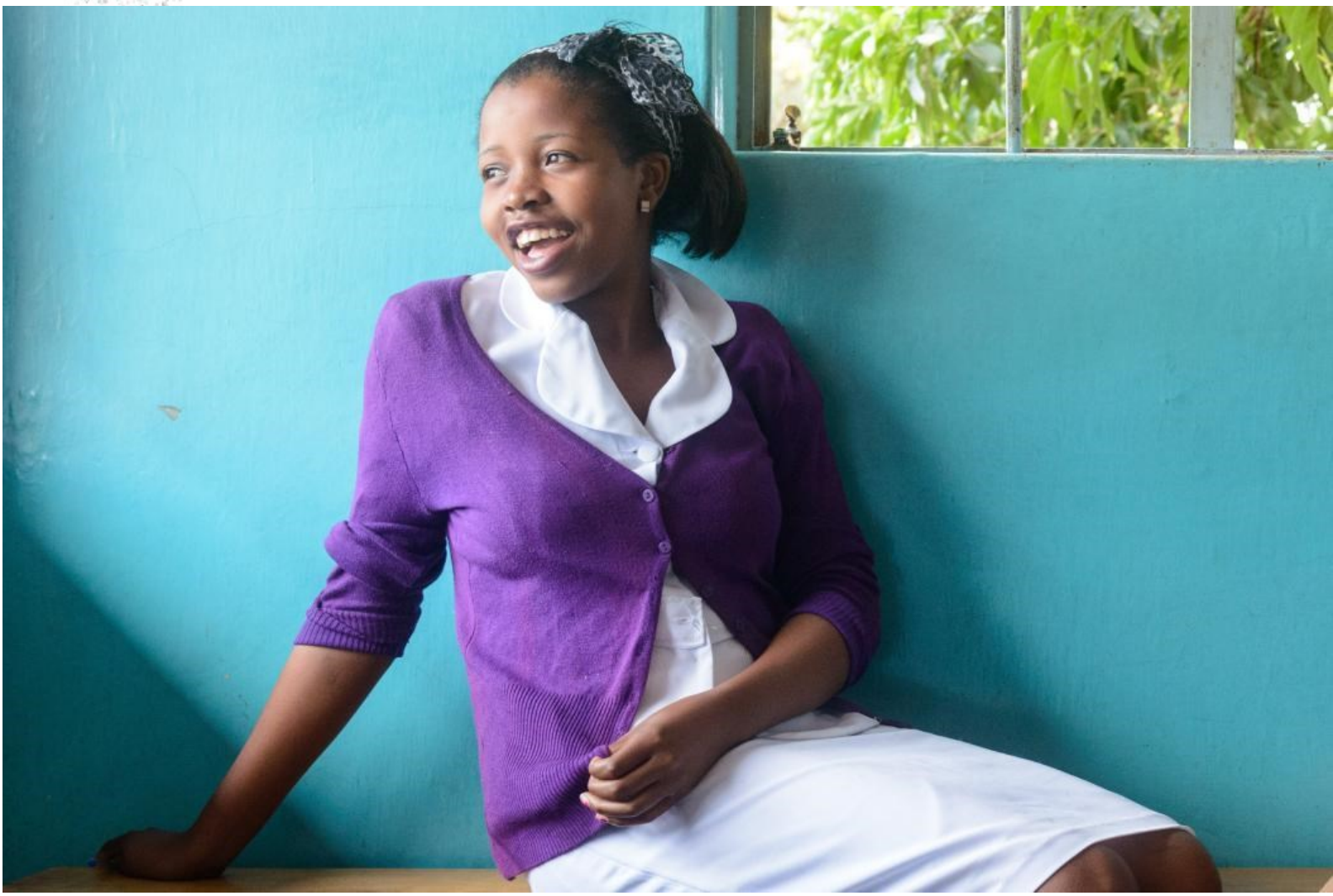
Safeguard Young People Programme



End of Phases I and II Programme Evaluation

Final Evaluation Report

11 September 2019

development solutions

Table of Contents

List of Figures

List of Tables

Abbreviations/Acronyms

AA-HA	Accelerated Action for the Health of Adolescent Strategy
AIDS	Acquired Immunodeficiency Syndrome
AfriYAN	African Youth and Adolescents Network
AIESEC	International Exchange of Students in Economics and Commerce
ASRHR	Adolescent Sexual and Reproductive Health and Rights
AU	African Union Commission
AYP	Adolescents and young people
BOFWA	Botswana Family Welfare Association
BRO	Brothers Reaching Out
CBO	Community Based Organisation
CLSE	Comprehensive Life Skills Education
CPAP	Country Programme Action Plan
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DaO	UN Delivering as One
DBE	Department of Basic Education
DFID	Department for International Development
DHS	Demographic Heath Survey
DRC	Democratic Republic of Congo
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Department of Social Development
ESA	East and Southern Africa
EU	European Union
FGD	Focus Group Discussion
GBV	Gender based Violence
GLOW	Girls Leading Our World
GROM	Gender Responsive Oversight Model
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IPPF	International Planned Parenthood Federation
LPPA	Lesotho Planned Parenthood Association
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MoHSS	Ministry of Health and Social Services
MoPSE	Ministry of Primary and Secondary Education
MoLYMD	Ministry of Labour, Youth, and Manpower Development
MSC	Most Significant Change stories
MSYNS	Ministry of Sports, Youth and National Service
NAPPA	Namibia Planned Parenthood Association
NCF	National Coordination Forum
NHTC	National Health Training Centre
OHCHR	Office of the United Nations High Commissioner for Human Rights
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PCC	Parent Child Communication
PreMDESA	Preventing Maternal Deaths in East and Southern Africa
REPSSI	Regional Psychosocial Support Initiative
RISDP	Regional Indicative Strategic Development Plan
S2S	Sista2Sista

SADC	Southern Africa Development Community
SADC PF	Southern Africa Development Community Parliamentary Forum
SANU	Southern Africa Nazarene University
SAT	SRHR Africa Trust
SBCC	Social Behaviour Change Communication
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
SYP	Safeguard Young People
TB	Tuberculosis
TOC	Theory of Change
TOR	Terms of Reference
TWG	Technical Working Group
UIS	UNESCO Institute of Statistics
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNFPA ESARO	United Nations Population Fund – East and Southern Africa Regional Office
VSO	Voluntary Service Overseas
WHO	World Health Organisation
YAP	Youth Advisory Panel
YFHC	Youth Friendly Health Centre
YFHS	Youth Friendly Health Services
YONECO	Youth Net and Counselling
YWCA	Young Women's Christian Association

Acknowledgements

The evaluation team would like to express sincere gratitude to the Swiss Agency for Development and Cooperation (SDC) for the opportunity to work on this important assignment.

We would like to thank the United Nations Population Fund (UNFPA) ESARO and country offices for the support rendered throughout the evaluation. Special mention goes to the focal persons: Renata Tallarico, UNFPA ESARO; Rose Kamanga, UNFPA Malawi; Kosmas Kemba, UNFPA Namibia; and Joy Mukatimui Masheke Manengu, UNFPA Zambia.

The evaluation team would also like to acknowledge the government ministries of health, education and youth in Eswatini, Malawi, Namibia and Zambia, and Implementing partners therein, for their for ensuring that the evaluation processes went on smoothly in country. We would like to thank all respondents to the evaluation for their invaluable input and making time. Without this valued support, our efforts would have been in vain.

Lastly, the views and conclusions in this report are entirely of the evaluation team and do not represent the views and positions of SDC or UNFPA.

The Evaluation Team
Dr. Nyasha Madzingira – Team Leader
NgonidzasheMarimo – Quality Control
Claude Kasonka – National Consultant, Zambia
VukileBhembe – National Consultant, Eswatini

Executive Summary

Programme Background
The Safeguard Young People (SYP) Programme embraces the multi-sectoral approach for addressing ASRHR in Southern Africa. The overall goal of the project is to improve the SRHR status of young people aged 10 – 24 years and reduce the HIV incidence in the region by 2019. The Programme was developed in response to the prevailing Sexual Reproductive Health and Rights (SRHR) challenges facing adolescents and young people in sub-Saharan Africa (SSA). The programme was implemented in Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zimbabwe and Zambia since 2014 and was co-funded by UNFPA and the Swiss Agency for Development and Cooperation (SDC). This report presents evaluation findings of Phases I and II of the programme.

The **purpose of the evaluation** was to assess the extent to which the SYP programme results (outputs and outcomes) have been achieved, and to explore the strengths and weaknesses of the programme, including all factors influencing the effective and efficient implementation of the programme.

Evaluation Methodology
The evaluation of the SYP Programme utilized mixed methods of research, integrating both quantitative and qualitative data in a complementary manner (desk review, in-depth interviews with key informants, focus group discussions and most significant change stories). These methods were selected to enable the collection of primary and secondary data that has sufficient depth and breadth to answer the broad questions of the evaluation. The evaluation framework followed the five OECD/DAC evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability. Data triangulation was done to collate and concretise information from both primary and secondary data sources.

Findings
Relevance: The objectives and outputs of the SYP Programme are consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders within the eight countries and regional contexts. These include high adolescent birth rate, early and unintended pregnancies, gender inequality and gender based violence, harmful traditional and cultural practices, child marriage and sexually transmitted infections (STIs), including HIV, and limited access to SRHR related information and services, among others. Secondly, the SYP Programme aligns to national, regional and international policies, strategies, agreements and conventions. Lastly, Phase I of the programme was built on UNFPA's experience in ASRH programming globally, existing UNFPA-supported country programmes, and regional initiatives while Phase II was based on the lessons learned and recommendations identified from the review of Phase I undertaken in 2016.The outcomes and outputs of the SYP programme were re-defined in response to the recommendations of the 2016 Mid Term Review. The phased approach to programming allows for assessment of the programme, the theory of change and alignment to the context.

Effectiveness: Most of the SYP Programme outcomes and outputs had been achieved by December 2018, and those not yet achieved are likely to be achieved by December 2019, at the end of Phase II.

Outcome 1: Improved policy and legal environment for addressing young people's issues, policies and programmes at the regional (SADC), national and sub-national levels was achieved.

- Programme interventions were effective in improving policy and legal environment at regional level and in the integration of ASRHR in government laws, policies, systems and services at national and sub-national levels.
- *Indicator 7:* Seven countries out of 8 (**87.5%)** have utilized the Framework for the harmonisation of the Legal Environment on ASRH in East and Southern Africa. These are Botswana, Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe.
- *Indicator 8:* Lesotho, Malawi, Eswatini, South Africa, Zambia and Zimbabwe have utilized the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage representing a **75%** achievement of target.
- *Indicator 9:* Only three countries (Malawi, South Africa and Zimbabwe) have domesticated the SADC Model Law on Child Marriage and Protecting Children Already in Marriage, giving a **37.5%** achievement rate.

Output 1: *Strengthened capacity of regional and national stakeholders to advocate and lobby for a conducive legal and policy framework for young people.*

- *Indicator 10:* 6 countries out of 8, (Botswana, Eswatini, Malawi, Namibia, Zambia and Zimbabwe) - **75%** achievement - are implementing a national strategy on teenage pregnancy.
- *Indicator 11:* 6 of the 8 countries produced a State of the Youth Report to highlight the situation of youth in the country. These are Eswatini, Lesotho, Namibia, Malawi, Zambia and Zimbabwe, giving an achievement rate of **75%.**
- *Indicator 12:***75%** of countries in the SYP conducted the Demographic Dividend study as a tool to advocate for increased investments on young people (Botswana, Eswatini, Malawi, Namibia 2018, Zambia and Zimbabwe).

Output 2: *Strengthened capacity of adolescents and youth networks to advocate and meaningfully participate in international, regional and national decision-making platforms*

The capacity of youth networks was strengthened to advocate and participate in international, regional and national decision making platforms as:

- *Indicator 13:***83%** of set target was achieved as a total of 5,007 youth network members were trained in advocacy for SRHR and youth development against a target of 6,000.
- *Indicator 14:* The target for supporting national and district networks was fully achieved (**100%)** as 212 national and district youth networks were supported and are functional.

Output 3: *Effective coordination, partnerships, monitoring and evaluation of SYP programme implemented at regional and national levels*

- *Indicator 15:* All 8 countries (**100%)** have platforms that facilitate the dissemination of strategic information, and continued existence of functional SYP coordination mechanisms.
- *Indicator 16:* Eight regional publications shared and disseminated (**100%** achieved).
- *Indicator 17:* **50%** of South-South cooperation activities on ASRHR and youth development were undertaken, including the Parent Child Communication Model between Zimbabwe, Eswatini, Lesotho and Malawi.
- *Indicator 18:* All eight countries (**100%)** have functional SYP coordination mechanisms.

Outcome 2: Adolescents and Young people's knowledge and skills towards the adoption of protective sexual behaviours are increased.

- The Programme increased Young People's Knowledge and Skills towards the adoption of protective sexual behaviours
- The Capacity of Institutions was strengthened to design and implement integrated, quality comprehensive sexuality education

Output 4: *Strengthened capacity of institutions to design and implement integrated, quality comprehensive sexuality education in schools*

Forty-four percent of the set target for Output 4 had been achieved by December 2018. Of the Phase target of 20,000 teachers trained on CSE, only 8,894 were trained by the end of December 2018. During Phase I, UNFPA in collaboration with UNESCO supported the training of 18,000 teachers in delivering CSE since its inception of which 15,000 were reached in 2016. As such, the number of teachers trained is expected to increase in 2019.

Output 5: *Strengthened capacity of institutions to deliver quality CSE and SBCC for out of school adolescents and young people*
The cumulative total to 6,677,690 (**111%)** of adolescents and young people were reached with SBCC/CSE as of December 2018 against a set target of 6,000,000 by end of Phase II. The programme is certain of overachievement on this indicator by December 2019.

Outcome 3: Youth Friendly and Integrated SRHR and HIV Services were scaled up.

Output 6: *Number of adolescents and young people reached with SRH and HIV services.*

- The cumulative total of adolescents and young people reached with HIV and SRHR services is 2,508,396, **surpassing by 25%** the Phase target of 2,000,000.
- The SYP continues to strengthen the capacity of health service providers both at the levels of pre-service and in-service, with a cumulative total of 5,804 service providers trained in youth friendly health provision in 2018.
- A cumulative total of 1,330 health facilities have been supported in the SYP focus districts.

Efficiency:
The resources/inputs (funds, expertise, time,) were converted to results

- There was a general consensus among respondents interviewed in this evaluation that the outputs of the programme justified the costs. However, some respondents indicated that the resources were not adequate to meet all the ASRHR needs of young people.
- Government funding of the SYP programme was described by key informants as limited. The support from government is mainly in kind (staff and transport).
- Implementing partners indicated that disbursement of programme funds was untimely.

The costs of the SYP programme can be justified by the results achieved

- The SYP program was largely able to utilise the resources allocated efficiently and achieved intended results.
- The regional approach to programming increases economies of scale as governments are brought together under the umbrella of SADC to develop policies that are subsequently domesticated.
- UNFPA collaborates with like-minded institutions and organisations for pooled funding, expertise and leverage on each other's comparative advantages.
- The Programme has been able to build on other initiatives and create synergies with other programmes, networks and partners at regional, national and sub-national level.
- The programme utilises existing structures for implementation and provide services in an integrated manner. Government structures such as health facilities and schools are used for information dissemination and service provision, thereby reducing costs.
- The SYP Programme utilises the UNFPA procurement system and is able to procure commodities such as condoms for 8 countries in the programme, thereby reducing the price.

The M&E system is effective as it systematically collected, collated and utilized information from the Programme

- The SYP programme was monitored, support supervision visits were undertaken and the programme was evaluated.

- At the national level the problem of lack of disaggregated data remains and collection of this data has been a challenge.
- Data analysis is available at national level thereby rendering assessment of indicators at district level impossible.

Impact:
The SYP is on track to achieve its ultimate goal to improve the SRH status of young people and reduce new HIV cases by 2019. Most of the indicators for Outcomes 1 to 3 have been achieved. A successful achievement of Outcomes in turn leads to the expected impact of the programme on the intended beneficiaries. The intentions of the education sector as related to SYP is to reduce HIV infections, teenage pregnancy, increase school completion rate increase the proportion of young people retained in the education sector and improve life skills among the in school young people. Both primary and secondary data indicate that that dropping out of school, early marriage and teenage pregnancy have been reduced while retention has increased. Those who dropped out are going back to school under the Girls Re-entry Policy. These are pre conditions for reducing the new HIV infections and improving the SRH status of in school young people.

The SYP interventions can be replicated and/or scaled-up. These include the development and domestication of policies; capacity building of service providers (health, education) in the provision of youth friendly service; Innovation in information dissemination; and Parent Child Communication activities that are a promising practice in Zimbabwe can be easily replicated to other SYP countries and beyond.

Sustainability:
Programme components appear likely to be sustained after the project. Firstly, through their regional oversight role, SADC and SADC PF will ensure programme sustainability through advocacy for policy domestication, implementation and monitoring by Member States. The remaining eight SADC Members States will, therefore, be using the same standards and benchmarks for HIV and SRHR information dissemination and service provision for adolescents and young people developed under the SYP. Secondly, countries implementing the SYP Programme have taken ownership of the programme as activities are implementedthrough existing systems and structures andcoordinated by key government ministries of health, youth and education in collaboration with CSOs, key stakeholders and youth clubs. Lastly, capacities of national institutions have been built. Service providers (teachers, health staff, and community cadres) who were trained will continue with their services. Pre-service and in-service training will continue through Manuals that were developed. However, continued capacity building and support is needed to strengthen sustainability.

Recommendations:

Recommendation 1: Policy review and Alignment
Need to continue advocacy for policy alignment at SADC level to align policies that contradict on HIV and SRHR service provision for adolescents and young people.

Recommendation 2: Operationalise the 'Leave No-one Behind'
The programme should make a deliberate effort to reach all adolescents and young people (girls and boys; young women and young men); and marginalized and vulnerable populations.

Recommendation 3: Invest in Emerging Issues
Bring on board emerging issues for the programme to be current and remain relevant. Identified emerging issues/revived issues for consideration, ranked by the number of times the issues was mentioned by respondents are:

i. Environmental sustainability - linking population growth, climate change, environment, disaster risk management and HIV and SRHR
ii. Menstrual Hygiene Management
iii. Emergency/humanitarian approach and HIV and SRHR (drought, collecting water, protection) - emergency preparedness with adolescents and youth lenses.
iv. Gender based violence
v. Peace building
vi. Abortion and the law
vii. Drug, alcohol and substance abuse and HIV and SRHR
viii. Psychosocial support and mental health
ix. Social accountability, tracking service delivery and resource utilisation.
x. Health management systems

Recommendation 4: Strengthen community engagement
The SYP programme should continue to engage stakeholders at community level – parents, guardians, community leaders and faith-based organization for buy-in on supporting adolescents and young people with HIV and SRHR information and services, especially on CSE.

Recommendation 5: Economic Empowerment of adolescents and young people
Integrate into SYP Programming livelihood skills, income generating activities, entrepreneurship, financial literacy and job creation for the economic empowerment of the young people. Some Issues that adolescents and young people are facing are rooted in the economic challenges they are facing, where access to economic prospects will open up opportunities for them in aendowed with resources, forestry, marine, and minerals.

Recommendation 6: Increase Programme Funding
UNFPA is to mobilise more resources for the programme inclusive of financial and human resources, and expertise to sustain programme momentum. Governments from the programme implementing countries are encouraged to do likewise. An increase in resources ensures scale up of programme and increased reach to beneficiaries.

Recommendation 7: Improve Funding Disbursement Modalities
Disbursement of funding should be improved from receipt of such at UNFPA HQ to UNFPA ESARO, from the Regional Office to Country Offices, and from Country Offices to Implementing Partners. A delay in one of the offices affects the whole delivery chain, with negative consequences on programme implementation, results and acquittals.

Recommendation 8: Continued Capacity Strengthening of National Youth Organisations
National Youth Councils systems need strengthening for them to be accountable for resources availed for youth activities. When this is done, funding for some activities can be given directly to the youth organisations or a direct budget line for youth activities to which the youth will be accountable. This will strengthen their governance and financial accounting systems. Through such funding mechanisms, upcoming young music artists can be supported to compose songs and drama, and to disseminate messages to their peers.

Recommendation 9: Sustained Creativity and Innovation in service provision and information dissemination
Sustain innovation products and services, technology, and modes and channels of information dissemination that capture the attention of adolescents and young people through continued financial support and/or partnerships with corporates and media houses.

Recommendation 10: Strengthen M&E and Knowledge Management

Strengthen the Monitoring and Evaluation framework of the programme as well as its implementation. The programme should also document good practices to allow for replication of activities in other contexts and for further dissemination of experiences for learning and sharing.

Recommendation 11: Re-visit Criteria for Selection of Partners

The selection of Implementing Partners may need to be broadened beyond submission of a fundable proposal, to include tangible evidence on the ground on the partner's ability to implement the programme and to achieve expected targets.

1 The Safeguard Young People Programme

The Safeguard Young People (SYP) Programme was initially conceptualized as a two-phased project co-funded by UNFPA and the Swiss Agency for Development and Cooperation (SDC). The Programme was developed in response to the prevailing Sexual Reproductive Health and Rights (SRHR) challenges facing adolescents and young people in sub-Saharan Africa (SSA) that include high adolescent birth rate, early and unintended pregnancies, gender inequality and gender based violence, harmful traditional and cultural practices, child marriage and sexually transmitted infections (STIs), including HIV, and limited access to SRHR related information and services, among others. The programme was implemented in eight Southern Africa countries since 2014. Phase I was completed and evaluated in 2016 while this report presents the evaluation findings of both Phase I and II, with the Phase II ending in December 2019.

The programme embraces the multi-sectoral approach for addressing ASRHR in Southern Africa. The overall goal of the project is to improve the SRHR status of young people aged 10 – 24 years and reduce the HIV incidence in the region by 2019. The attainment of this goal is achieved through advocacy as well as evidence based policy formulation and implementation; and capacity development for professionals implementing youth related interventions including young people and parents, traditional leadership and health service providers. Other interventions implemented the use of technology to reach young people as well as solicit effective participation and involvement of young people in all stages of the project; knowledge management; service delivery; Social and Behaviour Change Communication; Youth leadership and participation as well as male involvement.

