghana, the challenges now facing Live Safe Play Safe are of a different order, and almost unavoidable in any time-limited, grant-funded initiative. Resources are limited, staff time is spread thinly, and the good work currently supported by Right To Play staff will take several years to grow strong, resilient roots within the community. In this context, sustainability - of programs, of relationships, of goodwill, and of impact - is front of mind for everyone.

Any comprehensive strategy for program sustainability should consider four dimensions or pillars in an interconnected way (Taylor et al, 2004). These "pillars" are planning & leadership, relationships & partnerships, organizational culture and relevance. No strategy aimed at strengthening one of these pillars (such as forging new partnerships, for example) can succeed if the other three are not strong. Success in building partnerships relies on the ability to communicate program relevance in a persuasive way, and on the creation of a strong organizational culture that aligns with the purpose of the program. Many of the recommendations included in this report underscore the need for a comprehensive approach to program sustainability. Right To Play has provided strong, effective *leadership* to field staff and volunteers. Several recommendations speak to the ongoing need to cultivate and broaden *partnerships*. Recommendations 1, 2, and 6 will reinforce Right To Play's already strong sense of *organizational culture*, by encouraging deeper reflection on language use. Recommendation #17, encourages Right To Play to focus on how the evidence of program *relevance* and impact included in this evaluation report can be used to promote and sustain the program.

Live Safe Play Safe activities work because they capitalize on children's innate tendency to learn about the world through play. As an intervention, Live Safe Play Safe has also worked outward from strengths, by supporting those who are already engaged in nurturing the next generation: teachers, coaches, and outreach workers. As an international NGO, Right To Play has learned a great deal in a short period of time about how to invest resources in developing countries in ways that clear a path for people to grow stronger together through sport and play.

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## Appendices

### Appendix 1: Data Coding and Measurement Scale Development

**Table 9: Data coding scheme**

Measure	Items	Coding
HIV & AIDS Knowledge	Q1-8	Correct response = 1, Incorrect response = 0, Missing = 3
HIV & AIDS Attitude	Q9-16	Direct coding (Y=1, X=2, n=3): Items 9-15 Reverse coding (Y=3, X=2, n=1): Item 16
HIV & AIDS Skills	Q17-29	Direct coding (Y=1, X=2, n=3): Items 17,20,23,24,26,28 Reverse coding (Y=3, X=2, n=1): Item 18,19,21,22,25,27,29
Demographics	Ca, Cd, Ce, Cd	

**Table 10: Psychometric properties of measurement scales**

Scale	Reliability	Factor Analysis	Distribution
Knowledge (Items: A1-A8)	8 items: n=513 (Excluded 62) $\alpha = .663$ Mean = 6.48 S = 1.68	1 Factor solution: Eigen Value=2.21 Variance accounted for 40%	Left skewed
Attitude (Items: B9-B17)	Combined measure: # of items: 8 n = 496 (79 excluded) $\alpha = .670$ Mean=19.63 S = 3.40	2 factor solution <u>Factors:</u> #1: 9,10,11,13, 14, 16 #2: 12, 15 Eigen values= 2.47 and 1.05 Combined variance accounted for 44.0%  <u>Notes:</u> A combined scale was used in the analysis because it had higher reliability than each of the two sub-scales.	Left skewed
Skills	Combined scale # of items: 13 n=332 $\alpha = .79$ Mean = 35.74 S = 4.19	Forced 2 Factor solution <sup>xxxvii</sup> : #1: 17,20, 23,24,26, 28,29 #2: 18,19,21,22,25,27 Eigen values = 3.89 and 1.40 Combined variance accounted for 41%  <u>Notes:</u> A combined scale for life skills was used in the analysis because it had a slightly higher reliability ( $\alpha = .79$ ) compared to each of the two sub scales ( $\alpha = .77$ and $\alpha = .65$ ) respectively).	Left skewed

**Table 11: Correlation matrix**

<b>Construct</b>	<b>HIV and AIDS Knowledge</b>	<b>HIV and AIDS Attitude</b>
HIV and AIDS Knowledge	-	
HIV and AIDS Attitude	.489***	-
Life Skills	.411***	.441***

\*\*\* p<0.001

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## Appendix 2: Summary of Youth Survey Results for Sierra Leone

