Final Report

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Abbreviations

Abbreviation	Meaning
AIDS	Acquired Immuno Deficient Virus
AYLHIV	Adolescents Young People Living with HIV
ART	Anti-Retroviral Treatment
COVID-19	Covid Disease 2019
CSE	Comprehensive Sexuality Education
CSTL	Care and Support for Teaching and Learning
ESA	East Southern Africa
FGD	Focus Group Discussions
EOPE	End of Phase Evaluation
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
ICT	Information Communication Technology
KABP	Knowledge, Practice, Behaviour and Practice
KII	Key Informant Interview
M&E	Monitoring & Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
MoHCC	Ministry of Health & Child Care
MoPSE	Ministry of Primary and Secondary Education
MS	Member State
NAC	National AIDS Council
ODK	Open Data Kit
PRA	Participatory Rapid Appraisal
PTA	Parent Teachers Association
PPE	Personal Protective Equipment
SADC	Southern Africa Development Community
SDC	Swiss Development Agency for Development & Cooperation
SMS	Short Message Service
SPSS	Statistical Package for Social Scientists
SRHR	Sexual Reproductive Health & Rights
STI	Sexually Transmitted Infection
TOC	Theory of Change
YF	Youth Facilitator
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNITAR	United Nations Institute for Training and Research
VMMC	Voluntary Medical Male Circumcision

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EXECUTIVE SUMMARY

This report encapsulates findings of the FutureLife-Now! End of Phase 1 project evaluation. Secondary information from the document review, quantitative data from the learners' survey of beneficiary learner's beneficiary and qualitative insights from adolescents' young people, Parents Teachers Associations, Teachers, Caregivers key partner stakeholders have informed the pages of this report.

SUMMARY OF FINDINGS

FutureLife-Now! Theory of Change

The FutureLife-Now! goal is not explicit "on reduction of HIV infections". Evaluation team notes that that it might be to early to assess the extent to which the Theory of Change was actualised, as the Theory of Change in the proposal in 2018 was adapted over time.

Recommendation

The consultants recommend that either the goal be made explicit and focus on reduction in HIV positive rates or re-phrase it to "sustained reduction in new HIV infections".

Outcome 1: Results (impact positive and/or negative consequences) (Findings)

- The effective implementation of FutureLife-Now! programme Phase 1 created impacts for learners, (increased knowledge on SRHR, child rights climate change and positive behaviours), Parent Teachers Associations, parents/guardians, teachers (participation and involvement) education and health SRH sector (capacity building), regional and local partners (networking) and within MIET Africa itself. The programme created mostly positive and to a lesser extent negative spill- overs consequences.

Outcome 2 (Findings)

- HIV knowledge of learners in outreach schools in Lesotho, Malawi, & Zambia showed improvement, with the target for 2022 almost reached 73% against a regional target of 75% compared to baseline.

Outcome 3: *Adolescents and young people in schools have improved HIV and SRHR outcomes because of accessing quality youth-friendly, gender-sensitive HIV, SRHR and ART adherence support and services (Member State Objective 1):*

- Total of 67% (1323/1980) of learners reported ever tested for HIV in the previous 12 months know their HIV status. This reflects increase in accessing HIV and SRHR services. Lesotho had the highest percentage of learners who had ever tested for HIV (88.9%), tested in the past 12 months (58.6%) and know their own HIV status (85.3%).
- According to health data there has been a significant increase in ART initiation in Lesotho, 92% against a target of 100%
- Learners survey results also that of those who had sex: Total of 274; Boys 169 (61.7%); Girls 105 (38.3%) in outreach schools who are sexually active report using a condom during last sexual intercourse
- In 2022 there was a significant decrease in unintended pregnancies in the four Member States suggesting improved access to services and support, and of the importance of schools as a protective factor.

Outcome 4: *Boys and young men complete their schooling and engage in positive behaviours and make responsible choices for their lives (Member State Objective 2)*

- Over half 56.7% boys surveyed indicated they had gone for medical male circumcision.

Outcome 5: Adolescents and young people in outreach schools have a better understanding of climate change and how to mitigate its effects (Member State Objective 3)

- Malawi had the highest score of 69% followed by Zimbabwe (62.8%), and Zambia (61.4%). Lesotho had the lowest score of 54.4%. Improvements in learners' knowledge on climate change was noted

Evaluation Criteria 2 Effectiveness

Evaluation question 2.1: How effective has the programme been in influencing the inclusion of SRHR for young people in policies, systems and services?

FutureLife-Now! End of Phase 1 findings on Effectiveness reveal the following.
Findings: Results from the qualitative self-ranking Effectiveness Rating Scale on a scale of 1(Low) -10(High) administered to MIET regional country teams and partners the FLN programme score very high with an average score of 8/10 in influencing the inclusion of SRHR for young people in policies, systems and services.

Systems level
Findings

- FutureLife-Now! has brought SRHR/HIV services closer to the school through outreach programs by the local facilities to the schools they have been linked with.
- Increased access to CSE and SRHR information through FutureLife-Now! Advancement of teaching and learning to 21st century digital needs by providing laptops, projectors and solar panels
- SHN teachers and Headteachers have been given SRHR linkage training and are constantly consulted to ensure that in-school students' SRHR/HIV learners needs are met and strengthened through linkages and awareness

Service level

- Promoted school-based health education for prevention by the health talks offered in schools by health facility care and school-based community capacity building has been provided on CSTL ecosystems.
- Trained Youth facilitators and or peer educators (teachers as per government policy) on CSE and HVI were deployed at schools for peer-to-peer education.

Systems strengthening -School and Health Facility Referral System
A key achievement in Malawi has also been the development of or adaptation of existing referral system to strengthen the links between FutureLife-Now! schools to local facilities and supports learner access to services. Of note other countries developed referral systems from scratch or using other systems.

Findings
Malawi employs a dual referral approach were schools act as formal initiating facilities and youth clubs act as informal initiating facilities. In Zimbabwe the referral system is not effectively working as much as anticipated largely due to the fact that the health workers are over. In the case for Zimbabwe there is no motivation at all due the current economic and social downturn which we don't have control over. Only a few teachers are well versed in the referral system such that if a student who requires services from the clinic does not pass through those teachers who are aware they easily bypass the system. This includes those learners who visit the clinics straight from home without going through the school. In Zambia, the referral system is working well in terms of data capturing of learners from FutureLife-Now! schools who seek services from clinics. The school and the health facilities are now working more closely as they know which learners need services though without putting need on disclosure of the issues adolescents seek help on. Reported weaknesses of the referral system is not giving enough information on follow-up for cases that need a 'big' facility such as a hospital. At the same time there are challenges record keeping hardcopies in this era of digital data. Fear of losing the books is high. Also, as a negative, the copies get done before new ones are distributed hence creating an information gap during the period of not having anywhere to record.

Evaluation question 3 Efficiency

3.1: To what extent was the project implemented as per plans and budget throughout its implementation period?

Overall End of Phase 1 Evaluation finds FutureLife-Now! planned against achieved were above 100% all ranked “High” “Outputs led to a high level of outcomes with clear potential for sustainability” (See Annex 10 Summary of 2020 & 2021 reach and achievements)

Findings:

Budget variance; Year 1 (2019), 47.17%, Year 2 (2020),17.83% and Year 3 (2021), 0.02%

Fund utilization varied by year. efficiency was low in year Utilised 1 at 52.83%, year 2 .82.17% and in year 3 to 99.98%.

Evaluation criteria 4: Relevance (*Findings)*

- FutureLife-Now! empowered adolescents and young people, PTA and caregivers in communities to engage and lead in various project initiatives, which is transformative in addressing problems and effective in acquiring new skills, ICT, Youth agency in Climate change adaptation, income generating projects such as “One school One garden” plastic and waste recycling, livestock (girls boarding school in Zambia) projects.

Evaluation criteria 5: Sustainability *(Findings)*

FutureLife-Now! has made inroads into ensuring the continuation of the programme and of the programme's impact beyond the project's lifespan to suggest that sustainability is high. Examples that point to these inroads/elements for sustained impact include:

- Systematic changes at regional and national level as a result of the effectiveness and influence of CSTL & Child Youth Agency
- Local ownership and commitments with MoE and schools
- Develop exit strategies for Lesotho and Malawi
- Most schools have FutureLife-Now! focal point person and the recommended CSTL governance and management structures
- School teachers, peer educators (for Zimbabwe) and health as nurses are available and on the government payroll
- Most of the health facilities now have youth friendly corners.

Evaluation criteria 6: Lessons learnt

The following are some of the lessons learned during the implementation of the FutureLife-Now! Phase 1 programme worthy of consideration during the design of the next Phase 2.

- Multi-sectoral collaboration enhances the overall efficiency and effectiveness of program across the efforts by all actors in with MIET Africa regional support
- CSTL capacity building can be a hub of change for child and youth agency and community members through trainings and workshops
- Use of ICT technology for alternative teaching and learning for effective communication
- Referral system strengthens linkages between schools and health facilities
- Child and youth participation in decision making represents opportunities for youth to exercise their agency
- It was observed that if adolescent and young people are afforded an opportunity and support, they can facilitate accurate SRH information transfer amongst themselves in peer education exchanges. They are an efficient and effective mode of information dissemination among their peers.
- Putting programme beneficiaries’ adolescents and young people at the forefront of implementation promotes programme ownership as observed in climate change youth led action and school gardens such as “One School One Garden”.

CONCLUSIONS

1. Evaluation team notes that that it might be too early to assess the extent to which the Theory of Change was actualised, Theory of Change and Results Framework is very heavy on health outcomes that are

difficult to have control on data-wise (as MIET Africa is dependent on data from facilities, which is not timely

2. The FutureLife-Now! programme was noted to have been effective in influencing the inclusion of SRHR for adolescents and young people in policy, systems, service and at community level and within health facilities. FutureLife-Now! Phase 1 programme is well-designed for the needs of in-school but not for the out of school adolescents. This needs to be considered in Phase 2.
3. The outcomes and impact envisaged by the FutureLife-Now! programme was achieved to a greater extent with the positive changes noticeable at learners, school, community and partner levels.
4. The FutureLife-Now! created new capabilities in development of the referral system which has strengthened linkages and relationships between schools and health facilities.
5. FutureLife-Now! was effective in engaging adolescents and young people to lead approaches to climate change action and active participation in SRHR peer education. Participation by adolescents proved effective in ensuring wider reach and breaking the communication barriers at school and in the community.
6. FutureLife-Now! programme is well managed and coordinated at regional and country levels and with other UN and development partners.
7. FutureLife-Now! M&E system is functional, but very likely can be improved upon to consider in Phase 2.
8. The FutureLife-Now! programme made efforts to ensure sustainability of the levels

RECOMMENDATIONS

The EOPE suggests the following key recommendations based on the findings of the evaluation/review:

1. The evaluation team recommends that the goal be made explicit and either focuses on reduction in HIV positive rates or re-phrase it to “sustained reduction in new HIV infections”.
2. Enhance contribution to the CSTL Policy framework, by building upon the systems’ strengthening and policy development that has taken place through CSTL, FutureLife-Now! Child and Youth Agency Framework strengthened HIV education policies, enhanced Comprehensive Sexuality Education, access to youth-friendly HIV/SRHR services
3. Follow-up on working towards a revised and strengthened curriculum for climate change, improved 21st century teaching methodologies and increased youth decision-making and action.
4. In Lesotho recommendation to support implementation of the currently developed on Management of Learners Pregnancy Policy and work jointly with the UN Family and other Development Partners in Lesotho in order to avoid duplication of activities and also adhere to the coverage of the country
5. Importance of deepening school-health facility linkages and digitalizing referral system and more capacity building workshops for both clinic nurses and school teachers on referral process and tracking of learners.
6. Develop exit strategies for Lesotho and Malawi and create linkages with local NGOs in the two countries MIET should subcontract local organizations and build their capacity for similar work as part of the exit plan
7. Scale up to more schools and provinces in the Member countries and consider inclusion of colleges/universities.
8. Country Managers need to be based in country for decision-making, team building, involvement & participation in Task Force and other forum for effectiveness of program
9. Recruit more staff e.g., M&E for specialist areas. Consider secondment of experts from government on Climate Change, Gender, Agriculture as appropriate
10. For the coming phase, there is need to improve M & E system to be more effective and efficient monitoring and reporting system

Limitations

Zimbabwe was excluded from the analysis as SRHR knowledge questions related to condoms were dropped from the Zimbabwe questionnaire.

``FutureLife-Now! End of Phase Programme Evaluation: 2022 ''

1. Introduction

Contents of the Report

This report contains findings of the FutureLife-Now! End of Phase 1 Evaluation, which was carried out by a team of independent consultants with support from MIET Africa Regional Office Technical team, MIET Africa country teams, and partners including Ministries of Education and Health, Climate Change & Environment and Gender. The evaluation was carried was carried out in May and June 2022.

1.1 Purpose and Scope of Evaluation

The main purpose of this evaluation is

1. To assess the results of the Future Life-Now! Programme implemented by MIET Africa over the course of SDC's support from 2019 to date (first phase 1).
2. To document lessons learnt to inform the design of Phase 2.

2.1 Evaluation study design

The systems approach based on a Cross-sectional Analytic Study Design was adopted. The team employed pragmatic participatory Mixed Methods approaches based on a combination of qualitative and quantitative techniques to ensure triangulation of information through a variety of means, sources and perspectives. The evaluation collected both primary and secondary data.

Secondary data was collected through literature review and analysis of available documents to include a data collection form on HIV testing and ART health indicators which was sent the 5 health facilities in each country,

Quantitative primary data was collected through a Knowledge Attitude Behaviour and Practice (KABP) survey using a structured questionnaire with Zimbabwe questionnaire for learners not having HIV questions and health behaviours due to policy restrictions.

Qualitative data was collected through interviews of key informants, Adolescent's Children Consultations, Focus Group Discussions (FGDs) which embedded with Participatory Rapid Appraisal (PRA) exercises (See Attached Annex 3).

2.2 Sampling

Multi-stage stratified purposive sampling techniques were employed to collect both qualitative and quantitative primary data. There were four strata, each country representing one stratum. The sampling frame was based on the list of 10 pilot schools per country, and five schools were purposively selected in each country. The learner respondents were also purposively selected based on inclusion criteria of having being exposed to FutureLife-Now! Program as having being part of FutureLife-Now! as shown in Table 1.

Table 1: Sample size by country, 2021 enrolment sample size, by country respondents by sex, method of data collection and response rate

Country	Total enrolment 2021 (of the selected 20 schools)	Sample size	Number interviewed		Total	Response rate
			Boys	Girls		
Lesotho	2,653	531	191	260	451	85%
Malawi	3,027	605	222	201	423	70%
Zambia	5,486	1,097	276	459	735	67%
Zimbabwe	2,767	553	145	226	371	67%
Total	**13,933**	**2,786**	**834**	**1,146**	**1,980**	**71%**

A total of 1,980 learners were surveyed against a sample of 2,786, (see Annex 6 Sample size for the in-school children by school), representing a 71% response rate. Zikmund et.al., (2010) note that a response rate of over fifty percent (50%) is adequate for analysis, sixty percent (60%) good while seventy percent (70%) and over to be very good. A high response rate boosts the validity and importance of the findings. Since the overall response rate was 71%, it was considered to be adequate for further analysis. A total of 43 Virtual Key Informant Interviews (KII) based on Outcome Harvesting Questionnaires were conducted with MIET Regional and country teams, school heads, teachers' youth facilitators/peers as well as key government line ministries and relevant regional and local stakeholders as shown in the attached stakeholders participating in email virtual interviews (Annex 1 List of participants). Twenty Focus Groups Discussions (FGDs) with School Board Management Committees / Parent Teachers Associations (PTAs) and Caregivers/Parents representatives; participation was limited to 12 participants 6 females and 6 males' school except for girls boarding schools in Lesotho and Zamba. and 20 Children's Consultations 6 girls and 6 boys per school except for girls boarding school embedded with Participatory Rapid Appraisals (PRA) exercises were undertaken.

3. Findings

The evaluation results and findings are shown in this section.

Section 1

3.1 Results

Is the Theory of Change attainable? The Theory of Change (TOC) (see Annex 4) focuses on the reduction in new HIV infections which considering the scope of the programme can be difficult to achieve. What can easily be achieved by the programme and can be directly attributed to it is the reduction in HIV positive rate among youth. The HIV infection rates are calculated at the population level, and the estimates for the new HIV infections can be obtained from the HIV estimates or UNAIDS HIV estimates reports. At the local level, the reduction in HIV positive rates can be used as a proxy for reduction in new HIV infections.

As observed by Karen Hardee (2014): "*It is important to note that school-based interventions alone have not shown impact in reducing HIV incidence, but they have shown beneficial effects on knowledge and reported behaviors, suggesting at sexuality education is necessary for effective HIV prevention but needs to be combined with other interventions including accessible and youth-friendly health services. Training for teachers to conduct age-appropriate participatory sexuality education, which can improve students' knowledge and skills, is essential."*

Recommendation

The consultants recommend that either the goal be made explicit and focus on reduction in HIV positive rates or re-phrase it to "sustained reduction in new HIV infections". Climate change should also be incorporated into the TOC a cross cutting issue.
Additionally, there is need to re-visit the assumptions that were made when the TOC was designed to assess whether those assumptions are still valid. For instance, when the TOC was designed there was no COVID-19 pandemic.

3.1.1 What is the impact (positive/negative intended and unintended changes) of the programme with regard to the expectations set out in the credit proposal and log frame?

Changes as reported by children during Children's consultations

Adolescent respondents identified the following as observed significant changes; i). reduction in new HIV infections (34.5%); ii). Provision of health facilities & services in schools (31%); iii). Less discrimination (27%); iv). Increased knowledge (24%) and guidance/counselling (24%). Only Lesotho mentioned respondents identified the reduction in HIV infection (34.5%.). Other significant changes mentioned were youth corners water and sanitation (20%) motivation and building self-confidence (18%), provision of health facilities and services at schools (17%), less crowding at health centres (14.5%), Re-entry policy (12.7%), abolishment of corporal punishment (11%) and free services (11%). (See Attached Annex children consultation Report

Children were asked the question "Have you seen other changes occur, either for your peers, for you in other ways?" The respondents identified the following other changes that have occurred; I). school has improved (15 respondents); ii). enrichment with knowledge and awareness (14 respondents); and iii). more knowledge on climate change.