2 Evaluation Objectives and Scope of Work

2.1 Purpose of the Evaluation

The purpose of the evaluation was to assess the extent to which the SYP programme results (outputs and outcomes) have been achieved, and to explore the strengths and weaknesses of the programme, including all factors influencing the effective and efficient implementation of the programme.

2.2 Specific Objectives of the Evaluation

- To unearth multi-sectoral elements that impact proficient program implementation and their contribution towards achieving the ultimate program objective.
- To identify good and promising practices from the Programme
- To formulate practical recommendations to inform subsequent programme phases.

3 Methodological approach

The evaluation of the SYP Programme utilized mixed methods of research, integrating both quantitative and qualitative data in a complementary manner. These methods were selected to enable the collection of primary and secondary data that has sufficient depth and breadth to answer the broad questions of the evaluation. The evaluation framework follows the five OECD/DAC evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability[1]. This allowed for a more complete and synergistic utilization of evaluative data and as well as their triangulation in order to produce a verifiable body of evidence. The following are the research methods included in the mixed method approach.

[1] The OECD/DAC Criteria for International Development Evaluations: An Assessment and Ideas for Improvement http://www.ipdet.org/files/Publication-The_OECD-DAC_Criteria_for_International.pdf

3.1 Quantitative Data Collection

Literature/Desk Review: Quantitative data collection was based primarily on programme-generated data complemented by existing national survey reports. The SYP programme indicators guided the desk review exercise. Furthermore, regional and global related documents, best practices and lessons learnt, and national statistical data from reports and data sets were reviewed to augment the evaluation and to inform the strategic recommendations of the evaluation. The array of documents provided a detailed quantitative review of the results framework against the evaluation objectives.

3.2 Qualitative Data Collection

Primary data collection was carried out in four of the eight countries (Eswatini, Malawi, Namibia, and Zambia) under which the SYP program is being implemented. Qualitative data collection methods included in-depth interviews with key informants with key stakeholders and implementing partners; focus group discussions and most significant change stories from beneficiaries (see Annex 6).

In-depth Interviews: Five virtual and one face-to-face in-depth interviews were undertaken with key informants at regional level with staff from UNFPA ESARO, SADC PF, and AfriYan; 59 interviews at national and sub-national level with Ministries of Health, Youth, Education, implementing partners, program partners and other relevant local stakeholders; and with beneficiaries and community members. Key informants were purposively selected because of their knowledge of the SYP program (see Annex 1).

Focus Group Discussions (FGDs): Fifteen Focus Group Discussions of at least 10 members were undertaken with adolescents and young people aged 18-24 years who are beneficiaries of the SYP programme (7 with girls; 6 with boys; 1 mixed group, 1 community leaders). In each country, two adolescents/young people assisted in the facilitating FGDs after being appraised on the FGD Guide and their role as facilitators.

Most Significant Change Stories: Four stories of change were recorded that demonstrate change that has occurred as a result of the SYP programme. These stories are presented in the report to complement the collected quantitative indicators of success and communicate changes in knowledge, behaviours, attitudes and practice that the quantitative aspects of the evaluations were not able to elucidate. The MSC stories were used in combination with quantitative indicators to build up a picture of progress towards the overall SYP project goals and deeper understanding of how change happened.

3.3 Sampling Strategy

Four countries out of the eight were pre-selected for in-depth assessment and primary data collection. The team leader visited Malawi (Mangochi region) and Namibia (Ohangwena region) a high prevalence and middle-income country, respectively, while national consultants undertook primary data collection in eSwatini (Shiselweni region) and Zambia (Solwezi district).The evaluation was carried out at four levels (regional, national, sub-national to community level) to ensure a comprehensive end of phase evaluation. This enabled the team to provide specific recommendations on how the project has been driven and lessons learnt at each level.

3.4 Data Analysis

The final evaluation utilized varied methods to analyse both qualitative and quantitative methods. Data triangulation was done to collate and concretise information from both primary and secondary data sources. Qualitative data was entered in a Microsoft Excel template to facilitate discourse analysis. In this analysis, data was organised by themes and common thread in the discussions were noted. The analysis also identified themes in which responses remain divergent.

For quantitative data, a Likert scale model was used to assess progress made towards achieving outcomes and objectives of the Programme. Target scores for each evaluation criterion were used for performance and results management. The assumptions used in the final evaluation were based on a three-point rating scale that introduces differentiation between ratings and allowed for a more nuanced performance assessment. The Evaluation team have adopted the traffic light score used in the mid-term review of the SYP Programme Phase I for both output and outcome level assessment *(Red = completely off track; Orange = some progress recorded and adjustment required; and Green = on track)* as described in Table 1.

Table 1: Description of Assessment Scale

Green	On track	• All or 75% of set targets achieved • Within set timelines
Orange plus	Some progress recorded adjustment required	• 50% to 74% of set targets were achieved • Out of set timelines by 1 year or less
Red	Completely off track	• Less than 50% of set targets achieved • Way out of set timelines by more than 1 year

The Evaluation Matrix (Annex 3) present the data analysis framework and model applied for both primary and secondary data to assess indicators in the SYP logic framework.

The assignment passed through five main stages namely: (i) Inception report including country ethical clearances (Annex 5) (ii) Virtual interviews at regional level (iii) Fieldwork in selected countries (iv) Data analysis and development of Draft Report and (v) Evaluation Report Validation and Finalisation Phases.

3.5 Methodology Constraints and Limitations

- Field processes were delayed due to requirements by countries to fulfil ethical clearance requirements. Despite the delays, fieldwork was undertaken and evaluation report presented within set timelines.
- In Namibia and Malawi, field validation of the SYP Programme was limited as two youth clinics that were to be observed were not functional. The NAPPA clinic in Ohangwena, Namibia had been closed for three years because there was nurse and was only opened in June 2019, with the evaluation visit two weeks after. Similarly, the clinic in Mangochi in Malawi was gutted by fire and is yet to be reconstructed. Despite these gaps, the evaluation managed to assess a Namibia Planned Parenthood Association (NAPPA) clinic in Windhoek, Namibia and Mkumba Youth Friendly Health Centre in Mangochi, Malawi.
- The evaluation did not review financials to the extent of assessing budgets, disbursements and expenditure. As such, the programme assessment of value for money (principles of economy, efficiency, effectiveness and equity) was not carried out.

4 Analysis and Presentation of Findings

4.1 Relevance

"The selection of the interventions was based on national and regional priorities and policies. We know that the SYP is a regional program and we have similar problems. For Zambia, high teenage pregnancy, HIV and STI prevalence among young people are the priority areas." Key informant, Zambia

Finding 1: The objectives and outputs of the SYP Programme are consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders within the eight countries and regional contexts

Based on primary and secondary data, the evaluation confirms the relevance of the SYP Programme to the needs of the target population and to the priorities of the eight countries where the programme is implemented and in southern Africa in general. The Programme was designed to address identified gaps in HIV and SRHR information and service provision for adolescents and young people age 10 – 24 years.

(i) Demographic Dividend

Young people aged 10 – 24 account for a third of the population in SSA and their number is expected to increase to 436 million in 2025[2]. These statistics present more of an opportunity than a threat to the development of the region in the context of rightful investments. These investments should be on education, health, family planning and economic reforms. Investing in the above areas will ensure a healthy transition of young people to adulthood, which will in turn facilitate economic benefits, not only to the young people, but the region often described as reaping the demographic dividend.[3] SRHR related issues are part and parcel of development challenges for young people and thus these challenges cannot be delinked from other core development issues for young people- education, health and economic empowerment.

(ii) Early sexual debut

Early sexual debut is linked to high fertility as child birth may start early, especially in the absence of family planning services. Countries in southern Africa have the highest adolescent fertility rate of 20%.[4] The median age at first sex among young people aged 20-24 years in Namibia is 18.6 years for females and 17.7 years for males[5], 9% of girls are married before the age 18 while 5% of girls and 13% of males have had sex by age 15.[6]The Zambia DHS noted that although fertility rates have generally reduced among young people aged 15-19 years, 29% have already started having children, with the rural and uneducated being the most affected.[7]

(iii) High HIV Infection in the region

Two thirds of new HIV infections are happening in east and southern Africa with 19.6 million people living with HIV, representing over half of the people living with HIV globally.[8] The statistics on child marriage show SSA having the second highest prevalence given that 115 million women were first married/in a union before their 18th birthday.[9]Most countries in the

[2]UNFPA (2012). Adolescents and Young People in Sub Saharan Africa; Opportunities and Challenges. Johannesburg. South Africa. UNFPA.
[3]African Institute for Development Policy (2015). Synthesis Report on the Demographic Dividend in Africa. UNFPA East and Southern Africa Regional Office Johannesburg, South Africa. UNFPA.
[4]UNICEF (2018). Child Marriage; Latest trends and Future prospects. New York. UNICEF.
[5]Inter-Agency Working Group on SRH and HIV Linkages. HIV and SRHR Linkages Infographic Snapshot Namibia 2016.
[6] HIV and SRHR Linkages Infographic Snapshot Namibia 2016
[7]Central Statistics Office. Zambia Demographic Health Surveys 2018
[8]UNAIDS (2018). The State of the Epidemic. Geneva, Switzerland. UNAIDS
[9]UNICEF (2018). Child Marriage; Latest trends and Future prospects. New York. UNICEF

SADC region, where the eight SYP implementing countries are located, have high HIV prevalence ranging from 9% in Malawi to 27% in Eswatini.[10]In South Africa, a third of all new HIV infections occur in 15-24 year olds, with adolescent girls being 8 times more likely to be infected.Mozambique, South Africa and the United Republic of Tanzania accounted for more than half of new HIV infections and deaths from AIDS-related illness in the region in 2017.[11]

(iv) Low levels of HIV testing

The first 90 in the United Nations (UN) 90-90-90 Strategy states that by 2020, 90% of all people living with HIV will know their HIV status. HIV testing for adolescents and young people is low southern Africa.HIV testing and receipt of results for adolescents aged 15-19 years in Namibia is 29% for females and 14% for males.[12]

(v) High Rates of School Dropouts

School children, especially girls, are dropping out of school. The net primary school enrolment rate is higher in majority of the countries in the region yet less than half of the children progress to secondary school. This is worse for progressing from lower secondary school to higher secondary. SSA has the highest proportion of young people out of school with 32.3% of school going age not in school.[13]In Eswatini, the net primary school enrolment rate is 92% whilst net enrolment in secondary school is 27% and enrolment in higher secondary is 12%.[14]In Zambia, the net primary school enrolment is 90.4% while the net enrolment rate in secondary school is 25.4% implying an even lower upper secondary school enrolment rate.[15]The Namibia National Review 2015 noted that large numbers of children from the age of 15 years start dropping out of school including many grade 10 learners.There is a high dropout rate from school in South Africa due to HIV and teenage pregnancy and a 5% prevalence rate of STIs among learners.

(vi) Unmet need for Family Planning

There is high unmet need for family planning services especially for adolescent and young people, yet is critical in reducing fertility. Unmet need for family planning among young women aged 15-19 years is 9% in Namibia[16].The Zambia DHS noted that contraception use remains low as 62% of teenagers still do not use any contraception, increasing the risk to pregnancies and STIs.[17]

(vii) Low Utilisation of HIV and SRHR Services

Young people in the East and Southern Africa (ESA) region underutilize health services and have low levels of information on SRHR and HIV despite the availability of adolescent and youth friendly health service guidelines and availability of educational materials in the majority of the health facilities.[18]The percentage of young people aged 15 – 24 with comprehensive knowledge about HIV in the ESA region varied across the countries however the highest achieved was 65% in Rwanda, 56% for females and 51% for males of adolescents aged 15-19 years in Namibia,[19]43% of young women and 41% of young men in Zambia, 49.1% among women and 50.9% among men in Eswatini and only 23% among young men in South Africa.[20]This scenario of service utilization by young people imply the existence of barriers to

[10]UNAIDS (2018). The State of the Epidemic. Geneva, Switzerland. UNAIDS

[11]Ibid.

[12]HIV and SRHR Linkages Infographic Snapshot, Namibia 2016

[13]UNESCO Institute for Statistics (2018). One in five children, adolescents and youth is Out of School. UIS Fact No. 48.

[14]Ministry of Sports Culture and Youth Affairs and UNFPA (2015). Eswatini State of the Youth Report. Mbabane, Eswatini

[15]Ministry of General Education (2017). Educational Statistical Bulletin 2016. Lusaka. Zambia

[16]HIV and SRHR Linkages Infographic Snapshot, Namibia 2016

[17]Central Statistical Office. Zambia Demographic and Health Survey 2018

[18]UNFPA and IPPF (2017). Assessment of Adolescent and Youth Friendly Health SERVICE Delivery in the East and Southern Africa Region. Johannesburg, South Africa. UNFPA.

[19]HIV and SRHR Linkages Infographic Snapshot, Namibia 2016

[20]UNAIDS (2018). The State of the Epidemic. Geneva, Switzerland. UNAIDS.

service utilisation from both supply and demand perspectives of the services, health facility and community as well as service providers and young people and community at large.

<u>Finding 2:</u> The SYP Programme aligns to national, regional and international policies, strategies, agreements and conventions

At the **global level**, the UN has developed policies, strategies and conventions that highlight the need to focus on adolescents and young people in the provision ofHIV and SRHR information and services to achieve set targets by 2020 and 2030. These include the UN Sustainable Development Goals (SDGs) 2030[21]the UN 90-90-90 Strategy 2014[22] and the Start Free, Stay Free, AIDS Free Framework 2018[23].

At the **African Union Commission** level, the SYP Programme is aligned to the AU Agenda 2063 and the AU Campaign to End Child Marriage in Africa. The AU Agenda 2063[24] highlights child health and rights and provision of comprehensive services throughout the lifecycle as espoused in Aspiration 6.[25] Complementing this is the AU Campaign to End Child Marriage in Africa: Call to Action 2013**[26]** calls on governments to end the harmful practice of early and forced marriage. The rights of young people are also enshrined in the **ESA Commitment** brings together education and health sectors, policy makers and young people to collaborate and strengthen SRHR service provision. The endorsed commitment has an accountability clause that binds the countries to deliver on certain targets set for both 2015 and 2020.[27]

The **SADC** Regional Strategy on SRHR (2019 – 2030) builds on the progress made in the region, guided by the SADC Sexual and Reproductive Health Strategy (2006 – 2015), in improving the provision of SRHR. The purpose of the strategy is to accelerate the attainment of SRHR in the SADC region and support the vision of the SADC Regional Indicative Strategic Development Plan (RISDP) 2015–2020, fulfil the targets of the SDGs and of the AU's Maputo Plan of Action 2016–2030.[28]The Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)[29]placed emphasis on strengthening communities and families to prevent and mitigate the impact of HIV and AIDS on children, adolescents and youth. In line with the Maseru Declaration, the goal of SADC interventions is to decrease the number of HIV infected and affected individuals and families so that HIV is no longer a threat to public health and to socio-economic development as highlighted in the RISDP.[30] Three other strategic documents from which the SYP Programme derive relevance are the SADC Integrated HIV, SRHR, TB and Malaria Strategy and Business Plan, 2016-20[31], the SADC 1998 Addendum on the Prevention and Eradication of Violence against Women and Children and the Minimum Package for HIV and SRHR Integration in the SADC Region (2015)[32].
Furthermore, the SYP Programme is aligned to the **SDC Regional Cooperation Strategy 2018-2022[33]** which focuses on two domains of Food Security and HIV/SRHR. The main objective of the HIV/SRHR domain is to reduce new HIV infections among young people (10–24 years old) in the SADC region. It is also aligned to **UNFPA's Strategy on Adolescents**

[21]UN. 2015. Sustainable Development Goals
[22]UN. 2014. 90-90-90 targets
[23] WHO and EGPAF. 2018. AIDS Free Framework to accelerate paediatric and adolescent HIV treatment, http://apps.who.int/iris/bitstream/handle/10665/273150/WHO-CDS-HIV-18.20-eng.pdf?ua=1
[24]African Union Commission. 2015. Agenda 2063: The Africa We Want.
[25] An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children.'
[26]African Union Commission. 2013. Campaign To End Child Marriage In Africa: Call To Action 2013
[27]https://www.youngpeopletoday.org/esa-commitment/
[28] The SADC Regional Strategy on SRHR 2019 – 2030
[29] SADC (2003) Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)
[30]SADC 2015. Regional Indicative Strategic Development Plan 2015-2020 SADC Declaration on Youth Development and Empowerment .
[31] SADC. 2017. SADC Integrated HIV, SRH, TB and Malaria Strategy and Business Plan, 2016-20
[32]SADC. 2015. Minimum Package for HIV and SRH Integration in the SADC Region
[33] SDC. 2018. Regional Cooperation Strategy 2018-2022

and Youth, Towards Realizing the Full Potential of Adolescents and Youth 2013, with the overarching goal of ensuring access of adolescents and youth to sexual and reproductive health, and realizing their rights.

Lastly, the Programme is aligned to national priorities and policies aimed at addressing high teenage pregnancy, school drop outs, especially among girls, general adolescent health and ending early marriages. All eight countries in the SYP programme have in place the following national policies and strategies National Development Policy/Plan; Strategy for Accelerated Growth and Sustainable Development/Vision 2030; National Health Strategic Plan; National Youth Policy/Plan; Adolescent Health Strategy/Adolescent Sexual and Reproductive Health Strategy; National HIV and AIDS Strategic Framework/Plan; National Education Sector Policy; the School Health Policy; and Girls Re-entry/Re-admission Policy, among others.

Finding 3: The degree of adjustment was according to local context

The SYP Programme design was adjusted in Phase II according to the needs of beneficiaries and context. Even though Phase I was built on UNFPA's experience in ASRH programming globally, existing UNFPA-supported country programmes, and regional initiatives (such as the Adolescent Girls' Empowerment Project which was implemented in Ethiopia, Malawi, DRC, Mozambique and Zambia), Phase II interventions were based on the lessons learned and recommendations identified from the review of Phase I undertaken in 2016. The programme continued to be implemented in partnership with the SADC Secretariat, and created new partnership at regional level with the SADC Parliamentary Forum, and ministries of health, education and youth as well as other national and regional partners. The SYP programme leveraged on the work of other partners and is integrated in the youth components of existing UNFPA-supported country programmes and regional initiatives, including: the SIDA-funded project supporting the strengthening of linkages between SRH and HIV services in all the SYP countries; the DFID-supported programme, Preventing Maternal Deaths in East and Southern Africa (PreMDESA); and the Global Programme on Child Marriage.

The outcomes and outputs of the SYP programme were re-defined in response to the recommendations of the 2016 Mid Term Review. The five outcomes that were tracked in Phase I 2013-2016 were reduced to three. Three of the outcomes were tracked from Phase I through Phase II, while two outcomes from Phase I were re-defined to Outputs in Phase II as presented in Table 2 below. The phased approach to programming allows for assessment of the programme and the theory of change.

The current results and targets for the SYP Programme are largely realistic, within the control of the programme, achievable within the timeframe of 2014-2019 and were established in consideration of implementation capacities.

Table 2: SYP Programme Outcomes for Phases I and II

Outcome	Phase I 2013-2016	Phase II 2017-2019
Outcome 1	Improved policy and legal environment for addressing young people's issues, policies and programmes at the regional (SADC) national and sub-national levels.	Improved policy and legal environment for addressing young people's issues, policies and programmes at the regional (SADC), national and sub-national levels.

Outcome 2	Increase young people's knowledge and skills towards adoption of protective sexual behaviours.	Adolescents and Young people's knowledge and skills towards the adoption of protective sexual behaviours is increased.
Outcome 3	Scaled up youth friendly and integrated SRH and HIV Services for adolescents and young people through both static and outreach services.	Scaled up youth friendly and integrated SRH and HIV services for adolescents and young people through both static and outreach services
Outcome 4	Strengthened young peoples', especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes.	Outcome 4 in Phase I was redefined as an Output in Phase II. This is therefore tracked as Output 2 under Outcome 1.
Outcome 5	Strengthened coordination, documentation and dissemination of strategic information, lessons learned and best practices at the national and regional levels.	Outcome 5 in Phase I was redefined as an Output in Phase II. This is therefore tracked as Output 3 under Outcome 1

4.2 Effectiveness

All SYP programme indicators analysed under this section are as of December 2018. The evaluation took place in June/July 2019 and January to July 2019 progress was not included. Secondly, programme implementation is still on going until December 2019. As such, some indicators reflected as not achieved, may be achieved or not achieved by the end of programme implementation.

4.2.1 Improved Policy and Legal Environment

Finding 4: Most of the SYP Programme outcomes and outputs have been achieved, and those not yet achieved are expected/likely to be achieved by December 2019, at the end of Phase II

Outcome 1: Improved policy and legal environment for addressing young people's issues, policies and programmes at the regional (SADC), national and sub-national levels

Two indicators out of three under Outcome 1 were successfully achieved (see Table 3). Seven countries out of 8 (87.5% achievement) have utilized the Framework for the harmonisation of the Legal Environment on Adolescent Sexual and Reproductive Health in East and Southern Africa. These are Botswana, Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe. Lesotho, Malawi, Eswatini, South Africa, Zambia and Zimbabwe have utilized the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage representing a 75% achievement of target. Only three countries (Malawi, South Africa and Zimbabwe) have domesticated the SADC Model Law on Child Marriage and Protecting Children Already in Marriage, giving a 37.5% achievement rate.

