



# BASELINE STUDY

Kimisagara Football for Hope Centre  
Kigali, Rwanda

January 2011



## Executive Summary

The Football for Hope (FFH) movement builds on the historic hosting of the 2010 World Cup in South Africa and harnesses this enormously popular sport to address education and health challenges in underserved communities across Africa. This is facilitated by providing 20 local host organizations with infrastructure in the form of a facility and technical support to enhance current efforts using football as a vehicle for development.

*Espérance*, based in Kigali, Rwanda, is one of the organizations selected as a host for a FFH Centre. Acknowledging the importance of monitoring and evaluating the impact of the new facility and activities carried out as part of the project, FFH commissioned a baseline study prior to the start of operational activities of the Kimisagara FFH Centre in Kigali.

The objectives of the study were to:

- ✓ identify the various educational, health and football priorities for children and youth in the Kimisagara community
- ✓ establish impact indicators
- ✓ present relevant baseline data necessary to evaluate the impact of the Kimisagara FFH Centre
- ✓ identify key success factors and offer recommendations to *Espérance* (Centre Host)

Quantitative and qualitative data was collected from interviews with more than 70 individuals, through focus group discussions including youth and *Espérance* volunteers, and through document review and desk research. The information generated from five key stakeholder groups (*youth, parents, Espérance volunteers, health workers, and community leaders*) was analyzed and used as basis for conclusions and recommendations.

The main results of the baseline study are as follows:

### *Knowledge about the Centre and its objectives:*

- Varied significantly. It was lowest among parents and health workers.
- A number of interviewees affirmed that programming planned for the Kimisagara FFH Centre is relevant to community needs and on track to fill critical service gaps by encouraging positive self esteem and girls' participation in football programmes, as well as linking youth with vocational skills training and public health services – particularly as relates to HIV/AIDS.

### *Major challenges facing youth:*

- HIV/AIDS, poverty, lack of employment opportunities, drugs, and a lack of educational opportunities were identified as the most pressing.
- Though unresolved conflicts was one of the two lowest ranked challenges (out of 9) facing youth, youth and coaches prioritised the need for teaching about conflict resolution, along with positive self-esteem and health topics.

#### *School attendance and literacy:*

- In Kimisagara, 11% of males and 14% of females have never attended school.
- Leading reported causes of school non-attendance are lack of money and sickness.
- Among youth attending school, 94% reported having after-school activities, including sports, traditional dance and soap making.
- Despite these levels of school non-attendance and drop-out, all youth and volunteer coaches interviewed in the baseline study reported reading/writing literacy, even if not in school, and the literacy rate among those aged 10 years or older in Kimisagara is documented as above the national average.

#### *Computer access:*

- Low levels of computer access for youth and academic support such as homework assistance were reported.

#### *Health related challenges:*

- Prevalent diseases – especially malaria – and a lack of information about disease prevention were cited by health workers and other stakeholders as the major health challenges.
- The HIV/AIDS infection rate in Nyarugenge District is reportedly higher than in any other district in the country. Low levels of HIV screening and use of contraception, teenage pregnancy and some drug use were also named as health problems.
- Referring youth to local educational and health services emerged as the most important responsibility volunteers have in their role as football coaches.

#### *Community expectations for the Centre:*

- 42% of youth surveyed reported having NO professional skills, and coaches and parents interviewed expressed a strong desire for the Centre to provide IT training and other vocational referrals.
- Stakeholders in an overwhelming majority stated they should have such opportunities and over half of the respondents maintained girls should be free to play football anywhere.

The study concludes with a set of success factors and corresponding recommendations for the successful management of the Centre in its first year of operation. These recommendations include:

- Engage stakeholders and secure partnerships to encourage community ownership of the Centre.
- Train youth in skills that can be linked to income generating projects, a vocational referral system and/or higher education.
- Provide health education that fills gaps in community knowledge, counters misinformation and addresses taboos surrounding sexual and reproductive health.
- Promote girls' participation in the Centre's programmes.

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## 1 – Introduction

### 1.1 About the Football for Hope Centres

In December 2005, FIFA and streetfootballworld – a non-governmental organization that supports a global network of actors in the field of development through football – formed a strategic alliance resulting in the Football for Hope (FFH) movement. Using the enormous appeal of football on the continent, the movement promotes social development through football and encourages dialogue and cooperation between member organizations. This objective will be accomplished primarily by building 20 FFH Centres across Africa as part of the official campaign of the 2010 FIFA World Cup™ South Africa “20 Centres for 2010” project.

With an emphasis on addressing community education and health needs, “20 Centres for 2010” will benefit socio-economically disadvantaged and underserved communities by providing local host organizations with infrastructure and technical support to expand their development through football work. Centre Hosts are responsible for maintaining, operating and sustaining the FFH Centres. Importantly, FFH aims to build relationships with local public health and education service providers to link youth with existing opportunities and strengthen networks within their communities. Five of the twenty Centres will be in South Africa and an additional fifteen in other African countries. *Espérance*, the Centre Host in Rwanda, is one of an initial six organisations selected as a FFH Centre Host organization. It is envisaged that the initial six Centre Hosts become learning organizations offering experiences, support and lessons learned for the subsequent fourteen Centre Hosts.

*“Millions of people are active every day all over the world in grassroots and sport-for-all projects. They are using sport to promote democratic values, keeping our youth safe from sexually transmitted diseases, steering them from drug use, taking care of our environment. Let us support these wonderful people, these powerful initiatives. The world of sport offers so many opportunities. So please help us score all eight Millennium Development Goals before the final whistle in 2015.”*

UN Secretary General Ban Ki-moon speaking at the UN Millennium Development Goals Summit, Sept 2010

### 1.2 Objectives and Structure of the Study

Committed to monitoring and evaluating the impact of the Centre’s activities, FFH commissioned a baseline study prior to the start of operational activities of the Kimisagara FFH Centre in Rwanda. In particular, the study:

- ✓ identifies the various educational, health and football priorities for children and youth in the Kimisagara community [section 3]
- ✓ establishes impact indicators [section 4]
- ✓ presents relevant baseline data necessary to evaluate the impact of the Kimisagara FFH Centre [section 4]
- ✓ identifies key success factors and offers recommendations to *Espérance* (Centre Host) [section 5]

Following a discussion of the methodology employed for this study in section 1, section 2 provides socio-demographic information about Kimisagara for the Centre's focus areas of education and health. This is followed by background information concerning the Centre's future design, Centre Host *Espérance* and its three planned programme areas and sustainability. Section 3 presents stakeholder perceptions pertaining to the Centre and the well-being of youth – including the major challenges youth face – and summarizes educational, health and football priorities for youth in Kimisagara. Section 4 provides the indicators developed in partnership with *Espérance* and available baseline data. Finally, on the basis of these key findings and baseline data, the study focuses on a set of critical success factors. Each factor is paired with recommendations for the effective launch and management of the Centre in its first year of operation.

### 1.3 Methodology

Following a solicitation of proposals from a number of qualified companies, Coxswain Social Investment plus (CSI+) was selected to carry out the baseline study.

CSI+ applied a four-phased approach to the study, which is detailed below:

#### **1) Preparation Phase**

During the preparation phase, the CSI+ team worked closely with representatives of *Espérance* and FFH to prepare for the field visit and data gathering. CSI+ team members first reviewed existing literature and strategic documents provided by FFH, notably the Centre Development Framework, the Capacity Development Process Tool and the Kimisagara FFH Centre Strategic Plan. Email exchanges and several conference calls between the consultant and the host organization served to ensure a common understanding of the study's objectives and approach and to provide opportunities to develop a draft stakeholder contact list and a set of tailored impact indicators. The mutually agreed upon indicators provided a basis for the data collection tools, including questionnaires appropriate for the target audience.

The major outcome was a workplan agreed upon by all participants. The deliverables in this phase included 1) a set of relevant and measurable impact indicators [see Annex A] and 2) questionnaires for six key stakeholder groups: *youth, parents, Espérance volunteers, health workers, education workers and community leaders* [see Annex B].

#### **2) Data Collection Phase**

The data collection in country was scheduled for the week of 15 November 2010, coinciding with an organisational assessment of *Espérance* conducted by two FFH staff members. The CSI+ team participated in and captured additional valuable information during this assessment.

*Espérance* staff members were instrumental in identifying local stakeholders and in organizing the logistics of interviews, which took place over the course of two days. In addition to gathering baseline information, the interviewers had two other goals: 1) identify the educational, health and football priorities for children and youth in the community and 2)

pinpoint a network of individuals who can be approached in the future to assess the impact of the Centre.<sup>1</sup>

During the two days, the team interviewed and collected input from more than 70 individuals. Emphasis was placed on interviewing a representative subset of youth (38 individuals) who would provide relevant baseline data for the indicators developed. Most questionnaires were administered orally in English and Kinyarwanda. This proved the most effective method given relatively low literacy levels, low levels of computer literacy and limited availability or access to interviewees.

Focus group discussions were also organised. One such group consisted of representatives of youth and volunteer football coaches and another group included youth members of a traditional dance group. The focus group discussions allowed for constructive dialogue and more in-depth discussion of issues related to the Centres' programmes. Participants were invited to reflect on key challenges youth in their communities face, their expectations and suggestions for the Centre's programmes. These focus groups discussions had an average duration of approximately thirty minutes.

Of note, data collection was limited to two days, and education workers are not represented in this study as the visit coincided with a school holiday during which educators were off. A follow-up survey targeting educators only may be considered to capture their comments, suggestions and ideas.

### **Summary of In-Country Data Collection**

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#### **Questionnaire-based Interviews of Key Stakeholders**

- 38 youth
- 6 *Espérance* volunteer coaches
- 7 health workers
- 8 parents
- 5 community leaders

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#### **Face-to-face Interviews of Additional Key Informants**

- Victor Sewabana, Centre Manager
- Jean Paul Nteziryayo, Education Director
- Emmanuel Mukunzi, *Espérance* Volunteer

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#### **Focus Group Discussions**

- Combined group of youth and volunteer football coaches
  - Youth members of a traditional dance group
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On the basis of the in-country data collection, the consultant consolidated emerging preliminary findings and outcomes of particular interest from the in-country data collection into an inception report presented to FFH.

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<sup>1</sup> See Annex C for an interview list for follow-up assessments.

### 3) Analysis Phase

This phase included a comprehensive analysis of the quantitative and qualitative data and information gathered. The CSI+ team included a locally based consultant with significant, relevant work experience in and around Kigali, Rwanda. The analysis of data and information gathered is included in sections three and four below.

### 4) Data validation Phase

A draft report was circulated to FFH representatives, representatives of *Espérance* and to a subset of the advisory group members for data validation and review of recommendations before finalization.