Most Significant Change

Children identified the following most significant change identified by the respondents are; i). boreholes/sanitation (17 respondents); ii). provision of dignity packages (16 respondents); and iii). school trips (11 respondents).

Changes in the ability to afford and access services

Responses on changes in the ability to afford and access services by adolescent girls and boys were as follows; 23% of the respondents mentioned access to free services; 19% alluded to health facilities in schools; 12% of respondents mentioned that people are able to find good treatment in time; while 10% respondents mentioned improved education quality. Solar installation was also mentioned by 10% of the respondents, 6% ability to access both health and education services, 6% ability to access health facilities/nurses, 4% bicycles to go to school (long distances) and 4% everything is being done on time. Only 6% reported no change

Changes as reported by key informants

Changes as reported by key informants on the question what changed? Responses were as follows;

SRHR: Both boys and girls have changed perceptions about their sexuality and making choices that are not negative in the long and short term, increase in the number of learners being tested for HIV, reduction in new HIV infections, Key informant teacher in Lesotho "The idea of accessing services around sexuality which was considered taboo or shameful is now being seen as important. Community members appreciate the value of CSE more than ever due to FutureLife-Now! activities", Youth facilitators: give education on CSE after school to complement what the life skill-based Education Teacher is doing in class. Health workers are now more concerned about the specific needs of young people from the schools due to the referral system that was created through the FutureLife-Now! programme and

Education: Teachers at Ngowe Secondary School in Malawi mentioned that they now engage with the learners more and pay more attention to their needs beyond teaching in the classroom through journals. School drop-out rates, adolescents' pregnancy also appear to have reduced. , Schools are now hubs for discussions and synergies across different stakeholders on the welfare of adolescents and young people.

Climate change: Key informants mentioned an improved knowledge on climate change and how to act on it. For example, St Barnabas in Lesotho has introduced a "no use of plastics in the school yard" policy as a way of addressing issues of climate change.

According to teachers and results from children's consultations in Malawi, learners now have improved knowledge on climate change and how to act, and are now more involved in climate change activities in the school and surrounding communities.

Gender equality: The adolescent boys have changed their views about females and their needs as they now have a better and clear understanding and knowledge. Both boys and girls have changed perceptions about their sexuality and making choices that are not negative in the long and short term as stated by a teacher. As stated by parent in Leribe, Lesotho "*The idea of accessing services around sexuality which were taboo or shameful are now being seen as important and shameless".*

Schools-Heads, Teachers, Youth facilitators/Peer educators

School heads, teachers, and youth facilitators reported observed changes at the micro level, which are at schools, health facilities as well as in their community as a result of FutureLife-Now! programme.; pupil teacher engagement, learners now have positive attitude towards school and health issues, learners freely expressing themselves, reduction of teenage pregnancies, school drop-outs reduction in stigma and strengthened relationships between school and gatekeepers.

Health facilities/clinics: There was unanimous opinion from all stakeholders that there are an increased numbers of adolescents and young people accessing HIV Testing & Counselling (HTC) services and testing of Sexually Transmitted Infections (STI's) in young people and an increase in ART adherence, especially in boarding schools. According to health workers response on health questionnaire, "ART medication defaulting has decreased" This is reflection of how Future-Life-Now! is contributing to the program goal in reducing HIV infections.

OUTCOME 2: *Adolescents and young people in SADC Region have increased competence to protect themselves against HIV&AIDS (Regional Objective 2)*

Summary of the HIV and SRHR Knowledge scores

The overall % score was 73%. This implies that 73% of the respondents were able to respond correctly to HIV and SRHR knowledge scores with a mean score of 12.4 (std 5.38. Malawi had 81.8% for boys and 78.6% for girls (p-value=0.505); Zambia had 80.0% for boys and 79.5% for girls (p-value=0.830) and Lesotho had 71.7% for boys and 72.6% for girls (p-value=0.331). Further analysis of the data showed that a relatively high number of learners scored greater than 65% and greater than 75% as shown in table 4. Table 4 below shows the results of young people's knowledge of HIV transmission and prevention.

Table 2: Summary of HIV and SRHR Knowledge Scores

	% Of Learners with scores >65%			% Of Learners with scores >75%		
Country	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Lesotho	68.1%	68.3%	67.8%	51.3%	52.5%	52.0%
Malawi	92.3%	87.0%	89.8%	81.1%	73.0%	77.3%
Zambia	89.8%	88.9%	89.2%	81.1%	78.0%	79.2%

To further build on the levels of knowledge surveyed using the questionnaire, the children's consultation provided child participants an opportunity to demonstrate their knowledge on HIV and AIDS. Child participants listed a number of ways to prevent HIV/AIDS. The two main ways of preventing HIV/AIDS were i). abstinence 42% (131/308) and ii). using protection during sex 35.7% (110/308) The other ways of prevention included; being faithful (25/308) and using your own blade/needle 5% (18/308). The child respondents identified a number of causes of HIV/AIDS during the consultations. The respondents identified the following causes' i). unprotected sex (119/308 respondents

Table 5 below shows the results of Outcome 2.

Table 3: Summary Results for Outcome 2

INDICATOR	BASELINE	TARGET	2022 RESULTS	COMMENT
(R2.1) Number and % of young people (15–24) in the SADC Region who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	*Regional* Total: 38%; F 37%; M 39% (UNAIDS, 2019) *Learner Baseline 2020 covering 2019* Learners scoring 65% or more: 14 158, 62% of surveyed learners (F 7 651, 62%; M 6 507, 62%)	*Regional:* 2020: F 50% and M 55% 2021: F 60% and M 65% 2022: F 65% and M 70%	EOPE 2022 1980 Learner's scoring 73% of the respondents were able to respond correctly to HIV and SRHR knowledge.	Knowledge of learners in outreach schools shows improvement, and the target for 2022 almost reached 73% against a target of 65%

Outcome 3: ***Adolescents and young people in outreach schools have improved HIV and SRHR outcomes because of accessing quality youth-friendly, gender-sensitive HIV, SRHR and ART adherence support and services (Member State Objective 1)***

HIV testing for adolescents and young people at health facilities

The evaluation team also requested data from affiliated health facilities for young people aged 15–24 in outreach communities on multiple variables including HIV testing rates and positivity rates. The returned data revealed the following levels of HIV positivity among this age cohort: Lesotho 3.9%, Malawi 4.7%, and Zambia 5.1% in HIV testing positivity rates. Zimbabwe has been excluded as only two sets of data were made available to the evaluation team. Results from the clinics show a decrease in the number of adolescents and young people 15-24 years tested for HIV in 2021 compared to 2019 as shown in table 6 below.

Table 4: % Decrease in the number of clients tested for HIV by country

Country	Number tested in 2019	Number tested in 2021	% Decrease in the number of clients tested for HIV (2021 compared to 2019)
Lesotho	20,743	6,137	70.4%
Malawi	32,288	23,892	26.0%
Zambia	8,022	2,502	74.8%
Zimbabwe	1,049	615	41.4%

NB: Zimbabwe only 2 facilities submitted comprehensive data

The decrease could be a result of the COVID-19 pandemic which disrupted HIV testing services in all four countries, especially in 2020. Furthermore, data from health facilities does not focus specifically on FutureLife-Now! participants but covers all adolescents and young people within the outreach areas.

Table 5: Summary for Outcome 3 (Continued)

Indicator	Baseline	Target	2022 Results	Comments
Number of adolescents and young people in outreach schools who test positive for HIV	No data was collected from facilities during the 2019 baseline	Per year, fewer than 3 out of every 100 uninfected learners	EOPE 2022 Data from affiliated health facilities for young people aged 15–24 in outreach communities: Lesotho 3.9% Malawi 4.7% Zambia 5.1% Compared to 2021 Total: 648 (F 528, M 120), 5% of those testing for HIV	Lesotho experienced an upward trend between 2019 and 2021, Malawi and Zimbabwe had a decrease in 2020 before rising in 2021. Zambia on the other hand had a peak (rise) in 2020 and decreased in 2021.
Number and % of young people in out-reach schools who have tested in the last 12 months and know their current status	Learner Baseline (2020 for 2019) Total: 6 359, 76% of those who have tested in the last 12 months;	By 2022, 90% of adolescents and young people in outreach schools have tested in the last 12 months and know their current HIV status	Learner Survey (2022) 1323/1980) 67% females and out of female and % males out of males surveyed (report going for HIV test in the previous 12: months and know their HIV status Females: 549 (41%) Males: 774(58.5%)	There is a significant difference in the % of learners who tested in the last 12 months and know their status between the 2021 and 2022 survey periods. This reflects increase in accessing HIV and SRHR services
Number and % of adolescents and young people in outreach schools who report using a condom during last sexual intercourse	Learner Baseline 2020 Of those who have had sex: 2 615 (F 844; M 1 763) (52% of those who have had sex; 16% of learners surveyed)	By 2022, 80% of adolescents and young people in outreach schools who are sexually active report using a condom during the last sexual intercourse	Learner Survey (2022) 1980 learners surveyed Of those who had sex: Total 274 (Yes) **Boys** 169 (61.7%) **Girls** 105 (38.3%) in outreach schools who are sexually active report using a condom during last sexual intercourse 2022 46.8% reported it was very easy to get condoms	There was an increase in learners reporting they had never had sex. Over a third of learners Male: 1230 (61.7%) Female: 457 (37.2%) NB Zimbabwe was not included as questions related to condoms were dropped due to policy issues

HIV testing behaviour and HIV status knowledge among learners

Overall, across all the four countries, less than two-thirds (63.6%) of the learners had ever tested for HIV, about four-in-ten learners were tested in the past 12 months and two-thirds of the learners (67.1%) know their HIV status. Lesotho had the highest percentage of learners who had ever tested for HIV (88.9%), tested in the past 12 months (58.6%) and know their own HIV status (85.3%). Overall, there was no significant difference between boys and girls who reported having ever tested for HIV (p-value=0.583); 62.9% of the boys and 64.1% of the girls reported having ever tested for HIV. Likewise, there was no significant difference between boys and girls who

reported tested for HIV in the past 12 months and who know their HIV status. Thirty-six percent of the boys and 39.5% of the girls reported having tested for HIV in the past 12 months (p-value =0.147). Two-thirds of both boys (66%) and girls (67.9%) reported knowing their HIV status (p-value=0.373). Overall, the HIV response in terms of UNAIDS 90-90-90 targets across the four countries still needs to be strengthened as only two-thirds of the learners know their HIV status against a target of 90%.

Given the programme goal on reducing new HIV infections among adolescents and youth, the evaluation team assessed learners HIV testing behaviour and awareness of their status. Results from the learners' survey show that over two-thirds 67% (1323/1980) reported going for an HIV test in the previous 12: months out of those surveyed (girls 549 (41%), boys 774(58.5%)

Table 6: Summary for Outcome 3 (Continued)

Indicator	Baseline	Target	2022 Results	Comments
Number and % of adolescents and young people living with HIV from outreach schools and who are initiated on ART	No data was collected from facilities during the 2019 baseline	100% of adolescents and young people from outreach schools who test HIV+ are initiated on ART	EOPE 2022 Data from affiliated health facilities for young people aged 15–24 in outreach communities: Lesotho 2022: 257 (92%) 2021: 266 (95%) 2019: 633 (64%) Zambia 2022: 178 (58%) 2021: 257 (66%) 2019: 185 (69%)	There has been a significant increase in ART in initiation in Lesotho Lesotho 92% against a target of 100% Not all health facilities quality provided data Malawi & Zimbabwe

Adolescents and young people living with HIV from outreach schools and who are initiated on ART at health facilities (clinics)

Data from Lesotho health facilities shows Lesotho having an increase in ART initiation for young people who test positive for HIV in 2021: 257 (92%), from 2020: 266 (95%) and 2019: 633 (64%). However, data from Zambia clinics shows a decrease from 185 (69%) in 2019, 257 (66%) in 2020 and in 2021 at 178 (58%) (See Annex 9 HIV Testing & ART initiation). Key Informant Health Coordinator from Zambia noted this could be attributed to strengthened linkages between schools and health facilities and building relationships through the development of referral systems to better facilitate young people accessing services. Table 7 below provides the results for the key outcome indicators for Outcome 3.

Indicator	Baseline	Target	2022 Results	Comments
Number of early and unintended pregnancies	Baseline data collected from schools: Number of pregnancies among learners in outreach schools in 2019: 158	By 2022, there is a 60% decrease in early and unintended pregnancies among learners in outreach schools	Data collected from school quality questionnaire (20 schools) Lesotho: 6 (25% decrease from 2020) Malawi: 19 (10% decrease from 2020) Zambia: 14 (no change from 2020) Zimbabwe: 29 (12% decrease from 2020) Total 68 (24% decrease from 2020)	Overall, there has been a 32% decrease in pregnancies in 2021 compared to baseline (2019) in the four Member States suggesting improved access to services and support, and of the importance of schools as a protective factor.

FutureLife-Now! Events

More than three in four learners (78%) reported that they participated FutureLife-Now! events in the past year. This is relatively high considering the challenging environment due to the coronavirus pandemic. Disaggregating the analysis by sex showed that there was a significant difference between girls and boys; 80% of the girls participated in the events compared to 75.5% of the boys (p-value = 0.016). The learners who reported having participated in FutureLife-Now! events in the past year were asked to articulate the type of events participated in. More than half of the learners (58.3%) indicated that they participated in FutureLife-Now! clubs, followed by journals (46.7%), and life skills/health talks (40.2%). The least was webinars (2.3%). The summary for outcome 3 is shown in Table 8.

Table 7: Results for Outcome 3 continued

Indicator	Baseline	Target	2022 Results	Comments
Number and % of adolescents and young people in outreach schools participating in FutureLife-Now! Activities	No baseline data	Each year, 70% of adolescents and young people in outreach schools actively participate in	EOPE 1980 learners surveyed Average 78% 80% girls 75.5% boys	78% Exceeded the target of 70%

Outcome 4: *Boys and young men complete their schooling and engage in positive behaviours and make responsible choices for their lives (Member State Objective 2)*

Table 8 shows the current results against the identified indicators.

Table 8: Results for Outcome 4

Indicator	Baseline	Target	2021 Results	Comments
Number of boys and young men from outreach schools who accessed SRHR services (e.g., VMMC)	Learner Baseline 2020 Males reporting VMMC: Total: 5 332, 69%	By 2022: 100% of boys participating in FutureLife-Now! access SRHR services	EOPE Learner Survey 2022: Over half 56.7% boys indicated they had gone for medical male circumcision.	Minimal decrease to 56.7% from 2021 which was 58%.
Number and % of male learners who drop out of school per year	School Baseline data (school records, March 2020): Lesotho: 174 Malawi: 85 Zambia: *Not reported* Zimbabwe: 86 Total: 345	5% decrease in the numbers of male learners dropping out of school per year	EOPE School quality questionnaire (20 schools, May, 2022): **Males** Lesotho: 37 (2.8% increase from 2020) Malawi: 13 (no difference from 2020) Zambia: 2 (No difference from 2020) Zimbabwe: 14 (75% increase from 2020) Total: 66 (11.9% decrease from 2020)	Overall, there has been a 21% decrease in the number of male learners dropping out of school in 2021

Indicator	Baseline	Target	2021 Results	Comments
Change in attitudes regarding gender relations and norms among boys and young men and girls and young women (aged 10–24) in outreach schools	Learner Baseline 2020 % Of learners who answered “False” for “If a girl suggests using condoms, it means she’s not faithful to her partner”: 12 914, 57% (F 7 203, 58% of surveyed girls; M 5 698, 55% of surveyed boys)	By 2022, 70% of adolescents and young people in outreach schools demonstrate improved attitudes and behaviour in gender relations and norms	EOPE Learner Survey 2022 1980 learners surveyed % Of learners who answered “False” for “If a girl suggests using condoms, it means she’s not faithful to her partner” Boys 79.9% (549/1603) Girls 85.7% (785/1603)	Significant improvement in the number and % of learners who understand that requesting a partner to use a condom does not equate to unfaithfulness.

OUTCOME 5: *Adolescents and young people in outreach schools have a better understanding of climate change and how to mitigate its effects (Member State Objective 3)*

Nine in ten learners (94%) had heard about climate change. The chi-square test showed that there were significant differences in awareness of climate change across the 4 countries (p-value = 0.025). However, there was no significant difference between boys and girls (p-value=0.858).

Summary of the Environment and Climate Change scores

The overall mean % score for the learners' knowledge was 61.7%. This implies that 61.7% of the respondents were able to respond correctly to any climate change knowledge questions. Malawi had the highest score of 69% followed by Zimbabwe (62.8%), and Zambia (61.4%). Lesotho had the lowest score of 54.4%. Disaggregating the data by sex showed that there was an association between sex and knowledge levels in Malawi with boys scoring 71.1% and girls 66.8% (p-value=0.045) and in Zambia where the boys had a score of 64.5% and girls 59.4% for girls (p-value=0.002). There was no association between sex and knowledge levels in Lesotho and Zimbabwe. In Zimbabwe, the boys had an overall score of 63.4% and girls 62.3% (p-value 0.386) and in Lesotho, the boys scored 52.3% and girls 56% (p-value=0.532). Further analysis of the data showed that very few learners scored greater than 65% and greater than 75% of the climate knowledge questions asked as shown in table 10.

Table 9: Summary of Climate Change Knowledge Scores

	% Of Learners with scores		
Country	**Male**	**Female**	**Total**
Malawi	71.1%	66.8%	69%
Zimbabwe	63.4%	62.3%	62.8%
Zambia	64,5%	59.4%	61.4%
Zimbabwe	52,3%	56%	54,4%

As shown in table 10, one-in two of the learners in Malawi scored at least 65% of the climate change knowledge questions and 17% of them more than 75% of the knowledge questions. Lesotho had the least, with 18% of the learners scoring at least 65% and 3.8% at least 75% of the climate change knowledge questions. The low scores on the knowledge about climate change indicate that there is a need to strengthen the sensitization of learners on climate change. There was a significant difference between those who participated in FutureLife-Now! events and those who did not on climate change knowledge. Overall, thirty-five percent of those who participated in FutureLife-Now! events scored >65% compared to 26.5% who scored > 65% and they did not participate in FutureLife-Now! events (p-value = 0.002).

