



FutureLife-Now!



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Swiss Agency for Development
and Cooperation SDC

Final Report on Rapid End-of-Project Evaluation on *FutureLife-Now!*

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Executive summary

Introduction

Between August and November 2024, Southern Hemisphere conducted a rapid evaluation of the FutureLife-Now! Programme to assess its achievements, outcomes, and contributions towards its objectives. This regional initiative, implemented in two phases, spanned Lesotho, Malawi, Zambia, and Zimbabwe (Phase 1: 2019–2023) and expanded to include South Africa and Eswatini (Phase 2: 2023–2024). The evaluation examined the programme’s role in mainstreaming the Care and Support for Teaching and Learning (CSTL) Framework into national systems, to address education and health, equity, and climate-related goals in target countries.

Evaluation Purpose and Objectives

The evaluation sought to:

1. Assess the programme's effectiveness in achieving its objectives and its contributions to systemic change.
2. Evaluate how FutureLife-Now! built on the CSTL Framework and supported its mainstreaming.
3. Identify observed impacts on beneficiaries and the likely sustainability of programme outcomes.

Key questions addressed programme effectiveness, equity, efficiency, impact, sustainability, value for money, and contributions to climate and ecosystems health.

Evaluation Methodology

The evaluation employed a participatory, utilization-focused approach, guided by the Development Assistance Committee (DAC) and Transformative Equity and Climate and Ecosystems Health¹ evaluation criteria. Mixed methods were used, including a comprehensive document review, key informant interviews (KIIs), semi-structured interviews (SSIs), focus group discussions (FGDs), surveys, and an Outcome Harvesting workshop. A total of 33 interviews/FGDs, 1 survey, and 1 workshop were conducted, engaging diverse stakeholders from regional, national, and school levels in all project countries.

Challenges and Limitations

Key challenges included limited qualitative data from learners and a low survey response rate, with over half of the respondents from Malawi, restricted the usability of survey findings. Despite these limitations, robust methodologies ensured comprehensive and triangulated findings, providing actionable insights into FutureLife-Now!’s impact and future sustainability.

Evaluation findings

¹ South African Monitoring and Evaluation Association (SAMEA) and Department of Planning, Monitoring and Evaluation (DPME) evaluation criterion to address environmental sustainability.

Effectiveness

The evaluation found the FutureLife-Now! Programme to effectively achieve its intended objectives, with notable successes across health, education, and climate resilience initiatives. The programme significantly increased adolescent access to youth-friendly HIV, SRHR, and ART adherence support through school-based interventions, including referral systems, health jamborees, and Comprehensive Sexuality Education (CSE) workshops. Referral systems were particularly effective in bridging gaps between schools and health facilities, leading to improved health service access. However, challenges like long distances to health facilities and cultural resistance in certain contexts limited consistent service uptake.

Strong partnerships between the Ministries of Education and Health were instrumental in aligning health and education services, as evidenced by the integration of referral systems and collaboration during health events. Multi-media approaches, such as radio programming and SMS campaigns, were effective in reaching learners during COVID-19 disruptions, although challenges related to connectivity and high implementation costs were noted.

The programme also advanced gender equality through the Boys' and Young Men's Vulnerability Framework and gender-focused interventions, which increased boys' participation in health services and promoted gender-sensitive curriculum integration. Budget constraints in phase 2 limited activities like camps and other boys-specific initiatives. While the programme continued supporting the Boys' and Young Men's Vulnerability Framework, many Phase 1 activities were not carried forward.

In climate resilience, the programme empowered learners to take action through initiatives like tree planting, food gardens, and environmental clean-ups, which enhanced school environments and adaptive capacities. Learners' knowledge of climate change related topics increased consistently across countries and genders. While most schools reported positive outcomes, sustainability challenges arose from limited water access in drought-prone areas.

Equity in programme benefits was mixed. Vulnerable groups, including girls, orphans, and children with disabilities, faced additional barriers to participation, such as geographic isolation and lack of disability-specific resources. Nevertheless, targeted interventions, such as providing uniforms for vulnerable learners and creating inclusive youth leadership platforms, partially mitigated these inequities.

Overall, FutureLife-Now! effectively met its objectives, though sustainability challenges, and resource limitations suggest areas for further improvement.

Efficiency

The evaluation found that the FutureLife-Now! Programme managed resources efficiently despite facing constraints. In Phase 1, the programme adapted well to COVID-19 disruptions, reallocating resources to alternative outreach methods like radio and SMS, achieving high budget utilisation rates. The lean team structure and decentralised leadership supported efficient implementation, enabling strategic resource management and reducing costs through collaborative efforts. However, in Phase 2, resource constraints were more pronounced, particularly during the scaling process. The withdrawal of funding led to challenges in sustaining activities, though teams showed adaptability by reallocating underspent funds to exit strategies.

Despite efficient management, funding limitations and counterpart funding criteria posed significant barriers to programme sustainability and scaling, highlighting the need for enhanced resource support in future programming.

Impact

The FutureLife-Now! Programme significantly improved health and education systems across the SADC region by fostering collaboration between schools and health facilities, establishing a referral system, and integrating SRHR, HIV, and climate education into curricula. These systemic changes enhanced youth access to health services, reduced absenteeism, and promoted school retention, particularly for vulnerable groups like pregnant learners. The programme's alignment with national policies and its influence on regional frameworks ensured sustainability and scalability, demonstrating its transformative potential.

Learners benefited from increased knowledge of SRHR, HIV prevention, and climate resilience, resulting in positive attitude shifts, leadership development, and behavioural changes such as improved hygiene, reduced early pregnancies, and better ART adherence. Youth-led initiatives, including school clubs and community dialogues, empowered learners to address local challenges and advocate for change. Regenerative climate practices like tree planting, water conservation and recycling further strengthened the programme's impact on both learners and their communities.

Overall, the programme effectively addressed interconnected health, education, and environmental challenges, creating lasting benefits for the SADC region.

Value for money

The FutureLife-Now! programme demonstrated high value for money by embedding interventions within existing government structures, fostering ownership, and achieving systemic changes at low costs. Its regional model enabled significant outcomes, including strengthened school-health linkages, operationalised policies, and increased access to youth-friendly health services.

Sustainability

The sustainability of the FutureLife-Now! programme is at risk due to shifts in funding, but the programme integration into Member States' education systems offers potential for continuation. While the programme may not persist in its current form without new funding, aligning with the CSTL Policy Framework and embedding activities into national policies provide a pathway for sustainability. Stakeholders highlighted the importance of government financial commitment, policy integration, and capacity building. Toolkits and documented best practices are expected to enable Member States to implement the programme independently, with Zimbabwe's model of teacher-facilitated implementation offering a promising example.

SADC is seen as pivotal in accelerating Member States' adoption of the programme by aligning it with national priorities, securing funding, and fostering collaboration between ministries. By leveraging its influence and focusing on proven impacts, SADC can drive the programme's scale-up and sustain its contributions to education and health in the region.

Recommendations

The following recommendations have emerged from the evaluation and intend to ensure the sustainability and growth of the impact achieved. They are addressed to key programme actors, namely:

Policymakers and government officials (Ministries of Health and Education and other relevant ministries)

- SADC Member States should reinforce and continue supporting the existing National Task Teams that facilitate collaboration between the education and health sectors, and other partners. This includes ensuring that these teams have the necessary resources and authority to coordinate effectively, share best practices, and monitor the implementation of HIV/SRHR policies within the CSTL Policy Framework.
- SADC Member States should prioritise targeted capacity-building initiatives and ensure adequate resource allocation to effectively implement HIV/SRHR policies and CSTL frameworks. This includes training for educators and health workers and investing in necessary infrastructure and technology to support these initiatives.
- Member States should prioritise the finalisation of their National Boys' and Young Men's Vulnerability Frameworks and accompanying Operational Plans to ensure targeted and effective support for boys and young men. These frameworks should be tailored to the specific vulnerabilities of boys within their respective contexts and aligned with the regional SADC Boys' and Young Men's Vulnerability Framework.
- Expand the use of referral systems that facilitate easier and quicker access to health services for learners, which can reduce absenteeism and support better health-seeking behaviour.

Specifically for Health Ministries

- Promote training programmes that create youth-friendly health facilities and encourage both boys and girls to access SRH services.

Specifically for Education Ministries

- Strengthen partnerships between schools and youth facilitators to maintain high levels of engagement and foster leadership skills among learners. While CSE and SRHR topics are already part of the curriculum, there is a need to address gaps where certain topics are under-discussed or not given sufficient attention. To enhance the effectiveness of teaching these topics, the ministries of education could focus on two key areas:
 - Equip teachers with training and resources to confidently discuss sensitive topics and create safe, inclusive environments for learners.
 - Draw on the FutureLife-Now! Programme's success in using interactive, youth-friendly approaches outside the traditional class setting, and adapt these methods for use within classrooms. This could include activities like role-playing, peer-led discussions, or project-based learning.
- Incorporate participatory methodologies that allow learners to explore and discuss topics in ways that feel relevant and engaging to them, fostering critical thinking and emotional connection.
- Explore and implement strategies to integrate and sustain the activities and principles of the programme within schools' regular operations. This could include leveraging the toolkit being developed as a guiding resource to embed the programme into school systems.
- Continue to strengthen the capacity of teachers on issues of CSE and climate change, ensuring that current and future educators are equipped to address these issues.

SADC Secretariat

- SADC should lead the creation of a resource mobilisation strategy that explores alternative funding sources, including private sector partnerships and development partners.
- Leverage existing government structure and focal persons for continuity and support.
- Continue to organise high-level ministerial meetings and regional sharing sessions to foster collaboration and accountability among Member States, ensuring the expansion and sustainability of integrated health and education models.

MIET Africa

- Document best practices and impacts in a 'legacy book.' This should include successful practices and processes that secured collaboration and buy-in from gatekeepers.
- Diversify funding strategies to address funding gaps seen in Phase 2. This could include:
 - Advocate for government financial commitments and policy integration of FutureLife-Now! activities.
 - Engage regional organisations and UN agencies for additional support.
 - Partner with local NGOs for resource sharing and best practices.
- Negotiate with other existing partners/donors to continue funding elements or full programme.
- Continue to advocate for the inclusion of boys and young men in government policies related to SRHR and HIV/AIDS services. This includes supporting the adoption of gender-sensitive frameworks at all levels of governance, ensuring that strategies address the specific needs of boys and young men comprehensively.
- Strengthen the holistic and intersectional approach to youth development.
- Strengthen the Blue School approach to further integrate environmental practices across school communities. Continue and expand practical climate activities like recycling, tree planting, and water-saving in schools. Integrate CEH elements into the CSTL. Expanding the framework's focus to include ecological systems will equip youth with a comprehensive approach to responsible citizenship.
- Design for adaptation by tailoring school-based programming to the needs of specific schools in their physical environments. This will include conducting a risk and vulnerability assessment to inform the resources and equipment required in each school to support learning and adaptive capacity.
- Explore further opportunities towards a regenerative approach: promote eco-friendly alternatives for female hygiene products within the program's youth health strategy. Explore options for electronic data collection to lessen paper use. Minimize high-impact travel and increase virtual engagement to reduce the carbon footprint of annual gatherings and field visits.