## 2 – Context

### 2.1 Kimisagara Socio-Demographic Information

#### Kimisagara: In Numbers

*86% rural and sparsely populated. 14% densely populated*

*Population: 32,587 persons (2008)*

*53% of the population is male*

*47% of the population is female*

*National median age is 18.6*

*Leading Causes of Death:*

*Malaria, Respiratory Diseases, HIV/AIDS*

*Literacy Level (over 10): 92%*

*(above national average)*

Kimisagara is one of ten sectors in Nyarugenge District in Kigali Province, Rwanda, a district that contains most of the capital city's businesses. About 86% of the district's surface is rural and sparsely populated while 14% is densely populated with 1,500 inhabitants per square km.<sup>2</sup>

**Population.** Kimisagara is the most populous of these ten sectors with an estimated 32,587 (2008) residents, approximately 53% of which are male and 47% female. The Rwandan population on the whole is very young, with a national median age of 18.6 years (2010). At the district level, 20-24 year-olds comprise the largest proportion of the population, followed by those aged 25-29 and 5-9. Only 11% of the district population is 50 or older.

**Health.** The most prevalent disease in Kimisagara by a significant margin is malaria (though almost 80% of the population reportedly sleep under bed nets), followed by respiratory infection, intestinal diseases, injuries, skin diseases and diarrhoeal diseases. Of males with illnesses, 14% report not having accessed medical assistance. The proportion was nearly the same for females at 13%.

The national HIV/AIDS adult prevalence rate is 2.8% (2007), ranking Rwanda 25<sup>th</sup> worldwide. The local government of Nyarugenge District reports more people affected by HIV/AIDS than in any other district of the country.

<sup>2</sup> Data in this section is taken from: [Official Website](#), Nyarugenge District, [Nyarugenge District Baseline 2008](#), National Institute of Statistics of Rwanda, [Rwanda Country Page](#), CIA World Factbook

In Kimisagara specifically, approximately 59% of both men and women report having been tested for HIV (with the highest rates among those with only a primary school education). Among women aged 12-49 in Kimisagara, 70% report not using any type of contraception (6,839 women). Among contraceptive methods available – including but not limited to sterilisation, injections, condoms, abstinence or implants – injections were the most frequently cited method employed (used by 11% of women, as compared to 2% who use a condom.)

**Education.** According to a 2008 district baseline study conducted by the Rwandan National Institute of Statistics, the following are school attendance rates in Kimisagara:

	Attend School	Don't Attend School Anymore	Never Attended School
Male	30%	59%	11%
Female	33%	53%	14%

Of Kimisagara males who do not attend school, the leading cause of non-attendance is inability to pay/poverty (72%). Other reasons include sickness (6%), employment (4%) and lack of interest (3%). Similarly, inability to pay is the leading cause of school non-attendance by Kimisagara females (68%), and other reasons include sickness (8%), employment (5%) and lack of interest (4%).

Within its Education for All Action Plan (2003) and as part of its Poverty Reduction Strategy, the Government has planned to achieve an 80% literacy rate by the year 2010. Among those aged 10 years or older in Kimisagara, 92% (94% male and 89% female) are reported to know how to read and write (above the national average of 70.4% (2003)), less than 1% are reported to know only how to read, and 7% neither how to read nor write. Notably, all youth and volunteer coaches interviewed in the baseline study reported reading/writing literacy, even if not in school.

Most families have a radio while almost none has a TV, and computer access is low. Ninety-one percent of the Kimisagara population is reported *not* to have a computer, and only three percent of households reported having access to the Internet.

**Employment.** National per capita income is US\$ 1,000 (2009), with an estimated 60% of the population living below the poverty line (2001).

The inhabitants of Kimisagara live essentially on income from paid jobs, small business and other activities that allow them to earn their living. Unemployment is a major challenge, and the number of inhabitants of Nyarugenge has exceeded the pace of town planning and construction of basic infrastructure.



Figure 1: Map of Rwanda

## 2.2 Design of the Centre

Construction of the Centre is being managed by Architecture for Humanity – a charitable organisation that serves communities in need, and by Greenfields – a leader in construction and development of synthetic turf systems.



Figure 2: Site Context

Source: Architecture for Humanity

The point of departure for the Centre's design is the placement of the pitch, which connects the local community to the Kimisagara Youth Centre (Maison des Jeunes de Kimisagara). The building is contained on one block to minimize costs and to unify overlapping social interests and activities [see Figure 2]. The Centre will consist of a building of approximately 200m<sup>2</sup> with a variety of facilities offering education and public health services, IT accessibility, community gatherings, office space for staff members, changing rooms, showers and toilets, as well as one small-size artificial turf pitch (40x20m).

The prominent roof is designed to be multifunctional: to frame the entrance and views to the pitch, show the Centre's various space for activities, orient users around the building, create semi-private spaces for discussions (with a drinking water point), define the spectators area to the canal, and provide continual shade [see Figure 3]. Also, the roof is intended to harness rainwater for drinking and be equipped with solar panels (subject to design). The two steel shipping containers used to transport the pitch and its accessories will be re-used and designed into the scheme as storage and a water tower. They are also planned to indicate entrance points.



Figure 3: Rendering of Centre, View from the Pitch

Source : Architecture for Humanity

Internal areas have been set aside to personalise the Centre, perhaps including mosaics or murals. Landscaping will focus on seating for viewing games, and the assistance of community members in landscaping and planting trees will be strongly encouraged.

## 2.3 Brief Overview: Centre Host *Espérance*



*Espérance*, which has administered football-based programmes in Rwanda since 2001 and joined the streetfootballworld network in 2008, operates in an environment of post-conflict trauma where ethnic groups struggle with the legacy of the 1994 genocide. In the densely populated and underserved community of Kimisagara in central Kigali, unemployment is an additional growing challenge and the majority of citizens survive on less than a dollar a day. The community also faces drug abuse and high prevalence of HIV/AIDS and other diseases like malaria. Young people, in particular street children, orphans and out of school youth, are at high risk.

*Espérance* uses sport as a tool both for peace building and to raise awareness of these critical challenges in communities across the Great Lakes region.

Targeting vulnerable and disadvantaged youth, *Espérance* enables young Rwandans to become community role models with leadership and vocational skills. Its core programming consists of three football-based activities: Classical Football (ages 8-35), Football for Peace (ages 7-35) and Football Anti-AIDS (ages 7-35). With the assistance of over 50 volunteers, the organization runs football tournaments and HIV/AIDS awareness activities, promotes reconciliation, and also spreads a girl-friendly version of football to rural communities. An estimated 180,000 youth benefit from these activities, and over 300 young people are trained as educators. *Espérance* also supports youth organisations to increase their capacity to actively participate in national youth policies.



Figure 4: Football Amahoro Match, Source: Kimisagara Youth Centre

*Espérance* has employed an innovative teaching methodology to promote dialogue and peaceful conflict resolution. In a “Football Amahoro” match there are two teams consisting of six players – three girls and three boys – who play matches of ten minutes. Only the girls can score a goal, and since the match is played in the absence of a referee, players themselves have to discuss fair play and peacefully resolve disputes arising during the match.

Additionally, *Espérance* has combined “Football Amahoro” with theatre for what is known as “Football Forum Theatre.” In such matches, players on the pitch not only serve as football players, but as actors in a theatre show presenting pertinent issues such as discrimination, gender issues or HIV/AIDS and soliciting feedback from the audience.

Construction of the new Centre will provide vital infrastructure for *Espérance* to expand the reach of its programmes. The Centre is expected to directly serve between 100 and 2,000 community members a week and annually to reach over 30,000 other members of the wider community. The project is planned to target children and young people between the ages of seven and twenty from Rwanda's three major ethnic groups: Tutsi, Hutu and Twa.

## 2.4 Programming Planned for the Kimisagara FFH Centre

### Football

The football-focused activities for in school and out of school youth<sup>3</sup> aim to promote sustainable peace by using football as a teaching tool to increase the capacity of youth in conflict resolution. Activities are planned to encourage girls’ participation and to publicize messages to the broader community about human rights, gender equality issues and reconciliation. These activities include:

- Traditional Football
- Amahoro (Football for Peace) Tournaments
- Football Forum Theatre

### Education

The Centre plans to promote academic achievement by providing a small library and classroom space for tutorials and classes on topics such as auto mechanic repair. The broader objective is to provide skills training and empower youth to overcome and lift themselves out of poverty, especially those living on the streets. Language classes are scheduled since English has recently been introduced as one of Rwanda’s official languages alongside Kinyarwanda and French. Additionally, the Centre will be equipped with a computer room to train young people in information and communication technology and provide internet access.

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<sup>3</sup> Out of school youth are often difficult to reach and their levels of literacy vary. For examples of best practices with reaching this target group, see: **Grassroot Soccer** also delivers its curriculum through Street Skillz programmes, which are street soccer leagues that it organizes and runs. Street Skillz participants also receive the Skillz magazine, which links readers to health services, promotes health-seeking behaviours, and reinforces messages from the Skillz curriculum. Another example is **Namibia Street Soccer**, an HIV prevention programme that has engaged over 7,000 Namibian youth by creating 20 street soccer clubs consisting of over 200 years, 40 of which are all-girls teams. Teams meet at least three days a week to work on soccer skills, life skills, and to compete. Each week, one day is dedicated to life skills and prevention activities. Teams compete in activities both on and off the field as part of their street soccer club and incentives are in place for teams once they reach specific benchmarks.

## Public Health

Building on *Espérance's* current Football Anti-AIDS programmes, Centre staff and volunteers intend to work to prevent new HIV/AIDS infections and use sporting events to sensitise the community on various health topics. A referral system linking participants to health services in Kimisagara is also planned.

## Programme Viability and Sustainability

The FFH Centre model is based on partnership and cooperation between various stakeholders and on the principles of “matching resources” and “complementary expertise.” Youth are considered the principal partner, in addition to community members, including parents, amateur footballers, investors and partner NGOs.

*Espérance* will benefit from the support of partners including:

- *Le Service Civil de Paix du Ded*
- *Youth Development through Football*
- Negotiations are ongoing with UNFPA and UNICEF for assistance in developing activities related to reproductive health, VCT, HIV/AIDS with support from UNFPA
- *GTZ Rwanda*

## 3 – Baseline Study Findings

FFH and the Centre host organization alike are strongly committed to offering services responding to needs or challenges identified in the community. The baseline study focuses on ensuring that the range of needs and existing solutions are identified, and that services and activities are offered on the basis of community demands and the comparative advantage of the host-organization.

### YOUTH PARTICIPANTS

<i>Youth interviewed:</i>	38
<i>Gender distribution:</i>	34% female 66% male
<i>School enrolment:</i>	55% (in-school) 45% (out-of-school)

This section includes an analysis of data captured during the baseline assessment concerning stakeholder perceptions of the major challenges youth face and the facilities and services available to them. A summary of needs and challenges extracted from the baseline study concludes the section, and Annex D includes more detailed summaries of the findings by stakeholder group – including gender disaggregated information for youth interviewed.