Table 10: Results for Outcome 5

Indicator	Baseline	Target	2022 Results	Comments
Change in knowledge on climate change among adolescents and young people in outreach schools	Baseline (2020 for 2019) % Of learners with more than 60% correct on climate change knowledge: Total: 8 400, 37% of surveyed learners (F 34%; M 36%)	By 2022, 70% of learners score more than 60% on the climate knowledge quiz	EOPE learner survey 2022 of learners with more than 61.9 % correct on climate change knowledge Lesotho: Boys, 52.3% & girls 56% Malawi: Boys 71.1% & girls 66.8% Zambia: Boys 64.5% & girls 59.4% Zimbabwe: boys 63.4% & girls 62.3%	Malawi had the highest score of 69% followed by Zimbabwe (62.8%), and Zambia (61.4%). Lesotho had the lowest score of 54.4%. Improvements in learners' knowledge on climate change were noted, with particularly significant improvements among learners in Malawi, who went from 38% in 2020 to 70% in 2021 and 69% in 2022.

Learners' perceptions of participation in school governance

The learners were asked about their participation in school governance. The learners reported positively to questions about whether their school provides opportunities for student leadership and engagement in school decision-making processes. The most common response was the school's discussion on children's rights and responsibilities (96%) and the least was the learners' participation in the decision-making processes about what happens at the school (69%).

3.1.2: To what extent has the programme contributed to the perceived changes and what beneficiaries (learners/schools) and key stakeholders perceive to be the potential lasting changes?

FutureLife-Now! Phase 1 made MIET Africa stronger and better equipped to larger similar interventions in future specifically Phase 2. FutureLife-Now! Phase 1 cemented existing capacities in policy advocacy, partnerships, management, knowledge capacity building project implementation and coordination. During Phase 1 MIET Africa has developed effective communication strategies with learners, parents and teachers through SMSs and radio engagement, which are SRHR-focused innovations.

Members of the PTAs that were interviewed expressed that they see school as center for learning but a community development platform, which has cemented social cohesion and influenced community norms and practices opening sexuality discussions, reduction of teen pregnancy and early marriages. FutureLife-Now! created new capabilities in development of the schools and health referral system which has strengthened linkages and relationships between schools and health facilities. Of note While this was not in the original proposal, it was an adaptation that was adopted during COVID and was intended to be a means of still reaching young people with CSE-themed content.

For the primary beneficiary, learners' positive changes impacts have been in terms of improved knowledge, attitude and practices related with SRHR climate change. As reported by teachers and health workers, there have been observed increases in uptake of services in health facilities and in school attendance.

3.1.3 What other impacts (i.e., positive and negative, intended and unintended) on young people in schools can be identified in the programme?

Intended impacts/changes-Positive changes

- Reaching young people with information throughout the country through radio programmes that reach nationwide in the four countries.
- Supporting schools with technology e.g., laptops, projectors, solar panels and data or Wi-Fi to allow sharing of information with learners on online platforms such as MS Teams and zooms or webinars even during school closure during COVID-19 restrictions.
- Bullying and gender discrimination have reduced at school.

The **negative** unintended consequence voiced were;

- Learners wanting to get incentives which is negative issuing of motivational packs was taken as a reward by learners so they started to demand it after every practical activity.
- For example, some learners do not attend some classes but decide to do FutureLife-Now! activities during class time.

Conclusion

There was consensus among all respondents that the intervention brought positive changes. Responses from key informants' virtual interviews, children's consultation and focus group discussions revealed that positive changes (intended and unintended) did occur as a result of the FutureLife-Now! programme with regard to the expectations set out in the credit proposal and log frame. The incentives were effective in promoting positive behaviours among learners and young people to include involvement and participation in FutureLife-Now! activities.

Section 2

3.2 Effectiveness

3.2.1 How effective has the programme been in influencing the inclusion of SRHR for young people in policies, systems and services?

To facilitate and support the development of agency, MIET Africa has developed and is currently testing the Child and Youth Agency Framework. According to MIET Africa's FutureLife-Now! 2021 Annual Report, FutureLife-Now! has directly reached 100% of learners (28 106 in actual numbers, in 2019) in the outreach schools through ongoing sensitization and advocacy on programme priority themes, through the distribution and completion of FutureLife-Now! journals, and incentives aimed at encouraging positive education and health behaviours.

Through FutureLife-Now! youth discussion groups and clubs, youth facilitators have engaged with 21 177 learners in the outreach schools and 14 742 young people in non-school settings. In 2021, 567 652 SMSes were sent to young people, caregivers and teachers in the outreach communities. In the same year, FutureLife-Now! radio programmes reached an estimated 30 million listeners across the four Member States.

A qualitative self-ranking Effectiveness scale 1(Lo) to 10(Hi) was administered to MIET Africa regional and country teams and to government partners to benchmark the degree of capacity strengthening. Lesotho and Zambia ranked high at 8 with Zambia reporting domesticated/aligned 90% of policies to the SADC CSTL Policy Framework. These policies are being implemented successfully. Revisions and/or updates on policies will result in ongoing awareness and will result in new country policies and frameworks. Malawi and Zimbabwe self-ranked themselves at 7. MOPSE Zimbabwe has been aligning its policies to the CSTL Policy Framework and continuing with the process of aligning policies to the 2013 National Constitution, for example policy on corporal punishment as well as the learner pregnancy from December, 2021.

continuation of learning for learners who fall pregnant.

Regional Strategy 2.2: CSE integrated into pre-service training in selected Member States

In Zambia, CSE has been integrated at the colleges of education. The Ministry of Education is preparing for a review of its CSE curriculum given that the current guidelines have been in operation since 2013. The evaluation team did not get responses from the other 3 countries. Furthermore, much of the regional work related to CSE has focused on the evaluation of the ESA Commitment on adolescent and young people's SRH, and on the development and endorsement of a second commitment.

Regional Strategy 1.3: Knowledge development

MIET Africa sees knowledge development as an important strategy for contributing to policy influence and programme development. Several frameworks have been presented for adoption by the Member States e.g., Child and Youth Agency Framework, and Boys Vulnerability Framework.

The FutureLife-Now! programme in Malawi has invested in knowledge sharing with young people on HIV prevention through sessions that the Youth Facilitators have with learners in schools. Learners participate in journaling sessions which enables them to understand their goals as the process they have to go through to understand how they can achieve their goals The use of intercountry webinars has also increased knowledge development among member states (Score 8). FutureLife-Now! Zambia team: The schools/learners have displayed a good understanding of FutureLife-Now! and have acquired the knowledge through workshops, peer education sessions, radio programmes etc. (Score 9). MoPSE Zimbabwe has conducted capacity development and advocacy campaigns such as the Community Outreach programmes have been done at national, provincial and district levels. MoHCC Zimbabwe has inter-ministerial campaigns done to spread knowledge to all (Score 8) and Lesotho's self-ranking effectiveness rank score was 9.

Findings: Results from the Effectiveness Rating Scale on a scale of 1(Low) -10(High) administered to MIET regional country teams and partners the FutureLife-Now! programme score very high with an average score of 8/10 in influencing the inclusion of SRHR for young people in policies, systems and services.

Policy level

Within the four pilot countries, FutureLife-Now! has been supporting the domestication of the CSTL Policy Framework through supporting the National Task Team meetings that come together to make decisions on key aspects of the FutureLife-Now! programme.

Systems level

- FutureLife-Now! has increased access to Youth Friendly Health Service (YFHS) through demand creation of SRHR/HIV which has been done, through peer education and outreaches.
- FutureLife-Now! has also brought SRHR/HIV services closer to the school through outreach programs by the local facilities to the schools they have been linked with.
- SHN teachers and Headteachers have been given SRHR linkage training and are constantly consulted to ensure that in-school students' SRHR/HIV needs are met and strengthened through linkages and awareness

Service level

- School-based community capacity building has been provided on CSTL ecosystems, using the *Guide for Operationalizing Care and Support for Teaching and Learning (CSTL) in Schools in the SADC Region* and supporting materials.
- Youth facilitators and peer educators (in Zimbabwe in compliance with policy directive) were deployed at schools for peer-to-peer education. Youth facilitators give education on CSE after school to complement what the life skill-based Education Teacher is doing in class.

Systems strengthening School and Health Facility Referral System

- The FutureLife-Now! referral system between schools and health facilities have been developed in all four countries in collaboration with health officials. These referral systems aim to strengthen existing structures as well as help identify and capture the number of learners, type of services and other demographic data for young people who visit the clinic from FutureLife-Now! schools.
- Malawi employs a dual referral approach were schools act as formal initiating facilities and youth clubs act as informal initiating facilities. In Malawi the process of referral involves a threefold pathway of school, clinic and self or outside school data capturing. The key entry points for most clinics have a record book which captures learners who might seek services through the registry (OPD), ART dept and youth friend corner.
- According to the MIET Health Coordinators in Zimbabwe the referral system is not effectively working as much as anticipated largely due to the fact that the health workers are over stretched within the respective health facilities and paying particular

attention to selected students from FutureLife-Now! schools is not possible or being prioritized. In the case for Zimbabwe there is no motivation at all due the current economic and social downturn which we don't have control over. Then from the school side only few teachers are well versed in the referral system such that if a student who requires services from the clinic does not pass through those teachers who are aware they easily bypass the system this includes those who visit the clinics straight from home without going through the school.

- The referral system in Zambia is working well in terms of data capturing of learners from FutureLife-Now! schools who seek services from clinics. The school and the health facilities are now working more closely as they know which learners need services though without putting need on disclosure of the issues adolescents seek help on. What the system does not do, and perhaps this is a negative, is that it does not give enough information on follow-up for cases that need a 'big' facility such as a hospital. It is difficult to maintain hardcopies in this era of digital data. Fear of losing the books is high. Also, as a negative, the copies get done before new ones are distributed hence creating an information gap during the period of not having anywhere to record.

Recommendations

- There is need for more advocacy at the school side for teachers to be well versed in the referral system.
- Furthermore, digitalize the referral process to reduce paper work.
- Create capacity (through training and orientation) at both clinics as well as schools for entries and data capturing.
- Identify and incentivize health facilities and schools that are coordinating the process well.

3.2.2 How appropriate is the management and governance arrangement of the programme?

Management

Overall, the management of the FutureLife-Now! programme was noted to be efficient as it is characterized by specifically dedicated personnel with clear reporting lines and structures at both regional and country level.

Governance

At the regional level MIET Africa, organizes regional convenings on FutureLife-Now! and CSTL on behalf of the SADC Secretariat. In the SADC Technical Committee on CSTL and the FutureLife-Now! Task Team meetings, issues for regional discussion and decisions are raised. At country level through the Ministry-led task teams in each Member State, ownership of and accountability for the programme at the national level continues to strengthen.

School level

In compliance with CSTL framework all schools have established and strengthened democratic and inclusive school support teams and/or school committees responsible for planning and decision-making on teaching and learning, including the planning of the curriculum. Governance structures that exist at schools cited by school heads School administration, School board/ Parents Teachers Association or Committee (PTA), School Development Committees (Zimbabwe). Student governance structures are; Students council, Head boy or head girl sits on school council Prefects, monitors, Junior councilor & Junior Member of Parliament (Zimbabwe). The learners represented include a proportion of vulnerable or historically marginalized learners. Parents support the school through board members, school matron, or in the PTA, parents' assembly meetings and consultation day. At school level, the programme engaged youth facilitators and peer educators who are teachers in Zimbabwe.

Findings: Good progress has been made in the areas of policy and governance

3.2.3 Which interventions have proven to work/ or not to work to achieve outcomes and outputs?

What worked by adolescents (girls & boys)?

A number of interventions were said to have worked well according to the children's consultations with adolescent respondents. These include; i). knowledge on climate change and SRHR (18 respondents); ii). fish ponds/poultry projects (13 respondents); iii). assisting schools with basic needs (food provision) (12 respondents); iv) and journals (11 respondents) among others.

What worked well by key informants

Partnerships

- Regional meetings create clear linkages between SADC education priorities regarding SRHR, climate change, and supporting the role of government in implementing education policies in line with SADC guidance and CSTL Pulse
- Strengthening of partnerships between different government ministries at national and local levels linked to relevant Ministries of Education – including the dedicated Focal Point Persons within the Ministry of Education and Task teams
- School- Health facilities and local partners linkages
- Use of technology and media to reach large numbers of youth, HIV, SRHR and gender Equality messaging through radio and SMS was well done,
- Involvement, participation and commitment from school heads, governing bodies of parents.

Capacity development

- Trainings and workshops to create capacity for learners, caregivers/parents and teachers.

COVID-19 Adaptations

- Schools were supported with PPEs and capacity development of teachers and parents on COVID -19 pandemic.

Climate change

- FutureLife-Now! conducted climate change awareness programmes which “were well done”. Climate change: For example, in Malawi the mitigation measures of climate change have been addressed well through the whole community.

Weaknesses (inhibitors) What could be done better?

Children indicated that the main activities that could be improved in the future include i). help improve diets/food (12 respondents) and ii). more ICT equipment provision (11 respondents) among other interventions.

Programmatic

Programmatic issues mentioned were delays in approvals for funds for activities delay program implementation coordination and communication within MIET Africa at various levels and visibility at national level and more involvement at provincial and district structures

CSE, Health & SRHR

CSE Health messaging needs to be intensified and supported using “a top – down, approach – caregivers to learners and capacitate teachers” (teacher in Ngowe Malawi).

Climate change: Ministry of Climate Change Environment in Zambia recommended that Climate change activities can be context specific

3.2.4 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?

Overall, there is a good understanding of roles and responsibilities by all parties involved.

MIET Regional and Country teams

- MIET Africa uses a multi-tier approach - regional, national, and sub-national levels.
- Regional governance, through a dedicated SADC technical working committee on CSTL.

National level

- There is a multi-disciplinary task team which is comprised of people with different expertise involved in HIV programming

3.2.5: What are the available technical and financial resources adequate to fulfil the programme plans?

MIET Africa Regional Team

SADC regional secretariat provides technical support and the MIET Africa programme has a specific regional management team comprising the Director Regional Programmes Manager, Regional Technical Assistant, MER Specialist: Regional Programmes, Regional

Policy and Development Specialist, and M& E Coordinator. The team is supported by support staff comprising of Regional Programmes Coordinator, Bookkeeper, Finance Manager (50%), HR support (10%) and material and advocacy support (30%).

MIET Country Teams

The Country Manager manages the implementation of the FutureLife-Now! activities from national level to school level including the budget. They also establish and strengthen partnerships at all levels, which then contributes to the programme's objectives.

National level Key players: Ministries of Education, Health, Environment + other relevant government ministries + country level partners

Ministries of Education (MoEs) remain one of the key stakeholders, as they are the 'owners of the programme and key gatekeepers in accessing school communities and in engaging in processes of policy review and revision. Each outreach country has a FutureLife-Now! Focal Point Person in the Ministry who provides oversight and serves as liaison within the ministry more broadly. Inevitably, the attention of Ministries of Education was focused on addressing issues related to school closures, and the support provided by Future Life-Now! in this regard was welcomed. In particular, schools and their communities were supported through the COVID-19 Emergency Response, and through the establishment of e-platforms. Good relations with MoE at the different levels have been maintained through email and virtual meetings.

Ministries of Health (MoHs) are also critical partners to the FutureLife-Now! programme, given the major objective of the programme is strengthening the linkages between education and health so that young people have access to an enabling environment that supports their access to sexual and reproductive health information, services and supports. Collaborative relationships between MoE and MoH are well established in Zambia and Malawi; however, more work is needed in strengthening this partnership in Lesotho and Zimbabwe.

The key roles of the key players are:

- Domestication – of regional frameworks and strategies e.g., Child and Youth Agency Framework workshopped with national education officials
- Policies and strategies– review/revise/strengthen e.g., climate change, boys' vulnerability included in curriculum and co-curricular activities; linkages between health and education sectors strengthened
- Responses to national crises – e.g., innovative strategies implemented for mass reach (radio programming; mobile messaging)
- Coordination of multi-sectoral collaboration between government and non-government partners e.g., through national-level Task Teams

Local level: Key players: Schools + health facilities + local government + local partners

- Implement programmes/projects e.g., school gardens, climate change clubs
- Test innovative solutions e.g., use of technology in schools, used for youth-led dialogues on FLN focus areas
- Strengthen partnership between school and clinic e.g., CSE dialogues for teachers and clinic staff
- Create schools as ecosystems of development - involve schools, parents and community e.g., CSE dialogues for parents

3.2.6 How effective is the programme's monitoring and evaluation (M&E) system and indicators in capturing results and how is it used by programme staff?

There is a dedicated M&E unit at regional level supporting the country teams. The M&E system is robust based on Results Framework with a full indicator matrix, with baseline figures and targets. The indicator matrix includes indicators focused on reach through the various radio programmes and the SMS system, which are programmatic approaches to support the knowledge and health outcomes of young people.

- At national level, a reporting template is sent to the FutureLife-Now! focal point persons with the Ministry of Education on a bi-annual basis. They are supposed to complete this template in collaboration with their National Task Teams (comprised of different MoE departments, other relevant Ministries, and other NGOs/CSOs). This reporting template covers updates on policy developments on CSTL, on HIV and SRHR issues, and on climate change; updates on the MoE/MoH linkages; highlights and stories of change; and plans for coming period.
- Country managers also provide reports build around the programme's regional and national objectives and the expected programming activities.

MIET Africa also participates on the ESA Commitment Technical Working Group (TWG) that is overseeing the evaluation of the ESA Commitment and the potential redrafting of a new commitment to take the objectives and targets to 2030.