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- The representatives from the Ministries of Education and Health in Phase 1 and Phase 2 countries.

Finally, we would like to acknowledge the contributions of the evaluation project manager and lead, as well as the evaluation team.

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List of Acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CEH	Climate and Ecosystem Health
CSE	Comprehensive Sexuality Education
CSTL	Care and Support for Teaching and Learning
DAC	Development Assistance Committee
DPME	Department of Planning, Monitoring and Evaluation
FGD	Focus group discussion
GESI	Gender Equality and Social Inclusion
HIV	Human immunodeficiency Virus
HTS	HIV testing services
KII	Key informant interview
MS	Member States
NGOs	Non-Governmental Organisations
SADC	Southern African Development Community
SAMEA	South African Monitoring and Evaluation Association
SDC	Swiss Agency for Development and Cooperation
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SSI	Semi-structured interview
STI	Sexually transmitted infections
UN	United Nations
UNICEF	United Nations Children's Fund
UNITAR	the United Nations Institute for Training and Research
VMMC	Voluntary medical male circumcision

1 Background

In August 2024, Southern Hemisphere was contracted to conduct a rapid end-of-programme evaluation on the FutureLife-Now! Programme. The purpose of the evaluation was to assess and document the **effectiveness, outcomes** and **contributions** of FutureLife-Now! in achieving the programme's objectives and outcomes. Data about Care and Support for Teaching and Learning (CSTL) was included, solely to provide context to FutureLife-Now! and to examine the extent to which FutureLife-Now! has helped countries to implement and operationalise CSTL. The period under review included Phase 1 (which took place from 2019-2023) and Phase 2 (which started in 2023 and will continue to December 2024). For Phase 2, programme documents for the first six months of year were provided and included into the analysis.

For this report, Phase 1 countries refer to **Lesotho, Malawi, Zambia, and Zimbabwe**. Countries included and referred to for Phase 2 consist of the four Phase 1 countries in addition to the two new countries, **South Africa** and **Eswatini**.

This is the draft report of this rapid evaluation.

2 Evaluation objectives

The specific objectives of the evaluation were:

1. To assess the programme's effectiveness in achieving its project objectives, identify the key levers that show the greatest contribution to the desired outcomes and assess the contributions of the programme on systems change that are likely to have a lasting impact.
2. To determine the extent to which the programme was effective in building on the foundation of the CSTL Framework, and the extent to which FutureLife-Now! supported Member States in their process of mainstreaming CSTL into their systems.
3. To identify the observed and experienced changes for the different project beneficiaries that speak to the likely impact of the programme.

The following evaluation questions, found in the Terms of Reference, further elaborates on the evaluation objectives:

Table 1. Evaluation questions and objectives

Evaluation Criterion	Key evaluation questions
1. Effectiveness:	<ul style="list-style-type: none"> Was the FutureLife-Now! programme effective in meeting the intended programme objectives and outcomes? What results (intended and unintended) have been observed for project beneficiaries/participants that can be attributed to FutureLife-Now!? What were the factors that led to differences in experienced outcomes? Across the different countries, did all participants, including the most disadvantaged and vulnerable, benefit equally from the intervention? (Equity)
2. Efficiency:	<ul style="list-style-type: none"> How well did the implementing team use resources to achieve results? What challenges were experienced and how were these managed?
3. Impact:	<ul style="list-style-type: none"> Did FutureLife-Now! contribute to systems-level changes in education and health? If so, what were the changes? Where these changes transformative? Has FutureLife-Now! resulted in significant change in the lives of the intended beneficiaries?
4. Value for money:	<ul style="list-style-type: none"> Looking at the effectiveness, efficiency and impact, what is the FutureLife-Now! value for money?
5. Sustainability:	<ul style="list-style-type: none"> With changes in the funding streams, what is the likelihood that SADC will continue to implement FutureLife-Now! as a regional programme? What is required for sustaining the programme as primarily MS-run? How can SADC and partners fast-track the implementation of FutureLife-Now! by MS?
6. Climate and Ecosystems Health:	<ul style="list-style-type: none"> Given the focus of the programme on raising knowledge and action on issues of climate change, how has the programme affected the local environments where implemented? (positive/negative) How has the programme been regenerative to local environments/ecosystems and how has it been degenerative? Has the programme been effective in building knowledge and adaptive capacities?

3 Evaluation approach and methods

3.1 Approach

The overarching approach to the evaluation was a participatory and utilization-focused approach. The conceptual approach was informed by a theory-based approach, coupled with the Gender Equality and Social Inclusion (GESI) and intersectionality approach to maintain a focus on **equity** throughout the evaluation. Components of Outcome Harvesting approach were used, as part of the initial data collection.

The Development Assistance Committee (DAC) and Transformative Equity and Climate and Ecosystems Health² evaluation criteria informed the tools for data collection, analysis and report writing. These include effectiveness, efficiency, impact, value for money, sustainability and climate and ecosystems health.

3.2 Methodology

The evaluation used mixed methods, including a comprehensive document review and primary data collection. The process followed for the evaluation is summarised in Figure 1.

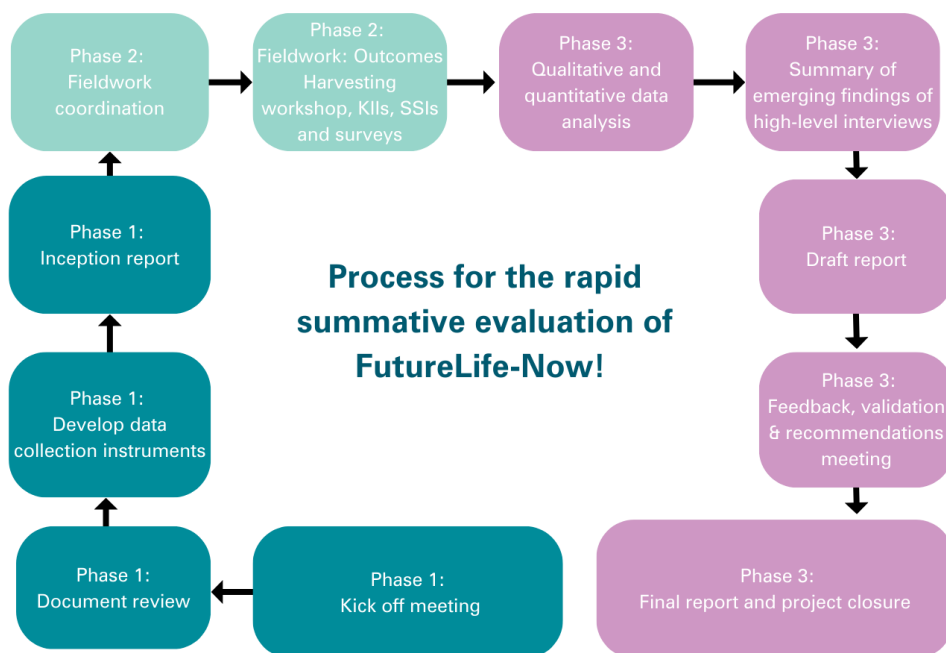


Figure 1. The evaluation process

Sample and data collection methods

The primary data collection, including planned versus actual sample and data collection activities, are documented in the table below:

Table 2. Data collection methods and sample

Level	Stakeholders	Method	Planned	Actual
Funder	SDC (Zimbabwe-based programme officials at SDC Harare office)	Key informant interview (KII)	2	1 ³
	SDC (2 previous Swiss Regional Directors who oversaw the CSTL and FutureLife-Now! Programme)	Email questions	2	2

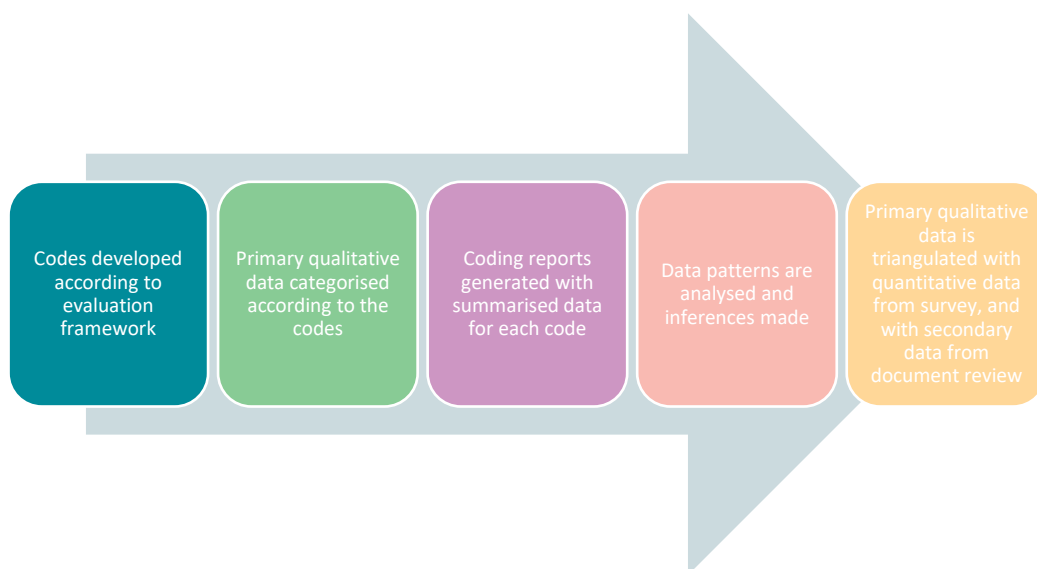
² South African Monitoring and Evaluation Association (SAMEA) and Department of Planning, Monitoring and Evaluation (DPME) evaluation criterion to address environmental sustainability.

³ One respondent was unavailable.