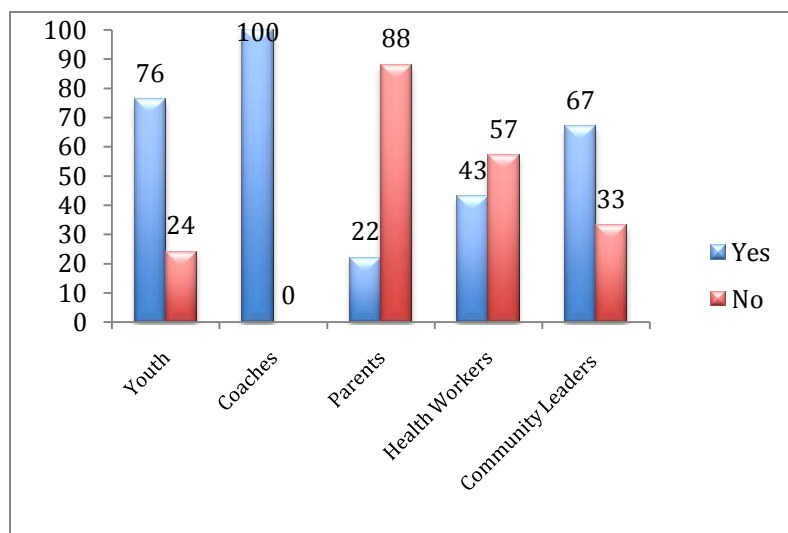
### 3.1 Awareness of the Centre's Objectives

The baseline study serves many objectives that go beyond establishing baseline data and also includes subjective information that can inform strategies and marketing and communication efforts. The surveys and personal interviews thus included a number of questions to map perceptions of the various stakeholders in the community.

One such question sought to establish the level of awareness about the Kimisagara FFH Centre. Individuals were asked if they knew of or about the Centre.

The information collected reveals that awareness levels about the Centre and its objectives varied, but was lowest among parents and health workers [see Figure 5]. In fact, 88% and 57% respectively had not heard of the Centre. Of the health workers who had heard of the Centre, most only knew “a little” of what the Centre hopes to accomplish.

**Figure 5: Parents were least aware of the FFH Centre.**



All (100%) current *Espérance* volunteers (all of whom are male) reported familiarity with the Centre and its objectives. Those who had heard of the Centre were aware of its multifaceted programmes, including sports, HIV/AIDS prevention, conflict resolution and IT training, and other vocational skills training. Some of the stakeholder comments are captured in the text box above. Their comments represent the relatively wide range of expectations regarding services and roles of the Centre and its activities in the community.

#### What I Heard about the Kimisagara FFH Centre...

« It will teach football to boys and girls and provide a good education. » (youth)

« The Centre will help youth get out of their loneliness, start businesses and keep away from HIV/AIDS and drugs. » (youth)

« It will be a youth centre where many recreation activities are possible. » (youth)

« The Centre will promote conflict resolution through sport with girls taking part. » (volunteer)

« There will be football and computer training at the Centre. » (community leader)

« It will open shortly. » (community leader)

## 3.2 Major Challenges Youth Face

From a list of options<sup>4</sup> the stakeholders were asked to identify what they perceived to be the most prominent challenges facing youth in the community.

According to the average ranking by stakeholders of challenges affecting youth, the five challenges perceived to be the most serious include (in order of priority among all stakeholders): **HIV/AIDS, poverty, lack of employment opportunities, drugs, and lack of educational opportunities.**

### TOP CHALLENGES:

- **HIV/AIDS**
- **Poverty**
- **Drugs**
- **Lack of Educational Opportunities**
- **Lack of Employment Opportunities**

Health workers were asked to provide feedback on what they view as other major health challenges in Kimisagara. Answers varied, with **poor facilities** and **lack of information about the prevention of disease** cited slightly more frequently than **lack of ongoing health worker training opportunities, overcrowding of hospitals and clinics and low health worker salaries.**

Health workers and community leaders challenged the football for development concept as 43% and 67% respectively indicated that they felt there were limitations in the approach of using football for social development – a finding suggesting that this particular group must be targeted with education and information to ensure the necessary support.

Concerning employment opportunities, 47% of youth who participated in the survey (all above the age of 14) were unemployed. Of those employed, only 16% had full-time jobs. The employment rate of girls was higher than that of boys, documented at 54% and 52% respectively. About 71% of girls with either part or full-time employment reported having a professional skill, including tailoring, cooking or ICT training.

<sup>4</sup> See questionnaires at Annex B

As part of an “Exchange of Ideas on Reproductive Health” between *Espérance* and the Kimisagara Youth Centre, peer educators at the Centre concluded that major challenges youth face include:

- Unwanted pregnancies among girls
- Lack of information on reproductive health and HIV/STIs (and prejudice against contraceptive methods)
- Difficulties for young people to respect traditional culture and move forward with the modernization that is a bit inconsistent
- Gender-based violence

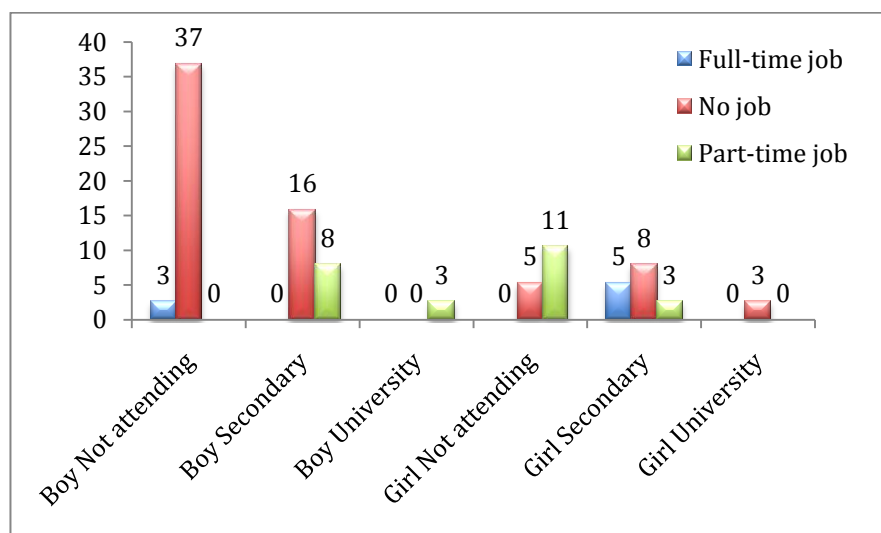
The summary report of the consultation states that young people are also more vulnerable to HIV. They are misinformed, ashamed to address issues of sexuality and contraception and do not dare go to the clinic or pharmacy to buy condoms. Condom use is still strongly linked to sexual promiscuity.

Not knowing the exact modes of transmission and consequences of HIV infection, youth can be negligent in protecting themselves. This low level of knowledge was observed much more in women than in men and in the majority of youth who regularly frequent Kimisagara Youth centre.

Furthermore, the 2005 Demographic and Health Survey showed higher HIV infection rates in Rwandan women than men (3.6% and 2.3% respectively). Regarding the level of HIV testing, the results of the 2005 DHS showed that 75.8% of women against 78.1% of men have never tested for HIV.

Under half of boys (42%) with either part or full-time employment claimed having a professional skill, including ITC training, welding, commerce, hairdressing and photography. This data suggests girls are more likely to have found work that requires professional knowledge and that attention should be devoted to ensuring out of school boys take advantage of the library, tutoring and vocational skills classes planned for the Centre [see Figure 6].

**Figure 6: Out-of school boys are least likely to be employed.**



### 3.3 Extra Curricular Activities and Safe Spaces

The stakeholder groups were asked to help identify after-school activities and services offered to youth in the community.

Among youth attending school, 94% reported having after-school activities, including sports, traditional dance and soap making [see Figure 7 on next page].

74% of youth indicated that they knew of safe spaces in the community where children could spend their free time outside school without encountering drugs, crime or violence. Safe places cited by youth in most cases were home or the Kimisagara Youth Centre, and otherwise included sports activities at school or existing football fields. Volunteer coaches also listed the Kimisagara Youth Centre, Muhima, Rwindexco football field at Gatsata and home. Parents almost unanimously cited the Kimisagara Youth Centre as the most commonly known safe space, and likewise health workers listed the Kimisagara Youth Centre and football fields.

#### Youth Professional Skills

*Boys not attending school (60% of male youth interviewed) were most likely not to have any skills (67%) or knowledge of:*

- Welding
- Hairdressing
- Photography
- IT/Computers

*Boys attending school (40%) were most likely either to have ICT skills (40%) or no skills (30%) or have learned :*

- Commerce
- Electricity
- Farming

*Girls not attending school (46% of girls interviewed) were most likely to work as tailors (40%) and also reported skills in:*

- ICT
- Cooking
- Construction

*Girls attending school (54%) were most often working in ICT (57%) or report:*

- No skills
- Tailoring

## **SAFE PLACES:**

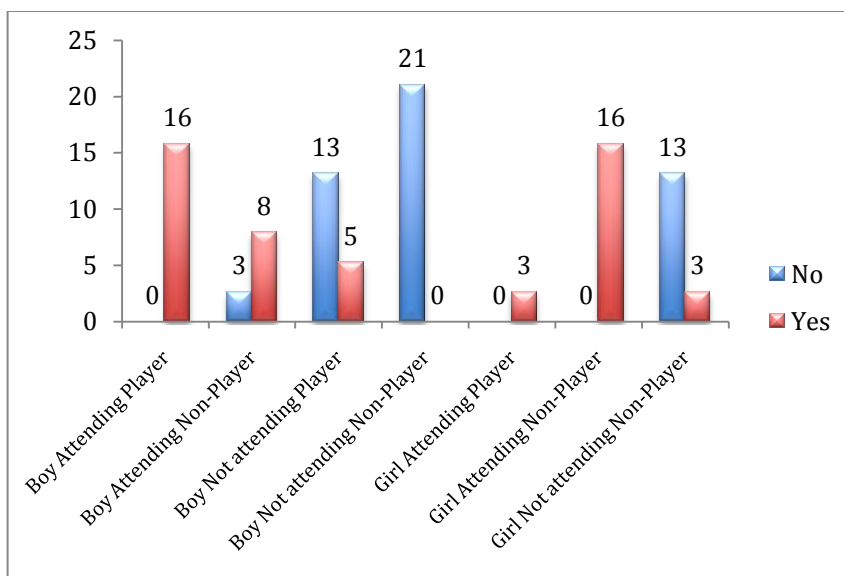
***The Kimisagara Youth Centre was considered as the primary safe space for children and youth.***

It is interesting to note the difference of knowledge about safe places between the other

stakeholder groups. Whereas all volunteer coaches (100%) were knowledgeable about safe places for youth, only 57% of healthcare workers and 50% of community leaders indicated knowledge of such places. This suggests that the Centre may wish to engage in communication with these two particular stakeholder groups in promoting the FFH Centre as a safe haven.

The 26% of youth who said they did not know of a safe space were all (100%) male, and 44% of them belonged to a football team.