**Table 12: Summary of HIV and AIDS knowledge results for Sierra Leonean children and youth by frequency (%) (n=227)**

Item	% Correct	% Incorrect
1. What causes AIDS?	196 (86.3%)	31 (17.7%)
2. How can you tell if a person is HIV positive?	195 (86.7%)	30 (13.3%)
3. How do most people get infected with HIV?	194 (85.5%)	33 (14.5%)
4. What does it mean to have “protected sex”?	173 (76.2%)	54 (23.8%)
5. Which of the following can get a person infected with HIV?	204 (89.9%)	23 (10.1%)
6. Which of the following can prevent HIV infection?	167 (73.6%)	60 (26.4%)
7. What should a person do if he/she <b>thinks</b> that he/she may have HIV but is not sure?	191 (84.1%)	36 (15.9%)
8. What must a child do if he/she <b>knows</b> that he/she is HIV positive?	175 (77.1%)	52 (22.9%)

**Table 13: Summary of life skills results for Sierra Leonean children and youth by frequency (%) (n=227)**

Item	% Agree	Not Sure	% Disagree
9. If a person gets infected with HIV it is his or her fault.	45 (20.1%)	31 (13.8%)	148 (66.1%)
10. It is shameful to be infected with HIV.	87 (39.0%)	18 (8.1%)	118 (52.9%)
11. There is nothing I can do to prevent myself from getting infected with HIV.	31 (13.9%)	20 (9.0%)	172 (77.1%)
12. You can get infected with HIV by playing with a person who is living with HIV and AIDS.	35 (15.5%)	28 (12.4%)	163 (72.1%)
13. I will never get infected with HIV no matter how I live or what I do.	30 (13.5%)	33 (14.8%)	160 (71.7%)
14. Getting infected with HIV is just bad luck.	45 (20.1%)	40 (17.9%)	139 (62.0%)
15. A person can get infected with HIV through spiritual means (e.g. witchcraft).	17 (7.7%)	46 (20.6%)	160 (71.7%)
16. A person who is living with HIV and AIDS can live a healthy life.	156 (69.0%)	24 (10.6%)	46 (20.4%)

**Table 14: Summary of life skills results for Sierra Leonean children and youth by frequency (%) (n=118)**

Item	Agree (%)	Not Sure (%)	Disagree (%)
<b>Foday's classmate is HIV positive</b>			
17. Foday should stay away from his classmate.	20 (16.9%)	4 (3.4%)	94 (79.7%)
18. Foday should support his classmate by saying kind words to him or her.	96 (82.0%)	5 (4.3%)	16 (13.7%)
19. Foday should teach others to be understanding of his classmate.	102 (86.4%)	8 (6.8%)	8 (6.8%)
<b>Foday has a new girl friend and wants to have sex with her. His girl friend wants him to use condoms</b>			
....			

Item	Agree (%)	Not Sure (%)	Disagree (%)
20. Foday should NOT use condoms.	28 (23.9%)	7 (6.0%)	82 (70.1%)
21. Both Foday and his girl friend should take an HIV test to be sure of their HIV status.	103 (88.0%)	5 (4.3%)	9 (7.7%)
<b>Foday thinks he might be HIV positive...</b>			
22. Foday should go to the clinic or hospital to speak to a nurse or doctor.	98 (83.8%)	4 (3.4%)	15 (12.8%)
23. Foday should NOT go to the AIDS clinic because his friends might see him and think he has HIV.	24 (20.5%)	4 (3.4%)	89 (76.1%)
24. Foday should NOT get tested because if he knows that he is HIV positive, he would get sick faster and die.	20 (16.9%)	15 (12.7%)	83 (70.4%)
25. If Foday finds out that he is HIV positive, he should share his experience with other people and educate them about the disease.	94 (79.7%)	9 (7.7%)	15 (12.6%)
<b>Aisha has a boyfriend who wants to have sex with her. Her boy friend does not want to use a condom...</b>			
26. Aisha should have sex because her boyfriend might break up with her if she doesn't.	17 (14.3%)	8 (6.7%)	94 (79.0%)
27. Aisha should educate her boyfriend about HIV and encourage him to use a condom	105 (88.2%)	3 (2.6%)	11 (9.2%)
<b>Aisha needs money and a man she knows would give her money only if she would have sex with him ...</b>			
28. Aisha should have sex with the man because having sex only once cannot get her infected with HIV.	16 (13.4%)	11 (9.3%)	92 (77.3%)
29. Aisha should refuse to have sex for money because she can get infected with HIV.	80 (68.3%)	12 (10.3%)	25 (21.4%)