Level	Stakeholders	Method	Planned	Actual
Regional level	SADC Secretariat	Semi-structured interview (SSI)	2	2 ⁴
	Regional partners	SSI	4	3 ⁵
National level	Ministry of Education (focal persons CSTL and FutureLife-Now!)	SSI	5	4 (6 respondents)
	Ministry of Health (focal person)	SSI	4	4
	Other government officials (Eswatini)	SSI	2	2 (3 respondents)
	MS CSTL focal points (on how CSTL was mainstreamed)	Survey	1	1 survey (14 respondents) ⁶
School level	Learners	Focus group discussion (FGD)	8 (2 per country)	8
Programme level	Implementers/ MIET Africa team	KII	6 (4 team interviews)	7 (5 team/joint interviews)
	Country teams and MIET Africa team	OH workshop	1	1
TOTAL 33 interviews/focus group discussions, 1 survey and 1 Outcomes Harvesting session.				

Data analysis

The first step in the analysis process, for the qualitative data, was to familiarise the evaluation team with the raw data. Thereafter a code sheet was developed based upon the selected DAC criteria and elements of the Transformative Equity and Climate and Ecosystems Health evaluation criteria. **NVivo 12** – a qualitative data analysis software package – was used to categorise and synthesise the data from the interview transcripts and notes. The findings were triangulated with the data gathered during the document review. The process followed for data analysis is depicted in Figure 2:



⁴ One SSI via email.

⁵ One respondent was unavailable.

⁶ The survey deadline was extended, additionally, multiple prompts were sent to potential respondent.

Figure 2. Qualitative data analysis process

To maintain a reasonable degree of anonymity, a decision was made to report any quotes from Ministries of Health and Ministries of Education as ‘Ministries’ only. Further, rather than differentiating SDC representatives’ quotes by ‘SSI’ and ‘KII’, all quotes from SDC representatives are presented as ‘SSI’. Similarly, quotes from emailed responses are reported as ‘SSI’.

The quantitative data was analysed using Google Forms and like the qualitative data, the DAC and Transformative Equity and Climate and Ecosystems Health evaluation criteria were used to guide analysis. The quantitative and qualitative data were then triangulated to verify responses.

3.3 Limitation to evaluation methodologies

The key limitation of the evaluation methodology was the low response rate to the survey. Despite multiple prompts and extending the survey deadline, only 14 respondents completed the survey. Further, 57,1% of respondents were from Malawi, 21,4% (n=3) of respondents were from Zambia and another 21,4% from Lesotho. The low response rate, coupled with more than half of respondents being from only one country, meant that the data could significantly skew findings. To mitigate this, survey data was used sparingly and only included in contexts where it would not distort the results.

It is important to note that the survey was a relatively small component of the evaluation, with other methodologies providing robust data.

Another limitation was the presence of some data gaps in the programme documents. Additionally, the evaluation included limited qualitative data from learners. However, all planned data collection activities with learners were completed successfully.

4 Findings

4.1 Effectiveness⁷

Key evaluation questions

- Was the FutureLife-Now! programme effective in meeting the intended programme objectives and outcomes?
- What results (intended and unintended) have been observed for project beneficiaries/participants that can be attributed to FutureLife-Now!?
- What were the factors that led to differences in experienced outcomes?
- Across the different countries, did all participants, including the most disadvantaged and vulnerable, benefit equally from the intervention? (Equity)
- Has the programme been effective in building knowledge and adaptive capacities?

Key findings: The evaluation found the FutureLife-Now! Programme is effective in increasing adolescent access to youth-friendly HIV, SRHR, and ART adherence support and ART services through

⁷ Including climate change awareness and action.

strategies like the referral system, health jamborees, CSE training/workshops, peer education sessions and fostering agency. Strong partnerships between the Ministries of Education and Health supported school health initiatives and service linkages. The programme also promoted climate awareness and action, with over 80% of learners participating in climate-focused activities, leading to greener school environments and resilience. While challenges remain in consistent data reporting and resource allocation, the programme has achieved progress in health access, policy alignment, and cross-sector collaboration across the SADC region.

4.1.1 Was the FutureLife-Now! Programme effective in meeting the intended programme objectives and outcomes?

This section examines whether FutureLife-Now! achieved its planned objectives and outcomes during each phase, assessing their overall effectiveness.

4.1.1.1 Phase 1, Member State Objective 1: To increase access for young people to youth-friendly HIV, SRHR and ART adherence support and services using a school-based delivery model

Outcome: Increased access by adolescent learners in the outreach region to youth-friendly HIV, SRHR and ART adherence support and services

This section begins by assessing the achievement of the objectives and outcomes, including the enablers and barriers involved, before evaluating the effectiveness of cross-cutting interventions like partnership strengthening, radio programmes, and SMS initiatives.

A key area of focus for the FutureLife-Now! Programme was to increase access to youth-friendly HIV, SRHR and ART support and services. In acknowledgement of learners' inter-related health, education and well-being, the programme set out to improve access to health services via school-based programming, consisting of various activities.

The programme documents confirm that various **output targets** related to school-based programming were **achieved during phase 1**. For example:

- The programme aimed to have a maximum of *four models for school-based youth friendly HIV and SRHR programmes that encourage healthy behaviour and ART adherence* by 2022. The latest data for the end of phase 1 indicates this **target was achieved**; by 2023, there were four models of schools using the school-health referral forms. Although these models are similar, the content and processes used for the referral forms are contextualised according to each country. For example, Malawi made use of an existing system and the involvement of FutureLife-Now! was therefore based on operationalising and building onto this pre-existing system.
- Further, the programme aimed for *40 schools to have enabling environments* to facilitate the delivery of youth-friendly HIV, SRHR and ART adherence support and services by 2022. According to programme documents, this too **was achieved**.
- A final example is that by 2021, the programme had aimed to have *40 pilot schools provide workshops for parents on (CSE)*. This target **was achieved**. Note, however, this target was only achieved in 2023 due to COVID-19 disruptions.

The interviewees spoke about the various school-based programming that was conducted in relation to this objective. Despite facing some challenges, this programming was generally effective. For example, one respondent, when asked whether the programme was effective in meeting its objectives and outcomes responded with:

“I think they have achieved their objectives to a great extent. For example, they have really gone to the schools to identify needs and have tried their best to be responsive to those needs through their programming.” (SSI, Regional Partner)

This is aligned to data from the programme documents.

The **outcome for this objective** is assessed through several outcome indicators related to young people’s uptake of health services, including HIV testing, change in early pregnancy and associated drop-outs due to early pregnancy, and reported use of condoms. Findings from the document review echo interview respondents in that the programme has effectively achieved this outcome. This is clear given that by the end of Phase 1:

- There was an **improvement** over time in the number of learners who reported accessing health services (83% in 2021 to 87% at endline).
- Regarding the type of services learners accessed, it is clear that services such as initiation on ART were accessed increasingly over time. In terms of knowledge of current HIV status, there was a slight decrease from 88% in 2019 to 86% in 2022. This was driven by fewer learners reporting knowing that status in Zimbabwe.
- There was an **improvement** in learner’s attitudes and behaviour toward accessing health services
- Over time, there was an **improvement** in learners’ behaviour regarding condom use. In 2021, 55% of learners who report having had sex reported using a condom during their last intercourse. This figure decreased to 52% in 2022, and then reached 58% at endline.
- Schools reported **decreases** in the number of female learners who become pregnant. At baseline, recorded pregnancies reflected approximately 1.16% of enrolled female learners. This figure increased to 2% during 2020 but then dropped to 0,7% at endline⁸.

The evaluation therefore confirms that FutureLife-Now! was largely effective in meeting this objective.

During the interviews, the four key strategies that stood out as particularly effective in strengthening the link between education and health are the establishment (or refinement) of the **referral systems** between schools and health facilities, health **Jamborees**, **peer education sessions**, **health talks done by health professionals as schools**, the provision of **CSE trainings** and **fostering agency**.

Referral System

One interviewee notes:

“One of the key successes, we would say, the Member States have really been working on the school health referral processes and getting these referral books to improve the cooperation between health facilities and schools. This is seen as beneficial because it eases the process for learners to access services and improves those referral systems.” (KII, Regional, Implementers)

⁸ FutureLife-Now! Phase 1 Summative Evaluation

The sentiment in the above quote was echoed by all other implementing teams, as well as most ministries in all Phase 1 countries. Indeed, the most frequently mentioned benefit of the referral system was that it increased access to health services by removing barriers, such as long queues.

“We’ve got the two-way referral system in place for learners to go to clinics because of FutureLife-Now! and our engagement with the Ministry of Health where people have come on board, and we know that children need to be supported. We find that even when they want to access medical services, it’s easier now for the FutureLife-Now! children, they do not need to queue up for long hours like before, that wasted a lot of time. They are easily identified and attended to. And if need be, they go back to school. So, we can say that that’s a positive relationship.” (SSI, Ministry, Zambia)

The referral system was noted to be effective at national level amongst all four Phase 1 countries. For example, in Lesotho, the referral system helped to materialise a pre-existing commitment between ministries to strengthen linkages between education and health services for learners. The introduction of Youth Facilitators helped to achieve strengthening at a national level as is evidenced in the following quote:

“So, what FutureLife-Now! offered was only strengthening what had already been going on, though, you know, it was an ad hoc, it was just ad hoc activities. But through FutureLife-Now! we had a plan and services were offered. I think I appreciate that FutureLife-Now! came in because we never had youth facilitators to link learners to the health facility. Yes, we had an agreement in a document called National Minimum Standards for Adolescents and Young People Friendly Health Services that says a learner can leave school and access health services in a health facility and then come back to school. But I must tell you that with FutureLife-Now!, they introduced a referral form, of which I’m happy to say as a ministry, we’ve adapted that referral form where a learner goes to the health facility, the teacher or the principal will sign the learner out of school and then the learner will get to the health facility.” (SSI, Ministry, Lesotho)

Similarly, in Malawi, the referral system’s potential at national level has been recognised. One stakeholder explains:

“So, this referral system is one of the best practices that can be replicated to a number of schools.” (KII, Implementers, Malawi)

Another stakeholder confirmed that government is committed to continuing the referral process, demonstrating its effectiveness:

“The referral pathway has been endorsed and will continue even after the project comes to an end.” (SSI, Ministry, Malawi)

The following quote demonstrates the effectiveness of the referral system by showing how it has been taken up by teachers in Malawi:

“We have observed that teachers now refer learners to health facilities and that healthcare professionals assist and release learners to return to school. Teachers are now able to call their fellow colleagues in the facilities to say, ‘we are referring the learners and once you are done, please refer them back to us’.” (SII, Ministry, Malawi)

The main factors enabling the effectiveness of the referral system are a) the strengthened relationship between the ministries of education and ministries of health (as discussed in this section under sub-heading Strengthening Partnerships between Ministries of Education and Health, and Establishing School-Health Linkages), and b) engaging both schools and health facilities to highlight the interrelatedness of learners' health, education and wellbeing, as reflected in the following quote:

"...The community engagements in the schools and health facilities they were working on. And so that's created an enabling environment for young people to really feel free to seek health services, because their parents and guardians are aware of the interventions that were happening within the communities." (SSI, Ministry, Zambia)

Despite the many successes linked to the referral system, there were a few challenges. The most significant of these is that some learners' referrals were not completed:

"We set up referrals for learners who need assistance from clinics, sometimes when we go to school activities, like a dialogue, we find that children who should have been referred have not been referred as planned. Sometimes referrals are successful, but FutureLife-Now! can't physically ensure referrals are followed-up." (KII, Implementers, Lesotho)

The most frequently mentioned factor (across three countries) contributing to this was the distances some learners had to travel to complete their referrals: *"Some schools are scattered, they are not close to health facilities, so learners don't get to their referrals"* (SII, Ministry, Lesotho). In one instance, respondents spoke about how there was a partnership with government to set up mobile clinics closer to where learners are located. This mitigated the challenge, although this was a temporary solution due to costs *"...it (mobile clinics) cannot happen on a regular basis because it has its own cost implications as well."* (KII, Implementers, Malawi).