**Figure 7 – (Distribution of youth attending after-school activity.) In school youth are more likely to participate in activities in community centres, football fields, or schools (in %).**

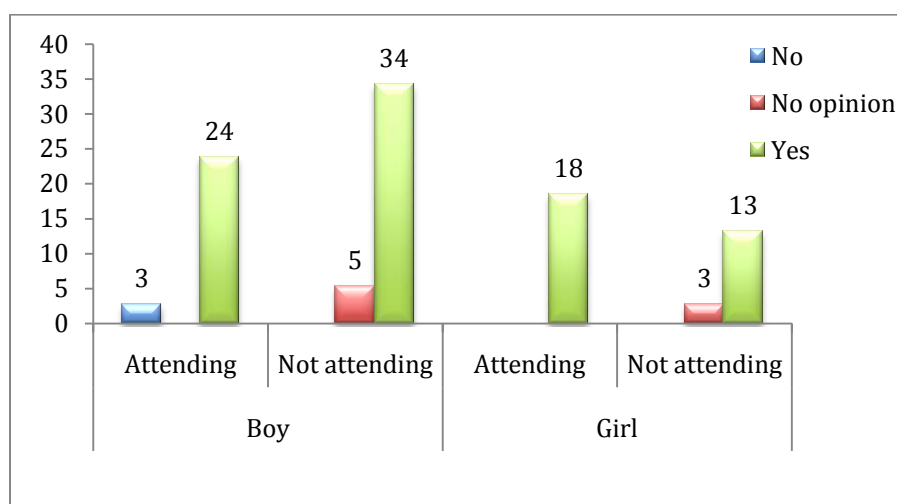


## **3.4 Girls' Participation in Football**

Addressing gender issues is of importance to *Esperance*. Of the 14 youth interviewed who said they play football, only 1 was a girl.

In response to the question of whether girls should have opportunities to play football, an overwhelming majority of youth (98%) stated they should. Of those, 50% maintained girls should be free to play football anywhere, not just near their homes [see Figure 8].

**Figure 8: The overwhelming majority of youth think girls should have the opportunity to play football (in %).**



### **GIRLS IN FOOTBALL:**

***A majority of all stakeholders – including 100% of parents and community leaders – are in favour.***

Parents unanimously (100%) favoured girls having opportunities to play football and even more, playing anywhere in the community (88%). All (100%) community leaders also strongly supported the idea that girls should have opportunities to play football, but were slightly less

inclined to support the idea that girls could play football anywhere (83%).

### **3.4 Role of Trained Volunteers**

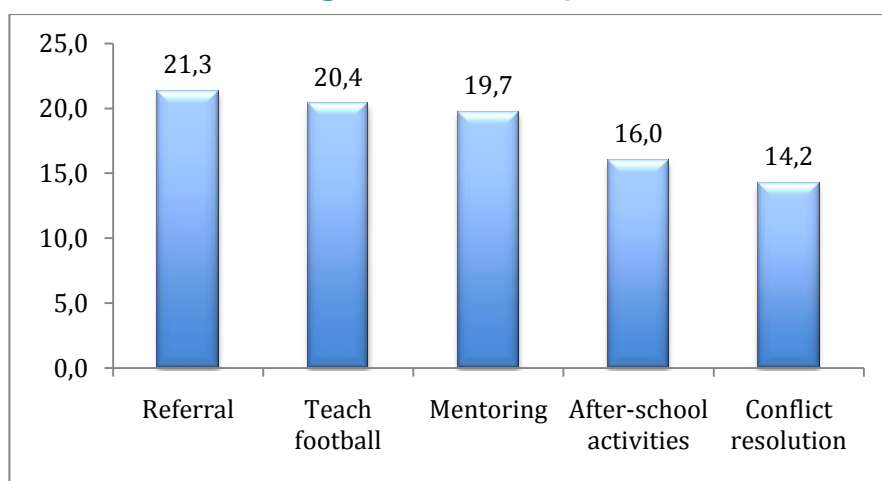
Coaches clearly play an important role in the lives of the youth. By turning to local volunteers, the Centre can empower individuals who have deep local knowledge of their communities, authenticity as advocates and a stake in improving the lives of youth. All but one of the youth who reported having a football coach said they would talk to their coach if they had a problem.

In light of this, several key findings emerged in relation to what volunteer football coaches should view as their most important responsibilities toward youth in addition to football. Among youth and coaches surveyed, **self-esteem** as a teaching focus stood out, followed by **conflict resolution**, **health** and **education promotion**. Teaching about **job opportunities** was mentioned least as a key area, perhaps related to the fact that Kimisagara reportedly has high unemployment and insufficient opportunities for youth to access vocational skills training and networks to secure employment.

All volunteer coaches (100%) reported having had some training pertaining to life-skills and knowledge transfer, especially in the domains of physical health, conflict resolution and football. In addition, 83% affirmed that they would like to attend training on how to integrate life skills methods into football coaching, while the rest (17%) were not sure.

Youth belonging to football teams were asked whether their coach has taught them about subjects apart

**Figure 9: Coaches, parents, health sector workers and community leaders believe coaches' main responsibility is referring youth to local education and health services. This ranked above teaching football skills (combined totals in %).**



from football. Their response revealed a tendency to express what they wished coaches *would* teach them: self-esteem, conflict resolution and health topics (including HIV/AIDS) as opposed to what they were taught, suggesting that the topics were not adequately addressed in the current curriculum.

On average, referring youth to local educational and health services emerged as the most important responsibility volunteers have in their role as coaches [see Figure 9]. In fact, on average, providing appropriate referrals ranked ahead of teaching football. Among health workers, referral to health services was unanimously ranked highest in importance. No health workers mentioned volunteer coaches' major responsibilities toward youth being 'help resolve conflicts.' Among coaches themselves, however, the ranking of responsibilities fell more in line with the current programmes *Espérance* runs: 1) Conflict Resolution and Mentoring 2) Football 3) Referral and 4) After-school activities. Concerning referrals, coaches reported knowing where to refer youth in the event of problems concerning school, physical and psychological health, and domestic violence, but reported this less so in the category of employment.

### ***What are your expectations of the Kimisagara FFH Centre?***

Common responses to the survey questionnaire from various stakeholder groups...

#### **Coaches**

- ✓ Promote and empower youth by building their capacity in various areas, including health and ICT

#### **Parents**

- ✓ Assist the most vulnerable households
- ✓ Complement efforts of parents to educate children by running a youth centre which teaches sports, musical arts, IT, civic participation and culture

#### **Health Workers**

- ✓ Prioritize adult supervision because a gathering of youth may lead to "alcohol consumption and intoxication, drugs and sexual wandering"
- ✓ Communicate scheduled events to interested organisations and individuals
- ✓ Collaborate and interact with similar organisations in Rwanda and abroad
- ✓ Organize tournaments at the end of the year
- ✓ Provide services of a physiotherapist, psychotherapist, physician, and possibly a dispensary
- ✓ Partner with health facilities operating in the area
- ✓ Open the Centre soon
- ✓ Provide vocational training for out of school youth so they can find employment
- ✓ Offer language teaching
- ✓ Take care of street children

#### **Community Leaders**

- ✓ Provide adult supervision for large numbers of gathered children
- ✓ Develop a clear strategic plan and share it with all partners
- ✓ Partner with local governmental bodies
- ✓ Provide study tours abroad for volunteer coaches
- ✓ Make provisions for injuries and health emergencies

### 3.5 Summary: Community Priorities

A number of interviewees affirmed that programming planned for the Kimisagara FFH Centre is relevant to community needs and on track to fill critical service gaps by encouraging positive self esteem and girls' participation in football programmes, as well as linking youth with vocational skills training and public health services – particularly as relates to HIV/AIDS.

<i>Focus Area</i>	<i>Primary Challenges Facing Youth</i>	<i>Centre Facilities and Programmes</i>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Lack of access to existing educational opportunities due to poverty and sickness</li> <li>• Lack of vocational skills training and low levels of reported professional skills among youth</li> <li>• Ongoing need for teaching about peace and reconciliation</li> <li>• Lack of access to computers, internet and other ICT and ICT skills training</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum for children and youth that teaches health and social life skills (e.g. positive self-esteem, leadership); peer mentoring by volunteer coaches; referrals to existing local education opportunities; small library</li> <li>• Classroom space; vocational skills training (e.g. auto-repair); language classes; referrals to existing vocational services</li> <li>• Conflict resolution training (e.g. Football Amahoro, Football Forum Theatre)</li> <li>• ICT equipment and internet access; classroom space and ICT skills training</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Lack of knowledge about how to access existing health services and facilities</li> <li>• Lack of knowledge about disease prevention contributing to high prevalence of disease (e.g. malaria)</li> <li>• High HIV/AIDS prevalence; low levels of HIV screening and use of contraception</li> <li>• Drug use by some youth</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to link youth with existing health services and facilities</li> <li>• Specialized curriculum and trained volunteers who share knowledge about health topics</li> <li>• Health teaching (e.g. Football Anti-AIDS); opportunities for HIV screening at sporting events</li> <li>• Health teaching and mentoring to discourage drug use</li> </ul>
<b>Football</b>	<ul style="list-style-type: none"> <li>• Comparatively few women's football teams and perception that football is a men's sport</li> <li>• Lack of access to adult-supervised football facilities</li> <li>• Opportunities for out of school youth to join football teams</li> </ul>	<ul style="list-style-type: none"> <li>• Girl-friendly version of football (e.g. Football Amahoro)</li> <li>• Adult-supervised half sized football pitch</li> <li>• Participation in Centre's football programmes is free and open to all children and youth</li> </ul>

## 4 – Core Areas of Centre Engagement: Indicators and Baseline Data

This section offers specific objectives and baseline indicators for each of the Centre's three programme domains as well as the viability and sustainability of the programme. For many of these areas, programming is projected to start in the summer of 2011 and the baseline figures for the Centre are therefore zero. Baseline data is included where available and supplementary baseline data is included in Annex D: *Study Findings and Data*. *Espérance* is in the process of establishing targets for year 1 and beyond as indicated below.

### 4.1 – Football

Objective	Indicator	Baseline (2010)	Target (Year 1)
Contribute to a status of lasting peace in the community by developing skills of youth to engage in peaceful conflict resolution	Number of youth who report having a coach who teaches them about peaceful conflict resolution (by gender)	N/A	TBD
	Number of conflicts reported to have been successfully resolved peacefully by youth (by gender)	N/A	TBD
Increase participation of girls & young women in football activities	Number of females who play on a football team (by age)	1	TBD
	Number of female volunteer coaches who participate in Centre programmes	0	TBD
Use football tournaments as a medium for reconciliation & peace promotion using messages about human rights, health & gender issues	Number of participants in Amahoro (Football for Peace) Tournaments (by gender)	0	TBD
	Number of participants (football players & spectators) in Football Forum Theatre (by gender)	0	TBD

### 4.2 – Education

Objective	Indicator	Baseline (2010)	Target (Year 1)
Promote universal education in Kimisagara by increasing school enrolment rates & access to books and computers	Percentage increase in school enrolment rates (by gender)	45% 40% Boys 54% Girls	TBD
	Percentage increase of youth who have access to computers (by gender & schooled/non-schooled)	53% 21% Male (attending school)	TBD

		13 % Male (not attending school) 16% Female (attending school) 3% Female (not attending school)	
	Percentage increase of youth who have knowledge of computers (by gender & schooled/non-schooled)	24% fully literate 5% Male (attending school) 5% Male (not attending school) 11% Female (attending school) 3% Female (not attending school)	TBD
	Percentage increase of youth who have access to a library/books (by gender & schooled/non-schooled)	N/A	TBD
Empower youth – including street children – to improve their economic situation by increasing their literacy & professional skills	Percentage change in literacy rate (by gender & schooled/non-schooled)	100% <sup>5</sup>	TBD
	Percentage decrease of youth who report having NO professional skill (by gender & schooled/non-schooled)	39%	TBD
	Percentage increase of youth who are self-employed or employed either full or part time (by gender & schooled/non-schooled)	24% part time employed 8% full time employed	TBD

#### 4.3 – Public Health

Objective	Indicator	Baseline (2010)	Target (Year 1)
Strengthen HIV/AIDS prevention in the community & increase awareness of AIDS among youth	Number of youth who report having a coach who teaches them about preventing HIV/AIDS (by gender)	0	TBD
	Number of youth who attend IEC/BCC sessions (by gender)	0	TBD
	Percentage decrease of HIV/AIDS prevalence in Kimisagara (by gender)	N/A	TBD

<sup>5</sup> According to 2008 Government of Rwanda statistics, among those aged 10 years or older in Kimisagara, 92% (94% male and 89% female) are reported to know how to read and write (above the national average of 70.4% (2003)), less than 1% are reported to know only how to read, and 7% neither how to read nor write.