## Appendix 3: Summary of Youth Survey Results for Rwanda

**Table 15: Summary of HIV and AIDS knowledge results for Rwandan children and youth by frequency (%) (n=172)**

Item	% Correct	% Incorrect
1. What causes AIDS?	166 (97.6%)	4 (2.4%)
2. How can you tell if a person is HIV positive?	164 (96.5%)	6 (3.5%)
3. How do most people get infected with HIV?	160 (94.7%)	9 (5.3%)
4. What does it mean to have “protected sex”?	141 (82.8%)	31 (17.2%)
5. Which of the following can get a person infected with HIV?	156 (92.9%)	12 (7.1%)
6. Which of the following can prevent HIV infection?	99 (58.6%)	70 (41.4%)
7. What should a person do if he/she <b>thinks</b> that he/she may have HIV but is not sure?	126 (75.0%)	42 (25.0%)
8. What must a child do if he/she <b>knows</b> that he/she is HIV positive?	157 (92.4%)	13 (7.6%)

**Table 16: Summary of life skills results for Rwandan children and youth by frequency (%) (n=172)**

Item	% Agree	Not Sure%	% Disagree
9. If a person gets infected with HIV it is his or her fault.	50 (29.8%)	45 (26.8%)	73 (43.4%)
10. It is shameful to be infected with HIV.	48 (28.4%)	22 (13.0%)	99 (58.6%)
11. There is nothing I can do to prevent myself from getting infected with HIV.	39 (22.8%)	12 (7.0%)	120 (70.2%)
12. You can get infected with HIV by playing with a person who is living with HIV and AIDS.	16 (9.5%)	8 (4.7%)	145 (85.8%)
13. I will never get infected with HIV no matter how I live or what I do.	25 (15.0%)	34 (20.4%)	108 (64.6%)
14. Getting infected with HIV is just bad luck.	58 (34.7%)	24 (14.4%)	85 (50.9%)
15. A person can get infected with HIV through spiritual means (e.g. witchcraft).	8 (4.8%)	11 (6.5%)	129 (88.6%)
16. A person who is living with HIV and AIDS can live a healthy life.	22 (76.3%)	18 (10.7%)	129 (13.0%)

**Table 17: Summary of life skills results for Rwandan children and youth by frequency (%) (n=159)**

Item	Agree	Not Sure	Disagree
<b>Foday’s classmate is HIV positive</b>			
17. Foday should stay away from his classmate.	7 (4.4%)	1 (0.6%)	151 (95.0%)
18. Foday should support his classmate by saying kind words to him or her.	154 (96.9%)	1 (0.6%)	4 (2.5%)
19. Foday should teach others to be understanding of his classmate.	146 (92.4%)	4 (2.5%)	8 (5.1%)
<b>Foday has a new girl friend and wants to have sex with her. His girl friend wants him to use condoms ....</b>			
20. Foday should NOT use condoms.	29 (18.5%)	7 (4.5%)	121 (77.0%)

Item	Agree	Not Sure	Disagree
21. Both Foday and his girl friend should take an HIV test to be sure of their HIV status.	151 (96.8%)	2 (1.3%)	3 (1.9%)
<b>Foday thinks he might be HIV positive...</b>			
22. Foday should go to the clinic or hospital to speak to a nurse or doctor.	142 (90.4%)	5 (3.2%)	10 (6.4%)
23. Foday should NOT go to the AIDS clinic because his friends might see him and think he has HIV.	14 (8.9%)	17 (10.8%)	126 (80.3%)
24. Foday should NOT get tested because if he knows that he is HIV positive, he would get sick faster and die.	10 (6.4%)	12 (7.6%)	135 (86.0%)
25. If Foday finds out that he is HIV positive, he should share his experience with other people and educate them about the disease.	134 (85.4%)	11 (7.0%)	12 (7.6%)
<b>Aisha has a boyfriend who wants to have sex with her. Her boy friend does not want to use a condom...</b>			
26. Aisha should have sex because her boyfriend might break up with her if she doesn't.	11 (7.0%)	13 (8.3%)	133 (84.7%)
27. Aisha should educate her boyfriend about HIV and encourage him to use a condom	144 (91.7%)	1 (0.7%)	12 (7.6%)
<b>Aisha needs money and a man she knows would give her money only if she would have sex with him ...</b>			
28. Aisha should have sex with the man because having sex only once cannot get her infected with HIV.	9 (5.7%)	11 (7.0%)	137 (87.3%)
29. Aisha should refuse to have sex for money because she can get infected with HIV.	140 (89.2%)	5 (3.2%)	12 (7.6%)