Other challenges noted were that clinics run short on supplies. Although only mentioned in one instance, it is important to note clinics funded by the Catholic church were resistant to providing SRHR services to adolescents:

"Apart from that, another challenge is that some of the health facilities that we are linked to, or which are near mission hospitals, especially Roman Catholic hospitals. So, if you look at the teaching of Roman Catholic, I think it has got some elements where certain interventions cannot be, or certain services cannot be accessed in their health centres or hospitals. And that complicates the situation. However,... we have managed to get in touch with these mission hospitals, to afford us a section in the hospital where our learners can go and access these services." (KII, Implementers, Malawi)

In Lesotho, SRHR services were offered to learners outside of church/mission schools, with nurses from other hospitals.

Health Jamborees

Health Jamborees are integrated service delivery events. These were noted as key in contributing towards this objective. These Jamborees allowed learners with health needs to be referred to relevant services. The document review confirms these findings. Through the Jamborees, 'friendly' experts engaged learners on several topics. One stakeholder noted that at Jamborees, learners are given *"health information on different, maybe oral health information, information on vaccines,*

information on mental health, information on gender-based violence issues. And then after that, they'll get free friendly health services like COVID-19 vaccination, Human papillomavirus (HPV), they'll be checked for their blood pressure, they'll be checked orally and their eyes" (SSI, Ministry, Lesotho). The respondent continues "At that [Jamboree] we discovered nine learners that...could not see at all. And they were referred to the district hospital for further management and spectacles prescriptions ... That was because of FutureLife-Now!" (SSI, Ministry, Lesotho).

Health Jamborees brought health services closer to learners, therefore contributing to mitigating the challenge of learners having to travel far distances to access health services. Another benefit of the Jamborees is that they reach a high number of learners per event.

Comprehensive Sexuality Education

The provision of platforms to educate, discuss and capacitate learners, parents and communities about CSE was noted as important. However, compared to the referral system and the health Jamborees, these strategies were perceived to have more variance in how effective they were.

Reflecting on the use of youth facilitators and peer educators, one respondent stated:

"You know, there are certain issues that learners cannot open up to teachers about. So if you have a youth club in a school setting, and you only have learners there - obviously they need to be supported and monitored by an adult or a peer educator or youth facilitator at the FutureLife-Now! schools- you know, that would be a safe space for learners to discuss and explore health education issues: menstrual health and hygiene, gender-based violence issues, and then explore and discuss how they can help each other access assistance or help. And then the peer educator or the youth facilitator will also provide accurate information." (SSI, Ministry, Lesotho)

Another respondent noted:

"Teachers are often seen as strict authority figures, so learners wouldn't open up to them about SRHR. FutureLife-Now! created a situation where learners feel safe to open up and seek assistance through the clubs." (SSI, Ministry, Lesotho)

However, the implementation of CSE at schools has faced many significant challenges. Stakeholders noted that implementing at school level was both a strength and a weakness. In some instances, gaining access to schools was difficult. The level of buy-in naturally varied from school to school. In instances where schools were more invested, or enthusiastic, the programme ran more smoothly, and therefore with greater effectiveness:

"It varied at each school. We had four teachers who were actively involved in ensuring that the programme was up and running. These teachers attended the workshops and spearheaded the activities conducted at their schools. Therefore, the programme's effectiveness depended on the teachers at each school. In some schools, there were more active teachers, which resulted in more activities being implemented." (KII, Implementers, Zimbabwe)

Initially, some communities were resistant to the content covered by FutureLife-Now! and there was a concern that by providing information about CSE, FutureLife-Now! was encouraging learners to go "wayward" (SSI, Ministry, Zimbabwe). Another respondent noted that it was challenging to implement CSE given that "despite having CSE policies in place, CSE roll out is challenging because at some schools, you're not allowed to speak about condoms or contraception". Including communities

and relevant stakeholders (e.g. local departments, traditional and community leaders) and engaging these stakeholders in why discussing these issues with learners is important proved critical in gaining community buy-in. One respondent stated:

“The issue of social rejection and vis-a-vis our cultural [beliefs and practices], where some of these issues we talk about [including] condoms and sexual and reproductive health rights are sort of taboo, was a major barrier. There’s resistance from some people to incorporate this material into the curriculum....Having a multi-sectoral and inclusive approach helped address the weakness related to content.” (SSI, Ministry, Zimbabwe)

Another respondent stated:

“Collaboration with the community through community engagements was a strength, and a way of ensuring that everyone is fully aware or educated you know everyone is sensitized on the happenings. And because the communities were also affected with issues that affect young people. Let’s talk of teenage pregnancies. The parents do not want their girls to get pregnant and drop out of school. So, it was like consensus and making sure that we work together. They understand what health facilities are doing. They understand what schools are doing and they equally understand their role in all this.” (SSI, Ministry, Zambia)

One learner stated that their relationship with their family had improved due to the learner’s parents being capacitated around CSE through sessions with the youth facilitator (FGD, Lesotho).

Fostering agency

Being intentional about **fostering agency** was often cited as a strength contributing to CSE workshops, Jamborees and school-based programming in general. One stakeholder expands on how the implementation team fostered agency:

“I think the approach that we took in terms of making this process very organic...that flexibility really gave ownership to the schools to plan and to follow through... We just supported them in developing capacity to identify the partners that would be required. Then you would see how they would do it. So, I think it was that part of giving autonomy to the schools and support on how they do it; holding their hands in the early stages, then also then giving them eventually the autonomy to say, now organize, get the partners and ask ‘What particular things do you want to focus on? Where do you need additional help?’ So that’s what I saw to be a very effective part of our model.” (KII, Implementers, Zimbabwe)

Where country teams reported being ‘intentional’ about letting schools organise activities themselves, there were reports of schools continuing to plan events, independently of the FutureLife-Now! implementation team.

Given the use of effective strategies, including the referral system, health Jamborees, provision of CSE as well as maintaining an approach that fosters agency, this evaluation found the programme to be effective in increasing access by adolescent learners in the outreach region to youth-friendly HIV, SRHR and ART adherence support and services. The available data indicates that the programme was generally effective in achieving Member State Objective 1: To increase access for young people

to youth-friendly HIV, SRHR and ART adherence support and services using a school-based delivery model.

Effectiveness of strengthening Partnerships between Ministries of Education and Health, and Establishing School Health Linkages

The evaluation findings show that the FutureLife-Now! programme actively engaged in strengthening partnerships across Ministries of Education and Health, building a foundation for school health initiatives and establishing direct health service linkages within schools. At the national level, FutureLife-Now! worked with these ministries to implement an effective referral system that supports learners' access to health services. This system allows schools to refer students to health facilities for specialised services, while health workers are invited to schools to provide on-site health services. As one respondent noted,

"We have got the two-way referral system in place for learners to go to clinics because of Future Life Now! They are easily identified and attended to. And if necessary, they go back to school." (SSI, Ministry, Zambia)

This collaborative approach has not only strengthened relationships at the national level but has also created strong linkages between schools and local health facilities in participating communities. The FutureLife-Now! Phase 1 Results Framework (2020–2023) showed that most schools across the four participating countries reported positive relationships with local health facilities. Recent findings from the Phase 2 Bi-Annual Report (January–June 2024) reveal that 68% of schools report their relationship with health facilities as either strong or very strong. Specifically, 58% of Phase 2 schools in Zambia and 56% in Zimbabwe, as well as over two-thirds in Lesotho (69%) and Malawi (71%), reported positive relationships with local health facilities, despite being in the programme for only eight months. This consistency indicates FutureLife-Now!'s success in fostering enduring partnerships between schools and health facilities, enhancing access to essential services for students.

"FutureLife-Now! was accepted because we included key role players and got their buy-in. We worked with school heads and got a lot of buy-in from them and for health services we engaged the district health services and municipalities." (KII, Implementers, Zimbabwe)

In addition to these positive relationship results, the school health referral system has been effective in bridging health and education services at the community level. An interview respondent from a ministry in Zimbabwe described it as follows,

"The referral system creates a smooth transition and referral between school and clinic, especially for students needing child-friendly health services."

While FutureLife-Now!'s efforts to strengthen partnerships have been largely successful, challenges in achieving seamless interministerial collaboration and coordination were evident during the programme's initial stages. Some interview respondents noted initial reluctance to collaboration due to traditionally siloed structures within ministries. As a result, one of the primary challenges at the programme's onset was inconsistent participation from some partners.

"In certain contexts, there was initial resistance between the health and education ministries at the national level. For example, some ministry representatives would not

attend national task team meetings. However, concerted efforts have been made to strengthen the partnership, and it has improved over time.” (KII, MIET Africa, Regional)

“We faced a lot of struggles when we started because local clinics and the ministry were not on board. Given that our programme was based in the education sector, bringing the two ministries on board was challenging because of the siloed nature of government ministries here. However, we secured approval at the highest level, which helped us to engage health facilities more effectively. Their participation in the second phase has improved greatly.” (KII, Implementers, Zimbabwe)

Another challenge was that some countries were more conservative regarding issues related to CSE education and sexual and reproductive health.