Table 3: Outcome 1 Achievement by Indicator

Outcome 1 Indicator	Baseline/ Mid Term 2016	Achieved Result by Dec 2018	SYP Target Dec 2019	Status of Result

7. Number of countries that have utilized the Framework For The Harmonisation Of The Legal Environment On Adolescent Sexual and Reproductive Health in East and Southern Africa	0	7	8	**87.5%**
8. Number of countries that have utilized the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage	0	6	8	**75.0%**
9. Number of countries that have domesticated the SADC Model Law on Child Marriage and Protecting Children Already in Marriage	0	3	8	**37.5%**

Green 75% to 100; Amber 50% to 74%; Red: Less than 50%

<u>Finding 5:</u> Programme interventions were effective in improving policy and legal environment at regional level (policy development, integrated HIV prevention and sexual reproductive health services aimed at young people, comprehensive sexuality education for young people both in an out of school, and youth participation in activities that empower them)

The SYP Programme finalised a Comprehensive Analysis of Laws and policies related ASRHR in 23 ESA countries carried out with the University of Pretoria in collaboration with the AU Commission and the Regional Economic Communities in 2016. The study resulted in the development of a harmonised regional legal framework which translates international and regional law provisions into useful legal strategies adapted to the domestic level. During the same period, UNFPA supported the development of a regional Comprehensive Sexuality Education Manual for out of school youth, which has been adopted by countries in southern Africa.

The Programme supported the development and strengthened advocacy efforts to promote the use and utilization of the SADC Model Law on Eradicating Child Marriage and Protecting Children already in Marriage. In the continued efforts to end child marriage, UNFPA ESARO supported the AU in convening the “Enough with the silence!” the African Union Second Girl Summit on Ending Child Marriage in Africa in 2018 which concluded that the AU Campaign to End Child Marriage be extended to 2023. In addition to the support given to the AU Campaign to End Child Marriage, UNFPA ESARO in close collaboration with SADC-PF and ‘Girls not Brides’ launched the Guide to the Use of the Model Law that guide civil society organizations (CSOs), parliamentarians and youth advocates to utilise the Model Law in a practical way to advance policies, programmes and emends legal provisions related to child marriage.

The SADC Model Law on Child Marriage was disseminated and presented in a number of platforms, such as the Global Consultation for the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in Uganda, and the 4th Meeting of the Africa Regional Judges’ Forum on HIV, TB, Human Rights & the Law organized by UNDP. As a follow up to the SADC Model law, SYP Programme has been working with Girls not Brides and SADC PF on a SADC Model law tool kit that will facilitate the adoption of the model law and simplify its domestication. In addition, as a result of a strong partnership with SADC PF, SYP supported the development of a SADC PF 5 years Youth Development Programme aiming at strengthening the role of parliamentarians in the process of harnessing the demographic divided, which was approved in 2017.

The SYP lobbied for the development of a SADC Protocol on Children and Youth Rights in collaboration with Save the Children International, REPSSI, VSO, MiET, SAT and other stakeholders. In collaboration with SADC Secretariat (Gender Unit), UNFPA ESARO supported the development of the SADC CSW Resolution 60/2 Programme of actions on HIV, Women and Girls, with the Programme of Action (PoA) endorsed by Ministers of Health in 2017. As a follow up to the SADC CSW Resolution 60/2 Programme of actions on HIV, Women and Girls, UNFPA ESARO supported SADC PF Women’s Parliament and the development of

the Mahe' Declaration which defines the commitments of parliamentarians in ensuring the support of legislation in country to promote HIV prevention for women and girls. The Mahe' Declaration was endorsed by SADC Parliamentary Forum in July 2017. UNFPA ESARO in collaboration with other UN Agencies and CSOs has been working with SADC PF on the development of a Gender Responsive Oversight Model (GROM). The model aims at monitoring implementation of the commitments made by parliamentarians through the adoption of the Mahe' Declaration. The GROM was finalized and piloted in three SADC parliaments in 2018.

UNFPA, in collaboration with the Office of the United Nations High Commissioner for Human Rights (OHCHR), raised awareness about the potential for using international and regional human rights standards, strategies and mechanisms to promote international norms pertaining to SRHR, including harmful practices. The organisation also advocated Menstrual Health Management (MHM), and co-hosted the first ESA symposium on MHM with the Department of Women in the Presidency of the Republic of South Africa in 2018.

Finding 6: The SYP Programme was effective in the integration of ASRHR in government laws, policies, systems and services at national and sub-national levels

The SYP in **Botswana** supported the development of the Adolescent Health Strategy and the HIV Prevention Service Packages for young people, the adolescent youth-friendly service assessment, and demographic dividend study to provide a tool for ongoing advocacy related to ASRHR. In 2018, the Government revised Section 147 of the Penal Code to raise the age of consent to sex from 16 years to 18 years. UNFPA, through SYP, advocated the inclusion of the Romeo and Juliet clause (a.k.a. close in age defence), and highlight the SRHR implications, including criminalisation of consensual sex among peers.SYP was instrumental in providing technical support to young people, the Youth-hub (a youth section of the SRHR Africa Trust - SAT) to build their advocacy skills to engage with policy makers on the process.

In **Eswatini**, SYP supported the Ministry of Education and Training in integrating components of Comprehensive Life Skills Education (CLSE) into the Education Sector Policy, ensuring CLSE to all learners from primary to secondary school. ASRHR was also integrated in pre service training through the development of a SRH module for tertiary institutions while teenage pregnancy prevention interventions were integrated in the National Education Sector Policy during the sector policy review with the inclusion of CLSE. According to MoET key informant*"We have a steering committee to address teenage pregnancy now, a GBV strategy and an SODV steering committee, SYP helped to push agenda on ASRHR issues".* Furthermore, through SYP the National Youth Policy was reviewed; the National Youth Strategy drafted, the out of school LSE manual was also developed and LSE issues were integrated into the new primary school curriculum.

In **Lesotho**, UNFPA, through the SYP programme, supported government in reviewing the 2003 National Youth Policy, the National School Health and Nutrition Policy, the 2011 National Health Policy, the Manual on CSE for out of school youth, and Youth Resource Centre Guidelines fundamental to ensuring greater access to SRHR for adolescents and young people. The Youth Resource Centre Guidelines provide a standard to "youth-friendly" approaches to health across the country.SYP also supported the Ministry of Health in developing the National Reproductive, Maternal, Neo Natal, Child and Adolescent Health Strategy and the Ministry of Social Development and partners in the review of the SADC Model Law on Child Marriage. Two sections from the model law have been identified to be utilized in the revision of Lesotho's Child Protection and Welfare Act of 2011.

In **Malawi** the following policies were reviewed: the National Standards for Youth Friendly Health Services (YFHS), the National Girls Education Strategy, Scripted Lesson Plans; and developed the National YFHS Strategy, the HIV Prevention Strategy in Higher Learning

Institutions, By-Law Framework, Manuals on CSE for both in and out of school; popularised and implemented the Learner Readmission Policy. On the implementation of the policy, adolescent girls and young women who had dropped out of school were readmitted in school. Additionally, the Parliament of Malawi enacted the Divorce and Family Act increasing age at marriage from 16 to 18 years. The Ministry of Labour, Youth, and Manpower Development (MoLYMD) is developing a Parent Child Communication Package, to bridge the communication and engagement gaps between young people and their parents on sexuality and SRHR related issues.

Under the SYP, **Namibia** reviewed the 2nd National Youth Policy and development of the 3rd National Youth Policy, the National Strategic Framework on HIV, and the CSE Curriculum; and developed the National Guidelines on Health Service Integration 2016, and a CSE Manual for out of school youths. Through engagements with parliamentarians to advocate for laws that protect children and learners in school, the age of consent for HIV testing was lowered to 14 years; three motions were tabled in parliament on teenage pregnancy, Menstrual Hygiene Management and on Child Marriages. The project provided technical support to the Namibia SRH/HIV and AIDS governance project implemented by parliament, mainly through capacity building to members of parliament and their staff on addressing needs for SRH and HIV for adolescents and young people. UNFPA supported one Member of Parliament to participate in the AU summit on ending Early Child Marriage in Ghana, and the training of 31 parliamentary staff and 41 Members of Parliament on SRHR and HIV.

South Africa developed the National Adolescents and Youth Health Policy 2017, the CSE Manual for Out of School Youths(Facilitator's Manual), the Management of Learner Pregnancy Policy, and the Monitoring and Evaluation Manual for the National Youth Policy 2018. In collaboration with UNICEF, UNFPA also supported the Department of Planning Monitoring and Evaluation to develop the Monitoring and Evaluation framework that guides the monitoring and evaluation of the implementation of the youth policy. The SYP finalized a rapid assessment on the implementation of the Youth Advisory Panel (YAP), to review its effectiveness, and identify recommendations to strengthen the implementation of YAP going forward.

In 2016, UNFPA in **Zambia** supported government in improving the legal environment for ASRH with one of the most notable steps forward taken to table the Marriage and Child Code bills to address child marriage as well as to adopt a five-year national action plan to end child marriage. In 2017, the SYP supported the development of the National Adolescent Sexual Health (ADH) Strategy 2017-2021 and the subsequent Costed Plan of Action for the Strategy; National Strategy for Ending Child Marriage; the National Adolescent Sexual Health Strategy 2017-2021, the National Health Strategic Plan 2017-2021, the National AIDS Strategic Framework of 2017-2021, and the Harmonized and Standardized Package of Adolescent Health Services. In 2018, the SYP advocacy efforts brought to the fore the need to revise the minimum age of consent for SRHR services for adolescents currently linked to legal age of consent to sex which is 16 years old and remains a huge barrier for both service utilization and access to information for adolescents. Ongoing advocacy is taking place to set the age ideally to 12 as in the case of South Africa or at least to age 14.

In **Zimbabwe**, SYP supported the development of the National Adolescent and Youth Sexual and Reproductive Health Strategy II: 2016-2020 in 2017, the School Health Policy in 2018.Four Parliamentary portfolio committees on Health, Gender, Justice Legal Parliamentary affairs and Senate Thematic Committee were engaged on the SADC Model Law on Child Marriage. The committees thereafter, led community public hearings to build consensus on child marriage. The amendment to the marriage bill was drafted and is scheduled for debate in Parliament.

Output 1: *Strengthened capacity of regional and national stakeholders to advocate and lobby for a conducive legal and policy framework for young people*

Two of the three indicators tracked under Output 1 are on track see Table 4).

- Six countries out of eight (Botswana, Eswatini, Malawi, Namibia, Zambia and Zimbabwe), under Indicator 10, are implementing a national strategy on teenage pregnancy.
- Six of the eight countries produced a **State of the Youth Report** to highlight the situation of youth in the country (Indicator 11). These are Eswatini, Lesotho, Namibia, Malawi, Zambia and Zimbabwe, giving an achievement rate of 75%.
- Seventy-five percent of countries in the SYP conducted the **Demographic Dividend study** as a tool to advocate for increased investments on young people (Botswana, Eswatini, Malawi, Namibia 2018, Zambia and Zimbabwe). South Africa did not and will not be conducting the demographic dividend during this period, since it was not seen as priority at national level.

Table 4: Results of Output 1 Indicators

Output 1 Indicator	Baseline/ Mid Term 2016	Achieved Result by Dec 2018	SYP Target Dec 2019	Status of Result
10. Number of countries implementing a national strategy on teenage pregnancy.	0	6	8	**75%**
11. Number of countries that produced a **State of the Youth Report** to highlight the situation of youth in the country	4	6	8	**75%**
12. Number of countries that conducted the **demographic dividend study** as a tool to advocate for increased investments on young people	4	6	8	**75%**

Green 75% t0 100; Amber 50% to 74%; Red: Less than 50%

In Botswana, SYP supported the development of the National Teenage Pregnancy Strategy, and the Adolescent Health Strategy aligned to Global strategy on women, girls, neo-natal, and adolescent health as well as the WHO Global Accelerated Action for the Health of Adolescent (AA-HA!) strategy. SYP in **Eswatini** supported both the State of Youth Report and the Demographic Dividend Report. The State of the Youth Report was disseminated in three regions, and stakeholder orientation on the National Demographic Dividend Report. **Malawi** developed the Youth Status Report, the Nationwide Youth Consultations Report and Cultural Study, which resulted in action plans to address harmful cultural issues in six SYP districts. **Namibia** carried out four studies - the First Child Marriage Study/National Teen Pregnancy Study; First Youth Status Report; Demographic Dividend Study and National Study of Child Marriage. Likewise, **Zimbabwe** carried out a National Adolescent Fertility Study to enhance evidence and understanding of the rising cases of adolescent pregnancy in the country. UNFPA supported the development and finalization of the Demographic Dividend study completed in 2017.

Finding 7: The capacity of youth networks was strengthened to advocate and participate in international, regional and national decision making platforms

Output 2: *Strengthened capacity of adolescents and youth networks to advocate and meaningfully participate in international, regional and national decision-making platforms*

Key Achievements:

- 83% of set target was achieved as a total of 5,007 youth network members were trained in advocacy for SRHR and youth development between 2017 and 2019, against a target of 6,000.

- These figures for Indicator 13 are as of December 2018. With this positive trend, the indicator is likely to go beyond the target by end of December 2019.
- The target for supporting national and district networks was fully achieved (100%) as 212 (105 and 107 national and district youth networks) were supported in 2017 and 2018, respectively, and are functional.

Table 5: Results of Output 2 Indicators

Output 2 Indicator	Baseline/ Mid Term 2016	Achieved Result by Dec 2018	SYP Target Dec 2019	Status of Result
13. Number of youth network member trained in advocacy for SRHR and youth development.	26	5,007	6,000	**83%**
14. Number of national and district youth networks that are functional.	4	212	212	**100%**

Green 75% t0 100; Amber 50% to 74%; Red: Less than 50%

The SYP Programme supported the African Adolescents and Youth Network (AfriYAN) on Population and Development; revised its rules of procedures and statutes; and revised and finalized the governance structure and approved their budgets. AfriYAN was capacitated to strengthen youth development and participation, advocacy, resource mobilization and accountability of the network within the region. In collaboration with UNFPA Headquarters and the World Organization of Scouts, under the auspices of SYP, UNFPA ESARO developed a training package on youth, peace and security and humanitarian action that was piloted for the first time in the region with the participation of UNFPA staff and young leaders from eight countries. UNFPA contributed to the event Youth Connekt with the theme 'Connekting Youth for Continental Transformation'. Strengthening the capacity of adolescents and youth networks to advocate for SRHR and youth development issues remains a key result area in SYP.

Botswana expanded youth engagement and participation in national, regional and global platforms through platforms such as Vision 2036 and SG Strategy on Women and Girls and the Condomize campaign. Two youth representatives were co-opted as members of the Country Coordination Mechanism.

UNFPA in **Malawi** built the capacity of seven major youth-led and youth-serving organizations to develop and implement youth leadership and advocacy programmes. This has allowed youth to effectively participate in strategic planning processes as well as advocacy efforts locally. With their increased capacity, almost 52,000 young people were reached in 2016. A national youth network was established in 2017. A total of 49 youth networks (1 national, 6 district youth networks and 42 Traditional Authority based networks) have been established and revamped and are submitting reports of youth activities being undertaken such as awareness meeting on access to YFHS including FP services and HIV testing. This surpasses an SYP target of 9 networks. A total of 1,547 members were trained in advocacy and SRH for youth development.

Namibia established coordination platforms that included the National school health taskforce at national and regional levels working with NAPPA, AfriYAN, National Youth Council, out of school youth clubs, and the International Exchange of Students in Economics and Commerce (AISEC), a youth organisation to host the third Youth Speak Forum. UNFPA continues supporting the organisations on youth participation and leadership.
In **Zambia**, three youth networks were capacitated by UNFPA, including the Junior Reporters, who engage fellow youth through traditional media on issues and topics that matter to them, including SRH issues. SYP supported the Government to host a National Youth Symposium

aimed at engaging young people in national development and entrepreneurship, which culminated into a national 2017 youth forum communiqué on youth issues. The Programme contributed to the organization of a National Youth Conference on SDGs held to engage young people in the monitoring and accountability of the SDGs within the context of the country's 7th National Development Plan.

UNFPA in **Zimbabwe** continues supporting the national and district youth networks. The Zimbabwe AfriYAN chapter received training on CSE and advocacy. Building on previous youth networks trainings on SRHR, demographic dividend and youth development advocacy, a Youth Policy Tracking Group was established in response to a gap identified in meaningful involvement and participation of young people in the legislative processes. Through SMS messages, UNFPA in Zimbabwe mobilized young people in engaging 110,256 youth in their communities. In addition, a total of 30 youth-led and youth-serving organizations implemented youth leadership and advocacy programmes. 2017 Among other interventions, a High Level Advocacy Meeting on SRHR, HIV and AIDS for Students in Universities was convened; and a Youth Investment and Inclusive economic Growth Conference running under the Theme "Harnessing the Demographic Dividend through Investments inYouth" Economic empowerment and employment creation was also held. SYP in Zimbabwe also supported the district youth assembly meetings conducted by the Zimbabwe Youth Council to provide a new participatory platform for youths to discourse on the demographic dividend agenda and issues pertinent to them with their local leadership.

Finding 8: Management and governance arrangements of the programme were appropriate

Output 3: *Effective coordination, partnerships, monitoring and evaluation of SYP programme implemented at regional and national levels*

Key Results

- **All eight** countries have platforms that facilitate the dissemination of strategic information, and continued existence of functional SYP coordination mechanisms.
- **Eight** regional publications shared and disseminated in 2018 (100% achieved).
- Fifty percent of South-South cooperation activities on ASRHR and youth development were undertaken, including the Parent Child Communication Model between Zimbabwe, Eswatini, Lesotho and Malawi.
- **All eight** countries have functional SYP coordination mechanisms.

Table 6: Results of Output 3 Indicators

Output 3 Indicator	Baseline/ Mid Term 2016	Achieved Result by Dec 2018	SYP Target Dec 2019	Status of Result
15. Number of countries with platforms that facilitate the dissemination of strategic information.	0	8	8	**100%**
16. Number of regional publications through SYP on research studies and best practices.	4	8	8	**100%**
17. Number of South-South cooperation activities on ASRHR and youth development undertaken.	2	3	6	**50%**
18. Continued existence of functional SYP coordination mechanisms in countries	8	8	8	**100%**

Green 75% t0 100; Amber 50% to 74%; Red: Less than 50%

Regional Approach

UNFPA ESARO has successfully partnered with the SADC Secretariat and SADC PF through the Gender and Youth unit, and both organisations are members of the Steering Committee. Member States exert positive peer pressure on each other to achieve the results in the programme. The regional approach encourages South-South cooperation with countries talking to each other at government level. Furthermore, the regionalism of the programme helps with the cost effectiveness of interventions and the sustainability through the economies of scale and the replicability activities in different contexts. The impact of the regional approach has been clearly shown by the outcomes of the SYP Steering Committee which has contributed to sharpening interventions and sharing of information while avoiding duplication, and improving strategies.

Regional Coordination Mechanism
Regional coordination meetings and the annual steering committee proved to be effective in sharing information and best practices, bringing stakeholders to the same level, monitoring implementation and ensuring government ownership of the programme. The SYP Programme Steering Committee was established as the regional coordination mechanism for programme activities. The Steering Committee met annually to ensure effective direction and strategic guidance to the Programme as well as to approve the progress achieved and endorse the annual work-plans for the eight countries. The membership and active participation of senior government officials each year at the level of Principal Secretaries and Directors from the key Ministries of Health, Education, and Youth provides continued testimony of national ownership and integration of the objectives of the SYP into sustainable development programmes for adolescents and young people. Country plans and activities were approved by the Committee. The Steering Committee was described by respondents to this evaluation as *'functional, very active and committed to the programme'*. However, turnover of membership was experienced especially after national elections ushering in a new government.

National Level
UNFPA has an overarching role on the SYP Programme and works more with governments on policies. The organisation has strong partnership with government through the ministries of health, youth, education, and with communities through CSOs and youth led organisations. UNFPA works with implementing partners in-country selected based on technical capacity and otherwise. Each country office has an SYP focal person and UNFPA supports all coordination meetings.

The SYP is implemented through the existing UN Delivering as One (DaO) mechanism to ensure it is owned and later on absorbed through the UN and government structures. The Programme is integrated into the UNFPA Country Programme Document (CPD) co-signed by the government of each country and UNFPA through the ministry coordinating international development assistance. SYP countries have maintained functional national Technical Working Groups (TWGs) coordinating the programme at national level. In each country, funding of the Programme is coordinated by the Ministry of Finance and Planning. Findings of the evaluation are that in country coordination is good as quarterly meetings were held as expected.

In **Malawi**, the Ministry of Youth is the coordinating agency that brings all stakeholders together for the quarterly and any ad hoc meetings of the SYP programme where reporting, updates, and activities for the following quarter are discussed. Additionally, there is an inter-ministerial coordination committee that brings together 20 ministries chaired by Chief Secretary in the Office of the President, but the Ministry of Education was not involved. Indications are that even though the Ministry of Education is not as active at national level, District Education Offices are actively involved alongside with District Youth Officer and District Health Officers. The National Youth Council of Malawi is a member of the SYP National Steering Committee that receives reports on progress and updates on the programme

quarterly. However, it was noted that the National Steering Committee is not that effective in providing direction as programme design and donor requirements hinder influence. At district level, the Malawi Youth Network strengthens District Youth Networks who work with the District Youth Technical Working group who assess status of implementation, data management and reporting of youth interventions.

SYP Programme implementing partners in Malawi include the Girl Guides Association targeting primarily girls and communities, including boys working in partnership with the Boys' Scouts; the Women's Lawyers for Human Rights; and media houses to create awareness and visibility. On implementing partners, key informants highlighted that some indicators of the programme were not achieved because Pakachere and YONECO that implemented Social behaviour change programmes and manned social media platforms in Phase I were dropped in Phase II. However, it is important to note that when a new programme starts, UNFPA selects the Implementing Partners based on public adverts and proposal submitted. Therefore, new IPs might be chosen if their proposal is marked higher than the previous IP. This process was followed through on the initiation of Phase II.

The National Health School Taskforce is the coordination platform in **Namibia.** Under the overall coordination of the government of Namibia, the programme was implemented with partnership from civil society organizations namely NAPPA (instrumental in skills and provision of services to adolescents and young people, youth friendly centres and clinics, economic empowerment activities; provision of commodities); Star for Life (in-school information dissemination); OYO (creative arts for information dissemination – theatre, drama, music); and AfriYAN.