## Appendix 4: LSPS Leaders' Survey Results

**Table 18: Sierra Leonean LSPS leaders' ratings of their understanding of HIV and AIDS, leadership skills and community involvement (n=203)**

Item	Low (1-4)%	Moderate (5-7)	High (8-10)
a. To what extent has LSPS leader training improved your facilitation skills	4 (2%)	67 (37%)	111 (61%)
b. How would you rate your involvement in your community <b>before</b> LSPS leader training on a scale of 1 to 10?	59 (33%)	59 (33%)	63 (34%)
c. How would you rate your involvement in your community <b>after</b> LSPS leader training on a scale of 1 to 10	8 (4%)	50 (27%)	129 (69%)
d. To what extent has your involvement in LSPS increased your knowledge HIV and AIDS?	5 (3%)	33 (18%)	145 (79%)
e. To what extent have the knowledge and skills you learned through LSPS helped you in other aspects of your involvement in your community?	4 (2%)	53 (28%)	132 (70%)
f. How would you rate your understanding of HIV and AIDS <b>before</b> you became involved in LSPS?	57 (31%)	61 (33%)	67 (36%)
g. How would you rate your understanding of HIV and AIDS <b>now</b> ?	3(2%)	29 (16%)	151 (82%)
h. How would you rate positive change in your attitude towards people living with HIV and AIDS <b>since</b> you became involved in LSPS?	2(1%)	32 (17%)	155 (82%)
i. In your opinion, to what extent has LSPS increased children's knowledge about HIV and AIDS?	2 (1%)	57 (30%)	130 (67%)
j. In your opinion, to what extent has LSPS increased children's skills with regards to HIV and AIDS?	5 (3%)	57 (30%)	124 (67%)
k. In your opinion, to what extent has LSPS changed (improved) children's attitudes towards people who are living with HIV and AIDS?	3 (2%)	50 (26%)	135 (72%)
l. In your opinion, to what extent has LSPS helped to change people's understanding of HIV and AIDS in your community?	3 (2%)	51 (27%)	136(71%)

Ratings: 8-10=very high, 5-7=moderately high, 1-4=low. Higher ratings indicate better or more positive results.

### Resource Ratings

**Table 19: Sierra Leonean LSPS leaders' evaluation of the new LSPS resources (n=203)**

Resource	Low/Moderate (1,2,3)	High (4, 5)
Helpfulness of the new LSPS resources for planning activities	10 (6%)	164 (94%)
Helpfulness of the new LSPS resources for leading activities	18 (11%)	151 (89%)
How often LSPS leaders consult new LSPS resources for HIV and AIDS education	25 (15%)	145 (85%)
Relevance of games in new LSPS Games Manual to issues about HIV and AIDS in	12 (7%)	157 (93%)

LSPS leaders' communities		
Helpfulness of new leaders' manual in assessing games sessions with children	15 (10%)	143 (90%)
Contribution of FAQ to HIV and AIDS knowledge	11 (7%)	158 (93%)
Effectiveness of new LSPS for teaching children and youth about HIV and AIDS	9 (5%)	162 (95%)

Ratings: Higher ratings indicate better or more positive results.