Challenges

- Theory of Change and Results Framework is very heavy on health outcomes that are difficult to have control on data-wise (as MIET Africa is dependent on data from facilities, which is not timely which MIET Africa has no control)
- Reported are some difficulties with health facilities and the reporting template with regards to indicators in terms of operational indicator definitions which vary from country by country and there are delays in submission of templates by MoE.
- Liason with health facilities appears to be a major challenge as key focal points support and supervision visits are far and in between probably attribute to country offices not having dedicated vehicle support or related travel logistics.
- Biometric system for taking attendance there are reported challenges with this system which include: learners are losing the cards or they are getting damaged too easily. The system also requires that the youth facilitators use special smart phones with a specific software that needs frequent updates.

3.2.7 Is the information systematically collected, collated, disseminated and utilized?

As part of the broader SADC reporting, MIET Africa sends out the CSTL Member State reporting template and collate the data for the SADC Secretariat.

Findings: Observation and review of reports indicate FutureLife-Now! data information is systematically collected. MIET annual reports are timely produced shared and utilised however key health indicators are not regularly shared by MoH with FutureLife-Now! at country level. Three annual surveys a critical component of the M &E have been carried out among learners: baseline in 2019/20, and then a second in June 2021 covering 2020 activities, and a third in February 2022 covering 2021 activities.

Challenges

- The biometric-based ((fingerprints) information management system was found to be unusable because the use of contact biometrics (fingerprints) was a potential vector for COVID-19 transmission. This was replaced by a contactless identification card based on a QR-code with a unique identifier with a URL embedded—this allows almost any smartphone to make use of this URL for general purpose identity projects for participation tracking.

Conclusion

In conclusion the M & E system, programme monitoring is functional, but very likely can be improved upon.

FutureLife-Now! Phase 1 programme overall effectiveness resulted in strategies by leveraging with key Ministries of Education and Ministries of Health in influencing the inclusion of SRHR for young people in policies, systems and services. Results from the Effectiveness Rating Scale on a scale of 1(Low) -10(High) administered to MIET regional country teams and partners the FutureLife-Now! programme score was very high with an average score of 8/10 in influencing the inclusion of SRHR for young people in policies, systems and services. The FutureLife-Now! project was effective as it enhanced social capital by encouraging adolescents' young people to develop competence to protect themselves.

Section 3

3.3 Efficiency

3.3.1: To what extent was the project implemented as per plans and budget throughout its implementation period?

Assessment of progress on planned versus actual was based on:
Efficiency scale was based on effectiveness rating scale as follows;

High >75%	Medium 50-74%	Low<50%

Activities/Output level: Summary of FutureLife-Now! reach and achievements of planned activities versus actual by year 2019, 2020 and 2021 based on program proposal and Results Framework is shown in Table 13 below.

Table 13: Summary of 2020 & 2021 reach and achievements

Number of learners in outreach schools reached with FutureLife-Now! education and/or health services	**High**
Number of FutureLife-Now! SMSes sent *and* which were received	High
Our Changing Climate / Our Time to Act radio and TV programmes	High
Youth Talk and Family Talk Radio in English and local languages	High
Number of webinars convened by FutureLife-Now! and partners	High

Overall End of Phase 1 Evaluation finds FutureLife-Now! planned against achieved were above 100% all ranked “High” “Outputs led to a high level of outcomes with clear potential for sustainability” (See Annex 10 Summary of 2020 & 2021 reach and achievements)

Conclusion

The FutureLife-Now! Programme made significant progress in achieving programme outputs and outcomes. It faced a number of challenges that has affected progress. The major challenge has been the COVID-19 pandemic. Some activities have had to be pushed forward. This may result in the programme not being able to achieve its outputs and outcomes. Despite the challenges caused by COVID-19 the programme was able to make progress in the achievement of planned activities through innovative approaches.

Budget

FutureLife-Now! Financial Summary and Analysis for 2019-2021

Description	Year 2019	Year 2020	Year 2021
Utilised Funds	52.83%	82.17%	99.98%
Variance from the budget (Underspend)	47.17%	17.83%	0.02%%

The above table shows the use of funds and variance during the years 2019-2021.

Conclusion: Fund utilization varied by year. Efficiency was low in Year 1 at 52.83%, but shows improvement in Year 2 (at 82.17%) and in Year 3 (at 99.98%).

3.3.2 To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?

During the COVID-19 pandemic the FutureLife-Now! program built on the initiatives of the Response Team, which reacted effectively to the COVID -19 pandemic. There was collaboration with UNFPA and UNESCO on CSE based radio programming and collaboration with SAfAIDS on webinars on SHRH issues to enhance COVID-19 awareness radio programme that was highly effective even before COVID-19 FutureLife-Now! programme have also suited and worked hand in hand with other various departments for example with the community leader, Ministry of Health and work with GLOHOMO in all schools as part of the COVID-19 response. The FutureLife-Now! programme installed additional water tanks and introduction of drip irrigation. In Lesotho synergies were done at with other education departments.

3.3.3 What has been the impact of counterpart contributions made by partners on the programme?

SADC Secretariat: the strategic location of FutureLife-Now! as an official SADC programme provides significant leverage when it comes to the leadership and participation by Member State governments, as well as influence over national policies, strategies, budgets and plans.

Ministries of Education and Health, particularly at the local level, continue to be committed partners of the FutureLife-Now! Programme, despite the strain on the health system due to COVID-19.

Non-government partners are important contributors to the outcomes of FutureLife-Now! at the regional, national and local levels. Key regional partners include UNFPA, UNESCO, UNICEF, UNITAR, SAfAIDS, the Human Science Research Council (HSRC) and Save the Children International amongst others (See Annex 7 Stakeholder Mapping for activities)

Findings: EOPE notes high impact contributions by partners based on multi-sectoral collaborations' and need for continued for sustainability. Key ministries of Education and Health had a huge impact by accepting and supporting the FutureLife-Now! programme.

3.3.4 How well resources were (financial and human) used to achieve the obtained results?

Results: Use of radio, SMSes is low cost with wider reach and was cost effective.
The were no negative budget variances

Findings: Assessment made on an Efficiency Rating Scale indicates that **“**Inputs were low and produced high outputs

3.3.5 What were the efficiency challenges?

Results

The main reason for the Year 1 underspend was the delay in implementation, primarily as a result of the programme requiring the formal approval by all 16 SADC Member States. This was necessary for the programme to be accepted as an official SADC programme. Further, the selection of the four pilot Member States required approval by the region's Education Ministers. Since the ministers only meet once a year, these decisions could only be made at their meeting in June 2019. Taking into account the end-of-year school examinations and summer holidays when schools are closed in December, the actual implementation period was reduced to 5-6 months. This delay resulted in large cost activities that had been budgeted for in Year 1 having to be deferred to Year 2.

In Year 2 COVID-19 restrictions resulted in a small budget variance. Year 3 variance was insignificant at 0.02%.

All the countries experience challenges on the issues of country level bank account in timely access to funds.

3.3.6 In what ways could the resources be improved?

- Investment in country vehicles as hiring cars is not cost effective.

Section 4

3.4 Relevance

3.4.1 To what extent did the project address the needs and priorities of young people in school, the governments, implementation partners, and key stakeholders within the target countries and regional contexts? (MS Objective 2 Gender Equality)

The programme was relevant as baseline surveys were conducted in the four countries thus MIET Africa was able to tailor their interventions to address relevant and tangible issues.

Needs -Response index match

Needs response index match was applied to assess the extent the FutureLife-Now! project addresses the needs and priorities of young people in school, within the target countries. EOPE noted that to a large extent the programme addressed the needs and priorities of young people in school. At the same time the programme provided Vulnerability Framework and package of support for vulnerable boys and young men.

3.4.2 What is, if any, the degree of adjustment according to local context, and the needs of young people and key stakeholders? Were the adjustments sufficient?

Adjustments to COVID-related disruptions, the FutureLife-Now! Programme adopted both original and new strategies:

- In 2020, MIET Africa, along with partners UNESCO and UNFPA, modified the original CSE strategy of implementing a pre-service teacher training programme to focus on alternative modes to deliver CSE due to the COVID-19 restrictions that affected the delivery of life-skills education. The three partners collaborated on radio-programming that was developed using CSE content, targeting young people (Youth Talk!) and their families (Family Talk!).

- Promoting policy harmonization and strengthening across SADC Member States for more youth-friendly and inclusive HIV and SRHR policies for young people - through advocacy and policy reviews, regional meetings and workshops
- Facilitating knowledge sharing - through annual regional meetings, a regional online community platform and other virtual platforms
- FutureLife-Now! partnered with UNITAR in their work in Malawi, Zambia and Zimbabwe on strengthening the national learning strategies on climate change. Adjustments to climate change included supporting national-level climate change readiness and disaster risk management - through the development of national climate change learning strategies
- Improving access to and use of youth-friendly SRHR and HIV education, information, services and support among young people - through gender-sensitive and gender-transformative peer-education clubs, radio programming, interactive mobile messaging, service delivery events and health talks with local facilities, promoting gender equality and youth agency and participation

3.4.3 To what extent did the programme empower young people? (MS Objective 3)

Across the 40 pilot schools, climate change clubs have been trained on the Blue Schools Kit. Schools have been active in planting trees, water harvesting and such activities towards improving their school environments; school gardens have been established and learners are involved in activities such as composting; learners have also been actively involved in organizing climate change dialogues and debates. Mobile messages were sent out specifically geared to motivating young people to take positive action for their environment. In the learner focus group discussions, many of the groups identified climate change as an important issue and a key area of interest for the school.

The climate change radio programme and TV episodes, which were developed in collaboration with UNITAR and ran in Malawi, Zambia and Zimbabwe, also contributed to the empowerment of young people to understand more about and address the challenges of climate change. Also in these Member States, FutureLife-Now! contributed to the development of national Climate Change Learning strategies.

Conclusion

FutureLife-Now! is relevant as it is well-aligned with regional SADC CSTL and national educational and health policy framework. FutureLife-Now! contributed to the development of the Child and Youth Agency Framework to complement the SADC Policy Framework. FutureLife-Now! also contributed to SADC Regional Objective 1: To bolster education sector's response to HIV and SRHR needs of young people by building on CSTL Framework.

Adolescents and youths are now able to make informed decisions and they now have agency. The FutureLife-Now! programme has been successful in empowering young people to take action to improve their environments and address the challenges of climate change.

Section 5

3.5 Sustainability

3.5.1 To what extent are regional, national and local ownership and commitment to the programme in place? What issues should the project address to prepare for possible exit specifically from Malawi and Lesotho?

Findings:

- Most schools have FutureLife-Now! focal point person and the recommended CSTL governance and management structures
- Students alone practically are demonstrating hands on activities in the school garden, some schools have now had the ability to generate school income through school garden. Schools are now able to recycle waste which has the potential to generate future income for the school. Schools' capacity of taking care of and maintaining broken equipment has been developed.
- School teachers, peer educators (for Zimbabwe) and health as nurses are available and on the government payroll
- Most of the health facilities now have youth friendly corners.

Recommendations Issues to be addressed

- To capacitate schools to have peer educators who are teachers so that there is continued support to adolescents.
- Develop community systems based on volunteer peer educators
- Build local NGOs capacity to work with schools.
- Develop exit strategies for Lesotho and Malawi

3.5.2 To what degree have the capacities of national and local institutions been built?

Capacity building

FutureLife-Now! Focal point persons within the Ministry of Education provide guidance and report to the principal secretary and the Hon Minister. All countries reported a high level of commitment by the task team under the leadership of MIET Africa. At school, community, task team members have been provided capacity on COVID-19 and CSTL.' Key informants reported that to a large extent local ownership of and commitment to the programme at school was that FutureLife-Now! The programme holder let the schools be the pillars of the programme as said a key informant "To a level that we are able to collaborate with the community and at national level".

3.5.3 What need, if any were identified for further capacity building and support to promote the likelihood of sustainability

Further capacity building identified were in the areas of teachers training in CSE, capacity building workshops for both nurses and school teachers on referral process, in view of program expansion Phase 2 recruitment and training of more Youth Facilitators to strengthen linkages between schools, health facilities and community.

3.5.4 Where should Future Life-Now! focus its interventions in order to achieve sustainable impacts for young people's SRHR?

On where Future Life-Now! should focus its interventions in order to achieve sustainable impacts for young people's SRHR, respondents pointed out the schools, clinics/hospitals, communities and support groups, to achieve sustainable impacts for young people's SRHR.

FutureLife-Now! focus from the perspective of adolescent girls and boys

Adolescents in the children's consultations feel that in order to achieve sustainable impacts for adolescents and young people, FutureLife-Now! should focus its interventions on: i). talk more about SRHR to young people 19%; ii). help orphans/free education 13.8% (iii). basic needs 10% and entertainment/youth facilities respectively; iv). tracking early marriages in the community 8.6%. (See Annex 13 Children consultation for country analysis)

FutureLife-Now! focus from the perspective of PTA, caregivers and teachers

PTA members, teachers and caregivers suggested FutureLife-Now! should focus on, in the next years; i. self-sustaining income generation projects (fish farming, gardening, poultry, broiler projects) (23 respondents); ii. climate change (22 respondents); iii. awareness on HIV & AIDS in schools' community (target HIV free 2030) (20 respondents); more infrastructure/ classrooms (19 respondents); clean water/borehole (13 respondents); support in agriculture inputs & financial empowerment (11 respondents); gender equality (9 respondents). (Refer to See Annex 13 Children consultation for country analysis)

FutureLife-Now! focus from the perspective of Key informants

In terms of SRHR interventions, key informant respondents indicated that FutureLife-Now! should focus on the following interventions:

- Build agency for young people to take steps into accessing reproductive health information and services at the health center
- Capacity building for parents and communities as they become barriers for young people to go to the clinics
- School health support
- Male circumcision campaign should be addressed in the community
- Concentrative awareness campaign should also be followed in order to minimize early/teenage pregnancies
- Awarding/incentives young people who comply with SRHR
- More activities and talk on SRHR e.g., AIDS "toto" clubs should be subbranch of every club
- The programme should get TV time and allow creative learners and teachers to write dramas to be shown at the appropriate time in the evening and explore new ways of spreading messages on SRHR

(See Annex 14 Focus Group Discussions summary results)

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3.5.5 Extent to which FutureLife-Now! achieved results are likely to continue after the end of the activity

Government partnerships
Partnerships with MoE and MoH will ensure that the results will continue, and the gains will very likely be sustained due to government will commitment and partnership and influence of Child and Youth Agency Framework.

Referral system between schools and local health clinics
The development and use of the referral systems have strengthened relationships between schools and health facilities. The referral system is working well in terms of data capturing of learners from FutureLife-Now! schools who seek services from clinics. The school and the health facilities are now working more closely as they know which learners need services though without putting need on disclosure of the issues adolescents seek help on which is likely to continue.

Learners' knowledge changed attitudes and practices
Learners' knowledge, attitudes, as well as self-reported practice, have significantly increased, participated expressed the view that they would continue to use skills gained, so it seems likely that these new capacities will stay intact. Teachers also observed the positive behaviour changes which are most likely to have a multiplier effect through peer influence and education.

School based systems infrastructure and activities
Respondents indicated that as long as the CSTL schools exist, achieved results are likely to continue. In Malawi, for example, as in other countries, the respondents pointed out that the results are very likely to continue as there was active involvement of different structures at national level, district level, school level and community level. At local level school linkages with the health clinics and partnerships and relationships at school & community level are likely to continue.

Sustainability from the perspective of key informants
The evaluation team observed that at all schools FutureLife-Now! support in school infrastructure; solar panels, "JoJo" water tanks for water harvesting, water systems classroom blocks which from key informant was FutureLife-Now! biggest achievement and these results are likely to continue to benefits the continue. Furthermore climate-change clubs, dialogues leading to behaviour change and practices such as tree planting, school gardens.

3.5.6: Extent to which regional, national and local ownership and commitment to the programme are in place. Issues that the project should address to prepare for possible exit specifically from Malawi and Lesotho

Systematic changes at regional and national level
At both regional and national level, the influence and effectiveness of the CSTL and in particular the adoption of Child and Youth Agency framework,

Develop exit strategies for Lesotho and Malawi
MIET to subcontract local organisations and building their capacity for similar work as an exit plan for Phase 2.
Create linkages with local NGOs in Lesotho and Malawi

Section 6

3.6 Lessons learnt

3.6.1 What good and promising practices can be learnt from the programme that can be applied to similar interventions in the future and for Phase 2 of Future Life-Now!?

Good and promising practices-Adolescent boys & girls
Children identified the following best practices during the implementation of the FutureLife-Now! project; i). projects like chicken farming & tree seedlings production (30 respondents); ii). journaling (17 respondents); iii). life talks activities; (11 respondents) and iv). projects like solar backup & solar pumps (10 respondents). Other best practices mentioned were educative tours and trips and talent clubs.

``FutureLife-Now! End of Phase Programme Evaluation: 2022 ”
(See Attached Annex 13 Children Consultations Report for analysis by country)

Good and promising practices-Key informants
Key informants noted that multi-sectoral collaboration enhanced the overall efficiency and effectiveness of program across the efforts by all actors in the 4 countries with MIET Africa regional support and government partnerships and coordination, CSTL capacity building to turn schools into hubs of education for child and youth agency through trainings and workshops, Referral system strengthens linkages between schools and health facilities, Use of ICT technology for alternative teaching and learning SMSes for effective communication. (Refer to Annex 14 for analysis by country)

3.6.2 What lessons were learnt and applied during the first phase of the programme?

Key to FutureLife-Now! is improved multi-sectoral coordination with other relevant government Ministries through the FutureLife-Now! Task Teams as ownership of the programme by the Ministry of Education is vital in implementation.

FutureLife-Now! programme was heavily tilted in favour of demand-side integration of education and health, however the integration of schools and health SRH at local level is still area that requires strengthening at national provincial and district levels. The development of the referral system between schools and health facilities is an entry point and needs further strengthening through digitalization to avert paper work and shortages of stationery. Lessons learnt is that the school can be a hub of change for children and community members. Furthermore, that support in water and sanitation at schools is critical for schools to have sanitation hub.