Sentiments were expressed in Namibia on why coordination is being done by the Ministry of Youth when that mandate lies with the National Youth Council, as summed up by one key informant that *"there is need to iron out coordination issues between the National Youth Council and the Ministry of Youth. The NYC has the mandate to coordinate youth activities but UNFPA is working with the Ministry of Youth."* Nevertheless, the main deciding factor on who the UNFPA works with is capacity and adequate or inadequate operational systems in place, which requirements some National Youth Councils do not have in place.

In **South Africa**, the SYP is monitored at national level through two coordination mechanisms: the SYP Steering Committee and the National Coordination Forum. The first mechanism looks specifically at the work plan developed for the programme and is managed by the Department of Social Development. The SYP Steering Committee usually takes place one day prior the National Coordination Forum (NCF) to prepare inputs from the multi-sectoral team. On its side, the National Coordination Forum looks at the overall UNFPA Country Programme at least once per quarter. At provincial level, the Eastern Cape and KwaZulu-Natal have quarterly Provincial Coordination Forums that replicate that same composition and objectives as the NCF to ensure optimal coordination, reporting and accountability of all programme activities.

4.2.2 Increased Young People's Knowledge and Skills

<u>Finding 9:</u> The Programme increased Young People's Knowledge and Skills towards the adoption of protective sexual behaviours

<u>Outcome 2:</u>Adolescents and Young people's knowledge and skills towards the adoption of protective sexual behaviours are increased.

Most Significant Change Story 1:*Parents and Contraceptives – A story of Grace Banda, Zambia*

Grace Banda *(not a real name)* has had a troubled life as an adolescent. At age 15 she fell pregnant to her first child and consequently dropped out of school in Grade 11. A year later, she fell pregnant again, but this time decided to terminate her pregnancy using unsafe means. When the mother discovered

what had happened, she decided to take Grace for counselling regarding termination of pregnancy at Urban Clinic in Solwezi, one of the districts for the SYP. Grace indicated that she was still sexually active. She was counselled at the clinic and agreed to be put on long-term family planning so that she could also continue with school in Grade 11. However, when she went back home, her father who was not aware of what was going on, discovered the family planning pills in Graces bag, confronted her and the mother and decided to take both back to the clinic. His reasons were that the pills were exposing her to promiscuity, HIV and STIs.

The SYP team at the clinic that included the nurse, staff from YWCA were able to explain the importance of family planning especially for young people like Grace. Fortunately, the father understood the situation after more than three hours of interaction. Grace is now back at school and has a good relationship with her parents. Their first child had similar problems and has four children from different fathers, so Grace was a turning point for them. The older daughter has also been placed on family planning.

The SYP programme increased its reach to adolescents and young people through the launch of an interactive mobisite 'Tune Me' in Zambia in 2015, and in Malawi, Botswana, Eswatini and Namibia in 2016. Discussions on TuneMe are about love, sex, and relationships and readers share their personal experiences. In Malawi, the content is delivered in both English and Chichewa. In 2016, 147,000 users accessed the mobisite. Results of a satisfaction survey conducted with young people in 2016 showed an overall satisfaction rate of 92%. Another feature called 'Your Tips' which allows users to submit advice to other users was added in 2017.

UNFPA supported governments in SADC in the training of teachers in CSE. The CSE manual for out of school was adopted and adapted in **Botswana.** In 2017, 305 teachers who deliver CSE in schools and 14 officers at Botswana Family Welfare Association (BOFWA) were trained. SYP has also supported access to SRH information and skills to young people through the radio show - Don't get it twisted - covering health and unhealthy relationships, risk perception, preventing pregnancy (contraceptives including condoms), policy debates, STIs, and preventing GBV. Youth received more SRHR information through the TuneMe platform and radio shows aired on the youthful radio station, Yarona FM. By end of 2018, a total of 4,000 young people were registered on the TuneMe mobisite, up from the 3,237 registered in 2017.

In **Eswatini,** the SYP project has been instrumental in the rollout of Life Skills Education (LSE) to 98% of all secondary schools, reaching about 130,000 of students. A national LSE integration matrix for primary schools has been developed and curriculum designers have used the matrix to integrate LSE in primary schools. For out of school youth, a national LSE manual was developed and piloted in Shiselweni Region reaching a total of 230 out of school young people. SYP is supporting Peace Corps to implement the Girls Leading Our World (GLOW) and Brothers Reaching Out (BRO) initiatives in 60 communities across the country. This is an adolescent girls and boys' leadership programme on CSE and it is reaching about 2,573 adolescents girls and 1,347 boys with SRH, HIV, GBV and leadership skills. The TuneMe platform has 35,414 registered users and more than 80,000 page viewers reached. Some adolescent girls and young women are reached annually with SRHR messages during the Umhlanga National Reed dance. Lastly, the SYP has piloted Parent-Child Communication (PCC), with implementation started in Gege Inkhundla.

Lesotho integrated CSE into the school curriculum, and implemented in all primary schools and 100 secondary schools. Out of school youth, including the hard-to-reach herd boys, are reached through the CSE Manual for Out-of-School Young People and the Youth Resource Centre. Help Lesotho and Lesotho Planned Parenthood Associations reached around 15,000 young people with CSE/SBCC interventions out of school. The 'Tune Me' platform is also active in Lesotho.

SYP in **Malawi** reached a total of 337,222 young people with SBCC/CSE through TuneMe, FaceBook and camps. Furthermore, the programme utilises CSE in and out of school, music artist, SRH service providers, role models and mentors to disseminate HIV and SRHR messages. One of SYP's country-renowned musicians, Gwamba, launched his music video which reached more than 141,000 people alone online. The rural outreach reached 195,600 young people through SBCC and CSE initiatives. In addition to TuneMe and other mass media, SYP Malawi supported the Helpline toll free reaching 8,711 young people of which 6,272 male and 2,434 female.

"CSE has helped me on how to understanding issues of sexuality especially for girls and this have helped me to reach out to my fellow youth especially the girls. At the same time this understanding has helped on how I should interact with girls" FGD with adolescent boys and young men, Mangochi

On the messages and the mode of delivery, the adolescents and youth who participated in FGDs noted that all exciting and the messages were well received and understood. However, the challenge was that most of the materials were in English and they need to be translated into the local languages like Chichewa and Chiyawo.

In an effort to ensure the reach of young people in the out of school setting, SYP **Namibia** provided support to the Ministry of Sport, Youth and National Service to review and adapt the CSE package for out-of-school youth in 2017. The package includes a CSE framework for out-of-school youth, manuals and participants workbook. This was completed and 22 CSOs were trained in collaboration with the Namibia Planned Parenthood Association (NAPPA). In addition, SYP, in collaboration with the Office of the First Lady supported the implementation of the #BeFree initiative whose events include dialogues and information sharing sessions on matters such as drug addiction, teenage pregnancy, psychosocial issues, and relationship with parents/caregivers. It involves the use of debate, role play, panel discussion, as well as testimonies from young inmates; all of which set the scene for an interactive dialogue between FLON and the young people. A total of 240 frontline duty bearers (social workers, police, health extension workers, church leaders) were empowered with skills to deliver gender based violence (GBV) related health and social protection services to victims and perpetrators while 5,745 community members were empowered with information and skills on SRH, CSE and GBV prevention and services. As a result, 500 survivors and perpetrators accessed GBV and SRH services through referral. A menstrual health management day commemoration was supported in 2018 reaching 1,871 young people with SRHR information.

In **South Africa**, SYP supported the training of eight community-based organizations (CBOs) in 2017 and mentored to conduct inter-generational dialogues around SRHR, HIV and GBV following the manual that was developed by the Department of Social Development. UNFPA and loveLife continued with the implementation of the innovation project to use mHealth as a tool for service improvement and increased access. The Ground Breakers (LoveLife's youth community leaders) have conducted outreach interventions in schools and communities around the 40 pilot sites to talk about teenage pregnancy, HIV and STI prevention and family planning. By end of 2017, 175,712 young people were reached through face-to-face or radio campaigns.

Zambia has scaled up efforts to include CSE in 100% of schools (grade 5-12) after teachers were equipped with basic knowledge and skills on delivering CSE. Out of school youth are reached through adoption and distribution of the regional CSE out of School Manual. A total of 60 CSOs were capacitated to deliver the CSE out-of-school youth. The programme in Zambia reached a total of 1,389,006 young people with SRH information using all social platforms and interpersonal communication campaigns. UNFPA provided technical support to the Ministry of Health to strengthen the capacity of 586 CONDOMIZE! Champions at sub national level with capacity building trainings tailored at the provision of skills and knowledge in managing the CONDOMIZE! Campaign model of condom promotion within the context of

national comprehensive condom programming strategies and NASF 2017-2021. Another campaign organised was the "Young, Smart, Safe #HIVfree" to increase risk perception and condom use among young people.

UNFPA Annual Report (2018) estimated that in **Zambia,** a total of 553,000 unintended pregnancies were prevented through the use of contraceptives. This was an increase from the 352,000 reported in 2016. This number is for all pregnancies averted and not specifically for adolescents. This indicator has therefore data limitations and cannot be fully assessed. An analysis of contraceptive use shows that 37.8% and 47.4% of women age 15-19 and 20-24 respectively have had access to modern contraceptives in 2018 (CSO, 2018).

In **Zimbabwe**, efforts continue in strengthening the Ministry of Primary and Secondary Education's (MoPSE) capacity to effectively deliver CSE in schools. UNFPA supported the official integration of CSE into teacher training colleges and is now an examinable subject. An additional 499 secondary school teachers have been trained in 140 schools. In most schools, G&C committees have been set up, the lesson is timetabled and is being taught at least once a week. Additional focus on engaging young people took place in rural communities through outreach events, programmes and campaigns, reaching 41,796 young people in 2017.

The SYP strengthened and scaled up community interventions that empower and promote uptake of integrated HIV, SRHR and GBV services for young people. The main community interventions are the Sista2Sista (S2S) Girls Only Clubs, CSE for out of school youth and Parent-Child Communication (PCC). The PCC saw a total of 50,008 parent person exposures in 2018, with communities embracing the program. The Facebook platform continues to be the most popular mass media interface, followed by the TuneMe mobisite.

Outcomes of the Sista2Sista Clubs in Zimbabwe

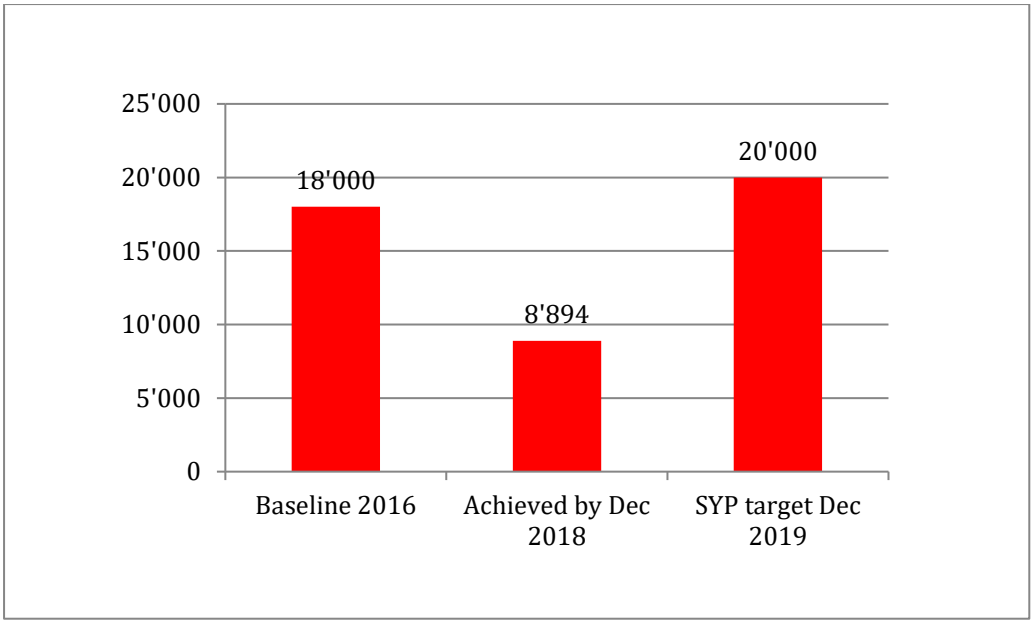
% of girls falling pregnant (0.3%), 2017
% of girls getting married (0.76 %), 2017
% of girls sexually abused (0.08%) pointing to the protective effect of the programme, 2017.
- 215 girls dropped out of school while 444 girls went back to school. The girls that dropped out are not necessarily the same as those that went back school, 2018.
- Increased family planning utilization, 2018

<u>Finding 10:</u> The Capacity of Institutions was strengthened to design and implement integrated, quality comprehensive sexuality education

Output 4: *Strengthened capacity of institutions to design and implement integrated, quality comprehensive sexuality education in schools*

Forty-four percent of the set target for Output 4 had been achieved by December 2018. Of the Phase target of 20,000 teachers trained on CSE, only 8,894 were trained by the end of December 2018(Figure 1). During Phase I, UNFPA in collaboration with UNESCO supported the training of 18,000 teachers in delivering CSE since its inception of which 15,000 were reached in 2016.

Figure 1: Number of Teachers Trained on CSE



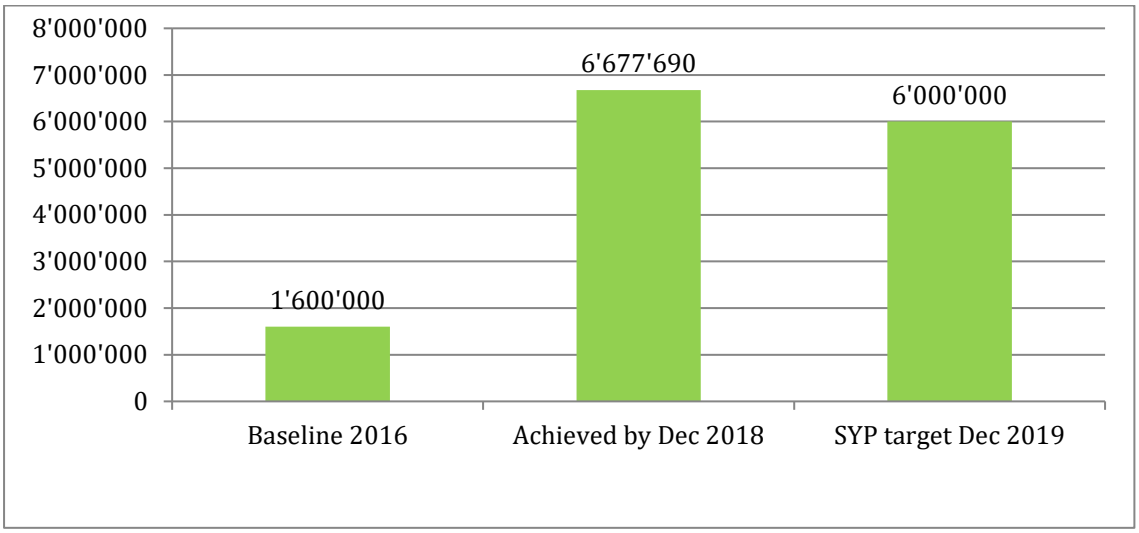
The SYP has made concerted efforts to ensure the training of teachers through in-service and pre-service initiatives utilising both on-line and face-to-face methods. In **Lesotho,** SYP supported the National University of Lesotho to institutionalize CSE curriculum in the faculty of education as a core course for forth year students. In the 2017-2018 academic year, 450 students enrolled on the course. The Ministry of Education in **Malawi** has certified one training institution, Nalikule Teacher Training College, as a center of excellence to carry out CSE on-line training courses. In South Africa, in collaboration with the Department of Basic Education (DBE) and the Department of Social Development (DSD), UNFPA finalized the development of a CSE Implementation Framework and accreditation of the regional CSE Online Training process.

The institutionalizion of CSE as an examinable subject in **Zambia** was a remarkable achievement of the programme, working alongside UNESCO. Subsequently, according to SYP Annual Report, 41,328 teachers were trained in effective delivery of CSE nationally and over 1,988,251 learners from grade 5 through grade 12 received quality CSE in 2017.

Output 5: *Strengthened capacity of institutions to deliver quality comprehensive sexuality education and social behaviour change communication for out of school adolescents and young people*

Over 3 million adolescents and young people were reached with SBCC/CSE in 2018. This brings the cumulative total to 6,677,690 or 111% as of December 2018 against a set target of 6,000,000by December 2019 (Figure 2). As such, the programme is certain of increased overachievement on this indicator by the end of the phase. The Programme had reached a cumulative total of 1.6 million by 2016.

Figure 2: Number of Young People reached with Various SBCC/CSE Programmes



Adolescents and young people in Mangochi, Malawi confirmed that CSE training was done in schools and with out of school children through peer to peer interaction mainly on how to address issues affecting communities on values, culture on sexuality. The youths indicated that what the program is currently doing is adequate, however there need to understand more on the root causes of these challenges they are to effectively addressed. Some of the issues that lead youth into child marriages are economic in nature. There is need for the program to also include entrepreneurial training to equip the youth with skills. Drug abuse is not a big challenge in Mangochi as such the program concentrated on sexual and reproductive health.

4.2.3 Scaled up Youth Friendly and Integrated SRH and HIV Services

Outcome 3: Scaled Youth Friendly and Integrated SRHR and HIV Services

Output 6: *Number of adolescents and young people reached with SRH and HIV services.*

The SYP Programme scaled up youth friendly SRHR and HIV services. The cumulative total of adolescents and young people reached with HIV and SRHR services is 2,508,396, surpassing by 25% the Phase target of 2,000,000. The SYP continues to strengthen the capacity of health service providers both at the levels of pre-service and in-service, with a cumulative total of 5,804 service providers trained in youth friendly health provision in 2018. Lastly, a cumulative total of 1,330 health facilities have been supported in 2017 and 2018 in the SYP focus districts.

As part of the regional youth programme, UNFPA commissioned a research to improve access and demand for SRH services for young people living with disabilities in 2017 in ESA The review informed the development of a Regional Strategic Guidance that aims at increasing access to SRHR information and services for young persons with disabilities. In 2018, SYP supported the development of the SADC Regional Strategy on SRHR (2019–2030) and an accompanying Scorecard. The strategy provides a policy and programming framework for SADC Member States to accelerate the attainment of SRHR for all people living in the SADC region. To complement this, UNFPA ESARO agreed with SADC on the process towards the update the SADC Minimum Standards for the Integration of HIV and SRHR, to include adolescents and youth and key populations.

SYP in **Botswana** supported the development of Adolescent Youth-Friendly Health Services Standards and the assessment on the provision of youth-friendly services that are aligned to the WHO/UNAIDS global standards on quality health-care services for adolescents in 2017/2018. The programme supported the development of implementation plan for the national YFHS standards.

Similarly, the Programme supported the Ministry of Health in **Eswatini** in the development of the AYFHS standards, and ASRH module for tertiary institutions. The module provides a comprehensive review of the existing ASRH module taught at Southern Africa Nazarene University (SANU), considering content, delivery modalities, assessment tools, teaching/learning materials and other essential reference information. This is SYP's continued support to the Ministry of Health which includes the training of health care workers on youth friendly health services. A total of 57 Health Community Workers were trained on AYFHS in 2018. The number of adolescents and young people reached with SRH services in selected facilities were 9,703.

UNFPA **Lesotho**, under the umbrella of SYP, UNICEF, PACT and PEPFAR supported the Ministry of Health to train 246 Health Providers on Adolescent and Youth Friendly Health Services. Each health facility in the country has one health provider trained on AYFHS as per the Adolescents Health Minimum standards and Health Providers Training package that were developed with UNFPA's and WHO's support. SYP supported service delivery to young people by Lesotho Planned Parenthood Association (LPPA) reaching 12,000 adolescents and young people reached with a variety of SRH services including HTS, STIs Screening, contraceptives and cervical cancer screening. About 16,000 young people were reached in government health facilities. Through its collaborative delivery with LPPA and EGPAF, around 25,000 adolescents have been reached with the standard package of health services in 2018. UNFPA, UNICEF and other development partners supported a training of 345 health providers, covering all health facilities in the country.

Through the SYP programme, UNFPA in **Malawi** built the capacity of 30 health facilities in the SYP target areas, 19 in-service providers trained as trainers of YFHS and 30 providers trained in YFHS provision. The trained providers contributed to an increased uptake of ASRHR, including HIV information and services from 209,901 in 2016 to 295,300 in all the six districts including the hard to reach areas by the end of 2017 (117,951 male, 177,349 female). The programme also supported the Ministry of Health to assess and provide on-site supervision to facilities on their adherence to ASRH standards. As a result, 17 out of 22 facilities have been accredited as being YHFS compliant. In 2018, a total of 337 222 young people and adolescents were reached through AYFHS outreach clinics conducted by service providers from both the district hospital and nearby health facility in focused districts. The Programme is now supporting 42 service delivery points, an increase from the 39 supported in 2017.

'We use the health facilities and they are mostly youth friendly. We are served staff trained in handling such issues. At the same time, the structures that UNFPA built have also helped in accessing youth friendly health services' FGD with adolescent boys and young men, Mkumba/Mangochi, Malawi.

UNFPA supported adolescents and youth friendly health services in **Namibia** provided primarily by the Ministry of Health and Social Services (MoHSS), Ministry of Sports, Youth and National Service (MSYNS), through their National Youth Centres; and Namibia Planned Parenthood Association. In 2016, UNFPA hosted 30 doctors and senior health workers from the National Health Training Centres (NHTC) from all 14 regions who worked with adolescents, to review and provide recommendations for the health care training curriculum. In 2017 and 2018 the SYP provided AYFHS through the SRH/HIV integration facilities, reaching a total of 17,253 adolescents and young people.

Forty pilot clinics in the Eastern Cape and uThakela districts in KZN, **South Africa** are offering a standard package in youth-friendly services. At the end of 2017, 31 facilities (77.5%) were meeting the five AYFS quality standards. To enhance its reach, UNFPA partnered with Peace Corps to integrate CSE lessons into 60 rural communities. In **Zambia**, 55 health service delivery points in 11 districts were capacitated with the youth friendly package.