### Methods Used for Selecting Games:

**Table 20: Sierra Leonean LSPS leaders' favourite method for selecting games**

Method (n=109)	Frequency	Percentage
Sample program guide in games manual	117	58%
Use sample program guide to games according to age and topic area*	146	72%
Use games learned during leader training	111	55%
Use games learned from other LSPS leaders	94	46%
Meet with other LSPS leaders to jointly select games	69	34%

**Table 21: Rwandan LSPS leaders' ratings of their understanding of HIV and AIDS, leadership skills and community involvement (n=109)**

Item	Low (1-4)	Moderate (5-7)	High (8-10)
a. To what extent has LSPS leader training improved your facilitation skills	4 (4%)	35 (34%)	63 (62%)
b. How would you rate your involvement in your community <b>before</b> LSPS leader training on a scale of 1 to 10?	27 (27%)	41 (40%)	33 (33%)
c. How would you rate your involvement in your community <b>after</b> LSPS leader training on a scale of 1 to 10?	2 (2%)	21 (20%)	81 (78%)
d. To what extent has your involvement in LSPS increased your knowledge HIV and AIDS?	2 (2%)	15 (15%)	86 (83%)
e. To what extent have the knowledge and skills you learned through LSPS helped you in other aspects of your involvement in your community?	4 (4%)	28 (28%)	69 (68%)
f. How would you rate your understanding of HIV and AIDS <b>before</b> you became involved in LSPS?	25 (28%)	25 (28%)	39 (44%)
g. How would you rate your understanding of HIV and AIDS <b>now</b> ?	1 (1%)	13 (13%)	86 (86%)
h. How would you rate positive change in your attitude towards people living with HIV and AIDS <b>since</b> you became involved in LSPS?	0 (0%)	17 (17%)	83 (83%)
i. In your opinion, to what extent has LSPS increased children's knowledge about HIV and AIDS?	0 (0%)	28 (27%)	75 (73%)
j. In your opinion, to what extent has LSPS increased children's skills with regards to HIV and AIDS?	1 (2%)	17 (24%)	52 (74%)
k. In your opinion, to what extent has LSPS changed (improved) children's attitudes towards people who are living with HIV and AIDS?	1 (1%)	42 (42%)	57 (57%)
l. In your opinion, to what extent has LSPS helped to change people's understanding of HIV and AIDS in your community?	3 (3%)	45 (48%)	46 (49%)

Ratings: 8-10=very high, 5-7=moderately high, 1-4=low. Higher ratings indicate better or more positive results.

**Table 22: Rwandan LSPS leaders' evaluation of the new LSPS resources – Rwanda (n=102)**

Resource	Low/Moderate (1,2,3)	High (4, 5)	Total (N)
Helpfulness of the new LSPS resources for planning activities	13 (13%)	91 (87%)	102
Helpfulness of the new LSPS resources for leading activities	14 (14%)	84 (86%)	98
How often LSPS leaders consult new LSPS resources for HIV and AIDS education	20 (20%)	79 (80%)	99
Relevance of games in new LSPS Games Manual to issues about HIV and AIDS	16 (16%)	83 (84%)	99
Helpfulness of new leaders' manual in assessing games sessions with children	7 (7%)	89 (93%)	96
Contribution of FAQ to HIV and AIDS knowledge	9 (12%)	63 (88%)	72
Effectiveness of new LSPS for teaching children and youth about HIV and AIDS	6 (6%)	94 (94%)	100

Ratings: Higher ratings indicate better or more positive results.

**Table 23: Rwandan LSPS leaders' favourite method for selecting games**

Method (n=109)	Frequency	Percentage
Sample program guide in games manual	29	27%
Use sample program guide to games according to age and topic area*	78	72%
Use games learned during leader training	24	22%
Use games learned from other LSPS leaders	4	4%
Meet with other LSPS leaders to jointly select games	7	6%

## **Appendix 5: Interview Schedules and Consent Forms**

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### **Right to Play's Sport and Play Program Evaluation Focus Group Protocol for Community Leaders**

#### **Introduction**

- What do you know about Right To Play and its work in the community?
- What do you know about the Right To Play's Live Safe Play Safe (LSPS) initiative?
- Do you see this initiative addressing a real community need/problem?
- Do you have any role/involvement in the project? If so, please describe!

#### **Outcomes**

- What did you see as being the main outcome of this project?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has Right To Play produced in the community and for the participants?
- To what extent do you think is the LSPS initiative sustainable?

#### **Recommendations**

- What concerns, if any, do you have about this initiative and how to address those concerns?
- What suggestion (s) do you have to effectively involve the community leadership in this project?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project?

## **Right to Play's Sport and Play Program Evaluation Focus Group Protocol for Community Partners**

### **Introduction**

- What is the nature of your partnership with Right To Play (kind of activities you work in collaboration with Right To Play)?
- What is your role/involvement in LSPS?
- How closely are you working with other partners to implement the project activities?
- What interested or motivated to be part of the project?