FutureLife-Now! programme is well-designed for the needs and to address the needs of in-school adolescents. Of note is the programme's focus on inclusiveness and child rights and young people empowerment perspective, where adolescents and young people are given opportunity to participate in issues and programmes that involve them. Adolescent girls and boys were active in "One School One Garden" campaign is transforming schools' environments and providing school nutrition.

Capacity building: It is evident that there is need for capacity building for teachers in CSE and Life skills dissemination. Caregivers and parents are important stakeholders who also need capacity building

COVID-19 adaptations: During the COVID-19 pandemic there was a change of approach and program adapted to adjust and fit into the requirements of COVID-19 at targeted schools to meet the needs of learners during the pandemic. The programme adopted ICT and mobile messaging and use of technology for alternative communication, teaching and learning. In mitigating COVID-19 compliance requirements have been incorporated into project activities and adhered to by providing Personal Protective Equipment (PPE) to all schools. Schools have facilitated on the five Golden Rules from my life my future journal provided by MIET Africa through FutureLife-Now! program.

Climate change: School-based climate change activities using different approaches for personal reflections on key CSE topics provided at school. FutureLife-Now! partnered with UNITAR in their work in Malawi, Zambia and Zimbabwe on strengthening the national learning strategies on climate change.

3.6.3 How effective was the programme's structure for knowledge management and sharing?

Programme structure for knowledge management and sharing
In terms of the effectiveness of the programme structure for knowledge management and sharing, respondents indicated that the structure was effective. Some respondents felt there is a need to strengthen collaboration by developing Terms of Reference for stakeholders involved in dissemination of climate change and environment related news as well as climate change awareness. Some respondents suggested that in order to improve efficiency and effectiveness, the Country Manager should be based in-country. This was the case for Lesotho, and Malawi as they have an added advantage to have the Country Manager in the country for support on technical issues, decision making and representation at high level.

Section 7

3.7 Conclusion and Recommendations

Conclusion

FutureLife-Now! Theory of Change

The FutureLife-Now! goal is not explicit “on reduction of HIV infections”. Evaluation team notes that that it might be too early to assess the extent to which the Theory of Change was actualised as the Theory of Change in the proposal in 2018 was adapted over time.

There was consensus among all respondents that the intervention brought positive changes. Responses from key informants’ virtual interviews, children’s consultation and focus group discussions revealed that the project, positive changes as intended and unintended changes did occur as a result of the FutureLife-Now! programme with regard to the expectations set out in the credit proposal and log frame.

FutureLife-Now! created new capabilities in development of the referral system which has strengthened linkages and relationships between schools and health facilities.

Participation of adolescents and young people proved to be effective in ensuring wider reach and breaking the communication barriers at school and in the community. In addition, highly effective in raising awareness and increasing knowledge on SRH, HIV, AIDs, Climate change and other cross-cutting issues such as Gender, Governance

The FutureLife-Now! programme is well managed and coordinated at regional and country levels and with other UN and development partners. During Phase 1 MIET Africa developed effective communication strategies with learners through SMEs and radio engagement and SRHR -focused innovations

The FutureLife-Now! Phase 1 was effective in achieving its outcomes. The evaluation findings show that the programme was highly effective in influencing adolescents and young people inclusion in policy, systems and service levels. Overall, the FutureLife-Now! Phase 1 programme was very relevant in addressing the needs and priorities of SRHR of adolescents and young people complementing national efforts to curb the negative effects.

The FutureLife-Now! programme made efforts to ensure sustainability of the levels. Overall outcomes have generally been realized and FutureLife-Life-Now! Phase 1 interventions made a crucial contribution of all the programme targets

Recommendations

The End of Phase 1 Evaluation suggests the following recommendations based on the findings of the evaluation/review.

Theory of Change Impact /Results statement

The evaluation team recommends that either the goal be made explicit and focuses on reduction in HIV positive rates or re-phrase it to “sustained reduction in new HIV infections”.

Policy framework

- Enhance contribution to the CSTL Policy framework, by building upon the systems’ strengthening and policy development that has taken place through CSTL, FutureLife-Now!
- Follow-up on Child and Youth Agency Framework – working towards a revised and strengthened curriculum for climate change, improved 21st century teaching methodologies and increased youth decision-making and action.
- FutureLife-Now! to consider additional investments in building the agency and participation of young people in decision making at school level
- Continue to be part technical group of the ESA Ministerial Commitment on Education and Health for the Wellbeing of Adolescents and Young People (The ESA Commitment) and Regional Accountability Framework for the ESA Commitment, a monitoring and evaluation mechanism providing both financial and technical support.

- MIET Africa, jointly with other partners such as UNESCO, should continue to promote a combination of activities that includes strengthened HIV education policies, enhanced Comprehensive Sexuality Education, access to youth-friendly HIV/SRHR services facilitated through schools, peer-support groups on health and other life challenges, and targeted programming for boys which will contribute to the programme's overall objective of reducing new HIV infections and increasing adherence to ART amongst children and youth in the SADC region

- In Lesotho there is a recommendation to support implementation of the currently developed on Management of Learners Pregnancy Policy and work jointly with the UN Family and other Development Partners in Lesotho in order to avoid duplication of activities and also adhere to the coverage of the country.

Partnerships/collaboration

- Continued collaboration going forward and involving other sectors especially MoH in planning implementation and monitoring.
- Capacity strengthening of the duty bearers on the tool developed during the project life i.e., the CYFA

Sustainability

- Develop exit strategies for Lesotho and Malawi and create linkages with local NGOs in Lesotho and Malawi
- An exit/ transition strategy needs to be communicated in good time with programme beneficiaries and other stakeholders to ensure that there is no confusion as to whether programme is still under the support of MIET Africa or not. YF reported lack of clarity regarding this.
- MIET Africa should subcontract local organisations and building their capacity for similar work as an exit plan

Synchronization of program activities

- FutureLife-Now! is a good program that has facilitated a lot of change towards positivity, however it may be very effective if the timeframe of the activities matches with the official national school calendar.

Program coverage/impact

- There is need to Increase the number of schools around the same catchment area of the clinics so as to realize impact going forward especially with linkages with facilities

Scaling-up

- Scale up to more schools and more provinces for more coverage and impact in the Member countries and also consider inclusion of colleges and universities
- Scaling-up would not imply doing more of the same, but rather identifying the weaknesses in how they had been implemented and addressing them.
- Strengthen work with adolescent boys.
- Consider increasing the scope to East Africa.
- Mobilise other civil society organisations around the ESA Commitment and possibly convene the CSO platform

Program administration

- There is need for a support vehicle for each country office for monitoring and supervision as MIET country rely on hiring cars.
- There is also need to re-visit allowances for Youth facilitators as the current allowance is very basic and also the incentives for Peer Educators in Zimbabwe.

Program staff

- Country Managers need to be based in country for decision-making, team building, involvement & participation in Task Force and other forum for effectiveness of program
- Recruitment of more staff to support implementation e.g., M & E for specialist areas. Consider secondment on part basis experts from government on Climate Change, Gender, Agriculture as appropriate.
- The programme should recruit and train more facilitators and standardise numbers in countries.
- To capacitate schools to have peer educators who are teachers so that there is continued support to adolescents.

- Develop community systems based on volunteer peer educators

Devolving functions

- Devolve some functions to country teams so that they are empowered to make decisions at country level.
- Consider decentralizing Zimbabwe and where appropriate in two 2 regions cost of travel and support

Child rights and responsibilities

- Strengthen child rights competences amongst learners to ensure they exercise their civic rights and responsibilities

Monitoring & Evaluation (M &E)

- Strengthen linkages with local health facilities as national level might not reflect actual scenario on the ground given the number of FutureLife-Now! sites sharing data with local facilities as observed are in close proximity to FNL schools.
- In view of expanding in Phase 2 to more schools, the M&E approach should consider integrating more outcome harvesting approaches to document changes/little signals of change during the implantation stages of Phase 2 implementation to help build stories of impact.
- M & E recommended schools are linked with local health clinics for routine key indicators
- For the coming phase, there is need to identify a more effective and efficient monitoring and reporting system for implementation in the field.
- FutureLife-Now to continue working on ways to improve biometric if at all FutureLife-Now! will continue using the system in future.
- The level of engagement at national level at Task Force level needs to be strengthened between FutureLife-Now! MoE, & MoH

Health services (SRHR, HIV/AIDS etc.)

- Importance of deepening school-health facility linkages
- Additional activities should be included for demand creation for adolescent friendly SRHR services
- More capacity building workshops for both clinic nurses and school teachers on referral process and tracking of learners.
- Focus should also be put on linking all nearest schools to a clinic than focusing only on FutureLife-Now! schools to allow take
-
- up of the process.
- Streaming data collection and sharing of data between health facilities and schools.
- Devise more innovative, youth friendly income generating projects, which are appealing to the youth and not necessarily heavily contested by the general adult community and churches to increase the uptake of services.

Disability Inclusion

- The program needs to consider addressing needs of adolescents and young people living with disabilities in the provision of learning materials and facilities, Income generating activities and health services.

School related activities

- Focus areas: youth agency; MHM and WASH; CSE, early and unintended pregnancy; capacity building of school parent bodies; climate action; gender, including boys' vulnerability
- Support school learning visits by the learners for knowledge sharing and cross pollination of ideas
- Radio programs to cover schools that have not been covered. For example, at Moomba (Zambia) they have only taken place once. The programs should also be in vernacular and be online

END

4.References

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5.Annexes

Annex 1: List of participants

- Swiss Agency for Development and Cooperation
- MiET Regional Office
- MIET Lesotho
- MIET Malawi
- MIET Zambia
- MIET Zimbabwe
- HSRC
- UNESCO
- UNFPA
- UNITAR
- SafAIDS
- Save the Children International
- Ministry of Education & Training Lesotho
- Ministry of Education -Malawi
- Ministry of Education-Zambia
- Ministry of Primary and Secondary Education Zimbabwe
- Ministry of Health-Lesotho
- Ministry of Health-Malawi
- Ministry of Health-Zambia
- Chilanga District Health Office
- Ministry of Health & Child Care Zimbabwe
- Climate Change Lesotho
- Environmental Affairs Department Malawi
- Department of Climate Change& Green Economy
- Ministry of Green Economy & Environment Zambia
- Ministry of Environment, Climate, Tourism and Hospitality Industry Zimbabwe
- Ministry of Gender, Children, Disability and Social Welfare
- Ministry of Gender, Children, Disability and Social Welfare
- Child Protection & Gender Specialist
- National HIV/AIDS/STI/TB Council Public Private Sector Coordinator
- Youth Action for Success and Development Malawi
- Zimbabwe Climate Change Coalition
- Ngowe CDSS, BOX 143, Lilongwe Malawi Central Africa
- Madisi Secondary SchoolPrivate Bag 3
- Madisi +265999570521
- Natola Secondary Dowa
- Bwaila Seconadry School Lilongwe
- Umbwi Secondary school

Annex 2: Evaluation Matrix

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Results	What is the impact (positive/negative intended and unintended changes) of the programme with regard to the expectations set out in the credit proposal and log frame?	Document Review (existing reports, DHS, MICS, and UN estimates) Analysis of change in the project impact and outcome level indicators (Trends analysis/Annual Rate of Change) at school level; Attendance, drop-out rates, reasons To identify “Who changed what, why, when and where? (learners/schools) and key stakeholders perceived to be the potential lasting changes? Analyse challenges of not having reached targets and hypothesise reasons. Database and Survey Analysis Descriptive and inferential statistics from the survey. Use the above synthesis and hypotheses in interviews and FGDs to test assumptions	Routine program data DHS/MICS/UN estimates Log frame In-Depth Interviews Outcome Harvesting Questionnaire FGDs School Quality Assessment questionnaire
	To what extent has the programme contributed to the perceived changes and what beneficiaries (learners/schools) and key stakeholders perceive to be the potential lasting changes?	Contribution analysis to verify the theory of change behind a programme and make inferences on causality at school level	
	What other impacts (i.e., positive and negative, intended and unintended) on young people in schools can be identified in the programme?	Collate stakeholder perspectives from In-depth interviews and FGDs	KII Outcome Harvesting Questionnaire

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Effectiveness	How effective has the programme been in influencing the inclusion of SRHR for young people in policies, systems and services?	Project document review and analysis on achievement of planned versus actual results on how the programme has been influencing the inclusion of SRHR for adolescents and young people in policies, systems and services? Survey data analysis.	Progress reports Results Framework Log Frame Work plans
	How appropriate is the management and governance arrangement of the programme	Survey data analysis and collate stakeholders’ perspectives from KII Outcome Harvesting and FGDs.	KII Outcome Harvesting FGDs
	Which interventions have proven to work/ or not to work to achieve outcomes and outputs?	Multiple regression analysis	KII Outcome Harvesting FGDs
	Is there a clear understanding of roles and responsibilities by all	Existing data/documentation analysis	Proposal Progress reports

	parties involved, and are the available technical and financial resources adequate to fulfil the programme plans?	Role clarity form key stakeholders and feedback on technical	KII Outcome Harvesting
	How effective is the programme's monitoring and evaluation (M&E) system and indicators in capturing results and how is it used by programme staff?	Existing data/documentation analysis Assess M&E system and judge against other observations from interviews and FGDs	MER system and reports
	Is the information systematically collected, collated, disseminated and utilised?	Existing data/documentation analysis Assess data quality and reliability through following the chain of data collection reporting in-field visits and assessing verification reports.	

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Efficiency	To what extent was the project implemented as per plans and budget throughout its implementation period?	**Document Review and Data Analysis** Analyse expenditure and achievement against targets for each year	Project reports
	To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners?	Collate stakeholder perspectives from In-depth interviews and Outcome Harvesting	KII Outcome Harvesting
	What has been the impact of counterpart contributions made by partners on the programme?	Document review and analysis of financial data in order to judge the trajectory of counterpart funding against components with commitments, track record. Feedback from counterpart	Project reports Outcome Harvesting
	How well resources were (financial and human) used to achieve the obtained results?	Value for Money Analysis based on VfM matrix	KII Document review
	What were the efficiency challenges?	Key Informant Interview analysis	KII
	In what ways could the use of resources be improved?	Cost Benefit Analysis Cost Effectiveness Analysis will be applied on the basis of valuation of two or more alternatives.	Document review KII FGDs

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Relevance	To what extent did the project address the needs and priorities	Document Review & Analysis	KII

	of young people in school, the governments, implementation partners, and key stakeholders within the target countries and regional contexts?	Needs and response index match to evaluate the relevance of the programme approaches and intervention solutions evolvement to achieve the programme objectives and priorities of adolescents and young people in schools, governments, implementation partners, key stakeholders in region within the target countries at national, district community and school contexts. Thematic framework analysis of perspectives of relevant stakeholders including young people Catalogue perspectives by categories of involvement (Ministry of Education Staff at national level, school heads, teachers, school children, parents, and other relevant stakeholders)	Outcome Harvesting Project proposal Reports FGDs School Quality Assessment
	What is, if any, the degree of adjustment according to local context, and the needs of young people and key stakeholders? Were the adjustments sufficient?		
	To what extent did the programme empower young people?		

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Sustainability	To what extent are regional, national and local ownership and commitment to the programme in place? What issues should the project address to prepare for possible exit specifically from Malawi and Lesotho?	Collate stakeholders' perspectives from in depth interviews	KII Outcome Harvesting Children's consultations FGDs Project reports
	To what degree have the capacities of national and local institutions been built?	Collate stakeholders' perspectives from in depth interviews Strengths, Weaknesses, Opportunities & Constraints (**SWOC) analysis,** KIIs and FGDs will be conducted to determine capacity building at national and local institutions to include sustainability systematic analysis of the Future Life-Now regional, national and local ownership and commitment to the programme in place	School Quality Assessment
	What needs, if any, were identified for further capacity building and support to promote the likelihood of sustainability?		
	Where should Future Life-Now! Focus its interventions in order to achieve sustainable impacts for young people's SRHR?	Multiple regression analysis and identify factors with the greatest contribution. Scenario forecasting	

Criteria	Evaluation Questions	Method(s) of analysis	Data sources
Lessons learned	What good and promising practices can be learnt from the programme that can be applied to similar	Review existing program reports with regards to lesson learning Catalogue perspectives from stakeholders	Exiting programme reports

	interventions in the future and for Phase 2 of Future Life-Now!?		KII Outcome Harvesting FGDs School Quality Assessment
	What lessons were learnt and applied during the first phase of the programme?	Review existing program reports with regards to lesson learning Catalogue perspectives from stakeholders regarding lessons learnt from interviews (Ministry of Education Staff at national level school heads, teachers, school children, parents, other relevant stakeholders	
	How effective was the programme's structure for knowledge management and sharing?		