The provision of facility-wide youth friendly services remains one of the key interventions in **Zimbabwe**. UNFPA worked with the Ministry of Health and Child Care to update National guidelines on Clinical Adolescent and Youth Friendly SRH services provision based on the 2015 WHO Global standards for quality health care services for adolescents. The Standard Adolescent and Youth SRH Training Manual was reviewed and an accompanying participant handbook for reference to participants undergoing training, mentorship and for everyday developed. A total of 373 Health workers (mostly service providers) were trained on adolescent sexual and reproductive health (ASRH) and 365 (mostly managers and nurses in charge) orientated on the National Guidelines on Clinical Adolescent and Youth Friendly SRH Services. An assessment on clinical standards for Youth Friendly Service Provision for health facilities conducted in 2018 found that a total of 306 (85%) facilities have been certified as meeting the nine established national standards on AYFHS. As such, more than half a million (597,829) adolescents and young people accessed youth friendly services.

4.3 Efficiency

Finding 11: The resources/inputs (funds, expertise, time,) were converted to results

There was a general consensus among respondents interviewed in this evaluation that the programme struck a balance between cost and output. Many respondents indicated that the outputs of the programme justified the costs. According to one of the implementing partners *"looking at the costs we are able to improve the status of young people even with the modest of the resources, so I think economically it was beneficial."* Another provincial partner intimated that the money was well-spent, and the results are now showing *"the province was one of the highest reporting in terms of the teenage pregnancies – schools in the study are also reporting significant improvements".*

However, despite this general agreement that the programme costs were enough to effectively achieve program outputs, some respondents indicated that the resources were not adequate to meet all the ASRHR needs of young people. While those at the policy level who mostly performed the oversight function felt that the resources were largely adequate, those on the ground dealing with the day to day implementation of activities were of the view that resources were inadequate. For instance, health care workers were of the viewpoint that various resources such as commodities, aids, tools and activities to teach and promote youth friendliness as well as the human resources necessary to adequately do so were inadequate.

'the resources are not adequate at the sub-national level as a result few young people are reached with SYP interventions...there were not enough youth friendly activities such as games, and other edutainment activities being implemented" Key Informant, Eswatini.

"Looking at the costs we are able to improve the status of young people even with the modest of the resources, so I think economically it was beneficial." Key informant, Zambia

Government funding of the SYP programme was described by key informants as limited. The support from government is mainly in kind (staff and transport). Namibia, for example noted that there was no budget line for CSE in the 2019-2021 budget. Secondly, even though the country is classified as middle income, it is characterised by high inequalities with a widening gap between the rich and the poor. This calls for increased funding to support the programme in Phase III.

*We have no dedicated budget for CSE in 2019-2021. How do we operationalise the activities? We cannot be depended on donors always. Governments should fulfil the budgetary requirements set out under the ESA Commitment."*Key Informant, Namibia

Additionally, UNFPA was described as an expensive system, with resources thinning off as they go down to the beneficiary level.

UN is expensive as a system, Key Informant, Regional level

Implementing partners indicated that disbursement of programme funds was untimely. Significant delays of four to five months were noted, with Malawi implementing from July to December in 2018. Delays were also encountered in funding the UNFPA office in Zambia and subsequently the implementing partners. Partners reported a 4-5-month delay in funding for 2019, which affected program implementation. At district level, the activities were compressed to meet the required timelines. This issue was also raised during a steering committee meeting and it was mainly related to the timing of the disbursement of funds from SDC to HQ and from HQ to the Regional Office. Untimely disbursements affect programme implementation and acquittals by implementing partners. The untimely disbursements may be exacerbated by the differences in government fiscal year (July to June) and UNFPA's calendar year. This should be taken into account in the next phase and funds should be disbursed according to the calendar year for implementation.

<u>Finding 12:</u> The costs of the SYP programme can be justified by the results achieved

The SYP program was largely able to utilise the resources allocated efficiently and achieved intended results. The overall budget for the first phase was USD17.3m, of which USD8.9 million was contributed by SDC. The Phase II budget is estimated to be USD16.9 million, of which 48% (USD8.1m) is from SDC.

The regional approach to programming **increases economies of scale** as governments are brought together under the umbrella of SADC to develop policies that are subsequently domesticated. The Programme is able to negotiate with and influence governments. Secondly, UNFPA collaborates with like-minded institutions and organisations for pooled funding, expertise and leverage on each other's comparative advantages. The programme also utilises existing structures for implementation and provide services in an integrated manner. Government structures such as health facilities and schools are used for information dissemination and service provision, thereby reducing costs.

The SYP Programme utilises the UNFPA procurement system. UNFPA has global reach, and is able to procure commodities such as condoms for 8 countries in the programme, thereby reducing price.

<u>Finding 13:</u> The M&E system is effective as it systematically collected, collated and utilized information from the Programme

The SYP programme was monitored, support supervision visits were undertaken and the programme was evaluated. The Africa Adolescents and Youth Dashboard[34], an automated visualization and geographic representation of SRHR data on adolescent and youth, was established and updated with recent DHS and MICS data and 11 new indicators were added, bringing the total to 35. This provides data at the fingertips of policy and decision-making bodies and acts as a useful source for the latest data on SRH issues in the region. In 2017,SYP strengthened its reporting system with the establishment of a web based M&E mechanism - DevInfo Monitoring (Di-Monitoring), which is a data management application aimed at facilitating the monitoring, evaluation and reporting of programme and project indicators which was introduced to SYP countries and implementing partners during 2016. The mid-term evaluation of the SYP was carried out on time in 2016and internal evaluations for example the TuneMe programme was assessed to measure behaviour change.

At the national level the problem of lack of disaggregated data remains and collection of this data has been a challenge. One key informant from Eswatini stated that "... *the programme needs to be strengthened in terms of data collection for the data. The M&E framework is at a high level hence presenting difficulties for contextualising it to the community level."* There are also issues related to low utilisation of data at national level. The lack of M&E capacity was largely blamed for the inability to adequately collect data and in the cases where data was collected, the lack of capacity to utilise the date for the appropriate purposes. Data analysis is available at national level thereby rendering assessment of indicators at district level impossible. The problem is the lack of data at district level which has made it difficult for the evaluation to complete data for indicators at district level. The annual reports as well do not share such data either as an annex or in the main report but present a national picture of the programme.

<u>Finding 14:</u> The Programme has been able to build on other initiatives and create synergies with other programmes and partners

The Programme has established networks and partnerships at regional, national and sub-national level. UNFPA collaborating partners on the SYP Programme leveraging on each other strength include PEPFAR through the DREAMS Innovation Challenges on CSE and YFHS; Save the Children International on CSE related issues; SIDA funded Together for ASRHR; VSO; MIET who carried out a study on boys and youth in school; SAT on supporting SADC with SRHR Strategy; REPSSI on children and youth rights; DFID in other regional programmes and funding of TuneMe; UNESCO in schools; ESA committee; RATESSA regional team; AU; SAfAIDS; VSO; and UNESCO co-finance with UNFPA and carrying out of M&E. Additionally, the UN agencies complement each other in areas of synergy. The SYP is managed and implemented within the Adolescents and Young People Cluster in collaboration with the EU-funded linkages Project, the GPRHCS Programme which is co-funding it and the UNAIDS Co-sponsors responsible for empowering young people to protect themselves from HIV (UNICEF, UNESCO, UNAIDS Secretariat etc.). Recently, a new partnership was initiated with the British council to strengthen the youth economic empowerment component of the UNFPA youth programme – including expansion of resource mobilization efforts.

UNFPA ESARO was able to continue its partnership with the SheDecides Support Unit and leverage resources from the Danish Ministry of Foreign Affairs, which were utilized jointly with SYP, to support implementation of key interventions, including an update of 2016 Regional ASRHR laws and policy review, support the participation of youth advocates and Ministries of Youth and Gender in the technical review of the SADC SRHR Strategy (2019-2030), and a co-creation of youth led accountability 2.0. The initiative aims to revitalize and

[34]http://www.dataforall.org/dashboard/unfpa/ay_africa/

strengthen the capacity of youth movements to advocate for and support implementation of programmes to increase access to SRHR, HIV and gender equality for adolescents and youth across the East and Southern Africa region.

In **Namibia**, partnership was strengthened with other UN agencies, such as UNESCO and UNAIDS, especially in the areas of CSE and HIV prevention as well as with UNICEF on addressing SRHR needs for adolescents and young people with disability. The partnership with the Ministry of Education, Arts and Culture has been robust in enhancing high education institutions capacity to deliver CSE to student teachers; with the Ministry of health and Social Services as well as Ministry of Youth as key partners in school health interventions.

The SYP Programme also established partnership with One Economy Foundation under the Office of the First Lady of Namibia that support empowerment of adolescent girls and young women to exercise their rights and denounce gender-based violence, through advocacy and public support to women and girls. The programme also focuses on community engagement/mobilization including community leaders, men and boys, parents/guardians, service providers to address social and traditional norms and attitudes towards improving adolescent sexual and reproductive health and preventing gender-based violence through nationwide community dialogues called "Be Free and Break Free" movements. Complementing programmes are the Project Hope, the DREAMS Programme, the 'Window of Hope' (age appropriate information to grades 4 to 7 learners) and 'My Future My Choice' (integrated in the Life Skills Programme for Grades 8 to 12 learners).

4.4 Impact

<u>Finding 15:</u> Positive and intended changes on adolescents and young people in the programme

The Programme has been implemented for six years which provides sufficient time to observe impact as well as behaviour change. The SYP is on track to achieve its ultimate goal to improve the SRH status of young people and reduce new HIV cases by 2019. Most of the indicators for Outcomes 1 to 3 have been achieved. A successful achievement of Outcomes in turn leads to the expected impact of the programme on the intended beneficiaries.

For Outcome 1, policies *and legal the environment for addressing young people's issues were improved at the regional (SADC), national and sub-national levels.* Outcome 2: Adolescents and Young people's knowledge and skills towards the adoption of protective sexual behaviours are increased. Outcome 3: *Youth Friendly and Integrated SRH and HIV Services* were scaled up. The indicators with a low achievement rate as of December 2018 may be fully achieved in the remaining months of implementation to December 2019.

MSCS 2: An example of where school dropouts have reduced

Kyakulafya School reported that last year in 2018 around June they had 18 school dropouts but this has reduced to 5 during the same period in June 2019. This has been a story in many of the schools. Kimakolwe in Solwezi also shows a reduction in pregnancies. This is because access to family planning, condoms and HIV testing is high among young people. When SRHR services are provided in schools learners have access to multiple services including HIV testing.

The intentions of the education sector as related to SYP is to reduce HIV infections, teenage pregnancy, increase school completion rate increase the proportion of young people retained in the education sector and improve life skills among the in school young people. Both primary and secondary data indicate that that dropping out of school, early marriage and teenage pregnancy have been reduced while retention has increased. Those who dropped out are

going back to school under the Girls Re-entry Policy. These are pre conditions for reducing the new HIV infections and improving the SRH status of in school young people.

Other observed changes as a result of the SYP include increased family planning access, condom use, and reduced school dropout as a result of teen pregnancies. There has generally been an increase in girls confidence to speak out and to participate in social activities, increased knowledge and understanding of sexual and reproductive health, increase patronage of youth friendly service in most areas than was the case before. The program has also helped the youths to be leaders through the several engagements they have had. There has generally been an increase in girls participation in social activities, increased knowledge and understanding of sexual and reproductive health Over the years the brought change in how some traditional rituals are done like circumcision. Before they were using one razor for several children exposing them to HIV and AIDS but now each bring his own razor from home. FGD adolescent girls and young women Mangochi

However, it is imperative to note that it is difficult for this evaluation to attribute the changes being observed in the intervention areas purely to SYP per se' due to the nature of the programme, a co-financing programme with a number of partnerships and leveraging on a number of other initiatives. Secondly, the evaluation does not include a counterfactual to measure what would have happened in the absence of the SYP. Further, many respondents at sub-national level do not know the SYP programme by name but rather their activities. For instance, majority of adolescents interviewed in Zambia did not know the SYP but would be more familiar with YWCA and their adolescent program. Similarly, in school adolescents in Namibia did not know the programme but the CSE they receive in school. This, in our view, is due to the design of the program that aims at catalysing actions. We, therefore, discuss more of perceived impacts rather than actual impacts of the program and maintain a focus on contribution of the SYP rather than attribution.

Finding 16: The SYP interventions can be replicated and/or scaled-up

- **Development and domestication of policies** at country level can be replicated in SYP countries that have not adopted policies developed at regional level and countries that are not part of the programme. Through advocacy at SADC and SADC PF level, the benefits of the programme can spread to the region.
- **Parent Child Communication** activities that are a promising practice in Zimbabwe can be easily replicated to other SYP countries and beyond. The Manual that was developed can be adapted to different country contexts.
- The **capacity building** of service providers (health, education) in the provision of youth friendly services is to be scaled up. The indicator on teacher training was not achieved hence the need for scale-up. Replication is also feasible in different contexts.
- Innovation in information dissemination (music, theatre, drama, social media) can be scaled up to expand on reach. The scope can be broadened the **creative arts** scope creative to include dance, games, film, visual arts, comics, giant puppets and other artistic expressions.

4.5 Sustainability

Most of the respondents at national and sub-national levels are of the view that the SYP is sustainable as the interventions are engraved in the government policies, structure and system. Specifically, the integration of CSE in schools is sustainable as it will continue beyond the life of the project. Further, the trained health providers and health providers will continue providing these services as they will remain in the system beyond the SYP. In addition, the policies and plans such as the Adolescent Health Strategy will continue to be supported by various donors and government.

Finding 17: Programme components appear likely to be sustained after the project

Through their regional oversight role, SADC and SADC PF will ensure programme sustainability through monitoring of policy implementation by Member States implementing the SYP Programme. The regional bodies can advocate the remaining eight countries currently not implementing the SYP Programme to adopt and domesticate the policies developed under SYP and implement the interventions. SADC Members States will, therefore, be using the same standards and benchmarks for HIV and SRHR information dissemination and service provision for adolescents and young people.

"The programme has traction in various countries...Policies were domesticated and translated into national reality...SADC and SADC PF will ensure programme sustainability". Key Informant, Regional level

Finding 18: There is evidence of national ownership and commitment to the programme

Countries implementing the SYP Programme have taken ownership of the programme as activities are implementedthrough existing systems and structures andcoordinated by key government ministries of health, youth and education in collaboration with CSOs, key stakeholders and youth clubs. In Namibia, the HIV and AIDS Management Unit of the Ministry of Education is established in all regions to coordinate HIV and SRHR initiatives and activities in school.Through the decentralisation approach, the Government of Malawi provides funding for district activities through district Annual Work Plans, and procures commodities, drugs and supplies. National and district ownership is ensured through the development and implementation of the multi-sectoral Annual Work Plans. Furthermore, the Government is the custodian of policies and strategies. As such, the Standards and Guidelines for YFHS and the CSE are institutionalised. Governments have in place the EMIS system for tracking education indicators that include teen pregnancy and school drop outs. The establishment of coordination mechanisms such as the Inter-ministerial Committee shows high level commitment by governments to issues affecting the youth. There is continued advocacy for government to support activities.

"Since it's integrated in school system and health facility – this is likely to stand the test of time. It's within the call of duty for the ministries." Key Informant, Zambia

*"For the sustainability of the SYP, we have integrated SYP activities into the national education training programme to ensure that it is part of government budget"...*Key Informant, Eswatini.

Finding 19: Capacities of national institutions have been built

Service providers (teachers, health staff, and community cadres) who were trained will continue with their services. Pre-service and in-service training will continue through Manuals that were developed. For instance, in Namibia, pre-service training on CSE is through institutions of higher learning – University of Namibia, the IUM teacher training institution and the ILO private college – which is expected to continue in the absence of further donor funding. Similarly in Eswatini, the pre service manual on ASRH is currently being implemented in three institutions of higher learning and will continue being part of the curriculum post project funding. Implementing partners are to continue identifying innovative ideas on what works to sustain interventions.

Finding20: Further capacity building and support needed to strengthen sustainability

The evaluation findings indicate that the number of teachers trained in CSE are still very few compared to the numbers they are expected to reach. These points to the need for continued capacity development for teachers to build their confidence in the delivery of CSE and increase their numbers.

We have teachers that are not yet fully confident to deliver the subject. Some skip some topics... and because the subject is not examinable, it relegated to the bottom. Key Informant, Namibia

Capacity development for health service providers need to continue to cater for staff transfers, retirement, and change of employment. The trainings to cover youth friendliness and integration of services as one key informant described it as *'one nurse, one room, one client'.*

<u>Finding 21:</u> Interventions of the SYP should focus on achieving sustainable impacts for adolescent and young people's SRHR

As discussed above, the SYP Programme should continue strengthening integration of HIV and AIDS, SRHR interventions and YFHS for adolescents and young people. In Malawi, YONECO which was an implementing partner in Phase I only went on to develop own mobi-site adapted from the SYP Programme to reach more young people, and continued with Helpline and radio programme established during this phase. There are great opportunities to building on existing programmes for higher impact through one stop shop concept to enhance integration in the provision of health services.

Notwithstanding, some key informants noted that programme sustainability can be enhanced if current activities are integrated with entrepreneurship initiatives. Entrepreneurship is seen as weak in the SYP. Young people in focus group discussions stated that the importance of integrating entrepreneurship into SYP will address the main challenges facing young people i.e. poverty and unemployment which can be linked to poor health seeking behaviour and dropping out of school. The entrepreneurship activities are perceived as a vehicle for livelihood, economic empowerment and poverty eradication.

"...entrepreneurship is key for sustainability..." FGD with young people, Eswatini.

5 Lessons Learnt

<u>Finding 22:</u> A number of good practices can be learned from the programme and these can be applied to similar interventions in the future

Public efforts to make revisions to **Botswana**'s Penal code by raising the age of consent from 16 to 18 was rooted in a commitment to protect young women from sexual predators. UNFPA, through SYP, advocated to include the Romeo and Juliet clause (a.k.a. close in age defence), and highlight the SRHR implications, including criminalisation of consensual sex among peers. Community dialogues on ASRHR were convened and policymakers were reminded of Botswana's commitments to the Convention on the Right of the Child, among others.

National and regional level coordination of youth programming in **Eswatini** is the result of a healthy and well-coordinated structure led by the Ministry of Health, the Ministry of Education and Training and the Ministry of Sports, Culture and Youth Affairs. The country is able to share resources from different funding sources and has developed a clear implementation dashboard. Plans are consolidated at the beginning of each year and reviewed on a quarterly basis, while a combined annual report is presented to Cabinet. This collaboration has resulted in the successful implementation of life skills education in many schools and through the partnership with DREAMS, adolescent girls and young women have been reached in 43 of the 59 constituencies.

Upon assessment of its current CSE offering, **Lesotho** discovered that it did not meet international standards. As a result, a CSE team was established. Collaboration among student teachers, the Lesotho College of Education (including college management and the quality assurance office), the Ministry of Education, Ministry of Health, UNFPA and UNESCO, resulted in a course synopsis and draft course outline. There was a strong argument for the

course to be compulsory and standalone and not simply part of courses focusing on guidance and counselling.

Malawi's model of engaging men in all activities relating to SRHR and working with men as clients, agents of change, and assessors of products and services at healthcare centres is proving successful. Previously men were involved only as male champions and not allowed to access facilities. The limits of this were acknowledged and the current model places men at the centre of the strategy. The programme has reached men and elicits their interest through partnerships with the Malawi Girl Guides Association (MAGGA), via SYPs music camps and making use of Malawi's draft PCC guidelines. The total number of boys and young men reached through the Malawi best practice is 3,077.

UNFPA **Namibia** has been working collaboratively with the Office of the First Lady and supporting its #BeFree and #BreakFree campaigns, platforms intended to create honest dialogue about issues that hold adolescents and young people back, including those relating to ASRHR and GBV. The First Lady of Namibia, Mrs. Monica Geingos, is a renowned activist on HIV/AIDS and issues affecting young people. Therefore, appointing the Office of the First Lady as an IP did not present a challenge but an opportunity to maximise the political will inherent in the partnership. It is anticipated that the campaign will eventually reach all 14 regions of Namibia, be implemented in schools and introduced in refugee camps. A #BeFree event attended by the First Lady of Botswana inspired the latter to consider implementing the campaign in Botswana.

After 45 girls at the Nzululwazi High School in **South Africa**'s Eastern Cape fell pregnant, an urgent intervention was developed. SYP, the Department of Social Development (DSD), the Department of Health and the Department of Education jointly developed a strategy to combat learner pregnancy. With the assistance of an IP and the DSD's manual on ASRHR, schools, governing bodies and communities became receptive to ASRHR components within national legislation. In addition to making use of a mobile clinic to access services, an unused building close to the school was identified as a more permanent facility. The local municipality provided water and ablution facilities and once the centre became fully functional, learners were given one hour during school to go to the centre. The impact on teenage pregnancy was significant with only 2 learners falling pregnant in 2016.In addition, the relationship between access to services and academic performance was noted, with the matriculation pass rate increasing to over 90% after the intervention. There are plans to replicate the intervention in other provinces in South Africa.

In **Zambia**, there has been a notable strengthened link between CSE and the utilisation of health services by adolescents. Healthcare providers are invited to hold talks within select schools in an effort to provide more information on the subject and demystify CSE to the school committee or governing body. Subsequent to the school visits, schools refer learners to healthcare facilities to access adolescent friendly services. This intervention has resulted in an increase number of adolescent accessing services using a specific tool – a young person wanting to access young friendly services is given a number and the service is tracked. Teachers accompany healthcare providers on community visits to highlight issues such as age of consent to accessing services and respond to any parental concerns about accessing services. The entry point for the programme is reducing teenage pregnancy and therefore, this represents a strong motivation for parents and guardians to buy into the programme.