### **Process/implementation**

- What were the main strengths of the process/implementation?
- What was the community context and how it contributed or inhibited the achievement of the results?
- What were the main challenges experienced during the implementation of the project activities you were part of?
- How well did the partnerships, networking and collaboration work?

### **Outcomes**

- In your opinion, what were the intended objectives of the project?
- What did you see as being the main outcome of this project?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has the LSPS produced in the community and for the participants?
- To what extent do you think is the LSPS initiative sustainable?

### **Recommendations**

- What practical suggestions do you have to improve the partnership?
- What barriers did you face in implementing this project and how did you address those barriers?
- What promising practices could we share with other programs across the country/world?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project?

## **Right to Play's Sport and Play Program Evaluation Focus Group Protocol for Leaders/LSPS leaders**

### **Introduction**

- What is your role/involvement in the LSPS project?
- What interested or motivated you to be part of LSPS?

### **Process/implementation**

- What type of training did you receive in LSPS?
- What type of resources/material did you receive for LSPS?
- How well did the project provide you with clear information about your roles and responsibilities?
- How did you implement your activities?
- What helped or hindered you from doing your job effectively in this project?
- How did you incorporate the learning of the project in other things (e.g. your role as teacher)?
- What was the community context and how did it facilitate or hinder the implementation of the project?

### **Outcomes**

- What did you see as being the main outcome of this project?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has the LSPS project produced in the community and for the youth/children?
- To what extent do you think is the LSPS initiative sustainable?

### **Recommendations**

- What would have aided you in helping your participants (children, youth)?
- How could you have been more supported to effectively implement the project?
- What promising practices could we share with other programs across the country/world?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project/the work of RTP?

## **Right to Play's Sport and Play Program Evaluation Focus Group Protocol for Parents**

### **Introduction**

- What do you know about Right To Play and its work in the community?
- What do you know about LSPS?
- Do you see LSPS addressing community needs/problems?
- Do you have any role/involvement in the project? If so please describe!
- Are your children participating in this project?

### **Outcomes**

- What did you see as being the main outcome of this project?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has the LSPS produced in the community and for the participants?
- To what extent do you think is the LSPS initiative sustainable?

### **Recommendations**

- Do you have any concerns about this initiative (e.g. participation of your children)?
- How can the parents be better involved in this initiative?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project?

## **Right to Play's Sport and Play Program Evaluation Focus Group Protocol for Trainers**

### **Introduction**

- What is your position at RTP?
- What is your involvement in Right To Play training?
- What interested or motivated you to be part of this project?

### **Process/implementation**

- What type of training did you receive in LSPS?
- What type of LSPS resources/material did you receive?
- How were the training resources developed and distributed?
- How the trainees (leaders) were selected?
- What helped or hindered you from doing your job effectively in this project?
- What was the community context regarding HIV and AIDS and how did it facilitate or hinder the implementation of the project?
- What did you do to learn about the community context regarding HIV and AIDS?
- How did you adapt LSPS program to suit the context?

### **Outcomes**

- Given the context you are working in (the knowledge, attitude, skills, and environment to support behaviour change) what do you see as being the main outcome of LSPS?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has the LSPS produced in the community and for the participants?
- To what extent do you think is the LSPS initiative sustainable?

### **Recommendations**

- What would have aided you in helping your Leaders to be more effective?
- How could you have been more supported to effectively implement the project?
- What promising practices could we share with other programs across the country/world?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project?

## **Right to Play's Sport and Play Program Evaluation Interview Protocol for Right To Play and CARE Staff**

### **Introduction**

- What is your role/involvement in LSPS?
- What interested or motivated you to be part of LSPS?

### **Process/implementation**

- How well did the project provide you with clear information about your roles and responsibilities?
- How did you implement different aspects of the project?
- What were the main strengths of the process/implementation?
- What key aspects of the implementation process contributed or inhibited the achievement of results?
- What is the community context and how does it contribute or inhibit the achievement of the results?
- What innovations, if any, were made during the implementation? Why?
- What were the main challenges experienced during the implementation of the project?
- How well did the partnership between CARE and Right To Play?