Annex 3: Results Framework OUTCOMES

#	Label	Indicator
1	G1	Number and percent of new HIV infections amongst adolescents and young adults
2	G2	Percentage of adolescents and young people on anti-retroviral treatment 12 months after initiation
3	G3	Number of tested models for delivery of school-based, youth-friendly HIV, SRHR and ART adherence support and services described, with recommendations for region-wide adoption
4	R1.1	Number of Member States with comprehensive and multi-sectoral HIV/SRHR policies that guide the access to /delivery of HIV&AIDS and SRHR rights and services, including those through schools, aligned with SADC Policy Framework on CSTL
5	R1.2	Number of Member States achieving a minimum of 18 out of 24 points on CSTL Mainstreaming Index
6	R1.3	Number of vulnerable learners reached through care and support services in schools
7	R2.1	Number and percent of young people in SADC region who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
8	R2.2	Number of SADC Member States implementing revised and strengthened Life Skills/Life Orientation curriculum that incorporates CSE
9	M1.1	Number and percent of young people living with HIV (ALHIV) from outreach schools who are initiated on ART
10	M1.2	Number of adolescents and young people in outreach schools who test positive for HIV
11	M1.3	Number and percent of adolescents and young people in outreach schools who have been tested in the last 12 months and know their current status
12	M1.4	Incidence rate of sexually transmitted infections (STIs) among young people (ages 15-24) in outreach area
13	M1.5	Number of early and unintended pregnancy
14	M1.6	Number and % of young people in outreach schools who report using a condom during last sexual intercourse
15	M1.7	Number and percent of young people from outreach schools accessing health services
16	M1.8	Number of young people in outreach schools participating inFutureLife-Now!!programme activities
17	M1.9	Number of young people in outreach schools benefitting fromFutureLife-Now!!
18	M1.10	FutureLife-Now!! Reach, direct and indirect
19	M2.1	Number and % of boys and young men from outreach schools who accessed SRHR services (e.g., HTS, STI testing, VMMC condoms)
20	M2.2	Number and percent of male learners who drop out of school per year in outreach schools
21	M2.3	Change in attitudes regarding gender relations and gender norms amongst boys and young men / girls and young women in outreach schools
22	M2.4	Number of boys and young men in outreach schools participating in targeted boys' programme activities
22	M2.5	Number of Member States with government strategy documenting a gender-sensitive and gender-positive approach to support the access to SRHR and HIV&AIDS services for all genders
23	M3.1	Change in knowledge on climate change among young people in outreach schools
24	M3.2	Number of young people in outreach schools engaging in a minimum of one climate change activity to improve the school environment and address climate change challenges

OUTPUTS

25	R1. O1	Number of Member States with institutional agreements with critical sister ministries (e.g., health, social welfare, women and gender; agriculture) to ensure implementation of strengthened policy frameworks
26	R1. O2	Number of Member States with national models on CSTL that include an integrated approach to HIV, SRHR, ART adherence, climate change & disaster risk management
27	R2. O3	Number of young people reached through radio-based CSE programming
28	R2. O4	Number of Life Skills teachers in outreach region trained in strengthened CSE
29	R2. O5	Number of schools providing life skills-based HIV and sexuality education in previous academic year (ESA Commitment indicator 1.7)

30	R2. O6	Number of SADC Member States with enhanced CSE integrated into pre-service teacher training programmes
31	R2. O7	% Of graduates from teacher training institutions who completed a CSE course
32	M1. O1	Number of models for delivery of youth-friendly HIV and SRHR support and services through schools
33	M2. O2	Number of models developed for supporting boys and young men
34	M1. O3	Number of schools in outreach area that have an enabling environment in place to facilitate the delivery of HIV, SRHR and ART adherence support and services through theFutureLife-Now!!programme
35	M1. O4	Number of learners returning to school after pregnancy
36	M1. O5	Number of persons trained to support the delivery of youth-friendly HIV, SRHR and ART adherence support and services
37	M1. O6	Number of schools providing orientation process for parents on CSE
38	M1. O7	Number of schools with strong partnerships with affiliated health facilities
39	M.O8	Number of persons trained on Child and Youth Participation Framework
40	M.O9	Number of schools operationalizing CYPF
41	M.O10	Number of schools with decision-making bodies that include learners and educators
42	M3. O11	Number of young people in outreach schools participating in youth climate change dialogues
43	M3. O12	Number of outreach schools that meet criteria for advanced level for Blue Schools
44	M3. O13	Number of Blue Schools/Climate change clubs activated
45	M3. O14	Number of youth climate change dialogues organized
46	M.O15	Number of targetedFutureLife-Now!!SMS messages sent out to outreach area

Annex 4: Theory of Change (ToC) - Pathway of change forFutureLife-Now!

The pathway of change for *FutureLife – Now!* is both described and represented in Annex # attached

If CSTL is utilized as a strong regional framework for bolstering education sector policy responses to HIV&AIDS in the SADC Region

AND

If competencies on SRHR, HIV and ART adherence are increased amongst adolescent learners in the region through strengthened CSE

AND

If access to school-based, youth-friendly HIV, SRHR and ART adherence support and services for young people is increased

AND

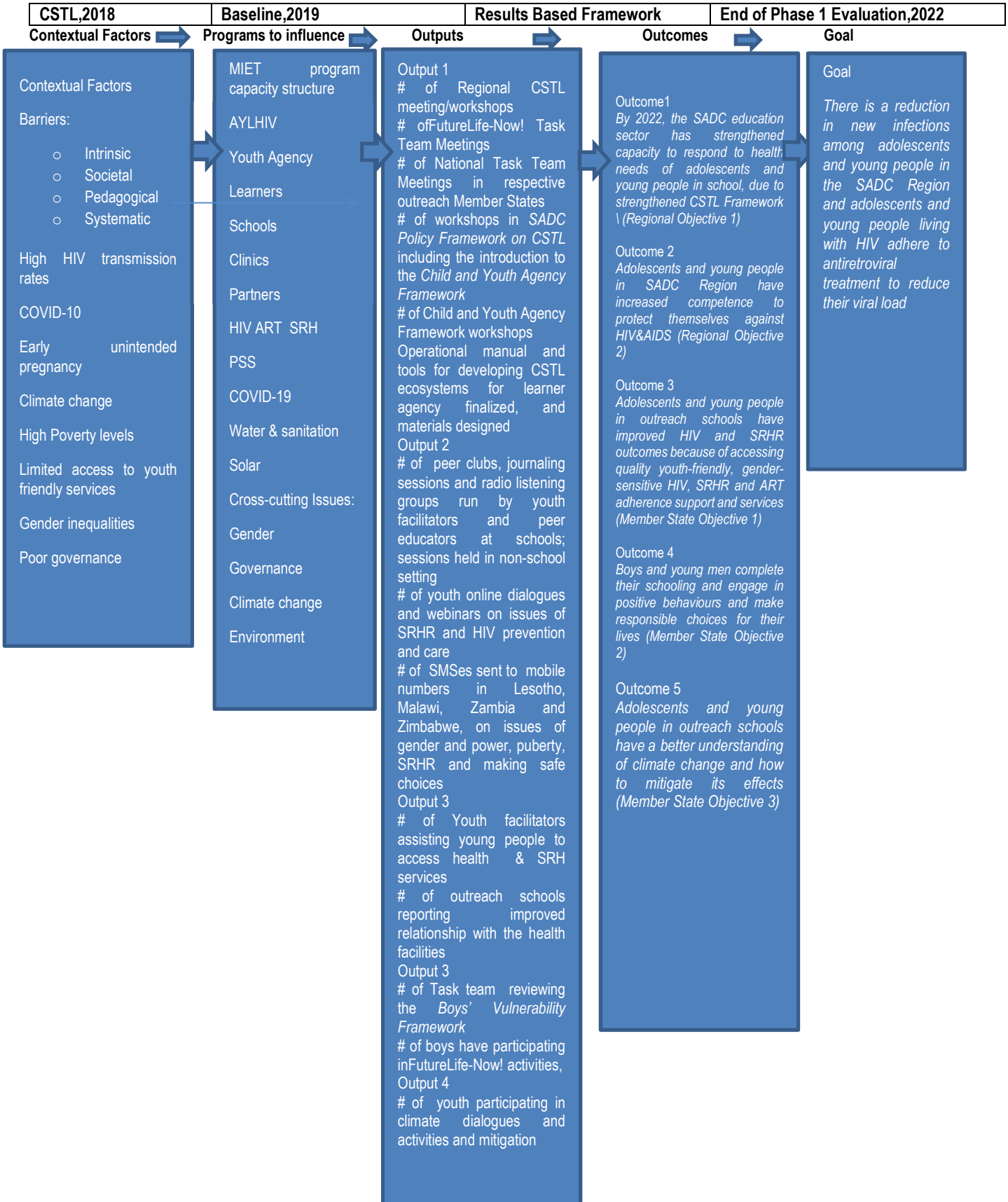
If gender equality in the SADC Region is advanced by addressing the specific needs of vulnerable boys and young men

THEN

We will see a reduction in new HIV infections and an increase in ART adherence amongst youth in the SADC Region

	Contribution Analysis Methodology	Process Tracing Methodology
Set up a hypothesis on what happened	Set up attribution to be addressed Develop hypothesis (change of theory) to the attribution problem	1.Undertake a process of (re)constructing the change to clearly define the intervention(s) being evaluated
Gather evidence to support or disprove each of the hypothesis	Gather the existing evidence to the hypothesis (Theory of change)	2.Work with the relevant stakeholders to identify intermediate and or final outcomes considered by stakeholders to be significant
		3.Systematically assess and document what was done under the intervention to achieve the selected outcomes
		4.Identify and evidence to which the selected outcomes have actually materialized as well as relevant united outcomes

	Assemble and assess the contribution story and challenges to it	5.Undertake plausible “process induction” to identify plausible causal explanations for the evidenced outcomes
		6. Gather required data and use 'process verification' to assess the extent to which each of the explanations identified in Step 5 are supported or not supported by the available evidence outcomes
Write up findings	Revise draft report	Write final narrative report



TOC

This can be measured/monitored using the annual HIV estimates reports and will be reported as estimates and interpreted in that context. Increased ART adherence can be relegated to an outcome level result. Generally, the pathways of change which would contribute to the reduction in new HIV infections need to be clearly mapped. To add clarity to the TOC, the consultants also recommend including the drivers of change as part of the TOC. Examples of the drivers of change include:

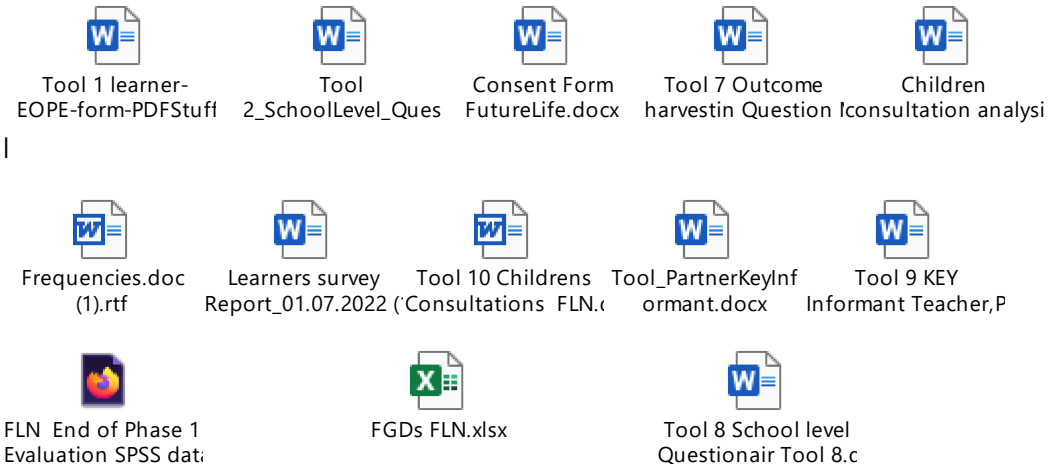
- Programming partners use the best available knowledge and evidence to mobilize attitudes and practices that shift social acceptance of SRHR, enable women, girls, and adolescents to safely access SRH services, and ensure that SRHR is actively and effectively sanctioned at all levels of accountability.
- Critical mass of influencers (including community and religious leaders, teachers, parents and youth) promotes and model positive gender attitudes and behaviors
- Health facilities have the technical expertise and capacity to deliver quality, comprehensive SRH and HIV services
- Girls, adolescents and young people know their rights and are empowered and supported to access quality SRH and HIV services
- Health service providers are sensitive to the social dimensions of SRHR, and deliver SRH information and care with skill and sensitivity

Looking at specific results statements, the consultants suggest the following recommendations:

Original Result Statement	Suggested new Result Statement	Comment
Reduction in new HIV infections and an increase in ART adherence amongst youth in the SADC Region	Sustained reduction in new HIV infections amongst youth in the SADC Region	
	Increased ART adherence amongst youth living with HIV in the SADC Region	
Competencies on SRHR, HIV and ART adherence increased amongst adolescent learners in the region through strengthened CSE	Increased knowledge on SRHR, HIV and ART adherence amongst adolescent learners in the region through strengthened CSE	“Competencies” would be ideal for the service providers. For the learners it would be more appropriate to use knowledge with the assumption that with increased knowledge on SRHR, HIV and ART adherence would result in increased use of the SRHR and HIV services.
Gender equality in the SADC Region is advanced by addressing the specific needs of vulnerable boys and young men	Gender equality in the SADC Region is advanced by addressing the specific needs of vulnerable adolescents and young people	The result should also consider girls and young women. This can be mapped on the TOC as a cross cutting issue.
Vulnerable boys and young men in the outreach region complete their schooling, engage in positive behaviours and make responsible life choices	Vulnerable adolescents and young people in the outreach region complete their schooling, engage in positive behaviours and make responsible life choices	Achieving this result would not directly lead to “*Gender equality in the SADC Region is advanced by addressing the specific needs of vulnerable boys and young men*”. Ideally, this should be achieved first in order for this result, *“Vulnerable boys and young men in the outreach region complete their schooling, engage in positive behaviours and make responsible life choices*” to be achieved.

``FutureLife-Now! End of Phase Programme Evaluation: 2022 ''

Annex 5 EOPE tools



Annex 5: Data collection tools, Purpose, type of data and target respondent

#	Tool	Purpose	Type of data	Target
1	Key Informant Interview Schedule (Outcome Harvesting Questionnaire)	In-depth interview with key informants from MIET, government ministries, CSO stakeholders to Outcomes description of What changed, Who, Where, When and Why. Lessons learnt, Sustainability, support key observed changes at project, SWOC Analysis, facilitating, inhibiting, influencing factors, roles and recommendations.	Qualitative Quantitative	SADC SDC, MIET, UNESCO, UNFPA, SAfAIDS,) Govt. Ministries, Teachers, peer, facilitators MIET focal points Key partners'& Stakeholders
2	School Quality Assessment	Child rights & responsibilities, gender equality, the identification of vulnerable learners, coordinate the support services that they need, enrolment, dropout rate, reasons for dropout trend analysis on line	Qualitative Quantitative	School heads FUTURELIFE-NOW!! Task team for data triangulation
3	Adolescent & young people's questionnaire	Knowledge, Attitude, Practice & Behaviour (KAPB) survey; on FutureLife-Now!!project, child rights, participation, gender, climate change	Quantitative	Adolescents and young people (15-24)
4	Focus Group Discussion Guide	To solicit beneficiary views on FutureLife-Now!!project impact, relevance, effectiveness, and future focus. SWOC analysis to test assumptions of impact held by Future Life Now! Project and recommendations		PTA Caregivers
8	Children's consultation	Children's perspective of the FutureLife-Now!!project Changes experienced what was done well, what could be improved	Qualitative	Adolescents 15-18
9	Facilitators/ Teachers /Peers questionnaire	Perceptions experiences and opinions on FutureLife-Now!!project results, relevance, effectiveness, best practices, SWOC analysis, sustainability	Quantitative	Teachers, Peer or facilitators dependent
10	Health workers questionnaire			Health workers
10	Most Significance Stories guide	The Most Significant Change Story (MSC) on outcomes and impact identified. as a result of interventions	Qualitative	Key informants

				School heads, FNL point persons, youth facilitators & Learners

Annex 6 Sample size for the in-school children by school

School	2020	2021 enrolment	Sample size
Lesotho			
1. Ratholing High School	311	380	76
2. Motsekuoa High School	680	504	101
3. St. Barnabas Anglican High	714	700	140
4. St. Saviours High School	118	120	24
5. Thetsane High School	1017	949	190
Sub Total	2840	2653	531
Malawi			
6. Braila Secondary School	906	841	168
7. Madisi Secondary School	850	850	170
8. Ngwe Community Day	287	295	59
9. Natola Community Day	436	466	89
10. Umbi Secondary School	567	595	119
Sub Total		3027	605
Zimbabwe			
11. Dorsett	601	489	103
12. Fort Rixon Secondary School	163	222	44
13. Nava High school	757	911	182
14. Mutape Sec School	713	726	145
15. Shamva Gold Mine Secondary	463	395	79
Sub Total		2767	553
Zambia			
16. Chitombo Boarding	1151	1200	240
17. Moomba Boarding Secondary	1054	1259	252
18. Mamlambo II Girls Secondary	780	815	163
19. Membership Secondary School	710	613	122
20. Naboye Secondary School	1800	1599	320
Sub Total		5,486	1,097
Grand total		**13,933**	**2,787**

Annex 7 Stakeholder mapping

Stakeholder	Level	Relationship toFutureLife-Now!
SADC Secretariat	**Regional**	FutureLife-Now!! is an official SADC regional programme, meaning that SADC Member States have overall ownership of programme. FutureLife-Now!! is situated within the Social and Human Development Directorate and is linked to Education and Skills Development and HIV&AIDS units. MIET Africa assists SADC Secretariat in organizing regional meetings for knowledge sharing and governance on CSTL and FutureLife-Now!!as well as reporting and other ad hoc technical assistance as required
UNESCO	**Regional**	MIET Africa has engaged with UNESCO on several key initiatives in relation to FutureLife-Now! In 2020, with UNFPA, MIET Africa and UNESCO developed radio-based CSE programming to reach young people and caregivers with Life-Skills education