Use sporting events to sensitize the community on public health issues & provide access to screening	Number of persons who access counselling & screening at sporting events (by gender)	0	TBD
	Number of persons who report basic knowledge related to hygiene, dangers of excessive alcohol consumption, drugs, major diseases such as: HIV/AIDS, TB, malaria, amoebiasis (by gender)	0	TBD

#### 4.4 – Programme Viability and Sustainability

Objective	Indicator	Baseline (2010)	Target (Year 1)
Establish stakeholder involvement & ownership by including community members in planning & decision-making process, including for the safety & security of the Centre	Number of reported safety incidents	0	TBD
	Volunteer coach turnover rate (by gender)	0	TBD
	Number of MOUs signed with partners with common interests & which can contribute resources	6	TBD
Obtain sustainable funding	Number of multi-year funding agreements secured	0	TBD
	Amount of resources for operation & investment expenses	0	TBD
	Number of years of resource safety	0	TBD

## 5 – Success Factors and Recommendations

This final section draws upon the data, information, and findings presented in the previous sections and extracted through face-to-face interviews and stakeholder consultations. It identifies four critical success factors and offers recommendations for the successful opening and management of the Centre.

### Success Factor 1

- **Engage stakeholders and secure partnerships to encourage community ownership of the Centre.**

One community leader interviewed said, “*We wish you well and promise the Centre our support and advocacy.*” It is vital that community members develop and continue to share this sense of ownership. They must know what they can do to support the success of the Centre as an institution that facilitates access to education and health services for youth in Kimisagara. Given that *Espérance* is responsible for the long-term facility maintenance and sustainable operation of the Centre, securing the continuous engagement of stakeholders is a key function of the Centre Host. For example, as one community leader suggested, partnering with local government bodies is one way to ensure that appropriate measures are taken jointly in case of facility problems.

The organisational assessment conducted by FFH revealed that *Espérance* has shown strength in securing funding from donors such as GTZ and DED and has some partnerships and signed MOUs. Next steps involve engaging the community to diversify partnerships and to identify new funding sources that are not project-based and time-bound. The availability of human resources also surfaced as a limiting factor as did the vital need for additional volunteer support.

Raising public awareness about the Centre and its goals will be central to increasing community engagement. Special effort must be made to engage parents and caretakers to encourage their children to attend Centre programmes. This will involve addressing their primary concerns – principally about attendance costs – and educating parents and caretakers about the education and health benefits their

### Community Leaders: Ways We Can Support the Centre...

- Advertise and advocate for the Centre
- Sensitise and mobilise the community to consider the Centre theirs and to support it for the benefit of our children
- Mobilise youth to go regularly to the Centre (including youth in Muslim community)
- Participate in a Community Advisory Committee
- Create partnerships with partners like: Club Rafiki / Gatenga Youth Centre / Dynamic Rescue Team within AMUR

children stand to gain first as participants and then as peer-educators.

The first step will be to build on *Espérance's* existing communications initiatives like radio publicity and annual meetings to develop a more comprehensive communications strategy. Thus, the following suggestions are made to strengthen communications and other forms of engagement with stakeholders and new financial and technical partners:

### **Recommendations**

- ✓ Develop a comprehensive communications strategy [see Annex E for guidance], including a Parent's Day, visits with health workers, and a high profile opening of the Centre
- ✓ Schedule events e.g. end of year tournaments with partner organisations in order to encourage youth participation and generate broad interest and awareness of the Centre's activities
- ✓ Provide transportation for children living outside the immediate vicinity of Centre to encourage the participation of a large number of youth in the Centre's programmes
- ✓ Encourage classroom and PE teachers to discuss the Centre's programmes and to encourage older children to volunteer
- ✓ Organize a time for current *Espérance* volunteer coaches to share experiences with interested potential volunteers
- ✓ Create and formalize the mandate of a Community Advisory Committee
- ✓ Involve community members in landscaping and personalising the Centre
- ✓ Use the Educators questionnaire [see Annex B] to collect data on this stakeholder group and to solicit their suggestions
- ✓ Drawing on the baseline study and organisational assessment, finalise the Kimisagara strategic plan and share it with partners
- ✓ Identify potential partners and funders (international and national NGOs, public service organisations, foundations, development agencies, private sector, government ministries, etc.) and sign financial and technical agreements/MOUs with new partners [see list of potential providers provided by community leaders in box above]
- ✓ Engage Centre Hosts (and/or members of sfw network) in regular exchange of lessons learned and successful models of Centre operation with support from FFH to facilitate networking
- ✓ Maintain a formalized Centre Monitoring & Evaluation system in order to track who in the community is being reached or missed [see Annex F for guidance on a performance evaluation plan]. Special attention should be paid to establishing the number of youth in the community who have access to a library/books (by gender, school/non-schooled) and the HIV prevalence rate in Kimisagara (by gender).

### **Success Factor 2**

- **Train youth in skills that can be linked to income generating projects, a vocational referral system and/or higher education.**

According to a 2008 Nyarugenge District baseline study, over half of boys and girls do not attend school anymore, and 11% and 14% respectively have never attended. Furthermore, a majority of students reported having very limited computer access, homework assistance, mentoring or vocational training. Also, under half of youth surveyed for this baseline assessment (39%) indicated that they had no professional skills. Rather than replacing formal

education, the Kimisagara FFH Centre is intended to encourage the enrolment of youth in school and to provide opportunities for them to develop leadership and professional skills. While some children are encouraged to leave school to work and contribute to the household income, some parents interviewed for this baseline assessment also identified the Centre as an institution that can complement efforts of parents and teachers to educate children.

The most frequently cited cause of school non-attendance by a large margin of both males and females was poverty and lack of money. Even as poverty and a lack of job opportunities remain pervasive challenges in Kimisagara, however, Centre staff can emphasize the benefits to youth and their families of developing skills such as computer and English language literacy, entrepreneurship, leadership, conflict resolution and disease prevention – especially because it is envisioned that youth who participate in the Centre’s programmes will become community leaders and peer educators. In addition to increasing self-esteem, such skills can increase the prospects for youth to locate jobs, self-employment, and assume leadership positions. Such an approach would be in keeping with the high priority given to instruction related to self-esteem, conflict resolution, health and education promotion expressed by youth and coaches.

Additionally, involving youth in developing income-generating activities for the Centre and creating a referral network that links youth with higher education and/or additional professional training and employment prospects could serve the dual purposes of 1) contributing to the Centre’s sustainability and 2) deepening the enthusiasm of youth to take advantage of the skills training planned at the Centre.

### ***Recommendations***

- ✓ Provide ICT instruction that demonstrates how to use ICT for entrepreneurial purposes
- ✓ Provide English language instruction teaches how to converse in a professional setting
- ✓ Map the education and vocational services provided by the municipality, local/national/international NGOs, development agencies, and religious institutions, and establish MOUs with relevant partners for the referral system
- ✓ Brainstorm and write proposals for income-generating activities that not only contribute to the financial sustainability of the FFH centre but put to practical use skills taught at the Centre
- ✓ Encourage older students to speak with children about benefits of staying enrolled in school, educational programmes available in Kigali, how to apply to a university
- ✓ Locate tutors to provide homework assistance, including local/international volunteers
- ✓ Formalize system for volunteer coaches to follow-up with children’s progress in school
- ✓ Focus on attracting street children to participate in the Centre’s programmes



**• Provide health education that fills gaps in community knowledge, counters misinformation and addresses taboos surrounding sexual and reproductive health.**

The baseline interviews revealed widespread agreement among stakeholders that HIV/AIDS and other diseases are among the most pressing challenges affecting youth in Kimisagara. This view is substantiated by the fact that youth in Nyarugenge District are exposed to an HIV/AIDS infection rate higher than that of any other district in the country. Relatedly, during an “Exchange of Ideas on Reproductive Health” taking place between *Espérance* and the Kimisagara Youth Centre, peer educators strongly endorsed the idea that many young people – especially young women – are “misinformed, ashamed to address issues of sexuality and contraception and do not dare go to the clinic or pharmacy to buy condoms.”

In the baseline interviews, referring youth to local health services emerged as the most important responsibility volunteers have in their role as coach, and in fact ranked higher than teaching football. Youth surveyed also expressed a strong desire that volunteer coaches – with whom many stated they would speak if they had a problem – teach them about their health. Building on *Espérance’s* current Football Anti-AIDS programmes, Centre staff and volunteers can work to raise awareness, prevent new HIV/AIDS infections, promote counselling and screening, and use sporting events to sensitise the community on various health topics.

### **Recommendations**

- ✓ Explore possibility of providing services of a physiotherapist, psychotherapist, and/or physician at the Centre
- ✓ Map the health services provided by the municipality, local/national/international NGOs, development agencies, and religious institutions, and establish MOUs with relevant partners for the referral system
- ✓ Invite local health experts to speak about disease prevention at the Centre and to raise awareness about HIV/AIDS and the negative effects of drug use
- ✓ Schedule Football Forum Theatre matches that discuss HIV prevention, the negative effects of drug use and other pertinent health topics
- ✓ Continue to explore areas of collaboration between the Centre and UNFPA and UNICEF in offering services related to reproductive health

### **Success Factor 4**

#### **• Promote girls participation in the Centre's programmes.**

Information generated by interviews with six stakeholder groups and socio-demographic data made available by the National Institute of Statistics of Rwanda and Nyarugenge District suggest that major challenges in the Kimisagara community often impact the female population the most, including: rates of HIV infection, non-school attendance (never attended school), illiteracy and gender-based violence. Likewise, a low level of knowledge about sexual and reproductive health “was observed much more in women than in men” and noted in the summary report of the “Exchange of Ideas on Reproductive Health” taking place between *Espérance* and the Kimisagara Youth Centre.