### **Outcomes**

- What did you see as being the most important outcome of this project?
- To what extent did the project achieve its intended outcomes?
- What other results (desirable or undesirable) has the LSPS produced in the community and for the participants?
- To what extent do you think is the LSPS initiative sustainable?

### **Recommendations**

- What would you suggest to improve the process of developing and distributing resources?
- What practical suggestions do you have to improve the partnership (both between Right To Play and CARE and between Right To Play and other organizations working on HIV and AIDS)?
- How could you have been more supported to effectively implement the project?
- What promising practices could we share with other programs across the country/world?
- What suggestion (s) do you have to ensure the sustainability of this initiative?
- What other suggestion (s) do you have to improve the project?

**Right to Play’s Sport and Play Program Evaluation  
Focus Group Participant Consent Form**

**INTRODUCTION**

I understand that I am being requested to participate in a research study entitled “An Evaluation of Right To Play’s Live Safe Play Safe Project in Sierra Leone, Rwanda, and Ghana”. This evaluation is being conducted by the *Centre for Community Based Research* on behalf of the Right to Play. The purpose of the evaluation is to assess the effectiveness of the project by engaging a wide variety of stakeholders in the evaluation process.

About this discussion: The purpose of this meeting is to discuss the project implementation process and the extent to which project has achieved its objectives. The participants will also provide their suggestion for improvement.

If you have any comments or questions at any point, please feel free to contact Jonathan Lomotey [jonathan@communitybasedresearch.ca](mailto:jonathan@communitybasedresearch.ca) or +1 519-741-1318 ext. 232

**PARTICIPATION**

Your participation in this process is completely voluntary. If you choose to participate, you may withdraw at any time and you can also refuse to answer any questions. If at anytime you would like to remove your comments from the record, just tell the researcher and she/he will do so at that point.

**BENEFITS**

This project will provide you with the opportunity to share your voice and your experiences more widely. It will also provide you with the opportunity to make suggestions and recommendations to effectively implement the project. Your responses will help to provide an accurate understanding of the current reality and the desired outcomes.

**CONFIDENTIALITY**

Everything you say in the meeting/discussion will be held in strictest confidence. All notes and tapes will be stored in a locked filing cabinet at the Centre for Community Based Research in Kitchener, Ontario, Canada. No information that could potentially identify you or your organization will be included in any written reports, articles, or public presentations, without your written consent.

**CONSENT**

I have read and understand the above information.

I agree to participate in this discussion. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to have the discussion tape-recorded. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission to the researchers to use quotes from my input, without any information that would identify me, for the purposes of a discussion summary, a theatre presentation, and other ways of disseminating knowledge. Yes \_\_\_\_\_ No \_\_\_\_\_

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_

## Right to Play’s Sport and Play Program Evaluation

### Key Informant Consent Form

I understand that I am being requested to participate in a research study entitled “An Evaluation of Right To Play’s Live Safe Play Safe Project in Sierra Leone, Rwanda, and Ghana’. This evaluation is being conducted by the *Centre for Community Based Research* on behalf of the Right to Play.

The purpose of the evaluation is to assess the effectiveness of the project by engaging a wide variety of stakeholders in the evaluation process. The findings of the evaluation will be utilized by the Right To Play to improve the project implementation that will help achieve project objectives

I understand that, I have been selected as a key informant who may have some insights to share about the project and its implementation and/or outcomes.

I understand that this interview will take approximately 60 minutes. I understand that all notes from this interview will be stored in a locked location to protect my confidentiality; and that my name will not be associated with any quotes found in any written summaries.

I understand that only with my permission, my name will be shared with members of the project steering committee and included in the project’s final report.

I understand that this interview is voluntary and that I may withdraw my participation at any time without penalty. I am also aware that I may decline to answer any question or speak to any issue that I wish not to discuss.

I understand that if I have any questions, I can contact lead researcher Jonathan Lomotey [jonathan@communitybasedresearch.ca](mailto:jonathan@communitybasedresearch.ca) (+1 519-741-1318) at the *Centre for Community Based Research*.

I understand the purpose of this discussion and I agree to participate.

I agree to have my name included in the final report and shared with steering committee members:

Agree  Disagree

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

References:



## Endnotes

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<sup>i</sup> Life skills that are related to HIV and AIDS include life skills that promote HIV prevention, constructive ways of dealing with issues around HIV and AIDS, and positive living for people who are living with HIV and AIDS.