“Some countries have strong cultural norms and religious beliefs that inform their standpoint on specific issues. We cannot run away from that. For example, while significant progress has been made, some ministries remain strongly opposed to questions about condom usage.” (KII, MIET Africa, Regional)

It should be noted that these challenges were more prominent in certain contexts than in others. For example, some countries reported consistently good working relationships between the education and health sectors, facilitating smoother implementation of programme activities.

Finally, **leadership turnover** within ministries also posed an additional obstacle as new officials needed time to understand the programme objectives and adjust to established collaboration structures. The challenge with this is that it often disrupted partnership momentum.

“The leadership of the ministries often changed, and this was a challenge because you would have just managed to get some things going right and then new officials come on board.” (SSI, UN agency)

Overall, FutureLife-Now! has demonstrated strong effectiveness in strengthening partnerships, fostering collaborative frameworks that connect education and health sectors and enabling effective health service delivery within schools across the region.

Effectiveness of using multi-media approaches

Multi-media approaches have emerged as a vital cross-cutting component of the FutureLife-Now! Programme, originally introduced as a response to the challenges posed by the COVID-19 pandemic, which limited access to schools. Introduced in 2020, these approaches encompassed a variety of activities, including an SMS messaging system designed to reinforce key messages from radio programmes, as well as radio broadcasts (focused on COVID-19, CSE, and climate issues), intergenerational webinars, and virtual dialogues. By utilising multi-media platforms, the programme effectively reached learners when in-person education was severely disrupted. Due to their significant impact, these approaches were continued beyond the pandemic, demonstrating their value in supporting the programme’s objectives.

Evaluation participants acknowledged the significance of multi-media approaches in delivering essential information on COVID-19, sexual reproductive health, and climate change. Activities such as radio and TV programming, SMS messaging, and virtual dialogues were crucial in reaching learners when the COVID-19 pandemic disrupted in-person education.

Radio programming emerged as a key strength of the multi-media approach due to its broad reach, especially in remote communities with limited TV and internet access. For example, data from the Phase 1 Results Framework shows that in 2021 alone, climate-focused radio programming reached a total of 29.7 million listeners, with Malawi leading at 21.6 million, followed by Zambia with 5.2 million and Zimbabwe with 2.9 million. In the same year, climate change TV programming attracted 5.1 million viewers. The listener figures reported in the Phase 1 Results Framework for climate-focused radio programming in 2021 were informed by estimates provided by the respective radio stations.

Additionally, the creation of radio listening clubs in countries like Malawi and Zimbabwe was another innovative approach. These clubs brought learners together to listen to the radio programmes in a collective setting, often under the guidance of youth facilitators.

“The radio programme was exactly what was needed during the COVID period and proved to be very effective at reaching more learners.” (SSI, UN agency)

“We provided solar-powered radios to schools, and the learners would gather in groups to listen to the radio programmes, even if they did not have access to a radio at home.” (KII, Implementers, Zimbabwe)

Another advantage of radio programming was its ability to ensure the delivery of accurate and credible information by partnering with experts such as representatives from health and environment ministries. Additionally, radio booklets were developed as a resource for learners who may not have been able to listen to the live broadcasts. These booklets allowed further discussion and engagement with the material, ensuring the information reached a broader audience.

“We created booklets that could be used to facilitate discussions in schools, even for those who couldn’t listen to the programme when it aired.” (KII, Implementers, Zambia)

In addition to radio, SMS messaging was used to send targeted messages to learners and parents of the learners who had given consent to receive messages on their phones. A key advantage of the SMS messaging system was that it was utilised to reinforce messages from the radio programmes. Secondary data from the Phase 1 Results Framework shows strong achievement in SMS outreach during the initial years of programme implementation. For example, despite launching mid-year in 2020, the SMS programme reached an impressive 85% of its annual target, with Zambia significantly contributing to this total. In subsequent years, the programme exceeded its 200,000-message target, reaching 567,652 messages in 2021 and 300,127 messages in the first half of 2022. However, there was a marked reduction in SMS activity in 2023, with only 36,519 messages sent out between January to June. Overall, the data indicates high programme effectiveness in the initial years, with engagement gradually tapering in the later stages, primarily due to budget limitations.

Despite its strengths, the use of multi-media approaches faced notable challenges, particularly in rural areas where poor reception and unreliable mobile networks made it difficult for some learners to access both radio programmes and SMS messages. While radio programmes had national coverage, including in remote areas, implementing teams and schools noted that reception was not always strong, hindering some learners' engagement. These access-related challenges were widespread across multiple countries, including Zambia, Malawi, and Lesotho, highlighting that rural communities were disproportionately affected by technical and infrastructural limitations when trying to engage with the programme's multi-media initiatives.

“The challenge with radio is that some of the communities had poor reception, and in certain boarding schools, learners were not allowed to access radios after a certain time.” (KII, MIET Africa, Regional)

“Signal is so weak in some areas that people don’t get messages on cell phones; this applies to radio too. It also varies across districts.” (KII, Implementers, Malawi)

Another challenge was the high cost associated with radio programming. While radio had a broad reach, it was also expensive to maintain and required significant coordination.

“Radio is a fantastic medium, but it’s costly and involves a lot of work to set up and sustain.” (KII, MIET Africa, Regional)

Lastly, a key challenge with the SMS approach is the uncertainty around message delivery to the intended recipients, particularly in cases where a parent’s mobile number was registered on behalf of a learner who did not have a phone. This limitation makes it difficult to verify whether messages received by parents were effectively relayed to the learners.

In conclusion, FutureLife-Now!’s multi-media approaches have effectively expanded reach and raised community awareness on critical information, making it accessible to wider audiences across the region.

4.1.1.2 Phase 1, Member State Objective 2: To advance gender equality in the SADC Region by addressing the specific needs of boys and young men

Outcome: Boys and young men in the outreach area complete their schooling, engage in positive behaviours and make responsible SRH choices

The following section assesses the extent to which the programme has been effective in meeting its objective to advance gender equality within the SADC region by addressing the specific needs of boys and young men. The analysis is based on secondary data gathered from the FutureLife-Now! Phase 1 Results Framework and annual reports. These indicators include:

- Number and percentage of boys and young men from outreach schools who accessed SRHR services (e.g., HIV testing services (HTS), Sexually transmitted infections (STI) testing, Voluntary medical male circumcision (VMMC), condoms)
- Number and percent of male learners who drop out of school per year in outreach schools
- Change in attitudes regarding gender relations and gender norms amongst boys and young men / girls and young women (ages 10-24) in outreach schools
- Number of boys and young men supported through a targeted, combination package of health and life skills support
- 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

The evaluation findings show that FutureLife-Now! has made significant progress in addressing the health needs of boys and young men, particularly through developing and facilitating the adoption of the SADC Boys’ and Young Men’s Vulnerability Framework. This Framework, approved by SADC Member States, provides a structured approach for assessing the specific vulnerabilities of boys and young men and guides targeted support programmes and interventions. Country-specific

adaptations of the Framework are underway, with full support from the ministries of health and education.

“The SADC Boys’ and Young Men’s Vulnerability Framework enlightened us as programmers that we don’t have to leave the boy child behind. There are vulnerabilities peculiar to boys, just as to girls.” (SSI, Ministry, Zambia)

“One thing I think we should not leave out is the development of the SADC Boys’ and Young Men’s Vulnerability Framework which was developed as part of the programme at policy level. And then we started seeing activities in the FutureLife-Now! Programme which seeks to strengthen responses to young boys’ challenges at respective schools.” (SSI, SDC Representative)

Primary data shows that the SADC Boys’ and Young Men’s Vulnerability Framework has helped to highlight the previously unmet needs of boys and young men, shifting focus from programming that only focussed on girls.

“The Ministry has become more aware of the challenges faced by boys and young men. Before FutureLife-Now!, programming was always focused on girls. But we now want to pursue boys-focused programming moving forward.” (SSI, Ministry, Lesotho)

The findings also show that FutureLife-Now! has taken deliberate action to address the specific needs of boys and young men through various programme initiatives. First, the results show that there has been a substantial increase in boys’ participation in FutureLife-Now! activities. With limited programming for boys before 2020 (as shown by baseline data), the programme’s establishment of peer sessions, boys’ clubs, health events, boys’ weekend camps, and sporting activities has created a supportive environment that actively engages boys and young men. Evidence suggests that the number of boys participating in peer sessions nearly doubled from 6,527 in 2021 to 12,058 in 2023.

Furthermore, a core component of the programme's objectives has been enhancing access to health services for boys and young men. Data shows a marked increase in the percentage of male participants accessing health services—from 52% to 79% between 2021 and 2022.

The programme’s focus on shifting attitudes toward gender norms and relations has also shown promising results, although it has not yet fully met its target. Specifically, the proportion of male learners who correctly understood the statement about female condom use and fidelity increased from 58% in 2020 to 65% in 2023. This suggests further work is needed to shift knowledge and attitudes regarding gender relations and norms among boys and young men.

In addition, dropout rates among male learners, which spiked in the years immediately following COVID-19, have shown a significant reduction beginning in 2022. The initial rise in dropouts, increasing from 345 in 2019 to a peak of 744 in 2021, was followed by a 19% decrease in 2022 and a further 45% reduction in the first half of 2023. This is an indication that the programme’s efforts to re-engage boys in schools appear to yield positive results.

Finally, both primary and secondary data show progress in developing gender-sensitive and gender-positive policies to support access to SRHR and HIV&AIDS services for all genders across Member States.

“It was significant that they focused on boys and girls by bringing in the Boys Vulnerability Framework. It inculcates a culture where boys grow up respecting girls and reduces the risks they might pose.” (SSI, Ministry, Zambia)

While considerable progress for most indicators has been made, a few challenges persist. To begin with, the analysis indicates a notable lack of focus on boys and young men in existing government policies and there remains a significant gap in fully integrating the needs of boys and young men into these frameworks.

In addition, barriers were noted regarding participation rates of boys and young men in programme activities in countries such as Lesotho. The lower participation rates in Lesotho have been partially attributed to safety concerns regarding transportation.

Overall, FutureLife-Now! has achieved significant progress toward addressing the health needs of boys and young men, as evidenced by increased participation in programme activities and improved access to health services. The development of the SADC Boys’ and Young Men’s Vulnerability Framework also shows progress in developing gender-sensitive policies that support access to SRHR and HIV&AIDS services for all genders across Member States.