To ensure the education and health promotion activities planned for the Centre benefit as many youth as possible, it will be important to attract the participation of a diverse range of at-risk children and young adults. This may be especially true for reaching out to girls and young women, perhaps because football largely is viewed as a “men’s sport.” Still, in response to the question whether girls should have opportunities to play football and if so, only nearby their home or



otherwise, an overwhelming majority (98%) of participating youth stated they should. In addition, 50% of these maintained girls should be free to play football anywhere. Parents unanimously favoured girls having opportunities to play football and even more, playing anywhere in the community. Community leaders also strongly supported the idea that girls should have opportunities to play football, but in contrast to youth and parents, endorsed the idea that girls should play football only near their home.

Building on *Espérance’s* work to spread a girl-friendly version of football to rural communities, these recommendations are made to ensure girls’ participation in the Centre’s programmes:

### ***Recommendations***

- ✓ Visit girls schools to talk with female students directly about the Centre’s programmes
- ✓ Ask prominent female athletes to speak at the Centre and offer football/sports workshops
- ✓ Organize parents to encourage participation of daughters
- ✓ Invite health workers to speak with groups of girls about women’s health issues

## ANNEX A: Indicators

Objectives	Indicators	Output/Outcome/Impact
<b>Football</b>		
Contribute to a status of lasting peace in the community by developing skills of youth to engage in peaceful conflict resolution	<ul style="list-style-type: none"> <li>• Number of youth who report having a coach who teaches them about peaceful conflict resolution (by gender)</li> <li>• Number of conflicts reported to have been successfully resolved peacefully by youth (by gender)</li> </ul>	Output  Impact
Increase participation of girls & young women in football activities	<ul style="list-style-type: none"> <li>• Number of females who play on a football team (by age)</li> <li>• Number of female volunteer coaches who participate in Centre programmes</li> </ul>	Output Output
Use football tournaments as a medium for reconciliation & peace promotion using messages about human rights, health & gender issues	<ul style="list-style-type: none"> <li>• Number of participants in Amahoro (Football for Peace) Tournaments (by gender)</li> <li>• Number of participants (football players &amp; spectators) in Football Forum Theatre (by gender)</li> </ul>	Output Output
<b>Education</b>		
Promote universal education in Kimisagara by increasing school enrolment rates & access to books & computers	<ul style="list-style-type: none"> <li>• Percentage increase in school enrolment rates (by gender)</li> <li>• Percentage increase of youth who have access to computers (by gender &amp; schooled/non-schooled)</li> <li>• Percentage increase of youth who have knowledge of computers (by gender &amp; schooled/non-schooled)</li> <li>• Percentage increase of youth who have access to a library/books (by gender &amp; schooled/non-schooled)</li> </ul>	Outcome Output Output
Empower youth – including street children – to improve their economic situation by increasing their literacy & professional skills	<ul style="list-style-type: none"> <li>• Percentage change in literacy rate (by gender &amp; schooled/non-schooled)</li> <li>• Percentage decrease of youth who report having NO professional skill (by gender &amp; schooled/non-schooled)</li> <li>• Percentage increase of youth who are self-employed or employed either full or part time (by gender &amp; schooled/non-schooled)</li> </ul>	Impact Impact  Impact
<b>Public Health</b>		
Strengthen HIV/AIDS prevention in the community & increase awareness of AIDS among youth	<ul style="list-style-type: none"> <li>• Number of youth who report having a coach who teaches them about preventing HIV/AIDS (by gender)</li> <li>• Number of youth who attend IEC/BCC sessions (by gender)</li> <li>• Percentage decrease of HIV/AIDS prevalence among youth in Kimisagara (by gender)</li> </ul>	Output  Output Impact
Use sporting events to sensitize the community on public health issues & provide access to screening	<ul style="list-style-type: none"> <li>• Number of persons who access counselling &amp; screening at sporting events (by gender)</li> <li>• Number of persons who report basic knowledge related to hygiene, dangers of excessive alcohol consumption, drugs, major diseases such as: HIV/AIDS, TB, malaria, amoebiasis (by</li> </ul>	Outcome Outcome

	gender)	
<b>Programme Viability &amp; Sustainability</b>		
Establish stakeholder involvement & ownership by including community members in planning & decision-making process, including for the safety & security of the Centre	<ul style="list-style-type: none"> <li>• Number of reported safety incidents</li> <li>• Volunteer coach turnover rate (by gender)</li> <li>• Number of MOUs signed with partners with common interests &amp; which can contribute resources</li> </ul>	Outcome Output Output
Obtain sustainable funding	<ul style="list-style-type: none"> <li>• Number of multi-year funding agreements secured</li> <li>• Amount of resources for operation &amp; investment expenses</li> <li>• Number of years of resource safety</li> </ul>	Output Output Outcome

## ANNEX B: Questionnaires

### FFH Rwanda - Community Leaders

1. Please state your position in the community.

2. What are your primary responsibilities in this position?

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

3. What do you think are the major challenges facing youth in your community?

- ☐ Conflict resolution
- ☐ HIV/AIDS and other diseases
- ☐ Poor medical services
- ☐ Drugs
- ☐ Crime
- ☐ Domestic violence
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Poverty
- ☐ None of these

Other (please specify)

4. Are there safe spaces in the community where children can spend their free time outside of school lessons without encountering drugs, crime or violence?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, where are these places?

5. Have you heard of the Football for Hope Centre?

- ☐ Yes
- ☐ No

6. If yes, do you know what services will be offered at the Centre?

- ☐ Yes
- ☐ A little
- ☐ No

7. If yes, what have you heard about the Centre?

8. The Centre will engage a network of volunteer coaches. What do you view as the main responsibilities of these football coaches?

	Not important	Somewhat important	Very important	No opinion
Teach the game of football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide after-school activities to youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer young people to health (VCT services), educational, vocational and social services as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. The Centre aims to facilitate access for youth to public health and education services through their interest in football.

Considering the existing health and education services in your community, which organizations or individuals do you suggest the Centre talk to in order to establish a working relationship?

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

10. Do you see any limitations in the approach of using football for social development?

☐ Yes

☐ No

If yes, please elaborate

11. Given your position in the community, in what ways do you think you could support the Centre (for example, with planning, generating and maintaining interest in the Centre, programming or funding)?

12. Do you think girls should have opportunities to play football?

☐ Yes

☐ No

☐ Don't know

13. Do you think girls should have opportunities to play football only if they are close to home?

- ☐ Yes
- ☐ No
- ☐ Don't know

14. Do you have any additional comments or concerns about the Centre?

## FFH Rwanda - Education sector

1. Please state your position in the education sector.

2. What are your primary responsibilities in this position?

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

3. If you work in a school, is it a

- ☐ Primary school
- ☐ Secondary school
- ☐ I don't work in a school

4. If you work in a school, how many children do you have in your class ?

- ☐ < 15 children
- ☐ 15-25 children
- ☐ 26-40 children
- ☐ > 40 children

5. If you work in a school, is there someone at the school with whom children can talk if they have a problem?

- ☐ Yes
- ☐ No
- ☐ I don't work in a school

If yes, who is this person?

**6. What do you think are the major challenges facing youth in your community?**

- ☐ Unresolved conflict
- ☐ HIV/AIDS
- ☐ Poor medical services
- ☐ Drugs
- ☐ Crime
- ☐ Domestic violence
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Poverty

Other (please specify)

**7. Are there safe spaces in the community where children can spend their free time outside of school lessons without encountering drugs, crime or violence?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, where are these places?

**8. In your opinion, what are the major challenges in the education system in your community?**

- ☐ Overcrowding of schools
- ☐ Low quality of teaching
- ☐ No ongoing teacher training opportunities
- ☐ Low teacher salaries
- ☐ Poor facilities

Other (please specify)

**9. Are there any programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities, etc?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please describe these programs

10. I know where to refer a young person if he or she has problems associated with:

	Yes	Sometimes	No
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. If you work in a school, do students there have access to computers in school?

- ☐ Yes
- ☐ No
- ☐ I don't work in a school

12. How many computers do you have in the school for the students to use?

- ☐ None
- ☐ 1-3 computers
- ☐ 4-6 computers
- ☐ 7-10 computers
- ☐ 11-15 computers
- ☐ More than 16 computers

13. If you do work at a school with computers, what percentage of the students would you estimate know how to use one or more of the computer applications: word processing, internet browsing, emailing, e-networking (such as facebook), video recording & editing, web design?



14. Have you heard of the Football for Hope Centre?

- ☐ Yes
- ☐ No

15. If yes, do you know what services will be offered at the Centre?

- ☐ Yes
- ☐ A little
- ☐ No

16. If yes, what have you heard about the Centre?

**17. The Centre will engage a network of volunteer coaches. What do you view as the main responsibilities of these football coaches?**

	Not important	Somewhat important	Very important	No opinion
Teach the game of football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide after-school activities to youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer young people to health (incl VCT), educational, vocational and social services as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help resolve conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

**18. The Centre aims to facilitate access for youth to education and vocational services through their interest in football.**

Considering the existing education services in your community, which organizations or individuals do you suggest the Centre talk to in order to establish a working relationship?

1.
2.
3.
4.
5.

**19. Do you see any limitations in the approach of using football for social development?**

- ☐ Yes
- ☐ No

If yes, please elaborate

**20. Do you think girls should have opportunities to play football?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**21. Do you think girls should have opportunities to play football only if they are close to home?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**22. Do you have any additional comments or concerns about the Centre?**

## FFH Rwanda – Health sector

1. Please state your position in the health sector.

2. What are your primary responsibilities in this position?

1.	
2.	
3.	
4.	

3. What do you think are the major challenges facing youth in your community?

- ☐ Unsettled conflicts
- ☐ HIV/AIDS and other diseases
- ☐ Poor medical services
- ☐ Drugs
- ☐ Crime
- ☐ Domestic violence
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Poverty

Other (please specify)

4. Are there safe spaces in the community where children can spend their free time outside of school lessons without encountering drugs, crime or violence?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, where are these places?

5. In your opinion, what are the major challenges in the health system in your community?

- ☐ Overcrowding of hospitals and clinics
- ☐ Low quality of health services
- ☐ Lack of ongoing health worker training opportunities
- ☐ Low health worker salaries
- ☐ Poor facilities
- ☐ Lack of information about the prevention of disease

Other (please specify)

6. I know where to refer a young person if he or she has problems associated with:

	Yes	Sometimes	No
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Have you heard of the Football for Hope Centre?

- ☐ Yes
- ☐ No

8. If yes, do you know what services will be offered at the Centre?

- ☐ Yes
- ☐ A little
- ☐ No

9. If yes, what have you heard about the Centre?

10. The Centre will engage a network of volunteer coaches. What do you view as the main responsibilities of these football coaches?

	Not important	Somewhat important	Very important	No opinion
Teach the game of football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide after-school activities to youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer young people to health (incl VCT), educational, vocational and social services as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help resolve conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

11. The Centre aims to facilitate access for youth to health services through their interest in football.

Considering the existing health services in your community, which organizations or individuals do you suggest the Centre talk to in order to establish a working relationship?