<sup>ii</sup> Foday in Sierra Leone

<sup>iii</sup> Zowie in Sierra Leone

<sup>iv</sup> The remaining 5% of participants did not indicate their gender.

<sup>v</sup> On the survey, children and youth were asked to enter their date of birth. Few did, and as a result more specific information about the ages of participating children is not available.

<sup>vi</sup> n = 180

<sup>vii</sup> Mann-Whitney U Test results: HIV and AIDS Knowledge Z = 0.09, NS, HIV and AIDS attitudes Z = 0.47

<sup>viii</sup> Mann-Whitney U Test result: Z = 4.07, p<0.001

<sup>ix</sup> Grade 8

<sup>x</sup> Grade 5

<sup>xi</sup> Please see the appendix for a complete list of survey items

<sup>xii</sup> Mann-Whitney U Test results: Z=-1.93, NS

<sup>xiii</sup> Mann Whitney U-Test result: Z=-3.74, p<0.001

<sup>xiv</sup> Mann-Whitney U-Test result: Z=-4.26, p<0.001

<sup>xv</sup> Mann Whitney U-Test result: Z=-0.36, NS

<sup>xvi</sup> Mann-Whitney U Test result: Z=-3.92, p<0.001

<sup>xvii</sup> Mann-Whitney U Test result: Z=-3.44, p<0.001

<sup>xviii</sup> Only 64 participants responded to this question

<sup>xix</sup> Mann-Whitney U Test result: Z=-1.02, NS

<sup>xx</sup> Mann-Whitney U Test result: Z=-3.74, p<0.001

<sup>xxi</sup> Chi sq (1) = 10.04, p<0.01, phi = .24, p<0.01

<sup>xxii</sup> Mann Whitney U-Test result: Z = 0.30, NS.

<sup>xxiii</sup> Although data was gathered for comparing participants and non-participants in the Right To Play Program in Rwanda from two schools: ETO Muhima and St. Patrick, the comparisons were not conducted for the following reasons: In ETO Muhima School, more than half of the non-participants in the program erroneously identified themselves as participants. In St. Patrick School, the comparison group was too small (n=11) in comparison to the number of participating students (27) (see Appendix 3 for more information on these comparisons).

<sup>xxiv</sup> Mann Whitney U-Test result: Z = 1.58, NS.

<sup>xxv</sup> Only 68 out of 172 participants responded to this question

<sup>xxvi</sup> Mann Whitney U-Test result: Z = 3.11, p < 0.01

<sup>xxvii</sup> Wilcoxon Signed Ranks Test result: 192 out of 278 LSPS leaders (69.1%) reported an increase in their participation in their communities compared to 37 (13.3%) of LSPS leaders who indicated that their participation in their communities had decreased and another 49 (17.6%) who reported no change at all. Z = 10.6, p < 0.001

<sup>xxviii</sup> Wilcoxon Signed Ranks Test results: 175 out of 261 LSPS leaders (67%) indicated that they had acquired more knowledge about HIV and AIDS since becoming LSPS leaders compared to 43 (16.5%) who indicated a decline in knowledge about HIV and AIDS, and another 43 (16.5) that reported no change at all. Z = 10.5, p < 0.001

<sup>xxix</sup> Ratings: 8 to 10 = very high, 5 to 7 = moderately high, and 1 to 4 = low.

<sup>xxx</sup> Z=-8.55, p< 0.001. Data from LSPS leaders was obtained through a single survey administration, so ratings of knowledge before training were retrospective.

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<sup>xxx</sup><sub>i</sub> using Wilcoxon's Signed Ranks Test:  $Z=-6.24$ ,  $p< 0.001$

<sup>xxx</sup><sub>ii</sub> Ratings: 8 to 10 = very high, 5 to 7 = moderately high, and 1 to 4 = low.

<sup>xxx</sup><sub>iii</sub>  $Z=-6.56$ ,  $p< 0.001$

<sup>xxx</sup><sub>iv</sub> using Wilcoxon's Signed Ranks Test  $Z=-6.24$ ,  $p< 0.001$

<sup>xxx</sup><sub>v</sub> Pluye, P., Potvin, L., Jean-Loius, D. & Peltier, J. (2005).

<sup>xxx</sup><sub>vii</sub> The initial solution identified 4 factors