4.1.1.3 Phase 1, Member State Objective 3: To empower young people to drive action to improve their physical environment and address the challenges of climate change

Outcome: Physical environments improved, and challenges of climate change addressed through youth-driven local action

Enabling youth action against the negative impacts of climate change was a key priority of the FutureLife-Now! Programme. As part of the work, learners, teachers and peer educators in selected schools in each country were engaged in theoretical and experiential activities intended to give them the knowledge and motivation to improve their physical environments and address climate change impacts.

As discussed in section 4.1.1.1 above, learners participated in dialogues and webinars to gain awareness and knowledge about climate change. Additionally, learners were encouraged to take action by engaging in practical activities that would tangibly improve their physical school environment. Examples of such activities include:

- Vegetable gardens were established at many target schools.
- Trees were planted at many target schools (e.g., 24 260 learners involved in tree planting in Malawi, Zambia and Zimbabwe, as part of national tree planting campaigns in 2021).
- Recycling and litter pick-up campaigns were implemented.
- Selection of environmental champions – learners that monitored and trained other learners in environmental and climate action activities.

Such activities were introduced through structured and dedicated programmes and /or campaigns. For example, the [Blue School approach](#) supports schools to improve water and sanitation services while integrating environmental education into the curriculum and the way the school community operates. Similarly, school-based campaigns such as *One-School, One-Garden campaign* and “[1 Million Youths Action Challenge](#)” promote youth climate action that sensitises youth around climate change and encourages their engagement in regenerative activities.

Climate change activities were varied and include tree-planting, litter pick-ups, briquette making, composting, recycling, climate fairs, dialogues, talks, jamborees and webinars. The FutureLife-Now!

Programme piggy-backed and collaborated on local and international initiatives promoting climate change knowledge and action, such as national tree-planting campaigns, and other donor programmes (United Nations Children's Fund (UNICEF) and the United Nations Institute for Training and Research (UNITAR)).

"In Zimbabwe, climate change education has been embedded into subjects such as geography, environmental science, and life skills. The inclusion of practical activities like recycling projects and environmental clubs in schools has enhanced students' engagement with climate action." (SSI, SADC Secretariat representative)

By engaging learners in these activities, the programme's expectation is that physical school environments would be cared for, free of litter, producing nutritious food and the school community would enjoy the benefits of new indigenous vegetation and trees (such as shade, mitigation against erosion, carbon sequestration and biodiversity promotion). While some of these changes take longer to root, there are several examples⁹ from the FutureLife-Now! Programme implementing team and Phase 1 summative evaluation that school environments are generally cleaner, and learners have grown in confidence and taken initiative to improve their school and community environments.

4.1.1.4 Phase 1, Regional Objective 1: To strengthen education sector responses to HIV&AIDS and SRHR in the SADC Region by building on CSTL as a strong regional framework

Outcome: SADC education sector responses related to HIV&AIDS, SRHR and ART adherence strengthened using the CSTL framework

This section assesses the extent to which the regional objective and outcome related to strengthening SADC's education sector response to HIV&AIDS, SRHR, and ART adherence using the CSTL framework. The associated outcomes include the establishment of multi-sectoral policies guiding HIV and SRHR services and progress made towards mainstreaming CSTL (including achieving a minimum score on the CSTL Mainstreaming Index). Progress made towards each of these areas is discussed in detail below and is informed by primary and secondary data.

Availability of Comprehensive and Multi-Sectoral HIV/SRHR Policies

Evaluation findings indicate that the FutureLife-Now! Programme has contributed to the strengthening of education sector responses to HIV and SRHR across the SADC region by building on the CSTL framework. Evidence shows that the programme has played a key role in influencing policy and system-level and community-level interventions aimed at addressing HIV and SRHR in education settings. In addition, the programme has utilised multi-media approaches to engage young people and the broader community, facilitating advocacy and information dissemination on HIV and SRHR topics that address policy and community needs.

FutureLife-Now! has effectively supported the integration of HIV/SRHR policies and strategies in alignment with CSTL goals. Through its advocacy, inter-ministerial collaboration, and youth-centred initiatives, FutureLife-Now! has strengthened regional education sector responses to HIV and SRHR.

⁹ Article in Newsletter 4: [Meet our Queen of Beans](#)

Article in Newsletter 5: [Zimbabwe's Murape Learners Put Their Backs into Greening Their School and Community](#)

Article in Newsletter 8: [Madisi Youth Club: Partner and Protector of Monjeza Forest Reserve](#)

Data from the FutureLife-Now! Phase 1 Framework indicates significant progress among Member States in strengthening HIV/SRHR policies for adolescents and young people. At the 2019/2020 baseline, 6 out of 10 reporting Member States had comprehensive, multi-sectoral policies guiding access to HIV and SRHR services. By 2022, this number increased to 14 out of 15 Member States, with policies specifically protecting adolescent rights. Notably, five Member States are revising or recently updating their policies. Additionally, by 2020, 10 out of 14 reporting Member States had policies addressing adolescent health, including learner pregnancy. Importantly, all four FutureLife-Now! Phase 1 Member States had policies safeguarding adolescent rights and addressing adolescent health within education policies.

FutureLife-Now! has significantly influenced the development of key policies and guidelines that promote the integration of HIV and SRHR services within educational systems. One major initiative has been the establishment of Sexual and Reproductive Health (SRH) referral linkages, where FutureLife-Now! collaborated with health and education ministries to enhance access to HIV testing, contraceptives, and counselling for young people.

Additionally, FutureLife-Now! has advocated for including menstrual health management (MHM) in SRH policies, addressing existing gaps in national frameworks, particularly in countries such as Eswatini, Malawi and Lesotho. These contributions have also led to updating SRHR policies and developing re-entry policies for adolescents, ensuring that young people have the necessary support and resources to navigate their health and education effectively.

*“We are currently reviewing the National Training Manual for Healthcare Workers and are highlighting the importance of integrating menstrual health management, as this is a major struggle for young learners and often interferes with their self-confidence.”
(SSI, Ministry, Eswatini)*

Close collaboration between FutureLife-Now!, Ministries of Education, and Health has been identified as a key strength that has informed policy review and alignment and, in some cases, the development of new strategies.

“Since 2023, the Ministry of Health has been reviewing the Sexual Reproductive Health and Rights policy that expired in 2022 as well as the successor policy. We have taken on board some lessons from the programme and best practices. One of the issues is the age of consent required to access SRHR services. With evidence that has been gathered over the years, we now recognise that we have learners as young as 10-15 who are sexually active. So now we are opening SRH services to all sexually active learners, and those below the age of 15 no longer need consent to access SRHR services at the facility.” (SSI, Ministry, Malawi)

Despite making substantial progress, interview respondents highlighted gaps between policy development and implementation.

“While we have made progress in policy development, the actual implementation of these policies has been slow due to resource and capacity constraints.” (KII, Implementers, Zimbabwe)

FutureLife-Now! has effectively supported the integration of HIV/SRHR policies and strategies in alignment with CSTL goals. Through its advocacy, inter-ministerial collaboration, and youth-centred initiatives, FutureLife-Now! has strengthened regional education sector responses to HIV and SRHR.

The programme's multi-media approaches have created essential platforms for disseminating health information, though challenges related to technology access and language barriers persist. Continued resource allocation and localised expertise will be critical to enhancing FutureLife-Now!'s impact on HIV/SRHR policy influence across the SADC region.

Effectiveness of Member States in implementing the SADC Policy Framework on CSTL

The CSTL Policy Framework has been instrumental in guiding SADC Member States toward more inclusive and supportive educational environments. Through the support of FutureLife-Now!, Member States have made strides in policy alignment, inter-ministerial collaboration, and the operationalisation of care and support initiatives for learners in schools. However, effectiveness in CSTL mainstreaming varies across countries, with key enablers and challenges emerging from both the results framework data and qualitative interview insights.

To begin with, results from the CSTL Mainstreaming Index indicates substantial progress in mainstreaming CSTL among SADC Member States. The index serves as a crucial measure of how well Member States have integrated CSTL principles into their policies and practices. This analysis evaluates the performance of Member States in achieving a minimum score of 18 out of 24 on the CSTL Mainstreaming Index. Data from the FutureLife-Now! Phase 1 Results Framework shows that the target set for 2022 was for 13 Member States to achieve a minimum of 18 points on the CSTL Mainstreaming Index. Below is a summary of progress over the years:

- 2020: 5 out of 11 reporting Member States achieved the target.
- 2021: 10 out of 12 reporting Member States achieved the minimum score.
- 2022: 11 out of 13 reporting Member States reached the target.

Although the target was not achieved, the results show an upward trend in terms of progress being made by Member States in mainstreaming CSTL. Notably, Zimbabwe attained perfect scores (24), reflecting a strong national commitment to the CSTL framework. Zambia and Malawi also surpassed the target, scoring 22 and 21 respectively. In Lesotho, where CSTL implementation initially lagged, FutureLife-Now! support, which began in 2020, has been instrumental in driving progress. Lesotho scored 9 out of 24 on the CSTL Mainstreaming Index in 2020 and consistently improved each year, achieving a 19 out of 30 in 2023.

The following quotes emphasise the progress made by Zimbabwe and Lesotho in integrating CSTL principles into its policy and practice.

"Zimbabwe has not only embraced CSTL but has effectively translated policies into action on the ground. This has allowed a level of engagement and alignment that sustains CSTL principles even at the school level." (KII, Implementers, Zimbabwe)

"FutureLife-Now! has supported the CSTL mainstreaming process in Lesotho. We were a bit behind from other countries. The fact that we now have a national CSTL model is testament of this support. There is a clear process now where all departments know when to report and reflect on CSTL activities. This coordination has strengthened CSTL's presence in Lesotho." (KII, Implementers, Lesotho)

Analysis of primary data (both from interviews and survey) provides insight into FutureLife-Now!'s contribution to how effectively Member States have mainstreamed the CSTL framework into their systems. Firstly, survey data shows that 79% of respondents either agreed or strongly agreed with the view that FutureLife-Now! has supported Member States in their process to mainstream CSTL

into their policy and practice. This is shown in Figure 3, where 1 is strongly disagree, 2 is disagree, 3 is neither agree or disagree, 4 is agree and 5 is strongly agree.