Stakeholder	Level	Relationship toFutureLife-Now!
		that was missing due to school closures. UNFPA and UNESCO provided counterpart funding towards the initiative. These Youth Talk radio programmes continue into 2022. The radio programme contributes to Regional Objective 2. MIET Africa serves on the Technical Working Group for the ESA Commitment evaluation and redrafting. The ESA Commitment contributes toFutureLife-Now!!objectives. UNESCO has spear-headed an initiative called Education for Sustainable Development (ESD). This initiative aligns with the climate and youth agency focus areas.FutureLife-Now!!participated in several workshops including in a strategy session for developing a SADC framework on ESD.
UNFPA	**Regional**	Like UNESCO, UNFPA is a key partner onFutureLife-Now!!for Regional Objective 2 and other Member State Objectives, through the radio programme and co-leading the ESA Commitment TWG UNFPA has provided comment on CSE animated clips and materials for teacher workshops. Both UNESCO and UNFPA are active participants and contributors to the regional sharing meetings
UNITAR	**Malawi, Zambia, Zimbabwe**	UNITAR has been supporting selected countries in Africa in the process of developing/strengthening national learning strategies on climate change. They have partnered withFutureLife-Now!!to facilitate this work in Malawi, Zambia and Zimbabwe. In addition to the learning strategies, with UNITAR support ,FutureLife-Now!!schools have engaged in climate dialogues with schools across the globe, developed an 8-week radio programme and 2-episode TV programme on climate change that was broadcast in the three countries in English and local languages .FutureLife-Now!!also facilitated a climate classroom webinar as part of COP-27. UNITAR has participated in regional meetings to provide sensitization across the region on issues of climate change.
SAfAID S	**Malawi, Zambia; Lesotho, Zimbabwe**	SAfAIDS is a CSO that works in the SADC region on issues related to FutureLife-Now!, with a particular focus on SRHR access for young people. SAfAIDS uses community spaces to reach youth, while MIET Africa uses schools as entry points. In 2020, FutureLife-Now!!partnered with SAfAIDS to co-facilitate a series of intergenerational virtual dialogues on adolescent health. In 2020 and 2021, 9 virtual dialogues were held with SAfAIDS. In addition, SAfAIDS and MIET Africa co-facilitated a youth-focused session during the ICASA AIDS conference on SRHR and climate change.
HSRC	**Regional**	MIET Africa was invited to participate in a network of CSO's on an initiative called School's Out, funded by Amplify Change. Through this partnership, MIET Africa conducted exploratory research on the effects of COVID-19 on young people, particularly on their access to health services and CSE information. The collaboration is continuing around the strengthening the generation and utilization of knowledge around issues related to the education and health of young people
Save the Children International	**Regional**	Save the Children International (StCI) has provided counterpart funding for the work on youth agency through the project called FoRCESA. Under StCI funding, the SADC Policy Framework on Child and Youth Agency was developed. StCI has also funded the development and operationalization of the website, CSTL Pulse

Stakeholder	Level	Relationship toFutureLife-Now!
Child Rights Network of Southern Africa – CRNSA	**Regional**	MIET Africa, through FutureLife-Now!, is a member of this network of child rights organisations
Gender Links	**Regional**	MIET Africa has contributed to the chapter on CSE and adolescent pregnancy for their Annual SRHR/Voice and Choice Barometer for 2 years; also engage in knowledge sharing

PARTNER	VALUE
Government: SADC Secretariat and Ministries of Education	Strengthens sustainability and enables policy influence and scale-up of programme activities
International NGO: Save the Children International SAfAIDS	Through these partnerships MIET Africa strengthened youth agency as an essential ingredient for sustainable behaviour change. A network of child-rights organizations was opened up. With SAfAIDS, six intergenerational webinars have been held in Zambia and Malawi, opening discussions between youth and community adults on adolescent health and rights
Research Institute: HSRC	Access to studies / assessments / reviews, thereby strengthening the research base of FutureLife-Now!'s work Collaborate on exploratory research study on impacts of COVID-19 on young people in the SADC region; results will be shared widely throughout region and into continent
UN agencies : UNITAR, UNESCO, UNFPA	Strengthen the programme's influence at government level Access to a range of resources Collaborate on innovative series of radio programmes to reach youth and community with factual information on CSE and on climate change.

Stakeholder - Zimbabwe

Partner	Role
Ministry of Primary Secondary Education	Primary owner ofFutureLife-Now!; convener of National Task Team
MoPSE Insiza District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoPSE Bindura District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoPSE Seke District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoPSE Shamva District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
Schools Inspectors	They act as the eyes of the Ministry. They physically visit the schools and report back to the Ministry on the state of the schools including activities happening in schools.
Ministry of Health and Childcare	Member of National Task Team; key partner to promote health outcomes
MoHCC: Nyava Clinic	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.

Partner	Role
MoHCC: Wadzanai Clinic	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
MoHCC: Pagejo Clinic	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
MoHCC: Kunaka Hospital	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
MoHCC: Maboleni Clinic	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
MoHCC: Dorset Clinic	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
MoHCC: Insiza Rural Health Centre	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
Ministry of Environment, Climate, Tourism and Hospitality Industry	Member of National Task Team; critical partner on climate change
UNESCO – country office	Collaborated on ESA Commitment National Consultations
UNFPA – country office	Provision of Sexual & Reproductive Health & Rights materials
Zimbabwe Climate Change Coalition	Collaboration on climate change activities
Zimbabwe Youth for Peace	Collaborated on provision of contacts for sms messaging
Youth Support Network Trust	They are big on Mental Health awareness among youth. They have been running workshops and awareness events in one of our schools. They also source materials on the matter and link us to the referral networks.
RaDDA	They ensure that rare disease patients in rural Africa are well documented. Also advocate for EQUALITY regardless of social & economic status. They co-deliver our activities with the CSE, HIV and AIDS strong background
SAfAIDS	Specialist in SRHR and CSE information dissemination. They work closely with MIET Africa in sharing materials and also running youth events in-country.
National Aids Council	A key partner in provision of HIV/AIDS & ART Support services
Youth Advocates	Provision of a helpline for youth engagement and participation

STAKEHOLDER MAPPING – Lesotho

Partner	Role
Ministry of Education and Training (MoET)	Primary owner of FutureLife-Now!; Focal point Person for the FutureLife-Now!!and convener of National Task Team
MoET Mafeteng District	The District Offices are an extension of the Ministry of Education. They are closely in charge of the schools and more involved in activities.
MoET Berea District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoET Leribe District	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoET Climate change Specialist	FUTURELIFE-NOW!! Task team member, Climate change person responsible to support schools and do capacity building to teachers. Also involved in FutureLife-Now!!activities to support schools in implementation of blue school toolkit
MoET Learner care Welfare support Unit	The learner care and welfare support unit of MOET is responsible for learners welfare at all schools: They are closely in charge of the schools and more involved in activities.
MOET Prince Mohato Award	Member of Task team and critical member for coaching boys into men and addressing boys vulnerability. Also involved in FutureLife-Now!!boys dialogues in schools
MoET Regional Inspector Central	The District Offices are an extension of the Ministry. They are closely in charge of the schools and more involved in activities.
MoET Regional Inspector North	They act as the eyes of the Ministry. They physically visit the schools and report back to the Ministry (CEO Secondary and CEO Primary) on the state of the schools including activities happening in schools. They are closely in charge of the schools and more involved in activities. AlsoFutureLife-Now!!Task team member
Ministry of Health Adolescents Unit	Member of the Task Team, key partner to promote health outcomes for adolescents. Involved in strengthening linkage between health and education
Ministry of Health Mafeteng Hospital	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
Ministry of Health Facility Motsekuoa Health Center	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
Ministry of Health facility: St leornard health center-Semonkong	Provision of all health services to communities and a key partner in the collection of health information according to key indicators.
Ministry of Health Facility St Barnarbas	Member of National Task Team; critical partner on climate change
Ministry of Gender, Youth Sports and Recreation	Member of Task Team and critical member on Gender Based violence issues. Collaboration in training stakeholder and teacher on GVB at Semonkong

Partner	Role
Ministry of Social Development	Member ofFutureLife-Now!!Task team critical partner on child protection and social protection in school
UNESCO – country office	Collaborated on ESA Commitment National Consultations
UNFPA – country office	Provision of Sexual & Reproductive Health & Rights materials
Kick4life	Collaborated on Youth agency activities at Thetsane High School including career guidance expo
ADAAL Anti-Drug Abuse Association of Lesotho	ADAAL has done a lot of work in schools in the past Motsekuoa High School and Matsepe High School inclusive. ADAAL targets youth in and out of school Focus on (anti-smoking in schools, HIV, Counselling, Spiritual growth, Peer Education, establish clubs, Boys forums, Youth camps) They already have developed manuals to name a few; Peer Education in Substance Abuse, Choose Life, Smart Choice.
Touch Roots Africa	They work on empowering boys by addressing their vulnerabilities. They supported boys at Thetsane high school which isFutureLife-Now!!School through sports
Karabo ea Bophelo	Key partner in supporting Education outcomes at schools through bursaries and education materials for learners. Key partner in addressing care and supporting for teaching and learning pillars
World Vision Lesotho	Key partner in addressing education outcomes. Key partner in ensuring care and supporting for teaching and learning through WASH in schools.
REPSSI	Key partner in addressing education outcomes. Key partner in ensuring care and support for teaching and learning by providing PSS in schools. They do capacity building to teachers on PSS for teachers to support learners emotionally.
Help Lesotho	Key partner in addressing both health and education outcomes. Key partner in building agency among girls by addressing issues of child marriages and teenage pregnancy in schools. They also do address issues of HIV and STI by empowering young girls to avoid risky behaviour.
SAfAIDS	Specialist in SRHR and CSE information dissemination. They work closely with MIET Africa in sharing materials and also running youth events in-country.
Development for Peace Education (DPE)	A key partner in provision of agency in peace education in school and encourage young people to take leadership on issues that affect them. Support young people at St Barnabas on civil education.
REPSSI	Provision of a helpline for youth engagement and participation
Traditional leaders	Engagement on community development and traditional practices

STAKEHOLDER MAPPING - Malawi

COUNTRY	Partner	Role
Malawi	Ministry of Education, Science and Technology	Primary owner ofFutureLife-Now!; convener of National Task Team
	Ministry of Health	Member of National Task Team; key partner to promote health outcomes

	Ministry of Natural Resources and Forestry	Member of National Task Team; supports efforts on climate change
	Ministry of Gender, Community Development, and Social Welfare.	Member of National Task Team
	Ministry of Youth and Sports – AGYW secretariat	Technical support on the strengthening of the referral systems
	Youth Action for Success and Development	Support on radio programming as well as learner led climate change projects
	Her Liberty	Support on radio programming as well as development of boys vulnerability frameworks
	National Youth Network on Climate Change	Engaged them on climate change youth led forums and on climate change webinars
	Madisi Youth Club	Youth mobilization
	St Martin Mphakati Youth Club	Youth mobilization
	Fesa Youth Club	Youth mobilization
	Ntchenche Youth Club	Youth mobilization
	MCHISU Youth club	Youth mobilization
	CCAP Maziro youth club	Youth mobilization
	School headmaster	Headmaster, Bwaila Secondary School
	SHN teacher	Madisi Secondary School
	PTA member	Bwaila S
	Madisi mission hospital – Dowa Mponela rural hospital- Dowa Area 18 health centre- Lilongwe Chitedze health centre- Lilongwe Diamphwi health centre- Dedza	Health facilities affiliated with FutureLife-Now!!schools

Stakeholder Zambia

Zambia	**Ministry of Education**	**Primary owner ofFutureLife-Now!!convener of National Task Team**	**Yes, focal point person at minimum**
	Ministry of Health	Member of National Task Team; key partner to promote health outcomes	Yes
	Ministry of Youth Sport and ARTS	Member of National Task Team	
	Ministry of Green Economy and Environment	Member of National Task Team; critical partner on climate change	Yes
	UNESCO – country office		
	UNFPA – country office		
	SAfAIDS		Yes
	Grassroots Soccer		Yes
	AFYA Mujuru		Yes
	National AIDS Council	Member of the National Task Team	Yes
	Zambia Climate Change Network	Member of the National Task Team	Yes
	District Commissioners	District Level stakeholder	Yes
	District Education Board Secretary	District Level stakeholder	Yes
	District Health Director	District Level stakeholder	Yes
	Traditional leaders	Community level stakeholder	Yes
	Youths		Yes
	Teachers		Yes

Annex 8: Self-Assessment on Effectiveness on Regional Objectives)

REGIONAL OBJECTIVE	ACHIEVED	ASSESSMENT
Domestication of the SADC Policy Framework on CSTL	MEIT Regional: This has been partially achieved through National Task Team meetings in the four pilot countries, the support to Lesotho to developing a national model on CSTL. The CSTL Pulse (developed with support from Save the Children International) has also been developed with the intention of supporting Member States/education sector in domesticating the SADC Policy Framework on CSTL such that all schools become CSTL schools, which work to support the range of education, health and protection needs of children and young people for their fullest development. The annual reporting by Member States on mainstreaming care and support, using the agreed upon CSTL indicators (which include those related to HIV/SRHR/CSE), encourages Member States to improve their ratings year on year.	*Rating: 7*
	MIET Malawi: *It has done this by strengthening access to SRHR information and services through generic and alternate testing of teaching and learning through for example radio programming, SMS messaging, peer education, animation screening*	*Rating: 7*
	MIET Zambia: Zambia has domesticated/aligned 90% of policies to the SADC CSTL Policy Framework. These polices are being implemented successfully. Revisions and/or updates on policies will result in ongoing awareness and will result in new country policies and frameworks	*Rating: 8*
	MIET Zimbabwe: MoPSE is continuing with the process of aligning policies to the 2013 National Constitution as well as the SADC Policy Framework on CSTL	*Rating: 7*
	MOPSE Zimbabwe: MoPSE has been aligning its policies to the CSTL Policy Framework for example policy on corporal punishment as well as continuation of learning for learners who fall pregnant	*Rating: 7*
	MoE Zambia: No comment	*Rating: 10*
	MOHCC Zimbabwe: A number of MOPSE policies are being aligned to the CSTL Policy Frameworks for example the policy on readmission to school after falling pregnant	*Rating: 7*
	MoH Lesotho: No comment	*Rating: 8*
Strengthened education sector HIV/SRHR policies implemented	FutureLife-Now!! has *contributed* to the strengthening of education sector HIV/SRHR policies. This falls under broader work by global and regional efforts promoted by UNFPA, UNAIDS and others.	*Rating: 6*
	MIET Malawi: *It has done this by strengthening access to integrated SRHR/HIV information and services through generic and alternate testing of teaching and learning through for example radio programming, SMS messaging, peer education, animation screening*	*Rating: 7*
	MIET Zambia: Partnership between Ministry of Education and Ministry of Health has helped to strengthen the policies around HIV/SRHR and supported by NAC and NGOs	*Rating: 8*
	MIET Zimbabwe: The government through different ministries, stakeholders and development partners is strengthening policies on HIV/SHHR	*Rating: 8*

REGIONAL OBJECTIVE	ACHIEVED	ASSESSMENT
	MoPSE Zimbabwe: Ministry of Primary and Secondary Education is collaborating with Ministry of Health and other partners in strengthening the policies	*Rating: 7*
	MoHCC Zimbabwe: MoHCC is carrying out outreach programs in schools to strengthen the implementation of policies.	*Rating: 6*
	MoH Lesotho: No comment	*Rating: 8*
Knowledge development	MIET Africa sees knowledge development as an important strategy for contributing to policy influence and programme development. Knowledge development is achieved through the various meetings that are organized each year, including the annualFutureLife-Now!!Sharing Meetings, the bi-annualFutureLife-Now!!Regional Task Team Meetings, and the bi-annual SADC Technical Committee on CSTL meetings. During these meetings, Member States and partners can share best practices and lessons learned. In addition to convenings, MIET Africa and specificallyFutureLife-Now!!programme have engaged in research on key issues to contribute to broader knowledge spaces. There is also the CSTL Pulse which is used to share knowledge on CSTL and on theFutureLife-Now!!programme.FutureLife-Now!!also produces four newsletters annually.	*Rating: 9*
	MIET Malawi: *This has been done through multiple consultations with relevant stakeholders like Ministry of Education, Ministry of Gender and Ministry of Forestry and Natural Resources. The use of intercountry webinars has also increased knowledge development among members states.*	*Rating: 8*
	MIET Zambia: The 10FutureLife-Now! schools/learners have displayed a good understanding ofFutureLife-Now! and have acquired the knowledge through workshops, peer education sessions, radio programmes etc	*Rating: 9*
	MOE Zambia: No comment	*Rating: 8*
	MEIT Zimbabwe: Capacity development and advocacy campaigns have been done at national, provincial and district levels	*Rating: 7*
	MoPSE Zimbabwe: Capacity development and advocacy campaigns such as the Community Outreach programmes have been done at national, provincial and district levels	*Rating: 8*
	MoE Zambia	
	MoHCC Zimbabwe: Inter-ministerial campaigns are done to spread knowledge to all	*Rating: 7*
	MoH Lesotho: No comment	*Rating: 9*
Regional Governance	MIET Regional: MIET Africa organizes regional convenings onFutureLife-Now!!and CSTL on behalf of the SADC Secretariat. In the SADC Technical Committee on CSTL and theFutureLife-Now!!Task Team meetings, issues for regional discussion and decision are raised. Through its partnership with SADC, MIET Africa is invited to participate and representFutureLife-Now!!in several region-wide forums related toFutureLife-Now!. MIET Africa also provides ad	

REGIONAL OBJECTIVE	ACHIEVED	ASSESSMENT
	hoc assistance to the SADC Secretariat, for example, in preparing for the annual SADC Education Ministers Meeting.	
	MIET Malawi: *Through SADC secretariate, theFutureLife-Now! Programme convenes regional meetings inviting member states to share experiences and best practices in the different countries*	*Rating: 9*
	MIET Zimbabwe: The program is piloted in 4 Member States, and this doesn't cover all the countries. the hope is to scale up and cover all the countries in the SADC region.	*Rating: 6*
	MoPSE Zimbabwe: Schools are taking part in different regional competitions and platforms	*Rating: 6*
	MoHCC Zimbabwe: The Government of Zimbabwe takes part in different regional meetings.	*Rating: 6*
	MoH Lesotho: No comment	*Rating: 7*
	MoE Zambia No comment	*Rating: 10*
Regional Objective 2 To increase competencies on SRHR, HIV and ART adherence amongst adolescent learners in the region through strengthened CSE	FutureLife-Now!! is testing a package of support which includes school-based activities such as clubs, health talks, peer education sessions, journals, webinars, dialogues, radio and mobile messages. Through these activities, learners are exposed to accurate information about HIV and SRHR issues and about their agency to make healthy decisions for themselves. Survey data shows some improvement in learner knowledge from baseline to present (62% to 69% of learners across the four countries scored 65% or more on the HIV/SRHR knowledge questions)	
	MoPSE Zimbabwe: MoPSE has carried out training on CSE in different provinces and districts.	
	MoPSE in Zimbabwe has carried out training on Comprehensive Sexuality Education (CSE) in different provinces and districts A package of support has been implemented in all theFutureLife-Now! Pilot schools	*Rating:7*
	MOHCC Zimbabwe: MoPSE & MoHCC are takin part in regional and country level consultations on ESA Commitment.	*Rating:7*
increased adolescent learners' competencies to protect themselves against HIV&AIDS	MIET Malawi: TheFutureLife-Now! programme has invested in knowledge sharing with young people on HIV prevention through sessions that the Youth Facilitators have with learners in schools. Learners participate in journaling sessions which enables them understanding their goals as the process they have to go through to understand the how they can achieve their goals. Every month, nurses and other health workers visit schools there are linked to for health talk where messages on HIV prevention are shared and learners have also an opportunity to seek for more information on how they can protect themselves. To ensure that messages on HIV prevention are seamlessly shared peer to peer sessions are also conducted where	*Rating: 9*