The PCC programme in **Zimbabwe** has shown promising results. An evaluation conducted among parents showed an increase in knowledge and ability to hold honest conversations about SRH. Baseline studies revealed that, because of urbanisation patterns, young people feel more comfortable talking to teachers about SRHR. However, after training by Let's Chat mentors, an increased uptake of services, including those related to HIV, were reported. There has also been a decrease in school dropout rates associated with learner pregnancy. In an

effort to make the programme sustainable, mentors have been integrated into community structures implementing other projects.

<u>Finding 23:</u> Lessons Learnt that both SDC and UNFPA can take away on adolescents and young people's SRHR, programme implementation, monitoring and evaluation and impact assessment

- Involvement of young people is critical. The more young people are involved and empowered with information in activities that address issues that affect them creates a better conducive environment to access services. Youth become the primary actors in the fight for their rights. Youth involvement and participation can drive change and facilitates programme ownership by the young people.
- Always involve parents from inception of programmes to create ownership for SRHR. This is in light of the fact that parents were involved late in the program. Involving parents create ownership and acceptance of the programme.
- Communities working together can help find practical solutions to problems faced by adolescents and young people. The interaction between schools and health facilities is a perfect example of this collaboration as in the past they were working in isolation. Involvement of the community (parents, authorities) plays a big role in programming, is key to young people to access services.
- Embracing a multi-sectoral approach yields results than working in silos. The multi-sectoral approach that involves various line ministries has proven to be an effective way to produce results as they complement each other.
- The main lesson learnt is the importance to ensure leadership and ownership of the programme by the Governments and SADC. This is what has made the difference in SYP.
- Capitalising on the convening power of the First Lady helps in dissemination information that maybe difficult for stakeholders to disseminate.
- Integration of different approaches to information delivery (music, Tune Me, Radio programme, Helpline, social media) enhanced programming and information dissemination.

6 Gaps/Challenges/Weaknesses

<u>Finding 23:</u> Late Disbursement of SYP Funding

As discussed under efficiency Finding 11, late disbursement of funds for SYP programme activities was highlighted a challenge affecting programme implementation and results. Implementation time was reduced by a quarter as partners waited for funding, which when received is utilised hurriedly to meet programme timelines and targets.

<u>Finding 24:</u> Limited Documentation and Sharing Good Practices

The SYP programme has a number of good practices that have not been documented and there is no regional platform for their sharing. Examples of good practices cited by countries include best practices and experiences such as policy development processes in South Africa; reaching boys and young men in Lesotho; and parent/child communication in Zimbabwe. During the evaluation, documented evidence of the good practices that were highlighted was not availed and identification of most significant change stories was not easy.

<u>Finding 25:</u> Failure to bring more Ministries on Board

The SYP Programme has been credited for the involvement of the ministries of health, education, and youth to reach adolescents and young people. Nonetheless, other relevant ministries such as the Ministries of Gender, Public Services, Local government, and

Agriculture have been left out. Due to resources limitations, the Programme has not extended membership to these other ministries for the steering committee or the coordination meeting. However, countries have been engaging with Ministries of Gender, Social Welfare, Traditional sector/ Local government but have not with the Ministry of Agriculture. This is an area for consideration, as bringing these ministries on board may strengthen income generating initiatives, employment and the job creation component of the SYP.

Finding 26: Limited Government funding for SRHR Programmes

Adolescent sexual and reproductive health national budget lines are not included in countries' National Budgets but are subsumed under the broad health budget line. Governments should be able to mobilize domestic resources to support access to SRHR services and information to all. The SYP Programme, for example, is a demanding programme with limited government investment/resources to sustain the programme. Key informants in Namibia noted that there is no dedicated budget for CSE for 2019 to 2021 despite it being an ESA commitment budget requirement. The programme has no adequate transport to undertake supportive supervision and joint monitoring and as highlighted by a key informant in Malawi *"…inadequate supervision affects access to services".*Government funding in Zambia for SHRH accounts for only 0.2%.

Finding 27: High Mobility of Trained Staff

The programme has experienced high staff turnover and mobility (transfer, retirement, change jobs) of trained health providers, teachers and youths, hence, the need for continuous training and retraining of providers.It should be noted, however, that staff mobility is beyond the programme's control.

Finding 28: Partners Dropped along the Way

In Malawi it was highlighted that critical partners from Phase I were dropped in Phase II which affected implementation of activities and as such indicators could not be tracked. Partners noted to be been dropped were YONECO (radio programme and Helpline), Pakachere (social media, music project), and the Family Planning Association of Malawi.

Finding 29: Limited Support from Parents/Guardians and Custodians of Culture

There is resistance parents and guardians especially on CSE in and out of school as this is perceived as teaching adolescents about sex and sexuality, hence encouraging sexual behaviour among young people. Religious and cultural beliefs were cited as some of the causes for the resistance and community environment not conducive for the support required by adolescents and young people. During fieldwork for the evaluation, there was a petition being signed to that effect in Namibia.

"Parents have a big role to play in ending early marriages and teenage pregnancies" Key Informant, Malawi.

7 Conclusions

This evaluation can conclude that the SYP Programme achieved most of its intended results for Phase I and II. The multi sectoral approach employed in implementing the SYP programme was effective and addressed the issues of service uptake for adolescents and young people in the eight implementing countries. Partners, stakeholders and beneficiaries have expressed the need for the programmeto continue as the youth targeted in 2013 have graduated into adulthood and a new cohort has come in. As such, the programme remains relevant. The SYP still has to strengthen service delivery, which can be accomplished in Phase III. As one key informant put it:

- *Phase I was meant for creating systems and a conducive environment; laying the foundation for the programme and institutional arrangements, and establishing partnerships.*
- *Phase II - achieving the policies, concretisation of indicators for focus and meaningfulness; investment in capacity development for efficient service delivery.*
- *Phase III – strengthen service delivery*

8 Recommendations

Overall, the SYP Programme should continue and build on the good results accrued from Phases I and II by scaling up on what workswhile ensuring saturation and institutionalization, strengthening service delivery, increase coverage and reach – outreach to hard to reach areas, to reach more adolescents and young people with HIV and SRHR information and services. The new cohorts of adolescents and young people need the same messaging, information and services.

Recommendation 1: Policy review and Alignment

Need to continue advocacy for policy alignment at SADC level to align policies that contradict on HIV and SRHR service provision for adolescents and young people. For example the Ministry of Health policies provide for health services to be accessed by all, but the Ministry of Education policy does not allow SRHR and HIV services within the school premises. This is tied with the need for advocacy for governments to set age of consent to access HIV and SRHR services.

Recommendation 2: Operationalise the 'Leave No-one Behind'

The programme should make a deliberate effort to reach all adolescents and young people (girls and boys; young women and young men); and marginalized and vulnerable populations. The categories below were noted by the evaluation for consideration SYP Programming:

Gender Transformative Programming – For gender equity and equality the programme should bring on board both boys and girls.Phases I and II focused more on adolescent girls and young women with limited involvement of adolescent boys and young men. Their involvement and participation should be meaningful and beneficial to them. The SYP has however, started such initiatives for example with BRO in Eswatini; Boy Scouts in Malawi and is currently undertaking a study on boys and young men at regional level to assess their SRHR needs and programme accordingly. A similar study was conducted in Zimbabwe.

> *'...there is need to move to gender transformative programming, not being sensitive only. Meaningful change needs to the involvement of both boys and girls. Boys need to be prominent for their own benefits, not targeting boys for girls.'* Key Informant, Regional Level
>
> '*Focus on boys and young men...don't see them as perpetrators but as actors and change agents*' Key Informant, Malawi.

Marginalised and vulnerable populations – It is appreciated that the programme cannot reach all categories of marginalised and vulnerable young people with tailored interventions, but is encouraged to make deliberate efforts in the districts they are implementing to reach adolescents and young people living with HIV; living with disabilities; in rural and hard to reach areas; minorities; and key populations with strategic interventions.

Recommendation 3: Invest in Emerging Issues

Bring on board emerging issues for the programme to be current and remain relevant. Identified emerging issues/revived issues for consideration, ranked by the number of times the issues was mentioned by respondents are:

i. Environmental sustainability - linking population growth, climate change, environment, disaster risk management and HIV and SRHR
ii. Menstrual Hygiene Management

iii. Emergency/humanitarian approach and HIV and SRHR (drought, collecting water, protection) - emergency preparedness with adolescents and youth lenses.
iv. Gender based violence
v. Peace building
vi. Abortion and the law
vii. Drug, alcohol and substance abuse and HIV and SRHR
viii. Psychosocial support and mental health
ix. Social accountability, tracking service delivery and resource utilisation.
x. Health management systems

The evaluation noted that some of the identified emerging issues are already included in the Phase III proposal. However, inclusion of the selected issues into the SYP Programme would depend on how much the initiative can be done at a scale, availability of resources, and within the agreed confines of the programme without compromising on its quality and intended objectives.

Recommendation 4: Strengthen community engagement
The SYP programme should continue to engage stakeholders at community level – parents, guardians, community leaders and faith-based organization for buy-in on supporting adolescents and young people with HIV and SRHR information and services, especially on CSE.

Recommendation 5: Economic Empowerment of adolescents and young people
Integrate into SYP Programming livelihood skills, income generating activities, entrepreneurship, financial literacy and job creation for the economic empowerment of the young people. Some Issues that adolescents and young people are facing are rooted in the economic challenges they are facing, where access to economic prospects will open up opportunities for them in aendowed with resources, forestry, marine, and minerals.

Recommendation 6: Increase Programme Funding
UNFPA is to mobilise more resources for the programme inclusive of financial and human resources, and expertise to sustain programme momentum. Governments from the programme implementing countries are encouraged to do likewise. An increase in resources ensures scale up of programme and increased reach to beneficiaries.

Recommendation 7: Improve Funding Disbursement Modalities
Disbursement of funding should be improved from receipt of such at UNFPA HQ to UNFPA ESARO, from the Regional Office to Country Offices, and from Country Offices to Implementing Partners. A delay in one of the offices affects the whole delivery chain, with negative consequences on programme implementation, results and acquittals.

Recommendation 8: Continued Capacity Strengthening of National Youth Organisations
National Youth Councils systems need strengthening for them to be accountable for resources availed for youth activities. When this is done, funding for some activities can be given directly to the youth organisations or a direct budget line for youth activities to which the youth will be accountable. This will strengthen their governance and financial accounting systems. Through such funding mechanisms, upcoming young music artists can be supported to compose songs and drama, and to disseminate messages to their peers.

Recommendation 9: Sustained Creativity and Innovation in service provision and information dissemination

Sustain innovation products and services, technology, and modes and channels of information dissemination that capture the attention of adolescents and young people through continued financial support and/or partnerships with corporates and media houses.

Recommendation 10: Strengthen M&E and Knowledge Management

Strengthen the Monitoring and Evaluation framework of the programme as well as its implementation. The programme should also document good practices to allow for replication of activities in other contexts and for further dissemination of experiences for learning and sharing. Generally, the M&E Systems at partner level are weak. Although some registers have been developed, these are not regularly updated. At schools, reports are not generated which affects consolidation at national level. For learning, there are few learning touch-points for partners to cross-fertilize ideas. Partner specific requirements may be identified addressed at the designing of Phase III.

Recommendation 11: Re-visit Criteria for Selection of Partners

The selection of Implementing Partners may need to be broadened beyond submission of a fundable proposal, to include tangible evidence on the ground on the partner's ability to implement the programme and to achieve expected targets.

9 List of Documents Reviewed

1. African Institute for Development Policy (2015). Synthesis Report on the Demographic Dividend in Africa. UNFPA East and Southern Africa Regional Office Johannesburg, South Africa. UNFPA.
2. African Union Commission. 2015. Agenda 2063: The Africa We Want.
3. African Union Commission. 2013. Campaign To End Child Marriage In Africa: Call To Action 2013
4. Central Statistics Office. Zambia Demographic Health Surveys 2018.
5. Government of the Republic of Namibia. 2016. Status of the Youth in Namibia: "Putting Youth at the Heart of Development.
6. Inter-Agency Working Group on SRH and HIV Linkages. HIV and SRHR Linkages Infographic Snapshot Namibia 2016.
7. Ministry of General Education (2017). Educational Statistical Bulletin 2016. Lusaka. Zambia.
8. Ministry of Sports Culture and Youth Affairs and UNFPA (2015). Eswatini State of the Youth Report. Mbabane, Eswatini
9. Most Significant Change Stories Collection Form http://irh.org/wp-content/uploads/2013/12/Evaluation_Tool_5.pdf
10. OECD/DAC Criteria for International Development Evaluations: An Assessment and Ideas for Improvement http://www.ipdet.org/files/Publication-The_OECD-DAC_Criteria_for_International.pdf
11. Republic of Zambia Ministry of General Education (2017). Educational Statistical Bulletin 2016. Lusaka. Zambia.
12. Republic of South Africa, Department of Basic Education - Report on the Consultation of learners, educators and parents/guardians regarding access to SRH services in high schools and development of models to be piloted Final Report 5 June 2019.
13. Republic of South Africa, Department of Planning, Monitoring and Evaluation/UNFPA. 2018. Monitoring and Evaluation Manual for the National Youth Policy.
14. Republic of South Africa, Department of Health. 2017. National Adolescents and Youth Health Policy 2017.
15. SADC Regional Strategy on SRHR 2019 – 2030.
16. SDC. 2018. Regional Cooperation Strategy 2018-2022.
17. SADC. 2017. SADC Integrated HIV, SRH, TB and Malaria Strategy and Business Plan, 2016-20.
18. SADC 2015. Regional Indicative Strategic Development Plan 2015-2020 SADC Declaration on Youth Development and Empowerment .
19. SADC. 2015. Minimum Package for HIV and SRH Integration in the SADC Region.
20. SADC (2003) Maseru Declaration on the Fight against HIV/AIDS in the SADC Region.
21. SYP M&E Plan
22. SYP II Results Framework
23. Terms of Reference of the Regional Project Steering Committee (RPSC) for the Safeguard Young People Programme in eight countries Southern Africa.
24. UN. 2015. Sustainable Development Goals
25. UN. 2014. 90-90-90 targets

26. UNAIDS (2018). The State of the Epidemic. Geneva, Switzerland.
27. UNEG Norms and Standards for Evaluation (2016)
28. UNEG, March 2008. UNEG Ethical Guidelines for Evaluation.
29. UNESCO Institute for Statistics (2018). One in five children, adolescents and youth is Out of School. UIS Fact No. 48. UNESCO.
30. UNFPA. 2018. The CSE Manual for Out of School Youths in South Africa (Facilitator's Manual).
31. UNFPA. 2018. Final Year ReportCountry Namibia. 31 December 2018
32. UNFPA. 2018.Demographic Dividend Study Report:Towards Maximising the Demographic Dividend in Namibia.
33. UNFPA and IPPF (2017). Assessment of Adolescent and Youth Friendly Health SERVICE Delivery in the East and Southern Africa Region. Johannesburg, South Africa.
34. UNFPA. 2016. Safeguard Young People Programme Phase II Proposal
35. UNFPA. 2016. Safeguard Young People Programme End of Phase Review – Final Report.
36. UNFPA 2016 Annual Report. Shaping Young People's Future – The Safeguard Young People Programme.
37. UNFPA. 2013. UNFPA's Strategy on Adolescents and Youth, Towards Realizing the Full Potential of Adolescents and Youth.
38. UNFPA Proposal to SDC.Programme: "Safeguard Young People" 17 May 2013
39. UNFPA (2012). Adolescents and Young People in Sub Saharan Africa; Opportunities and Challenges. Johannesburg. South Africa. UNFPA.
40. UNICEF (2018). Child Marriage; Latest trends and Future prospects. New York.
41. WHO and EGPAF. 2018. AIDS Free Framework to accelerate paediatric and adolescent HIV treatment, http://apps.who.int/iris/bitstream/handle/10665/273150/WHO-CDS-HIV-18.20-eng.pdf?ua=1
42. WHO. 2007. WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

10 Annexes

Annex 1: List of Interviewees

Name	Position	Government Ministry/ Organisation
NomkithaGysman	Gender Officer	SADC PF
Lawrence Lewis	Regional Programme Officer	SDC
Renata Tallarico	Programme Coordinator	UNFPA ESARO
Maria Bakaroudis	CSE Specialist	
KizitoNsanzya	M&E Specialist	
LucettaChifamba	Zimbabwe Representative	AfriYAN
Eswatini		
Ms. ZandileMasangane	ASRH Focal Person	Ministry of Health
Ms. LindiweDlamini	Director Guidance and Counselling Department	Ministry of Education and Training
Mr. DumsaniSimelane	Head of Programmes	Eswatini National Youth Council
Mr. ThembinkosiHlatshwako	Regional Coordinator	Eswatini National Youth Council
Ms. NonsindisoMaphalala	Nurse in Shiselweni region	Ministry of Health
Ms. Mumcyhwala	Nurse and Regional SRH focal person	Ministry of Health
Ms. NomsaSimelane	Nurse in Shiselweni Region	Ministry of Health
Ms. Siphiwe Khumalo	Manzini Regional Career Guidance Officer	Ministry of Education and Training
Mr. Khanyile	Tune Me Focal Person	Eswatini National Youth Council
Dr.BonganiDlamini	Programme Specialist – SRHR, HIV and Youth	UNFPA
Malawi		
Deus Lupenga	Member of SYP Coordinating Committee	Ministry of Youth
Hans Katengeza	National Coordinator for Adolescents and Youth SRHR Programme	Ministry of Health – Reproductive Health Unit
Fiona Ngulube	Ministry of Education	Gender Officer
Christopher Teleka	Acting Head Behaviour Change Interventions	National AIDS Commission
James Njobvuyalema	HIV Policy Officer - Biomedical	
Eric Dakamau	District Coordination Officer	
Dorothy		UNFPA
RoseKamanga		
SolomoniMlinda	Programme Officer – Climate Change and Environment	National Youth Council
WezzieMtonga	Youthnet and Counselling	Programme Manager
Maureen Phiri	SYP TWG/AfriYAN-SRHR Thematic Chair	Malawi Youth Network
Osteen Mumba	SDG Youth Champion/ National Network Desk Officer	
MphatsoBaluwa-Jim	National Coordinator	Malawi Girl Guides Association
Kumbukani Manda	District Youth Officer	Ministry of Youth – Mangochi
Noel Manga	School Health and Nutrition Coordinator	Ministry of Education - Mangochi District
Gift Gomani	Youth Friendly Health Services Coordinator	

Name	Position	Government Ministry/ Organisation
LinessKapilo	Youth Friendly Health Services Provider	Ministry of Health – Mangochi District
Albert Nyambalo	AEHO	Ministry of Health – Mkumbe, Mangochi
TA Binananyambi	Traditional Authority	Mangochi
GVH Kwilindi		Mangochi
Namibia		
RuusaAmacaly	SYP Steering Committee	Ministry of Youth
Ben		Ministry of Education – HIV and AIDS Management Unit
Delphia Jimmy	Life Skills Teacher Ella Du Plessis Secondary School, Windhoek	Ministry of Education
LoideAmkongo	Assistant representative	UNFPA
Grace Hidinua	Programme Specialist for HIV Prevention and Family Planning	
Michael Mulunga	Coordinator for Grants and Fundraising	National Youth Council
KlaivertMwandingi	President	AfriYAN Namibia
RistoMushongo	National Outreach and Young Peoples Coordinator	Namibia Planning Parenthood Association
FungaiBhera	Nurse in Charge –NAPPA Khomas Clinic	
Lydia Kamati	Clinical Assistant	
Zambia		
Mable MweembaMasheke	Chief Adolescent Health Officer	Ministry of Health
Chowa Tembo Kasengele	Chief Nursing Officer, Adolescent Health	Ministry of Health
Mr, RemmyMukonka	National Program Officer	UNESCO
Mrs Ellen Mubanga	Public Private Sector Coordinator	National HIV/STI/AIDS Council
Dr.SampaKizito	District Health Director	MOH/Solwezi
Ms. Florence Mutandu	MCH Coordinator	MOH/Solwezi
Mr. Jonathan Hinji	Education Standards Officer/Acting DESO	Ministry of General Education
Chris Hanabowa	Environmental Health Technician	Solwezi Urban Clinic
ThandiChiti	Nurse	Solwezi Urban Clinic
Mercy Kazunugula	Solwezi UNFPA Office	Program Assistant
John Masheka	Community Leader	YWCA
Doreen Mwansa	Midwife/Adolescent Health Focal Person	Kimasala Clinic
Charity Banda	Adolescent Focal Point	Ministry of General Education
Mr. Musheke	Senior Youth Development Officer/Desk Officer for UN Programmes	Ministry of Youth
Debbie Chingube	Projects Coordinator	YWCA
Joy MukatimuiMashekeManengu	Adolescent Sexual Reproductive Health and Youth Programme Specialist	UNFPA
Mr. GastoneChola	Country Representative	SAFAIDS
Mrs. Luputa Violet	Head teacher	MoGE
Mrs. Sibuku	Guidance Teacher	MoGE

Annex 2: Terms of Reference

Title Consultancy Purpose End of Phases I and II Programme Evaluation Location Four of the eight Southern African Countries involved in the implementation of the regional programme (Malawi, Namibia, Swaziland and Zambia) Start Date 25 March 2019 Reporting to Swiss Agency for Development and Cooperation Agency (SDC)

1 Background

The Swiss Agency for Development and Cooperation (SDC) and UNFPA share a common vision that brought them together as partners to develop the Safeguard Young People Programme (SYP). The programme aims to empower adolescents and young people aged 10 to 24 to protect themselves from STIs including HIV, unintended pregnancies, unsafe abortions, early marriages, gender-based violence and harmful cultural practices while promoting gender equitable norms and protective behaviours in eight Southern African Countries (Botswana, Lesotho, Malawi, South Africa, Namibia, Swaziland, Zambia and Zimbabwe).

The programme has been implemented in two phases, with the first phase starting in November 2013 and ending in January 2017, while the second phase began in February 2017 and ending in December 2019. The first phase was designed to address adolescents and young people's sexual and reproductive health and rights (SRHR) issues with a focus on scaling up interventions through a multi-sectoral approach, addressing policy, integrated HIV and SRHR youth-friendly services, comprehensive sexuality education (CSE) for in and out of school young people as well as youth empowerment. It intended to increase young people's participation through creating youth led platforms and empowering young people with the skills and knowledge they require to participate in policy dialogue.