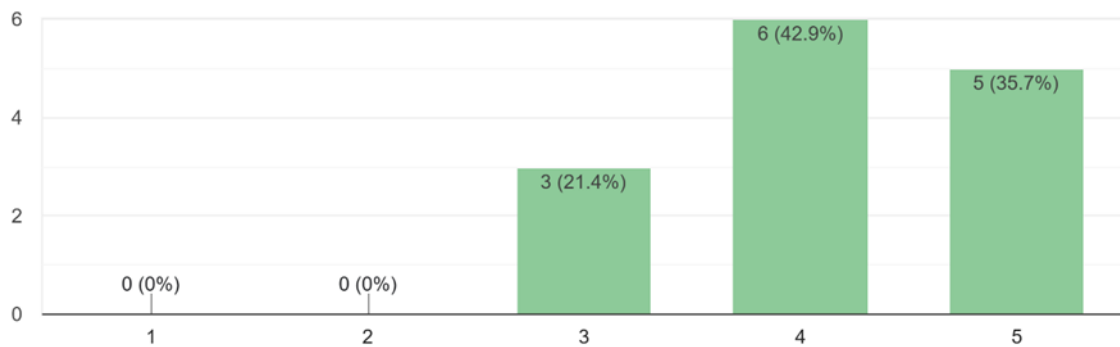


Figure 3 Graphical representation of FutureLife-Now!'s support to Member States in the process of mainstreaming CSTL

A key finding regarding the role of FutureLife-Now! is its pivotal support to Member States in mainstreaming CSTL, primarily by translating policy into actionable initiatives at the community and school levels. Interview respondents explained that while many SADC countries have established sound policies under CSTL, they often face challenges with effective implementation. Therefore, FutureLife-Now! has bridged this gap by fostering practical, youth-centred approaches that bring policies to life within school communities. For example, FutureLife-Now! has initiated clubs, youth-led dialogues and workshops to actively involve youth in decision-making processes, helping learners to not only understand CSTL-based policies but also to participate in their application.

According to most interview respondents, the programme has also been effective in facilitating policy alignment and supporting collaboration between relevant ministries in Zambia, Lesotho, Malawi, and Zimbabwe. In Zambia, for instance, FutureLife-Now! supported the Ministry of Education in strengthening re-entry policies for learners. Memorandums of Understanding (MOUs) facilitated policy alignment, though challenges remain in translating these policies into widespread practice.

“FutureLife-Now! has played a part in supporting the Ministry of Education in terms of strengthening their policies and aligning them to the CSTL framework. Through our existing MOU with the ministries, we have been able to support the development of guidelines or regulations related to school re-entry policies.” (KII, Implementers, Zambia)

Furthermore, FutureLife-Now! has played a key role in bridging gaps in referral systems and strengthening links between the Ministries of Health and Education in Zambia, Zimbabwe, Lesotho, and Malawi. For example, in Malawi, capacity building and training provided through FutureLife-Now! has improved the referral process, helping more learners access necessary health services, which reinforces positive health outcomes and school retention.

“The FutureLife-Now! Programme has made an impact on learners, previously, in Phase 1 we had challenges with the way learners were accessing the referral system, but the programme brought together the Ministries of Health and Education to get the referral system working effectively. We provided training on the health facility database for referral and how to track learners and for now we have seen an improvement in

learners going into hospitals. We know behaviour change doesn't happen overnight, but the numbers indicate that we are on track for greater behaviour change with the increased number of people testing for HIV and STIs." (KII, Implementers, Malawi)

However, although mainstreaming CSTL into Member States' systems has shown effectiveness, particularly in creating inclusive educational environments, some interview respondents noted that not all countries are at the same level of implementation. Countries such as Malawi, Zambia, and Zimbabwe have made notable progress, while others may require additional support to fully integrate CSTL.

Enablers of the Process of Mainstreaming CSTL in Member States

Analysis of primary data on enablers for mainstreaming CSTL in SADC Member States highlights several key factors that have facilitated effective implementation. The recurring themes include institutional commitment, collaborative frameworks, and the alignment of CSTL with existing policies and community needs.

First, a strong enabler has been **embedding CSTL within existing educational and health systems**. This enabled a smoother implementation process without introducing entirely new elements and contributed to CSTL's acceptance and uptake at the institutional level.

"Its strength lies in its institutionalisation within the education system. The programme is integrated within national policies for better support, ensuring its sustainability and guaranteeing that it will continue." (SSI, SADC Secretariat)

"FutureLife-Now! was not introducing something new, we were just showing them [the ministries] that they had already committed to doing these things." (KII, Implementers, Malawi)

Another key enabler was the **multi-sectoral and cross-country collaboration** and, in particular, the partnerships between education and health ministries. This played a key role in facilitating shared learning and consistent improvements. Survey respondents also emphasised that knowledge sharing in the different stakeholder meetings has equipped Member States with valuable insights and best practices, enabling them to refine their approaches and align with regional standards for improved implementation.

"Collaborations between ministries were strong, and countries are learning from another by sharing their practices," (SSI, SADC Secretariat)

Furthermore, **high-level political support across SADC, alongside strong community involvement**, emerged as another significant enabler as they provided the necessary support to make positive progress in the CSTL mainstreaming process.

Finally, interview respondents noted **support through technical assistance and training** as enabling factors for effective CSTL implementation. This ensured stakeholders had the knowledge and resources to adapt CSTL to their unique national contexts.

"The provision of training, technical support, and resources to member states has played a crucial role in enabling countries to implement CSTL effectively." (SSI, SADC Secretariat)

Barriers to Mainstreaming CSTL in Member States

The data outlines several critical barriers faced by Member States in the process of mainstreaming the CSTL framework within their education systems. These challenges range from resource limitations and technological exclusion to cultural resistance, affecting the consistency and effectiveness of implementation across countries.

- A major barrier is the lack of adequate resources to fully scale the CSTL programme and support schools comprehensively. This affected the establishment of essential school services and compromised the quality of care provided to learners in some countries. There is also concern that some countries might struggle to sustain CSTL initiatives if international support decreases.
- Technological limitations also posed another obstacle, especially in settings where access to digital tools is limited. For example, a respondent from Zimbabwe mentioned “technological exclusion” as a hindrance that impacts the ability of schools, particularly in rural areas, to fully implement and engage with CSTL resources and support systems.
- Interview respondents also noted disparities in political commitment and administrative capabilities among SADC Member States as a barrier leading to varied success in CSTL implementation.
- Lastly, cultural barriers, including resistance to CSE topics integral to CSTL, were cited as challenges.

In summary, FutureLife-Now! has made good progress in advancing education sector responses to HIV&AIDS and SRHR in the SADC region by strengthening CSTL implementation. While challenges remain, the programme’s support has enhanced policy alignment, cross-sector collaboration, and capacity building, contributing meaningfully toward the regional outcome.

4.1.1.5 Phase 1, Regional Objective 2: To increase competencies on SRHR, HIV and ART adherence amongst adolescent learners in the region through strengthened CSE

Outcome: Adolescent learners in the SADC Region have increased competencies to protect themselves against HIV&AIDS and related SRH vulnerabilities

Strategies such as peer education clubs, health talks/dialogues, radio booklets, SMS services and radio programming were used to work towards this outcome. These have been discussed under Section 4.1.1.1 about Phase 1, Member State Objective 1.

- **Indicator: 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.** The target for this indicator was to have 70% of learners in four Member States score 65% or more, and 50% of learners in four Member States score 75% or more on HIV knowledge quizzes by 2022. The target gender split for this indicator for 2022 was to have 65% females and 79% males.

Programme documents indicate an increase in learners’ performance on HIV&AIDS and SRHR knowledge questions from baseline to end of phase. For example, data covering the 2021 year showed that a total of 69% of learners scored 65% or more on these knowledge questions, with Malawi and Zambia scoring higher than Zimbabwe and Lesotho. This trend continued to end of phase, where Malawi and Zambia scoring the highest:

- Malawi (with 77% of learners scoring 65% or above)

- Zambia (73% of learners scoring 65% or above)
- Zimbabwe (62% of learners scoring 65% or above) and
- Lesotho (54% of learners scoring 65% or above)

As seen above, by 2022, this target was **partially achieved** given that two out of four Member States reached their target. The target for gender split was achieved for the most part, given that by 2022, 68% of females (exceeding the target of 65% for females) achieved the target score, whereas 66% of male learners (just under the target of 70%) achieved the target score.

- **Indicator: Number of SADC Member States implementing revised and strengthened Life Skills/Life Orientation curriculum that incorporates CSE (inclusive of sexualities, HIV and SRHR, relationships, rights, gender-based violence.** The target for this indicator was to have seven Member States implement a complete version of CSE inclusive of all topics by 2022.

This evaluation only covered four Phase 1 Member countries. Programme documents indicate that for 2022, 10 out of 12 Member States (including Lesotho and Malawi) had strengthened life-skills curriculum based CSE.

Based on the above, although the targets were not achieved in full, Phase 1 made good headway towards the realisation of adolescent learners in the SADC Region having increased competencies to protect themselves against HIV&AIDS and related SRH vulnerabilities.

4.1.1.6 Phase 2, Member State Objective 1: Building on FutureLife-Now! Phase 1, expand the tested FutureLife-Now! school-based Package of Health and Wellbeing to 120 schools and approximately 100 health facilities, using the 40 Phase 1 pilot schools as hubs of support

Outcome 1: Youth in the 160 FutureLife-Now! 2 schools are supported to make positive choices and take positive actions related to their health, including accessing youth-friendly health services; gender equality; climate change and their futures

Progress toward Outcome 1 is assessed through three indicators:

- **Number (%) of youth (in FutureLife-Now! schools) receiving at least one quality integrated health service through strengthened linkages between Education (schools) and Health (clinics) sector.** The targets for this indicator are as follows: For 2024: 25% of enrolled learners (estimated to be 29 800 learners) receive at least one quality integrated health service, and this should increase to 40% of learners (estimated to be 47 685 learners) by 2025.

At the time of this evaluation, in 2024, the target had been reached. Lesotho, Malawi, and Zambia have surpassed the 25% target. Notably, Malawi has already achieved the 2025 goal, with 40% of enrolled learners accessing at least one health service.

- **Number of persons reached through health education sessions.** The target for this indicator is as follows: For 2024: 45% of enrolled learners reached through health education sessions (estimated to be 61 236 learners).

At the time of this evaluation, the most recent data indicated that 43 032 learners of the target estimate (61 236 learners) had been reached. This represents good progress (70,3%) towards achieving this target.

- **Percentage of youth who demonstrate more than 60% knowledge on HIV&SRHR issues.** The target for the above indicator is for 65% of surveyed learners across all participating countries to score 66% or more on the HIV and SRHR knowledge test.

Survey data for this indicator was not yet available.