REGIONAL OBJECTIVE	ACHIEVED	ASSESSMENT
	young do engage with each other through online dialogues and webinars MIET Zambia: Evidence has indicated that learners' knowledge of HIV and AIDS have improved thereby seeking services e.g contraceptives, advice etc. MIET Zimbabwe: This has been done through the implementation of the package of support in all school as well as providing correct information to the youth MoHCC Zimbabwe: Learners 6ave been exposed to knowledge on HIV/AIDS as well as enhanced access to services from Health facilities	*Rating: 8* *Rating: 7*
Regional Strategy 2.1: Strengthened CSE implemented by Ministries of Education	MIET Regional: During the COVID-19 pandemic and related school closures,FutureLife-Now!!in collaboration with UNFPA and UNESCO developed CSE-based radio programmes. These programmes used content from CSE curricula and got approval from Ministries of education in the four countries. The programmes supplemented the work being done by the Ministries themselves. Due to the positive responses received, these radio programmes have continued beyond school closures. In addition, a SMS messaging programme provides Life Skills/CSE messages to young people	*Rating: 8*
	MIET Malawi: *Through radio programs like youth talk as well as family focused, CSE animated clips, journaling session, SMS messaging programme, as well as CSE focused webinars among both learners and educators as well as co-educators, theFutureLife-Now! programme has assisted the MoE to further strengthen CSE in the 10FutureLife-Now! piloted schools as well as other learners outside theFutureLife-Now! Programme through sharing of knowledge*	*Rating: 6*
	MIET Zambia; CSE has been covered through topics under SRHR, however, a standalone training on CSE will be done at all 10 Schools in June 2022	*Rating: 7*
	MoE Zambia: No comment	*Rating: 10*
	MIET Zimbabwe: This is being done through the Life Skills learning area which is taught in all the schools Advocacy and training of teachers, learners, caregivers, youth facilitators, school support teams	*Rating: 7*
	MoPSE Zimbabwe: Training on CSE has been carried out in all provinces by MoPSE in collaboration with different partners and stakeholders	*Rating: 7*
	MoPSE: Training on CSE has been carried out in all provinces by MoPSE in collaboration with different partners and stakeholders	*Rating: 8*

REGIONAL OBJECTIVE	ACHIEVED	ASSESSMENT
	MoHCC Zimbabwe: Teachers, learners, and community members have been trained on CSE to strengthen implementation.	*Rating: 7*
	MoH Lesotho: No comment	*Rating: 9*
	MoE: Zambia	*Rating: 10*
Regional Strategy 2.2: CSE integrated into pre-service training in selected Member States	MIET Zambia: Much more still needs to be done on this aspect.	*Rating: 5*
	MoE Zambia	*Rating: 8*
	MIET Malawi: *The programme is yet to partner with teacher training colleges to influence curriculum development*	*Rating: 1*
	MIET Zimbabwe: Not much has been done in this area. Discussions are still at policy level	*Rating: 1*
	MoPSE: No Comment	*Rating: 5.*
	MOHCC: Zimbabwe: Much more still needs to be done on this aspect.	*Rating: 5* .
	MoH Lesotho: No comment	*Rating: 8* .
Delivery of CSE	MEIT Lesotho It is curriculum inclusive and exam table We are aware that teachers still need more capacity to be competent	*Rating: 7* .

Regional objective	**Achieved**	***Assessment***
Member State Objective 1: Provision of youth-friendly HIV and SRHR support and services	MEIT Lesotho Increased knowledge by having a Youth Facilitator at school Adopted Comprehensive manuals Youth Facilitator give education of CSE after school to complement what the life skill-based Education Teacher is doing in class Promoted school-based health education for prevention by the nurse Provision of HIV, SRHR, Adherence support Services Support adherence by ensuring that YF are present during the teen clubs on weekends Sports items were provided for children to play during the teens club But We have three facilities that are Catholic Based and they do not give Family Planning Commodities	*Rating: 9*
	MEIT Zimbabwe: Schools' identification in outreach region, in consultation with Member States Facilitation of formalized collaboration between education and health ministries at national and local levels	*Rating: 7*

	In consultation with key partners, Designing context-relevant models for the delivery of youth-friendly HIV and related services and support through schools (using experiences from South Africa), in consultation with partners. Establishing formal linkages between schools and local government and non-government health providers Preparation schools for pilot: advocacy and training of teachers, learners, caregivers, youth facilitators, school support teams Testing the model for the delivery of youth-friendly services and support through schools, guided by the M&E plan Sharing of experiences and lessons learnt between pilot Member States Documentation of school-based model of youth-friendly HIV, SRHR and ART adherence support and services in three Member States, for region-wide application	
MS Objective 2: To advance gender equality in the Member State by addressing the needs of boys and young men **Gender Equality** **Drawing on the findings of boys' vulnerability studies to inform the development of a package of support that responds to the specific needs of vulnerable boys and young men.**	MEIT Zimbabwe: The schools have been doing some work around Boys' Clubs and some are running Boys' mentorship programs. At national Level the Boys' Vulnerability Framework has been under review by the MoPSE and is yet to be contextualized and finalized for Zimbabwe. Testing the package in the outreach schools of the four selected Member States Documenting the delivery of a school-based package of support for vulnerable boys and young men in three Member States, based on results, advocate for region-wide application	*Rating: 7* . *Rating:*
MS Objective 3: To empower young people to take action to improve their physical environment and address the challenges of climate change	MIET Zimbabwe: This has been done through the Life Skills curriculum as well as package of support inFutureLife-Now! schools	*Rating: 8*
Adolescents and young people living with HIV (ALHIV) on ART adherence	MEIT Lesotho YF support the Teen Clubs on weekends	*Rating: 10* .
FNL Education systems, strengthened through CSTL, by providing an enabling environment in schools and communities?	MIET Zimbabwe: Through the package of support the youth have been equipped with knowledge and skills to make informed decisions on ART adherence	*Rating: 8*
	MIET Zimbabwe Learners and community members inFutureLife-Now! schools have been carrying out different projects on environmental management as well as projects on land and water management *Consulting with selected Member States and relevant partners and finalize the package for testing*	*Rating: 7*

	Identifying schools in outreach region, in consultation with Member States Preparing the schools for pilot*: advocacy and training of teachers, learners, caregivers, school support teams, youth facilitators*	
Strengthened health systems	MEIT Lesotho Water and sanitation- support with tanks for water harvesting Garden shades net to offer an environment to have functional garden that will address issues of nutrition at school Capacity building to teachers, learners and parents on 21st Century education, CSTL and education for agency to ensure eventually schools becomes hubs of care and support Covid 19- pamphlets about covid prevention measures training and radios provided, Incentives to influence learners to use the facility and access services	*Rating: 7* .

Regional objective	**Achieved**	***Assessment***
increase access for young people to youth-friendly HIV, SRHR and ART adherence support and services using a school-based delivery model	MIET Lesotho: Advocacy for delivery of youth-friendly HIV, SRHR and ART adherence support and services with education and health ministry officials in the three selected Member States Schools' identification in outreach region, in consultation with Member States Facilitation of formalized collaboration between education and health ministries at national and local levels In consultation with key partners, Designing context-relevant models for the delivery of youth-friendly HIV and related services and support through schools (using experiences from South Africa), in consultation with partners. Establishing formal linkages between schools and local government and non-government health providers Preparation schools for pilot: advocacy and training of teachers, learners, caregivers, youth facilitators, school support teams Testing the model for the delivery of youth-friendly services and support through schools, guided by the M&E plan Sharing of experiences and lessons learnt between pilot Member States Documentation of school-based model of youth-friendly HIV, SRHR and ART adherence support and services in three Member States, for region-wide application.	*Rating: 8*
	MEIT Zimbabwe: This has been done through the provision of accurate information to youth through schools and clinics and also provision of services at clinic	*Rating: 7*
	MEIT Zimbabwe:Schools' identification in outreach region, in consultation with Member States Facilitation of formalized collaboration between education and health ministries at national and local levels In consultation with key partners, Designing context-relevant models for the delivery of youth-friendly HIV and related services and support through schools (using experiences from South Africa), in consultation with partners.	

	Establishing formal linkages between schools and local government and non-government health providers Preparation schools for pilot: advocacy and training of teachers, learners, caregivers, youth facilitators, school support teams Testing the model for the delivery of youth-friendly services and support through schools, guided by the M&E plan Sharing of experiences and lessons learnt between pilot Member States Documentation of school-based model of youth-friendly HIV, SRHR and ART adherence support and services in three Member States, for region-wide application	
Advance gender equality in the SADC Region by addressing the needs of vulnerable boys and young men	A lot of initiatives have been done for girl child in the country and boys were left behind.FutureLife-Now! is supporting both girls and boys to be equal. In bringing boys in picture through boys vulnerability dialogues, forums, talks and boys clubs we ensure boys involved in addressing GBV issues and providing mentorship to boys through coaching boys into men, We have not reached all the schools with Dialogues and camps because these were not possible during COVID-19 restriction. But this initiative seem to be more effective as a number of stakeholders are involved and It works well when forums and talks follow thereafter as boys also make pledges on behaviour change both at school and at home. In terms of climate change action we also ensure gender balance on activities to ensure both girls and boy participate fully Drawing on the findings of boys' vulnerability studies to inform the development of a package of support that responds to the specific needs of vulnerable boys and young men. Consulting with selected Member States and relevant partners and finalise the package for testing Identifying schools in outreach region, in consultation with Member States Preparing the schools for pilot: advocacy and training of teachers, learners, caregivers, school support teams, youth facilitators Testing the package in the outreach schools of the three selected Member States Documenting the delivery of a school-based package of support for vulnerable boys and young men in three Member States, based on results, advocate for region-wide application	*Rating: 7* .
		Rating: .

Annex 9: HIV Testing Art Initiation

Lesotho HIV testing and ART enrolment and initiation trends 2019,2020 & 2021

Indicator	2019	2020	2021
Number of clients tested for HIV	20743	8916	6137
Number of clients who tested HIV positive	410	254	239
% of clients HIV positive	2.0%	2.8%	3.9%
Number of clients enrolled in Pre-ART	25	6	2
Number of clients initiated on ART	633	266	257

Decline in HIV testing from 20,743 in 2019 to 6,137 in 2021 and clients testing from 410 to 239 and an increase in HIV positivity rate from 2% in 2019 to 3.9% in 2021. Significant decrease in clients enrolled in Pre-ART and clients initiated on ART from 633 in 2019 to 257 in 2021.

Malawi

Trends in HIV testing and ART initiation in Malawi are shown table 4 below,

Malawi HIV testing and ART initiation trends

Indicator	2019	2020	2021
Number of clients tested for HIV	32288	21428	23892
Number of clients who tested HIV positive	1361	263	1116
% of clients HIV positive	4.2%	1.2%	4.7%
Number of clients enrolled in PreART	22	0	0
Number of clients initiated on ART	0	0	0

Decrease in clients testing HIV+ from 1,361 in 2021 to 1,116 in 2021. No significant change in HIV positivity rate from 4.2% in 2019 to 4.7% in 2021.

Zambia

Zambia HIV testing and ART initiation are shown in Table 5.

Zambia testing and ART initiation

Indicator	2019	2020	2021
Number of clients tested for HIV	8022	2502	2023
Number of clients who tested HIV positive	129	172	104
% of clients HIV positive	1.6%	6.9%	5.1%
Number of clients enrolled in PreART	89	10	27
Number of clients initiated on ART	185	257	178

There is a decrease in clients HIV tested clients HIV+, however, noted a decrease in HIV + positivity rate from 6.9% in 2020 to 5.1% in 2022 compared to a baseline of 1.6% in 2019

Zimbabwe

In Zimbabwe the trend for two clinics is shown in Table 6 below.

Zimbabwe testing and ART initiation

Indicator	2019	2020	2021
Number of clients tested for HIV	1049	812	615
Number of clients who tested HIV positive	43	26	32
% of clients HIV positive	4.1%	3.2%	5.2%
Number of clients enrolled in PreART	23	17	0
Number of clients initiated on ART	9	2	17

NB: The analysis for Zimbabwe was

Table 10: Summary of 2020 & 2021 reach and achievements

Activities/Category	Planned			Actual		Aggregate Performance Ratings			
	Y1 2019	Y2 2020	Y3 2021	Y1 2019	Y2 2020	Y3 2021	High >75%	Medium 50-74%	Low <50%
Number of learners in outreach schools reached withFutureLife-Now!!education and/or health services		30 000	30 000		29 991	28 106 (94%)	High		
Number of young people reached withFutureLife-Now!!Activities		20 994	21 000 (70%)		19,190 (91%)	21 177 (101%)	High		
					13 347 (:51%) Female 5 873 (59%) Female				
Number ofFutureLife-Now!!SMSes sent *and* which were received		200 000 messages	200 000 messages		175 659 (85%)	567 652 (284%	High		
Our Changing Climate / Our Time to Act radio and TV programmes			24 English radio			100%	High		
			6 English 12 TV			100%	High		
Youth Talk and Family Talk Radio In English and local languages		Lesotho: 30 episodes;	19 weeks / 38 episodes		Lesotho: 45 episodes (150%)	100%			
		Malawi: 66 episodes;	152 episodes in English		Malawi: 81 episodes (123%)	100%	High		
		Zambia: 66 episodes;	190 episodes in local languages		Zambia: 81 episodes (123%)	100%	High		
		Zimbabwe: 66 episodes			Zimbabwe: 81 episodes (123%)		High		
Number of webinars convened byFutureLife-Now!!and partners		3 webinars	15 webinars / interschool virtual dialogues		6 webinars (200% of target)	6 regional webinars with SAfAIDS			

Annex 11 Coding dictionary

list_name	name		Label	New Code
respondent_type		1	In-School	
respondent_type		2	Out of School	
country	Lesotho		Lesotho	
country	Malawi		Malawi	
country	Zambia		Zambia	
country	Zimbabwe		Zimbabwe	
sex		1	Boy	
sex		2	Girl	
age		1	11	
age		2	12	
age		3	13	
age		4	14	
age		5	15	
age		6	16	
age		7	17	
age		8	18	
age		9	19	
age		10	20	
age		11	21	
age		12	22	
age		13	23	
age		14	24	
form		1	Form 1/Grade 8	
form		2	Form 2/Grade 9	
form		3	Form 3/Grade 10	
form		4	Form 4/Grade 11	
form		5	Form 5/Grade 12	
form		6	Form 6	
form		7	No Form /grade	
stay_school		1	School Boarding Facility	
stay_school		2	Hostel/rented place (not with relatives)	
stay_school		3	Parent / Other Family	
people_stay		0	0	
people_stay		1	1	
people_stay		2	2	
people_stay		3	3	

people_stay	4	4	
people_stay	5	5	
people_stay	6	6	
people_stay	7	7	
people_stay	8	8	
people_stay	9	9	
people_stay	10	10	
people_stay	11	11 and above	
live	0	None	
live	1	Mother	
live	2	Father	
live	3	Siblings	
live	4	Grandparent	
live	5	Other family member	
live	6	Spouse	
live	7	Non-family members	
yesno	0	No	
yesno	1	Yes	
celluse	0	I have no access to a cell phone	
celluse	1	Calls	
celluse	2	Text/SMS	
celluse	3	WhatsApp/WeChat	
celluse	4	Twitter	
celluse	5	Facebook	
celluse	6	Instagram	
celluse	7	Games	
celluse	8	Internet/Other	
information	1	Radio	
information	2	TV	
information	3	Internet	
information	4	Teacher	
information	5	Friends	
information	6	Family	
information	7	Other	
truefalse	1	TRUE	2
truefalse	2	FALSE	0
truefalse	3	Unsure	0
richest	1	10%	
richest	2	25%	

richest	3	50%
richest	4	75%
richest	5	Unsure
pregnancy_protection	1	Condoms
pregnancy_protection	2	Hormonal Contraception (Eg. Pills or Injections)
pregnancy_protection	3	Abstinence
pregnancy_protection	4	Pulling Out
pregnancy_protection	5	Traditional Medicine
pregnancy_protection	6	Other
condom_last_time	0	No
condom_last_time	1	Yes
condom_last_time	2	I havent had sex
vmmc	0	No
vmmc	1	Yes
vmmc	2	I am a girl
condom_easy	1	Very Easy
condom_easy	2	Quite Easy
condom_easy	3	Quite Hard
condom_easy	4	Very Hard
flnactivities	1	FutureLife-Now!! Clubs
flnactivities	2	Life Skills/Health talks
flnactivities	3	Boys' club
flnactivities	4	Climate change club
flnactivities	5	Jamboree/Service Fair
flnactivities	6	Interschool dialogues
flnactivities	7	Webinars
flnactivities	8	Journals
radio	1	COVID-19 Lets Talk!
radio	2	Youth talk
radio	3	Family talk
radio	4	Our Changing Climate - Our Time to Act
helpful	1	Very Helpful
helpful	2	Helpful
helpful	3	A little helpful
helpful	4	Not helpful at all
know	1	Received Messages on my cell phone
know	2	My parent/guardian received messages on a family phone

know	3	The Youth Facilitator or teacher at school shared the messages
rate	1	I liked getting the messages
rate	2	Sometimes I liked the messages
rate	3	I did not like getting the messages
rate	4	I didn’t understand the messages
important	0	Not sure
important	1	Not important
important	2	A little important
important	3	Important
important	4	Very important
comfortable	0	Not sure
comfortable	1	Not comfortable
comfortable	2	A little comfortable
comfortable	3	Comfortable
comfortable	4	Very comfortable