In the second phase, SYP built on the achievements from the first phase of implementation, focusing on quality, integration, scale and, in certain areas, high impact and evidence-based interventions. The interventions were based on the lessons learned and recommendations identified during the phase one review undertaken in 2016. The phase continued to be implemented in partnership with the Southern Africa Development Community (SADC), SADC Parliamentary Forum (SADC PF), ministries of health, education and youth as well as other national and regional partners in the eight countries.

The SYP programme adopts a regional approach focusing on the regional added value and regional public goods, supporting countries through south to south cooperation, political leverage, evidence creation, capacity development, harmonization and standardization of policies and laws, guidelines and standards, piloting, testing and promoting new approaches. At regional level, UNFPA ESARO in collaboration with other partners including SADC, SADC PF and the UN family has been working on a number of high level policy documents aiming at guidance policy reforms in countries to move towards positive impact on adolescents and young people's sexual and reproductive health rights.

2 Programme Context

The SADC region continues to be the epicenter of the HIV epidemic. The HIV prevalence rate for male youths, aged 15-24 in Southern African countries ranges from as low as an estimated two per cent and three per cent in Malawi and Namibia, respectively, to a high of seven per cent in Swaziland. The HIV prevalence rate among female youths is higher in all of the countries compared to male youths. HIV prevalence among female youths is lowest in Malawi (4%) and Zambia (5%) and highest in Swaziland (12%) and South Africa (13%).

Even though the rate of new infections among adolescents has decreased overall in Southern Africa, they are decreasing at a very slow pace. In 2013, there were 107,500 new HIV infections among adolescents – two-thirds of which were among adolescent girls. In Swaziland, girls, aged 15-19, are five times more likely to be infected than boys.

However, among 15 to 19 year-old adolescents, boys are almost twice as likely to die of AIDS complications compared to their female counterparts in sub-Saharan Africa. In South Africa, adolescent boys in this age group were around three times more likely to die of AIDS than girls of the same age[35]. Findings from the 2015 SYP Baseline Study, conducted in the SYP targeted areas in the eight countries, are found below. The average percentage of women and men, aged 15-24, with comprehensive knowledge of HIV was 44.5 per cent, with the lowest percentage in South Africa at 31.4 per cent, while the highest in Namibia with 53.8 per cent. In the countries where more than one survey is available, knowledge levels stayed consistent across the survey years, with the exception of Zimbabwe, where knowledge levels among youths demonstrated a significant decline from 2010–11 to 2014.

High fertility rates, early childbearing, inadequate access to maternal health services, coupled with HIV all contribute to high numbers of maternal deaths among young women in Africa. Early childbearing across the SYP region ranges from about 9 per cent of female youth, ages 15-19, in Botswana, to as high as 36 per cent in Zambia. Youths, age 15-19, who have had a live birth and are already mothers also varies significantly across the SYP countries, with the lowest percentages in Botswana (9%) and South Africa (10%), and the highest in Zambia (30%), Zimbabwe (25%) and Malawi (25%) in 2014.

Traditional practices that are harmful to girls and boys, such as harmful rites of initiation, unclean male circumcision and endemic gender-based violence at family and community levels, are recognized as major barriers to development in the SADC region. Sexual violence are high across the region among adolescents and young women, with at least 20 per cent of those aged 15-24 years in seven countries reported to have experienced sexual violence from an intimate partner. The rate of sexual violence increases with age as young women, aged 20-24, enter into long-term relationships.

3 Purpose and Scope of the Evaluation

The main purpose of this evaluation is to **assess the results and experiences** of SYP phase I and phase II against the baseline as well as the findings of the End of Phase I Review that was conducted in 2016.

The evaluation will analyze the results of the programme achieved to date, **provide detailed conclusions** and **formulate specific recommendations** on future interventions of this nature. The evaluation will assess the progress in the programme performance towards achieving its mandated outputs and outcomes over the two-phase period (2013 – 2019) and its contribution towards achieving the impact. Regional and country specific adjustments will be looked at. The assessment will explore the strengths and weaknesses of the programme. It will highlight all factors influencing the effective and efficient implementation of the SYP interventions and their contribution towards the realization of the overall programme goal. Based on the assessment, it will draw conclusions regarding the outcomes and overall goal. The evaluation will also identify good and promising practices. It will then formulate recommendations for the next phase of the programme.

A selection of four of the eight countries that were included in the End of Phase I Review and their sampled implementation districts/regions will be maintained for consistency and comparative purposes. The countries are Malawi, Namibia, Swaziland and Zambia. These were purposively chosen to represent high burden and low burden countries, very poor and lower middle income countries as well as to ensure inclusion of countries where the programme is performing well and countries where it is performing less.

[35]Porth T. et al. Disparities and trends in AIDS mortality among adolescents living with HIV in low and middle income countries. 20th International AIDS Conference, Melbourne. Abstract MOAC0101, July 2014.

3.1 Specific Objectives of the Summative Evaluation

The following are the specific areas of analysis and synthesis the End of Term Review will respond to:

3.1.1 Relevance

This will review the extent to which the objectives of SYP are consistent with the evolving needs and priorities of adolescents and young people, governments, implementation partners, and key stakeholders within the eight countries and regional contexts. What is, if any, the degree of adjustment according to local context and is it sufficient?

3.1.2 Effectiveness

This will review the extent to which the SYP outcomes and outputs have been achieved, or are expected/likely to be achieved i.e. the current status of "programme performance." How effective has each of the programme interventions been (policy development, integrated HIV and sexual health services aimed at young people, comprehensive sexuality education for young people both in an out of school, and youth participation in activities that empower them?) How effective has been the integration of ASRHR in government policies, systems and services at national and sub-national levels?

Is the management and governance arrangement of the programme appropriate? Is there a clear understanding of roles and responsibilities by all parties involved, and are the available technical and financial resources adequate to fulfil the programme plans? How effective is the programme's M&Esystem and indicators in capturing results and how is it used by programme staff? Is relevant information systematically collected, collated and utilized?

3.1.3 Efficiency

This will measure how economically the resources / inputs (funds, expertise, time, etc.) are converted to results. To what extent can the costs of the SYP programme be justified by its actual results so far, taking into account relevant alternatives? To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?

3.1.4 Impact

In addition to the impact expectations set out in the Programme Proposal, which should be assessed, what other impacts can be identified - positive and negative, intended and unintended on adolescents and young people in the programme? Do some elements of SYP have scope to be replicated and/or scaled-up, and if so, which ones? What has been achieved in terms of promoting adolescents and young people's sexual and reproductive, comprehensive sexuality education and youth participation?

3.1.5 Sustainability

Sustainability of programme interventions is a key objective. What programme components appear likely to be sustained after the project and how? To what extent are national ownership and commitment to the programme? To what degree have the capacities of national institutions been built? What needs, if any, were identified for further capacity building and support to promote the likelihood of sustainability? Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?

3.1.6 Lessons learned

What good practices can be learned from the programme that can be applied to similar interventions in the future? What lessons were learned and applied during the two phases of SYP? How effective was the programme's structure for knowledge management and sharing? Based on the outcomes of this programme, what are the key lessons learned that both SDC and UNFPA can take away on adolescents and young people's SRHR, programme implementation, monitoring and evaluation and impact assessment?

4 Methods and Approach

The evaluation will provide a qualitative and quantitative assessment of the programme using a mixed method approach. Besides collecting quantitative data along the programme outcomes and outputs, the evaluation is expected to use various qualitative methods to collect the required information, including but not limited to focus group discussions, key informant interviews and, wherever possible, observation. Participants will include adolescents and young people in the 10 to 24 age target group, community members, traditional leadership, NGOs, provincial and district authorities, key persons in the line ministries (Health, Education and Youth) and other strategic partners and stakeholders. The quantitative methods will not only be applied largely towards programme generated data and review of existing reports and M&E tools available, but also to most recent survey reports (DHS, MICS) and UN estimates.

From an approach point of view, it is desirable that the Results Based Management approach be applied as this would take a broader view of the SYP intervention, considering not only progress toward outcomes, but the logic of the initiative, as well as its consequences. The approach would allow to analyse why intended results are or are not achieved. It will enable assessment of specific causal contributions of outputs to outcomes, examine the implementation process and explore unintended results. Finally, the results based approach will ensure the measurement of relevance of the action and ownership of the programme and it will offer recommendations for improvement.

It is also desirable that at least three stories of change be identified and documented to allow for the demonstration and understanding of the complexity of issues that influence adolescent and young people's SRHR. Stories of change in this evaluation would provide a holistic, in-depth exploration through complete observation, reconstruction and analysis of particular outcomes and impact of the SYP interventions.

5 Deliverables

Deliverable 1: An inception report which contains the objectives and scope, description of methodology/methodological approach, data collection tools, data analysis methods, key informants/agencies, review questions, performance criteria, work plan and reporting requirements. It should include a clear matrix relating all these aspects and a desk review with a list of the documents consulted as well as a quality assurance plan.

Deliverable 2: Ethics compliance plan which will detail how the consultancy firm will adhere to research ethics requirements in Countries, especially clearance, human subjects protection, achieving consent for minors and maintaining confidentiality of interviewees.

Deliverable 3: Draft report to be shared with key stakeholders for comments whose structure follows Introduction, Methodology, Analysis, Conclusions, Recommendations and Annexes. The main parts of the report consist of conclusions and recommendations. The report should not exceed 20 pages, Arial 11 excluding the annexes.

Deliverable 4: Presentation of the draft report: develop and present a PowerPoint presentation showing preliminary findings, lessons learned, good practices and initial recommendations to the programme's key stakeholders. Comments made by the key stakeholders will inform the draft report.

Deliverable 5: Final evaluation report incorporating all comments received and a final PowerPoint Presentation summarizing the report.

6 Accountability and Responsibilities

The Consultancy firm or team of consultants will report to SDC but are expected to work with the UNFPA SYP Regional Coordinator, the Regional M&E Advisor, the SYP M&E Specialist, Youth and M&E focal persons in UNFPA Country Offices, CSOs and national partners, including Ministries of Youth, Education, Gender, Health etc.

The Consultancy firm or team of consultants will be responsible for all logistics including travel arrangements to relevant countries. However, UNFPA can support the Consultancy firm or the Research Institute through the UNFPA Country Offices to introduce the Consultancy firm or team of consultants to relevant stakeholders and government officials in each country targeted.

7 Suggested breakdown of activities

Activities	Deliverables	Timeframe (days)
Preparation		
Briefing with SDC	Minutes of meeting	1
Review all relevant data sources and prepare an inception report to be submitted to the SYP core team The inception report will detail: (i) methodology; (ii) availability of data sources, by thematic focus areas and Countries; (iii) schedule of activities and timeline per Country (iv) tools (e.g. questionnaires)	Draft inception report including tools available for comments	6
Submit the final Inception report and quality assurance plan with all comments integrated	Final inception report available	3
Data Collection		
Literature review of available documents and published studies on adolescents and young people relevant to the scope of this assignmen t		10
Interviews with young people and FGDs with key stakeholders and key informants		40
Data Entry and data processing (data cleaning)	Clean data sets for each country available	8

Data Analysis and Reporting		
Analyse data collected and prepare draft report	Draft evaluation report available for review by SDC, UNFPA and stakeholders	20
Integrate comments from SDC and UNFPA in draft report and share draft		5
Presentation of the draft report. Comments made by the key stakeholders will inform the final report		1
Produce final evaluation report incorporating all comments received and a final PowerPoint presentation summarizing the report		5

8 Qualifications and required competencies
All interested consultants/firms are requested to write by:

- Explaining their competencies to meet the requirements of the assignment;
- Explaining in details the methodology to be used in carrying out the assignment including sampling strategy (not just sample size but also urban, rural, age, sex disaggregation, etc.)
- Providing a detailed professional budget in USD (Indicate daily professional rates and days);
- Attach brief technical bio data of core team members;
- Providing duration of the assignment and dates of availability.
- Providing evidence of similar work undertaken recently (Not more than 5 years) and references.

The team of consultants should have the following profile(s).

8.1 Team leader

- At least a PhD degree or equivalent level in one of the following fields: Public health, Demography, Development Studies, Health Economics, Social Policy, or other related studies;
- International experience of 10 to 15 years is required and past experience in working with the UN is an added advantage;
- Experience working in Southern Africa;
- Past experience as a team leader in a related assignment(s) and production of a quality evaluation report.
- Proven experience in policy development and analysis around adolescent and young people sexual and reproductive health and rights;
- Experience and understanding of UN programming processes;
- Excellent report writing, communication, interviewing and computer skills.

The Team leader will be required to submit one sample of previous similar work produced and 3 references or proof of satisfactory completion from the previous employers.

8.2. Team member Consultants

- Master's Degree in Population, Demography, Statistics, Public Health,

- Development Studies or other related studies;
- At least 7 year of relevant experience;
- Proven experience in conducting reviews and evaluations involving adolescents and young peoples' sexual and reproductive health and rights;
- Experience and skills in using evidence-based, knowledge base creation and ability to develop systems for improved performance;
- Proven experience in Programme evaluations and assessments;
- Evidence of an analytical work in the subject matter;
- Excellent report writing, communication, interviewing and computer skills.

9 Key Documents (list not exhaustive)

The team of consultants is expected to review all possible sources of existing information and documents including:

- SYP Baseline study report
- The Safeguard Young People project document Phase I
- The Safeguard Young People project document Phase II
- Regional SYP result framework Phase I
- Regional SYP result framework Phase II
- Annual narrative progress reports (2014 to 2018)
- End of Phase I Review Report

10 Norms and Standards for the Evaluation

The Evaluators will abide to the United National Evaluation Group prescribed Norms and Standards for Evaluation and abide by its Ethical Guidelines and Code of Conduct and any other relevant ethical codes. www.uneval.org/normsandstandards

11 Application Procedures

Interested consultants are requested to submit a technical offer by latest 25 February 2019, 1300hrs. This should not exceed 6 pages, excluding annexes.

Criteria and weight for rating the offers will be:

- Understanding of the assignment,
- Proposed methodology
- Expertise of the consultant(s) & team composition incl. institutional background
- Fees

The offer should be submitted electronically to: Lawrence Lewis: lawrence.lewis@eda.admin.ch and copy to esther.chilawila@eda.admin.ch Please mention SYP Evaluation in the subject line. Only short listed applicants shall be contacted.

Annex 3: Evaluation Matrix

Evaluation Parameters	Evaluation questions/sub-questions	Indicators	Source of Data	Data Collection Instrument
Impact	What impact expectations set out in the Programme Proposal and other impacts that can be identified - positive and negative, intended and unintended on adolescents and young people in the programme? ● What elements of SYP have scope to be replicated and/or scaled-up? ● What has been achieved in terms of promoting adolescents and young people's sexual and reproductive health and rights, comprehensive sexuality education as well as service delivery, youth leadership and participation?	Programme Impact level indicator	Literature review (regional, national and Programme documents) Key informants	Statistical data and indicators worksheet Key informant interview guide
Programme Outcomes and Outputs	What is the degree of implementation/support and quality delivered as stated in the SYP I and II Project Documents against what was originally planned/officially revised? ● What were the programme operational processes at regional, national, sub-national and community level? ● What progress has been made towards reaching the SYP Programme goal and targets? ● Is there evidence of adolescents and young people adopting behaviours that empower them to prevent HIV and facilitate utilisation of SRH and HIV and AIDS services?	Programme Outcome indicators Programme Output indicators	Regional, national and Programme documents Annual progress reports of outputs and indicators Key informants (Regional partners; national implementers; stakeholders; community leaders)	Statistical data and indicators worksheet Key informant interview guide

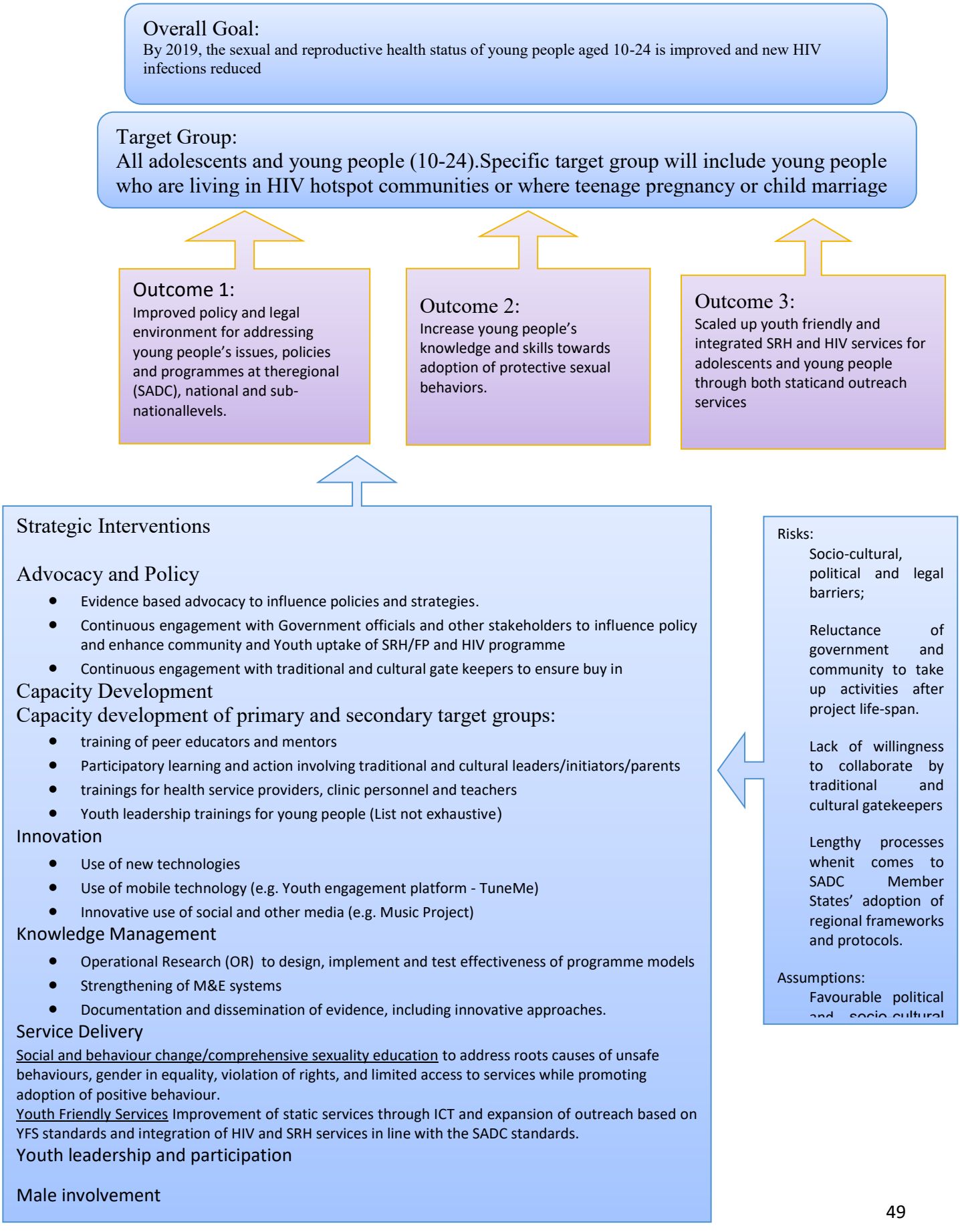
Relevance	To what extent are the objectives and outputs of the SYP Programme consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders within the eight countries and regional contexts? ● Does the SYP Programme address key problems identified in the SYP Programme document ● Does the SYP aligned to national, regional and international policies, strategies, agreements and conventions (e.g. ESA Commitment on CSE and YFHS, SDC Regional Cooperation Strategy)? ● What is the degree of adjustment according to local context and is it sufficient? ● What are the best practices and lessons learnt that can be drawn from the Programme?	Policy alignment Best practices Lessons learnt	Literature review (regional policies and strategies, national HIV policies and strategies) Programme reports Key informants (regional partners; national implementers; stakeholders; community leaders, service providers) Beneficiaries boys, girls and young people 18 – 24 years	 In-depth-interview guide Focus Group discussion guide
Effectiveness	To what extent have the SYP Programme outcomes and outputs been achieved, or are expected /likely to be achieved i.e. the current status of "programme performance." ● How was the selection of interventions done? Were these optimal? ● How effective has each of the programme interventions been in terms of policy development, integrated HIV and sexual health services aimed at young people, comprehensive sexuality education	Programme Outcome indicators Programme Output indicators Level of integration M&E Systems Best practices Lessons learnt	Literature review (Programme documents) Key informants (regional partners; national implementers; stakeholders; service providers; community leaders)	Statistical data and indicators worksheet In-depth-interview guide Health facility checklist Focus Group discussion guide

	for young people both in an out of school, and youth participation in activities that empower them? ● How effective has been the integration of ASRHR in government laws, policies, systems and services at national and sub-national levels. ● Are the management and governance arrangements of the programme appropriate? ● Is there a clear understanding of roles and responsibilities by all parties involved, and are the available technical and financial resources adequate to fulfil the programme plans? ● What are the challenges, weaknesses and gaps identified during implementation and how were they addressed for effective programme implementation?	Most significant change stories	Beneficiaries boys, girls and young people 18 – 24 years	
Efficiency	To what extent has the programme used available resources in the most timely execution as possible in order to achieve the desired results? ● Can the costs of the SYP programme be justified by its actual results so far, taking into account relevant alternatives? ● To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?	Standard procurement policies followed Timely disbursements Timely acquittals Outcomes/Output targets met	Literature review (Programme documents; budgets) Financial statements and reports(Audit, Micro-assessments and Spot Check) Key informants (regional partners; national implementers; stakeholders; service	Statistical data and indicators worksheet Financial data worksheet In-depth-interview guide Health facility checklist

	● Were activities implemented on time and within budget - as per agreed annual work plans and budgets? ● Has the programme demonstrated value for money? ● What challenges were encountered that undermined timely delivery? ● How effective is the programme's M&E system and indicators in capturing results and how is it used by programme staff? ● Is relevant information systematically collected, collated and utilized? ● Are the management and governance arrangement of the programme appropriate? ● Is there a clear understanding of roles and responsibilities by all parties involved ● Are the available technical and financial resources adequate to fulfil the programme plans? ● To what extent sustainability strategies were put in place?		providers; community leaders) Beneficiaries boys, girls and young people 18 – 24 years	Focus Group discussion guide
Sustainability	Are the benefits of the SYP likely to continue after donor funding has ceased? ● What programme components appear likely to be sustained after the project and how? ● To what extent are national ownership and commitment to the programme? ● To what degree have the capacities of national institutions been built?	Level of integration of SYP interventions into Ministry of Health programmes In-built mechanisms for continuity Health service providers trained in	Literature review – programme documents; Key informants (regional partners; national implementers; CBOs; other partners and stakeholders; service providers;	In-depth-interview guide

	● What needs, if any, were identified for further capacity building and support to promote the likelihood of sustainability? ● Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?	youth friendly service provision Community systems in place Community cadres trained Number of CBOs in the community	Community cadres; community leaders) Beneficiaries– boys, girls and young people 18 – 24 years;	Focus Group discussion guide
Programme Strategic Direction	Does the current Theory of Change of the SYP Programme need to be revised to reflect emerging issues, if any, taking into account the current assumptions and risks revealed by the evaluation? What strategic recommendations can be offered for future implementation of adolescents and young people focused programmes in the context of SRH, HIV and AIDS?	Revised Theory of Change, if necessary. Strategic Recommendations	Literature review – programme documents; Key informants (regional partners; national implementers; CBOs; other partners and stakeholders; service providers; Community cadres; community leaders) Beneficiaries– boys, girls and young people 18 – 24 years;	In-depth-interview guide Focus Group discussion guide

Annex 4: SYP Programme Theory of Change



Annex 5: Evaluation Standards and Ethical Considerations

The UN Evaluation Norms and Standards

The evaluation adhered to the UN Evaluation Group (UNEG) Norms and Standards[36], as well as the Ethical Guidelines for evaluations in the UN system[37]. The 2016 Norms and Standards serve as the framework for the UNEG evaluation competencies, peer reviews and benchmarking initiatives. The ten general norms were upheld in the conduct of this evaluation and the four institutional norms reflected in the management and governance of evaluation functions. The evaluation approach and data collection and analysis methods are gender equality, and human rights-including child rights—responsive and appropriate for analysing the gender equality, human rights issues including child rights identified in the scope. The evaluation took note of the effects of the project on adolescents and young people including those living with disabilities and those in hard to reach areas. Thus the evaluation, therefore, assessed the extent to which gender, equity and human rights are integrated into the design, implementation and monitoring of the programmes.