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

12. Do you see any limitations in the approach of using football for social development?

- ☐ Yes
- ☐ No

If yes, please elaborate

13. Do you think girls should have opportunities to play football?

- ☐ Yes  
☐ No  
☐ Don't know

14. Do you think girls should have opportunities to play football only if they are close to home?

- ☐ Yes  
☐ No  
☐ Don't know

15. Do you have any additional comments or concerns about the Centre?

## FFH Rwanda - Parents

1. How many children do you care for?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ More than 4

2. Do you have any daughters?

- ☐ Yes  
☐ No

3. Do any of your children play currently belong to a football team?

- ☐ Yes - all of them  
☐ Yes - some of them  
☐ No

4. Does your child's football coach teach them about things other than football, like:

	Yes	No	None of my children have a football coach
Their health (incl. HIV/AIDS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. What do you view as the main responsibilities of your child/children's football coach?**

	Not important	Somewhat important	Very important	No opinion
Teach the game of football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide after-school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help resolve conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer young people to health (VCT centers), educational, vocational and social services as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**6. What do you think are the major challenges facing youth in your community?**

- ☐ Unresolved conflicts
- ☐ HIV/AIDS
- ☐ Poor medical services
- ☐ Drugs
- ☐ Crime
- ☐ Domestic violence
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Poverty
- ☐ None of these

Other (please specify)

**7. Are there safe spaces in the community where children can spend their free time outside of school lessons without encountering drugs, crime or violence?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, where are these places?

**8. Are there any programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities, etc?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please describe these programs

9. Do your children above 6 yrs of age know how to read and write?

- ☐ Yes, they all know how to read and write
- ☐ Yes, some of them know how to read
- ☐ Yes, some of them know how to write
- ☐ None of them can read or write

10. Does your child currently have access to a computer

	Yes	No
at home?	<input type="radio"/>	<input type="radio"/>
at school?	<input type="radio"/>	<input type="radio"/>
at a friend's house?	<input type="radio"/>	<input type="radio"/>

11. Do any of your children have a job outside the home?

- ☐ Yes - part time
- ☐ Yes - full time
- ☐ No

12. Do you think girls should have opportunities to play football?

- ☐ Yes
- ☐ No
- ☐ Don't know

13. Do you think girls should have opportunities to play football only if it is close to home?

- ☐ Yes
- ☐ No
- ☐ Don't know

14. Have you heard of the Football for Hope Centre?

- ☐ Yes
- ☐ No

15. If yes, do you know what services will be offered at the Centre?

- ☐ Yes
- ☐ A little
- ☐ No

16. If yes, what have you heard about the Centre?

17. What are your expectations of the Centre?

## FFH Rwanda - Volunteers

### 1. Your gender?

- ☐ female
- ☐ male

### 2. Your age?

- ☐ Under 18
- ☐ 18-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ Older than 40

### 3. How long have you been a football coach?

- ☐ 1-5 months
- ☐ 6-12 months
- ☐ 13-18 months
- ☐ 19-24 months
- ☐ More than 2 years

### 4. What do you view as your main responsibilities as a coach?

	Not important	Somewhat important	Very important	No opinion
Teach the game of football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide after-school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help resolve conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer young people to health (VCT centers), educational, vocational and social services as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

### 5. Do you teach the children you coach about things other than football, like:

	Yes	No
Their health (HIV/AIDS)	<input type="radio"/>	<input type="radio"/>
Their education	<input type="radio"/>	<input type="radio"/>
Their job opportunities	<input type="radio"/>	<input type="radio"/>
Their self-esteem	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>

**6. What do you think are the major challenges facing youth in your community?**

- ☐ Unsettled conflicts/ management of conflict
- ☐ HIV/AIDS
- ☐ Poor medical services
- ☐ Drugs
- ☐ Crime
- ☐ Domestic violence
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Poverty
- ☐ None of these

Other (please specify)

**7. In your role as a football coach, in what ways do you think you can address these challenges?**

**8. Are there safe spaces in the community where children can spend their free time outside of school lessons without encountering drugs, crime or violence?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, where are these places?

**9. Are there any programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities, etc?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please describe these programs

**10. I know where to refer a young person if he or she has problems associated with:**

	Yes	Sometimes	No
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. I have received training on how to teach children about:**

	Yes	A little	No
Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. I would like to attend training sessions on how to better integrate lifeskills methodologies and tools into football coaching.**

- ☐ Yes
- ☐ Maybe
- ☐ No

**13. Do you currently attend school?**

- ☐ Yes - secondary school
- ☐ Yes - university
- ☐ No

**14. Do you currently have a computer**

	Yes	No
at home?	<input type="radio"/>	<input type="radio"/>
at school?	<input type="radio"/>	<input type="radio"/>
at a friend's house?	<input type="radio"/>	<input type="radio"/>

**15. Do you know how to do any of these things on the computer?**

- write a report
- use the internet
- send an email
- use facebook or myspace
- create a video
- create a webpage

- ☐ Yes
- ☐ A little
- ☐ No

If yes, which ones?

**16. Do you currently have a job outside your home?**

- ☐ Yes - full time
- ☐ Yes - part time
- ☐ No

17. Do you use a computer in your job?

- ☐ Yes - often  
☐ Yes - sometimes  
☐ No

18. Do you think girls should have opportunities to play football?

- ☐ Yes  
☐ No  
☐ Don't know

19. Do you think girls should have opportunities to play football only if it is close to home?

- ☐ Yes  
☐ No  
☐ Don't know

20. Do you think girls should have opportunities to play football only if it is close to home?

- ☐ Yes  
☐ No  
☐ Don't know

21. Have you heard of the Football for Hope Centre?

- ☐ Yes  
☐ No

22. If yes, do you know what services will be offered at the Centre?

- ☐ Yes  
☐ A little  
☐ No

23. If yes, what have you heard about the Centre?

24. What are your expectations of the Centre?

## FFH Rwanda - Youth

1. Are you a

- ☐ Girl  
☐ Boy

**2. How old are you?**

- ☐ 5-9 years old
- ☐ 10-13 years old
- ☐ 14-18 years old

**3. Do you currently belong to a football team?**

- ☐ Yes
- ☐ No

**4. Does your coach teach you about things other than football, like:**

	Yes	No
Your health e.g HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Your education	<input type="radio"/>	<input type="radio"/>
Your job opportunities	<input type="radio"/>	<input type="radio"/>
Your self-esteem	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**5. Would you talk to your coach if you had a problem?**

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ I don't have a coach

**6. Do you currently go to school?**

- ☐ Yes - Primary School
- ☐ Yes - Secondary School
- ☐ No

**7. Do you know how to read and write?**

- ☐ Yes, I can read and write
- ☐ Yes, I can read
- ☐ Yes, I can write
- ☐ No

**8. If you do go to school, is there someone at school with whom you can talk if you have a problem?**

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I don't go to school

If yes, who is this person?

9. If you go to school, are there after school activities (sports or music) or people to help you with your homework, mentor or tutor you?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I don't go to school

If yes, please describe these programs or people

10. Is there a safe place where you can spend your free time?

- ☐ Yes
- ☐ No

If yes, where is this place?

11. Do you currently have a computer

	Yes	No
at home?	<input type="radio"/>	<input type="radio"/>
at school?	<input type="radio"/>	<input type="radio"/>
at your friend's house?	<input type="radio"/>	<input type="radio"/>

12. Do you know how to do any of these things on the computer?

- write a report
- use the internet
- send an email
- use facebook or myspace
- create a video
- create a webpage

- ☐ Yes
- ☐ A little
- ☐ No

If yes, which ones?

13. Do you currently have a job outside your home?

- ☐ Yes - part time
- ☐ Yes - full time
- ☐ No

**14. Do you have a professional skill ie. computer literacy, masonry, farming, sewing etc.?**

- ☐ IT/Computer
- ☐ Construction
- ☐ Farming
- ☐ Tailor/dressmaking
- ☐ Other

**15. Do you think girls should have opportunities to play football?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**16. Do you think girls should have opportunities to play football only if it is close to home?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**17. Have you heard about the Football for Hope Centre?**

- ☐ Yes
- ☐ No

**18. If yes, what have you heard about the Centre?**

## ANNEX C: Interview List for Follow-Up Assessments

The table below lists those people who were met during the discussion meeting on indicators and later on the occasion of organisational evaluation by FIFA and streetfootballworld.

NAME	POSITION	TELEPHONE
KARERA Jean de Dieu	Volunteer	0788284514
MBARUSHIMANA Tanya	Volunteer	0788593289
MBUNGIRA Ismaël	Partner / Southern Province	0788434662
MUKUNZI Emmanuel	Volunteer	0785292883
MUREKATETE Rehma	Volunteer	0785376540
NDAYAMBAJE Gilbert	Volunteer / CINEDUC Trainer	0788592562 / 0728592562
NDAYISENGA François	Volunteer / Logistics	0788437790
NSENGIMANA Donatien	<i>Espérance</i> Legal Representative	
NTEWIRYAYO Jean Paul	<i>Espérance</i> / Documentation	0788876803
RUSHINGUBONE Innocent	Partner	0788423473 / 0750630919
SCHRECKENBERGER Moritz	Volunteer	0782265122
SCHWAEPPE Henrik	Volunteer	0788865131
SEWABANA Victor Emmanuel	SE & Centre Manager	0788442220
TURYATEMBA Vianney	Partner / Northern Province	0788820787
TUYISHIMIRE Etienne	Volunteer and Assistant coach	0788798528 / 0728798528
UTERETSIMFIZI	Volunteer	0788279062
UWASE Denyse	Volunteer	0788803800
UWERA Noëlla	Volunteer	0785033166
UWIRINGIYIMANA Marcelline	Volunteer / Football Amahoro	0788815804
UWITONZE Passy	<i>Espérance</i> - Logistics	0785742902
WITTE Tobias	Volunteer	0782265124

## ANNEX D: Study Findings and Data

The table below summarizes the number of participants and stakeholder groups that have participated with information and data for this survey.

<b>Questionnaire-based Interviews of Key Stakeholders</b>
<ul style="list-style-type: none"><li>▪ 38 youth</li><li>▪ 6 <i>Espérance</i> volunteer coaches</li><li>▪ 7 health workers</li><li>▪ 8 parents</li><li>▪ 5 community leaders</li></ul>
<b>Face-to-face Interviews of Additional Key Informants</b>
<ul style="list-style-type: none"><li>▪ Victor Sewabana, Centre Manager</li><li>▪ Jean Paul Nteziryayo, Education Director</li><li>▪ Emmanuel Mukunzi, <i>Espérance</i> Volunteer</li></ul>
<b>Focus Group Discussions</b>
<ul style="list-style-type: none"><li>▪ Combined group of youth and volunteer football coaches</li><li>▪ Youth members of a traditional dance group</li></ul>

The following sections summarize the outcomes and major findings generated by the questionnaires. Information is presented for each of the five stakeholder groups: 1) Youth 2) Coaches 3) Parents 4) Health sector representatives and 5) Community Leaders. The number of respondents may vary question by question and tables are cleared for un-answered questions.