Participatory Methods

Participation is a key element of improving validity and utility value of the evaluation results. We will do this in two ways. First, the evaluation team will ensure the entire cross-section of stakeholders of programme participate in the evaluation. This will include consultations with SDC, SADC Secretariat, SADC PF, UNFPA ESARO, the implementing partners, relevant government ministries, departments and institutions, non-governmental organisations supporting youth friendly services and the youths who are the beneficiaries. Half day Results workshops, that use entirely participatory methods, will be undertaken in each country to enhance stakeholder participation in informing findings of the evaluation. Adolescents and Young people will be a critical stakeholder in the Results Workshops. Second, adolescents and young people will form part of the data collection team at sub-national levels as well as taking part in collation and in-country analysis of findings. Where possible, face-to-face interviews will be carried out with regional partners domiciled in countries to be visited. To reduce costs, virtual interviews will be carried out with regional partners in countries that are not being visited.

Evaluation Independence

The independence of the evaluation team is outlined by the UNEG Norms and Standards. The evaluation team exercised independent judgement, free from bias, and did not experience any undue influence from any party in carrying out the evaluation. If such pressures were encountered, the issue would have been referred to the evaluation manager to discuss the concerns of the relevant parties and decide on an approach which would ensure that evaluation findings and recommendations were consistent, verified and independently presented.[38] The evaluation team operated in an impartial and unbiased manner at all stages of the evaluation, collected diverse perspectives on the subject under evaluation, and reported accurately on the evaluation findings. The evaluation is deemed accurate, credible, complete, and based on reliable data and observations. The products of this consultancy are not the property of the consulting firm and cannot be shared without the permission of SDC.

Compliance with Codes for Vulnerable Groups

As the evaluation involved the participation of adolescents, the Consultant complied with legal codes (international or national) governing interviewing children and young people. Furthermore, the evaluation took into consideration that some of the marginalised and vulnerable participants who might have gone through forms of gender-based violence, were involved in the consultations. As such, the evaluation adhered to ethical standards for

[36]UNEG Norms and Standards for Evaluation (2016)

[37] UNEG, March 2008. UNEG Ethical Guidelines for Evaluation

[38]UNEG, March 2008. UNEG Ethical Guidelines for Evaluation

interviewing survivors of GBV as provided in the WHO guidance document on consultations with GBV survivors.[39]

Quality Assurance Plan, Validity and Trustworthiness

The survey team will be trained on the survey tools to ensure the collection of high quality data. The training will ensure a uniform application of the survey methods and tools. Quality controls will be ensured through focusing on how to accurately collect data in the field; ensuring that data collection is done correctly, is complete, and ensure integrity, privacy and security of data during fieldwork. All interviews and FGDs will be transcribed and assessed for quality by the team leader before analysis.

The trustworthiness and validity of the data will be achieved through utilising verbatim quotes of the respondents which will be ensured through audio recording of the interviews and the discussions; multiple researchers will be engaged to support the team leader/national researchers. The team leader and National Researchers will develop country reports for the four countries, which will be used to develop the comprehensive regional evaluation report. Data for national reports will be validated through the consultative meetings that are held in each country, and the Final Evaluation Report will also be validated at regional level by the client and relevant stakeholders.

At different stages of the evaluation process, draft documents are reviewed by a Quality Assurance person at Development solutions, and reports are revised before submission to SDC. In turn, SDC reviews all drafts of reports, which are subsequently revised and finalised.

Country Ethical Approval

The Evaluation Protocol will be reviewed for compliance with national research ethics councils of the four countries where fieldwork will be implemented. Fieldwork will commence after ethical approval has been obtained from Eswatini, National Research Council of Malawi, Namibia, and Zambia.

The Evaluation team is going to observe the following:

- The law of the country when dealing with all citizens.
- Clearance will be sourced from relevant authorities in the provinces and districts to be visited for fieldwork.
- Full consent will be obtained from the participants before everything else because voluntary participation in the evaluation is a priority (Consent forms will be developed for the evaluation in English, Siswati, Chichewa, Nyanja and Oshiwambo).
- Participants understand the nature of the research and their involvement and that they can opt out without prejudice.
- Research participants will not be subjected to harm in any way.
- Respect for the dignity and diversity of research participants is prioritised.
- The protection of the privacy and anonymity of individuals participating in the evaluation is ensured (participants will not be identified in the report).
- Confidentiality of the evaluation data will be ensured, and participants assured of this. Where there is a need to refer a case then the participant is informed of shared confidentiality (consent form).
- Any deception or exaggeration about the aims and objectives of the evaluation will be avoided.
- Any type of communication in relation to the evaluation will be done with honesty and transparency.
- Any type of misleading information, as well as representation of primary data findings in a biased way will be avoided.

[39]WHO. 2007. WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

- The use of offensive, discriminatory, or other unacceptable language will be avoided in in-depth Interviews/Focus group discussions.
- Highest level of objectivity in discussions and analyses to be maintained throughout the evaluation.

Annex 6: Evaluation Tools

6.1 In-depth Interview Guide for Regional Key Informants (SADC; SADC PF; UNFPA ESARO; SDC; AfriYAN; SYP Coordinating Committee; SYP Steering Committee; SYP Music Project)

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

Outcomes and Outputs

1. What were the programme operational processes at regional, national, sub-national and community level?
2. What progress has been made towards reaching the SYP Programme goal and targets?
3. Is there evidence of adolescents and young people adopting behaviours that empower them to prevent HIV and facilitate utilisation of SRH and HIV and AIDS services?

Relevance

4. To what extent are the objectives and outputs of the SYP Programme consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders within the eight countries and regional contexts?
5. Does the SYP Programme address key problems identified in the SYP Programme document
6. Is the SYP aligned to national, regional and international policies, strategies, agreements and conventions?
7. What are the best practices and lessons learnt that can be drawn from the Programme?

Effectiveness

8. How was the selection of interventions done? Were these optimal?
9. What key results have you achieved with the programme? (laws; policy development; integrated HIV and sexual health services aimed at young people; comprehensive sexuality education for young people both in an out of school; and youth participation in activities that empower them).
10. What are the areas of greatest/least achievement and reasons for the achievement/non-achievement (identify constraining and enabling factors)?
11. How effective was programme management and governance arrangements?
12. Is there a clear understanding of roles and responsibilities by all parties involved, and are the available technical and financial resources adequate to fulfil the programme plans?

Efficiency

13. To what extent has the programme used available resources in most timely execution as possible in order to achieve the desired results?

14. Can the costs of the SYP programme be justified by its actual results so far, taking into account relevant alternatives?
15. To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?
16. How effective is the programme's M&E system and indicators in capturing results and how is it used by programme staff? (Is relevant information systematically collected, collated and utilized)?
17. Has the programme demonstrated value for money?

Sustainability

18. Are the benefits of the SYP likely to continue after donor funding has ceased?
19. Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?
20. What strategies are in place to enhance sustainability of the programme? To what extent do they facilitate ownership by government, stakeholders and beneficiaries; and ensure outcome results will continue?

Partnership and Coordination

21. What mechanisms were put in place to ensure the SYP Programme complements other initiatives in the region?
22. How (if at all) has the programme made strategic use of coordination and collaboration with other programmes to increase its effectiveness and impact? **PROBE: Examples of such collaborations and coordination.**
23. How was the SYP programme coordinated at the regional and national levels? Are there any structures and systems that were designed to facilitate effective coordination of the SYP and the national and regional level. If yes please name each and what were the roles and responsibilities of each structure**.**

Lessons learnt, good practices, and Recommendations

24. What are the key lessons you have learned in implementing the SYP Programme? (programme design, programme management, establishing a multi-sectoral approach to providing SRH and HIV and AIDS services to adolescents and young people?
25. If you were to implement Phase III of SYP Programme what would you do differently? Why?

6.2 In-depth Interview Guide for Government Key Informants (Ministry of Health; Education; NAC; Gender and Youth Affairs)

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

Relevance

1. How relevant is the SYP Programme at for Eswatini/Malawi/Namibia/Zambia?
2. To what extent are the objectives and outputs of the SYP Programme consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders Eswatini/Malawi/Namibia/Zambia?
3. Does the SYP Programme address key problems identified in the SYP Programme document
4. Is the SYP aligned to national, regional and international policies, strategies, agreements and conventions?

Effectiveness

5. How was the selection of interventions done? Were these optimal?
6. What key results have you achieved with the programme? (policy development; integrated HIV and sexual health services aimed at young people; comprehensive sexuality education for young people both in an out of school; and youth participation in activities that empower them).
7. How effective has been the integration of ASRHR in government laws, policies, systems and services at national and sub-national levels.

Efficiency

1. How effective were programme management and governance arrangements?
2. To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?
3. How effective is the programme's M&E system and indicators in capturing results and how is it used by programme staff?
4. Is relevant information systematically collected, collated and utilized?
5. Has the programme demonstrated value for money?

Sustainability

6. Are the benefits of the SYP likely to continue after donor funding has ceased?
7. What strategies are in place to enhance sustainability of the programme? To what extent do they facilitate ownership by government, stakeholders and beneficiaries; and ensure outcome results will continue?

Partnership and Coordination

8. What mechanisms were put in place to ensure the SYP Programme complements other initiatives in the region?
9. How (if at all) has the programme made strategic use of coordination and collaboration with other programmes to increase its effectiveness and impact? *PROBE: Examples of such collaborations and coordination.*

10. How was the SYP programme coordinated at the national and district level? Do you have systems and structures that were put in place to facilitate effective coordination of the programme at all levels? How well did these structures and system work together, what were the respective roles and responsibilities of each?

Lessons learnt, Good Practices, and Recommendations

11. What are the key lessons/good practices you have learned in implementing the SYP Programme (programme design, programme management, establishing a multi-sectoral approach to providing SRH and HIV and AIDS services to adolescents and young people?
12. If you were to implement Phase III of SYP Programme what would you do differently? Why?

6.3 In-depth Interview Guide for Implementing Partners

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

Outcomes and Outputs

1. What impact expectations set out in the Programme Proposal and other impacts that can be identified (positive and negative, intended and unintended on adolescents and young people in the programme)?
2. What has been achieved in terms of promoting adolescents and young people's sexual and reproductive, comprehensive sexuality education and youth participation?
3. What were the programme operational processes at regional, national, sub-national and community level?
4. What progress has been made towards reaching the SYP Programme goal and targets?
5. Is there evidence of adolescents and young people adopting behaviours that empower them to prevent HIV and facilitate utilisation of SRH and HIV and AIDS services?

Relevance

6. How was the selection of interventions done? Were these optimal?
7. To what extent are the objectives and outputs of the SYP Programme consistent with the evolving needs and priorities of adolescents and young people, governments, implementing partners, and key stakeholders within the eight countries and regional contexts?
8. Does the SYP Programme address key problems identified in the SYP Programme document
9. Is the SYP aligned to national, regional and international policies, strategies, agreements and conventions?
10. What is the degree of adjustment according to local context and is it sufficient?
11. What are the best practices and lessons learnt that can be drawn from the Programme?

Effectiveness

12. How was the selection of interventions done? Were these optimal?
13. To what extent have the SYP Programme outcomes and outputs been achieved, or are expected /likely to be achieved i.e. the current status of "programme performance."
14. How effective has been each of the programme interventions (laws; policy development; integrated HIV and sexual health services aimed at young people; comprehensive sexuality education for young people both in an out of school; and youth participation in activities that empower them?
15. What are the most significant change stories that show programme effectiveness?
16. What are the challenges, weaknesses and gaps identified during implementation and how were they addressed for effective programme implementation?

Efficiency

17. Are the available technical and financial resources adequate to fulfil the programme plans?
18. How effective is the programme's M&E system and indicators in capturing results and how is it used by programme staff?
19. Is relevant information systematically collected, collated and utilized?
20. Has the programme demonstrated value for money?

Sustainability and Impact

21. Are the benefits of the SYP likely to continue after donor funding has ceased?
22. What programme components appear likely to be sustained after the project and how?
23. To what extent are national ownership and commitment to the programme?
24. To what degree have the capacities of national institutions been built? Probe: What needs, if any, were identified for further capacity building and support to promote the likelihood of sustainability?
25. Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?
26. To what degree do communities own programme activities? PROBE: community initiatives, participation of duty bearers, mobilisation of rights holders etc.
27. What elements of SYP have scope to be replicated and/or scaled-up?

Partnership and Coordination

28. What mechanisms were put in place to ensure the SYP Programme complements other initiatives in the region?
29. Are the management and governance arrangements of the programme appropriate? (Is there a clear understanding of roles and responsibilities by all parties involved?)
30. How (if at all) has the programme made strategic use of coordination and collaboration with other programmes to increase its effectiveness and impact? PROBE: Examples of such collaborations and coordination.

Lessons learnt, good practices and Recommendations

31. What are the key lessons/good practices you have learned in implementing the SYP Programme (programme design, programme management, establishing a multi-sectoral approach to providing SRH and HIV and AIDS services to adolescents and young people?
32. If you were to implement Phase III of SYP Programme what would you do differently? Why?

6.4 In-depth Interview Guide with Implementing Partners Finance and SYP Focal Person

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

1. **Proper Use of Resources**: Were project resources both human capital and finances properly used? In which areas where resources best used? In which areas were resources not properly used?Share more on this?

2. **Absorptive Capacity of project**: Comment on the rate at which planned project resources were utilised? Were your project expenditures timely as per budgets and timelines? If not what factors affected timely use of planned and allocated resources? In what way did such challenges affect smooth progression of the programme?

3. **Variance of Budgets:** What is the nature of variance of project budget? Are they narrow or wide? How has your organisation and other partners addressed deviation from planned budgets?

4. **Potential Financial Leakages:** Projects involving cash often have challenges of leakages. Did the project experience any such challenges? Share more? What mechanisms were in place to avoid leakages? What would you recommend for future similar projects to avoid financial leakages?

5. **Audits**: What internal mechanisms were present for tracking and accountability? Did the programme have any mechanisms for audits? If yes, what were the results of programme finance and audits?

6. **Timeliness of Programme Implementation**: Was the programme approved and launched in a timely fashion? Were planned activities implemented on time? If not why and what was the effect on the programme?
7. Has the programme demonstrated value for money?

6.5 Focus Group Discussion Guide for Beneficiaries (adolescents and young people age 18-24 years)

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

1. Are you aware of the SYP programme and if yes, have ever participated in the different activities of the programme? Do you think the programme addressed the issues faced by young people in the community and country? (*Request for example of the issues addressed by the project which are challenges in young people's lives in the community).*
2. What are the key things that you can say you have learnt/benefited from participating in the different SYP programme activities? Probe further for pregnancy prevention, HIV prevention, child marriage prevention, living with HIV? GBV? Where to access services? Also probe if things learnt influenced behaviour, attitude and value change on the young person/people in the area given the information shared by the project sessions (request for examples of the changes).
3. Did you share any of the information you learned with your family? Friends? Other youth?
4. In which areas do you think the CSE lessons should focus more to equip you with all the information and skills you need to protect yourself from HIV, pregnancies, gender-based violence, child marriage and drugs/substances among other things? Were the messages you received very clear and easily understandable? Did any of the messages make you uncomfortable?
5. Was the teaching method used by your CSE teacher/facilitator boring or exciting and fun? Did he or she make you feel comfortable, and did he/she encourage participants to ask questions? Did he/she involve you in some activities, exercises, group work, or role plays?
6. What handouts your teacher use during the CSE classes?
7. What would you say are the reasons for young people not to use condoms, contraceptives and other health services in your community? Did you learn any way that you can overcome these barriers?
8. Do young people, including you, in the area utilise the health services provided by the local health facility? if not, where do you access health services from and why? If yes, would you say the health facility is meant for young people or not, is it youth friendly and please explain your answer (this question demands that enumerator know the AYFHS standards and criteria to probe)
9. How involved were you in the designing, planning and running the SYP programme activities including the YFS services? What platforms have been used to facilitate your involvement in all levels of the SYP programme. Probe for the use of social media platforms to access SRH information and facilitate service utilization? Which Social media platform do you use? Are the social media platforms you use interactive? which SYP hashtags do you use and like the most? Why?
10. What would you say are the remaining barriers to the use of health services and access to comprehensive information by young people in your community that needs to be addressed.

11. Do you have any suggestions for a project like SYP in the future in terms of content, strategies and other aspects that you think are critical?

6.6 Key Informant Guide for Community Leadership (Traditional Leaders; Teachers)

Introduction and Consent

My name is ……I am one of the Evaluators contracted by the SDC/UNFPA to carry out an evaluation of the Safeguard Young People Programme (SYP) that started in 2014 to present. The overall purpose of this exercise is to measure improvements in access to sexual reproductive health and HIV/AIDS services to adolescents and young people age 10-24 years. I will be asking you some questions on implementation of the programme and your perceptions on how the project has benefitted the intended beneficiaries and the community. Your participation in the project is voluntary and you can opt out without prejudice, if you feel uncomfortable in taking part. However, your input is valuable to the overall process.

Outcomes and Outputs

1. Is there evidence of adolescents and young people adopting behaviours that empower them to prevent HIV and facilitate utilisation of SRH and HIV and AIDS services?

Relevance

2. Does the SYP Programme address key problems identified in the SYP Programme document
3. What are the best practices and lessons learnt that can be drawn from the Programme?

Effectiveness

4. What are the most significant change stories that show programme effectiveness?
5. What are the challenges, weaknesses and gaps identified during implementation and how were they addressed for effective programme implementation?

Efficiency

6. Are the available technical and financial resources adequate to fulfil the programme plans?

Sustainability and Impact

7. Are the benefits of the SYP likely to continue after donor funding has ceased?
8. Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?
9. To what degree do communities own programme activities? PROBE: community initiatives, participation of duty bearers, mobilisation of rights holders etc.
10. What elements of SYP have scope to be replicated and/or scaled-up?

Lessons learnt, good practices and Recommendations

11. What are the key lessons/good practices you have learned in implementing the SYP Programme (programme design, programme management, establishing a multi-sectoral approach to providing SRH and HIV and AIDS services to adolescents and young people?

Recommendations

12. If you were to implement Phase III of SYP Programme what would you do differently? Why?

6.7 Guidelines for Most Significant Change Stories

CONFIDENTIALITY: We may wish to use your story for reporting to our partners, or sharing with other people in the region. Do you (the storyteller):

Allow us to write down your story and share it with others? (tick one) Yes ___ No ___
Would you like to have your name on the story? (tick one) Yes ___ No ___
Would you like to have your photo on the story? (tick one) Yes ___ No ___

Title: this should be related to the significant change that is being addressed by the story. If the change is mainly on behaviour, then the title needs to reflect that particular behaviour but in an appealing and creative way.

1. **Introductions** and initial interactions with SYP programme.

2. **Linking the change to the project**: why do we say this change was mainly due to the SYP – what makes you say the change was caused by the project?

3. Tell me about how you learned about the SYP and how you got involved. (Here we can also have the motivation for the young person to be part of the SYP programme).

4. The **significant change that was brought about by the programme** to the young person. This change can either be at a personal, community or institutional level.

5. From your point of view, describe a story that best illustrates the most significant change that you have experienced as a result of the SYP activities being offered in your program or community or being used in your personal life.

6. Why is this story significant for you?

Domain of story (tick one):
Domain #1: User/beneficiary perspective on SYP
Domain #2: Provider perspective on SYP
Domain #3: Program perspective on SYP
Domain #4: Other