### YOUTH

The baseline survey included input from 38 youth of which 66% were young men and 34% were young women. All of the respondents were in the age group 14-18 years. 55% represented out-of-school youth of which nearly ¾ (71%) were male. 5% represented youth at a university and the rest (40%) indicated that they attended secondary school. Only 37% of them indicated they were playing football of which only 1 (7%) was a girl. All (100%) of the football players agreed that their coach taught them skills and knowledge beyond the game of football.

Question	Yes	No	Don't know
Do you belong to a football team	37%	63%	
Girls	7%	93%	
Boys	52%	48%	
Does your coach teach you about other things than football	100%		
Girls	100%		
Boys	100%		

Would you talk to you coach if you had a problem	91%		9%
<b>Girls</b>	100%		
<b>Boys</b>	89%		11%
Do you attend school	45%	55%	
<b>Girls</b>	54%	46%	
<b>Boys</b>	40%	60%	
Do you know to read and write	100%		
<b>Girls</b>	100%		
<b>Boys</b>	100%		
Is there someone at school with whom you can talk if you had a problem	45%	55%	
<b>Girls</b>	46%	54%	
<b>Boys</b>	44%	56%	
Are there programs or services you attend provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities	53%	47%	
<b>Girls</b>	69%	31%	
<b>Boys</b>	44%	56%	
Know safe spaces in the community where children can spend their free time outside school without encountering drugs, crime or violence	74%	26%	
<b>Girls</b>	100%		
<b>Boys</b>	60%	30%	
Do you have access to a computer	53%	47%	
<b>Girls</b>	54%	46%	
<b>Boys</b>	52%	48%	
Do you know how to use basic computer applications	68%	32%	

<b>Girls</b>	69%	31%	
<b>Boys</b>	68%	32%	
Do you have a job outside your home	53%	47%	
<b>Girls</b>	54%	46%	
<b>Boys</b>	52%	48%	
Do you have a professional skill	61%	39%	
<b>Girls</b>	77%	23%	
<b>Boys</b>	52%	48%	
Do you think girls should have opportunities to play football	98%	2%	
<b>Girls</b>	100%		
<b>Boys</b>	96%	4%	
Do you think girls should have opportunities to play football only if they are close to home	39%	50%	11%
<b>Girls</b>	31%	61%	8%
<b>Boys</b>	44%	44%	12%
Heard about the FFH Centre	76%	24%	
<b>Girls</b>	77%	23%	
<b>Boys</b>	76%	24%	

## COACHES

Six (6) coaches participated in the baseline survey. Half of them (50%) were aged between 18 and 25 yrs and one (16,7%) in each of the age categories: 26-30 years, 31-35 years and beyond 40. All are male. Half of the coaches (50%) have been working for *Esperance* more than 2 years, while 2 (33%) had been working for between 6-12 months and one (17%) had been working for less than 6 months.

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Do you teach the children you coach about other things than football	100%		
Know safe spaces in the community where children can spend their free time outside school without encountering drugs, crime	100%		

or violence			
Are there programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities	83%	17%	
I know to refer a young person with problems	83%	17%	
I have received training on how to teach children about a number of their key challenges	100%		
I would like to attend training sessions on how to better integrate life skills methodologies and tools into football coaching	83%		17%
Do you attend school	17%	83%	
Do you have a computer		100%	
Do you know how to use basic computer applications	100%		
Do you have a job outside your home	67%	33%	
Do you use a computer in your work	17%	83%	
Do you think girls should have opportunities to play football	100%		
Do you think girls should have opportunities to play football only if they are close to home	33%	67%	
Heard about the FFH Centre	100%		
Know about services in the Centre	100%		

## PARENTS

A total of 8 parents were interviewed. Four (50%) were taking care of two children, three (37,5%) were taking care of four children and one (12,5%) were caretaker for more than four children. Only 37,5% had children that played football. All of them were of the impression that the coaches did not transfer other skills than football.

Question	Yes	No	Don't know
Know safe spaces in the community where children can spend their free time outside school without encountering drugs, crime or violence	86%	14%	

Are there programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities	29%	71%	
Do your children above 6 years of age know how to read or write	86%	14%	
Does your child have access to a computer	14%	86%	
Do any of your children have a job outside the house	14%	86%	
Do you think girls should have opportunities to play football	100%		
Do you think girls should have opportunities to play football only if they are close to home?	12,5%	87,5%	
Heard about the FFH Centre	12,5%	87,5%	

### HEALTH SECTOR REPRESENTATIVES

A total of 7 individuals represented the health sector in the community participated in the survey of which the majority (86%) were nurses. They were delivering a range of services including counselling and testing, immunization, IEC and health care education.

Question	Yes	No	Don't know
Know safe spaces in the community where children can spend their free time outside school without encountering drugs, crime or violence	57%	43%	
I know to refer a young person with problems	83%	17%	
Hear about the FFH Centre	43%	57%	
Know about services in the Centre	43%	57%	
Do you see any limitations in the approach of using football for social development	43%	57%	
Do you think girls should have opportunities to play football	100%		
Do you think girls should have opportunities to play football only if they are close to home?		100%	

### COMMUNITY LEADERS

The survey included 5 community leaders. They represented the religious leadership, head of village, youth service providers and community leaders.

Question	Yes	No	Don't know
Know safe spaces in the community where children can spend their free time outside school without encountering drugs, crime or violence	50%	50%	
Are there programs or services provided by the schools outside of official school lessons, such as homework assistance, mentoring, one-on-one tutoring, after school sport or music activities	50%	50%	
Heard about the FFH Centre	67%	33%	
Know about services in the Centre	67%	33%	
Do you see any limitations in the approach of using football for social development	67%	33%	
Do you think girls should have opportunities to play football	100%		
Do you think girls should have opportunities to play football only if they are close to home?	17%	83%	

## ANNEX E: Developing a Communications Strategy

### **1. Identify specific goals for the Communications Strategy**

(e.g. raise awareness, clarify objectives of the centre, address common misperceptions and encourage community participation, etc)

### **2. Identify target audiences**

(e.g. 6 stakeholder groups interviewed in baseline study, chiefs, government officials, etc)

### **3. Hone key messages**

- ✓ Centre aims to offer and facilitate access to improved health and educational opportunities
- ✓ Centre is not a football academy (for ex, football pitch is half sized and meant as educational space)
- ✓ Programmes are open to girls
- ✓ Attendance is free
- ✓ Community ownership is key, especially for long term success
- ✓ Relationship with *Espérance*

### **4. Educate staff and volunteers to transmit key messages**

### **5. Publicize key messages**

- ✓ Centre representatives speak at schools, religious centres, internet cafes, clinics
- ✓ Engage local press to write/speak about the Centre
- ✓ PA systems
- ✓ Hold Town Hall meetings
- ✓ Parents meetings
- ✓ Advertise events and arrange for interviews of Centre staff on radio and TV
- ✓ Organize a convoy of open buses, cars on the streets with people singing and dancing where information is given via speakers and papers
- ✓ Prepare for high profile launch of the Centre where staff are prepared to describe and show with pictures what Centre aims to accomplish

## ANNEX F: Performance Monitoring Plan

The tables below set out a draft performance monitoring plan complete with indicator definitions, sources of information, and proposed data collection frequency. Two indicators for each of the three programme areas planned for the Centre and its viability and sustainability have been selected as representative of each area's primary objectives. It is suggested that this framework could be applied to the full list of indicators presented in this study.

### 4.1 Football – Conflict Resolution

Goal	Contribute to lasting peace in the community by developing youth skills to engage in peaceful conflict resolution
Performance Indicator	Number of youth who report having a coach who teaches them about conflict resolution <i>Target: TBD</i>
Definition	Percentage of youth in Centre football programs who answer “yes” to having learned conflict resolution skills from their coach. Data disaggregated by gender.
Data Source	Annual survey
Method of Collection	Face-to-face survey conducted by Football for Hope staff or consultants
Frequency	Annual

### 4.1 Football – Girls’ Participation

Goal	Increase participation of girls and young women in football activities
Performance Indicator	Number of females who play on football teams <i>Target: TBD</i>
Definition	Number of girls on teams as a percentage of total participants. Data disaggregated by age.
Data Source	Team rosters
Method of Collection	Review of team rosters
Frequency	Quarterly

### 4.2 Education – Universal Education

Goal	Promote universal education in Kimisagara by increasing school enrolment rates at the primary and secondary levels
Performance	Net enrolment rates in primary and secondary school

Indicator	<i>Target: TBD</i>
Definition	Number of young people enrolled in primary and secondary education expressed as a percentage of that age group. Data disaggregated by gender.
Data Source	Government statistics or annual survey
Method of Collection	Review statistics when they are published or Face-to-face survey conducted by Football for Hope staff or consultants
Frequency	Annual

#### 4.2 Education – Empower Youth

Goal	Empower youth – including street children – to improve their economic situation by increasing their literacy and professional skills
Performance Indicator	Percentage increase in youth who are self-employed or employed either full- or part-time  <i>Target: TBD</i>
Definition	Percentage of youth who have participated in Centre programs who report being employed or self-employed
Data Source	Annual survey
Method of Collection	Face-to-face survey conducted by Football for Hope staff or consultants
Frequency	Annual

#### 4.3 Public Health – Community Sensitization

Goal	Use sporting events to sensitize the community to public health issues and provide access to screening
Performance Indicator	Number of persons who access counseling and screening at sporting events  <i>Target: TBD</i>
Definition	Number of persons who participate in counseling and screening offerings at FFH sporting events. Data disaggregated by age and gender. People accessing both counseling and screening will be counted once with their participation in both services noted.
Data Source	Counseling and screening sign-in sheets provided at each event
Method of Collection	Review of sign-in sheets
Frequency	Quarterly

### 4.3 Public Health – HIV/AIDS Awareness & Prevention

Goal	Strengthen HIV/AIDS prevention in the community and increase awareness of AIDS among youth
Performance Indicator	Number of youth who attend IEC/BCC sessions <i>Target: TBD</i>
Definition	Number of youth who attend IEC/BCC sessions at the Kimisagara Center
Data Source	Session sign-in sheets
Method of Collection	Review of sign-in sheets
Frequency	Quarterly

### 4.4 Program Viability – Stakeholder Engagement

Goal	Establish stakeholder involvement by including community members in planning and decision-making processes
Performance Indicator	Volunteer coach turnover rate <i>Target: TBD</i>
Definition	Ratio of the number of coaches who have to be replaced each season to the average number of coaches. Data disaggregated by gender.
Data Source	Volunteer coach roster
Method of Collection	Review of volunteer coach roster
Frequency	Quarterly

### 4.4 Program Viability – Funding

Goal	Obtain sustainable funding
Performance Indicator	Total resources secured for operation and investment <i>Target: TBD</i>
Definition	In-kind and financial resources donated to and/or earned by the Centre for its operation
Data Source	Centre financial reports
Method of Collection	Review of financial reports
Frequency	Quarterly