Outcome 2: Youth in FutureLife-Now! schools understand and act in favour of greater gender equality

There are two outcome indicators for the above outcome:

- **Number (and %) of youth (in FutureLife-Now! schools) who have been subjected to different forms of sexual and gender-based violence having received required (medical, and/or psychosocial, and/or legal) support.** The target for the above indicator is to have 100% of reported cases handled appropriately by schools and relevant child safety bodies by 2025.

The latest reporting highlights significant data challenges in measuring progress for this indicator. In Zimbabwe, schools misunderstood the requirement to collect data on the number of learners needing support services, leading to incomplete reporting. Data collection for this indicator was not conducted in South Africa. In Lesotho, health facilities do not disaggregate data by schools, making it impossible to identify specific support provided to FutureLife-Now! learners. Finally, in Zimbabwe, no youth from FutureLife-Now! schools were recorded as requiring support services. Given these challenges, the available data is insufficient to determine progress toward meeting the target.

- **Percentage of young people (in FutureLife-Now! schools) who correctly identify inaccurate concepts of gender norms.** The target for this indicator is to have a minimum of 60% of learners (male and female) correctly answer at least three out of five questions by 2025.

By June 2024, progress had been made towards achieving this target, however, results varied significantly from country to country. The target had been met in South Africa (89% of females and 76% of males correctly answered at least three questions). In Zambia, the target was partially met with 60% of females answering at least three questions correctly. In Lesotho, Malawi and Zimbabwe the target had not yet been met.

Outcome 3: Youth and school community have improved awareness and resilience to changes in environment and climate

Progress toward Outcome 3 is assessed through two indicators:

- **Percentage of young people (in FutureLife-Now! schools) who demonstrate knowledge on Climate Change.** The target was to have 80% of learners across the countries score a minimum of 60% correct; and 60% of learners score a minimum of 75% correct.

The most recent programme documents only report on baseline data. The survey data for 2024 was not yet available at the time of this evaluation.

- **Number of young people participating in climate activities.** The target states that by 2024, 40% of enrolled learners should be participating in climate change activities.

By June 2024, 36% of the target was reached. Climate change activities included youth climate change dialogues, climate jamborees, environmental clean-ups.

4.1.1.7 Phase 2, Member State Objective 2: Using innovative approaches, develop the agency, leadership and workplace preparedness of youth in the FutureLife-Now! schools

Outcome 2: Youth in the FutureLife-Now! schools display confidence in their lives beyond school and use their agency to lead positive actions for the benefit of themselves, their families, schools, communities and countries.

- **Indicator: Number of youth participating in, and influencing public service provision, decision-making and budgets in their localities (disaggregate by age& gender).** The target for this

indicator states that by 2025, 120 schools have multiple opportunities for learners' participation in decision-making.

By the end of the January – June 2024 reporting period 130 of 160 schools across Phase 1 countries had Youth Advisory Committees. The breakdown of schools per country indicates the excellent progress in Malawi where 40 out of 40 of participating schools had Youth Advisory Committee. Similarly, good progress was made in Zambia and Zimbabwe, where 35 of out 40 schools, and 33 out of 40 schools, respectively, had these committees in place. In Lesotho, 22 of the 40 schools had these committees. This totals to 130 out of the 160 schools (81,5%) in phase 1 countries having opportunities for learners' participation in decision-making.

This indicates the target has **tentatively** been reached in so far as there being a platform for learner's participation in decisions making. Importantly, it is too soon to determine whether these platforms were effectively utilised by learners given that data on the types of decisions made by learners will only be collected at the end of 2024, and therefore not available for this evaluation. Interestingly though, overall, there were significantly more female (68,1% in total) than male learners (31,9% in total) represented in student councils. This gender split was maintained at country-level, where the percentage of males on these councils consistently fell below 44%. Data on the types of decisions made by learners had not yet been collected at the time of this evaluation.

- **Indicator: Number of youth implementing community service projects (Ubuntu).** The target for this indicator for 2024 aims for 15% of learners to demonstrate agency through learner-led projects that are in service of others (estimated 20 412).

Data from the 2024 bi-annual report (reporting period January – June 2024) indicates that the programme is **on track** to reach this target with 77% (15 656 learners) of the target being reached. Learner-led projects were focused on climate-change and health. In total, just over half (55%) of projects were led by female learners. In Malawi, Zambia and Zimbabwe the gender split was similar, ranging from 50 -55% of projects being led by females. However, in Lesotho this percentage soared to 81% of learners involved in these projects being females.

4.1.1.8 Phase 2, Member State Objective 3: Expand the reach of FutureLife-Now! by providing technical assistance to three additional Member States and support implementation of FutureLife-Now! in 10 model schools in each new Member State

Outcome 3: Three additional Member States implement the FutureLife-Now! Programme

The consensus from the interviewees was that the scale-up process was experienced with varied levels of effectiveness. When considering the interview data together with the outcome indicators for this outcome, good progress has been made towards realising this outcome, but it remains partially achieved.

The two outcome indicators for this outcome follow:

- **Number of Member States demonstrating integration of FutureLife-Now! into their education and health systems.** The target for this indicator was to have a minimum of three new Member States launching the pilot by 2024.
 - To date, FutureLife-Now! has initiated the pilot in South Africa and onboarded Eswatini. Although discussions are underway with Eswatini, the programme has not yet been launched.

- **Number of secondary schools in new Member States implementing FutureLife-Now! as model schools.** The target for this indicator was to have a minimum of 13 schools in South Africa and 10 schools in Eswatini implementing by 2024.
 - Although the target has been met in South Africa (25 schools implementing the programme), the target for Eswatini has not yet been met.

In addition to expanding the programme to new Member States, the scale-up strategy sought to implement at more schools and health facilities within Phase 1 countries. Interview respondents indicated that this part of the scale up process was experienced with various levels of effectiveness, but that it was hampered by various factors.

The main challenge in phase 2 was a lack of time for implementation due to funding being withdrawn prematurely. Adding to this was a lack of resources. The following quote from Malawi is representative of the sentiments expressed across all Phase 1 countries:

“The growth was not in tandem with number of schools serviced [in Phase 2]. So, each person has to work on multiple thematic areas. We had 10 youth facilitators against 10 schools, in phase 1. But in phase 2 we had 40 schools, but only increased to 20 youth facilitators.” (KII, Implementers, Malawi)

Like the above, it was noted that it was challenging to keep up with the increased demand for the programme given that there was a disconnect between the score of work and the funding available.

“The challenge, however, is that there was more appetite for the programme than we could take up. We went up from 10 to 40 schools, but they [Member States] wanted us to expand to even more schools. However, funding for that was not there.” (KII, Implementers, Regional)

In addition, it was anticipated that the Phase 1 schools, known as 'hub' schools, would play a pivotal role in building capacity and providing support to newer schools. While this did occur in certain cases, hub schools generally required more assistance from the implementation teams than initially expected, further straining already limited resources as seen in the following three quotes:

“I think we didn't have a good sustainability plan.... In Phase 2, we have gone to 40 schools, but we are still putting the 10 first schools in our bags...There are very few exceptional schools where you could see that they felt equipped with the required knowledge and skills [to own the programme]. But there are others that still need us to support them more” (KII, Implementers, Lesotho)

The stakeholder continues:

“We thought Phase 1 schools would be more independent by now but they're still reliant on us. We hoped they would participate in capacitating Phase 2 schools, but this has not happened.” (KII, Implementers, Lesotho)

The above sentiment was echoed across all countries, an example of a quote from a different country is seen below:

“Of course, Phase 2 is now only a year in. Because 30 new schools were added after Phase one, we found that some schools have been able to implement the programme faster than others, and better than others because of the teachers they have. But generally, all schools have been up and running in Phase 2. They have activities like

health services, health fairs, these are hosted by the Phase 1 schools” (KII, Implementers, Zimbabwe)

When reflecting on the process of scaling to new Member States, one stakeholder highlighted the varying needs across Member States. For instance, the stakeholder noted that South Africa has a particularly pronounced need for strengthening climate change responses compared to other Member States. They further suggested that it would be preferable to adapt the programme design to align with each country’s specific needs before seeking a donor willing to fund the programme, rather than allowing donor priorities to dictate the design. It is important to note that this perspective was mentioned by only one stakeholder.

Despite these challenges, certain factors contributed to the success of the scaling process. For instance, the strengthened relationships between ministerial departments in Phase 1 led to comparatively stronger support from ministries in Phase 2, allowing the programme to build on the momentum established earlier. Additionally, the insights gained from Phase 1 facilitated the implementation of Phase 2. As one stakeholder explains:

“I've seen that effective implementation of Phase one has helped us to maintain consistency in phase two. The member countries, from what I've observed, are showing increased interest in the programme. It is being sustained and continues to grow” (SSI, Ministry, Zambia)

The above demonstrates that the programme did well in working towards achieving this objective. Building on the achievements and momentum gained in Phase 1 contributed to this achievement. Importantly, though, factors such as a lack of resources, a shortened implementation period, and a continued need to support schools hindered the effectiveness of this outcome, leading to this outcome being partially achieved.

4.1.1.9 Phase 2, Regional, Objective 4: Strengthen SADC health and education systems, and their integration, to support and promote the health, wellbeing and agency of children and youth

Outcome 4: Health and education systems in the SADC Region promote the health, wellbeing and resilience of learners and provide opportunities for agency

Two outcome indicators were set to measure this outcome. The results are presented below:

- **Indicator: Policy framework in place at national and school-level for re-entry and support for pregnant learners.** The target for this indicator was to have six Member States that have strong policy frameworks that promote support for pregnant learners, at national and school-level by 2025.

The most recent data (as reflected in the 2024 Bi-Annual Report for the period between January and June) shows that progress has been made in five of the Six Member States (Lesotho, Malawi, Zambia, Zimbabwe and South Africa). This is to be expected given that Eswatini has only recently (in 2024) been onboarded. The number of Phase 2 schools that reported on policies and procedures in place to support pregnant learners and young parents in continuing their education within these five Member States are as follows:

- Lesotho: 21 out of 30 schools (70%)
- Malawi: 27 out of 30 schools (90%)

- Zambia: 21 out of 23¹⁰ schools (91.3%)
- Zimbabwe: 30 out of 30 schools (100%)
- South Africa: 10 out of 13 schools (76,9%)
- **Indicator: Number of SADC Member States with domesticated gender-transformative policies.** The 2024 target for this indicator is to have the Boys and Young Men Vulnerability Frameworks domesticated in 3 out of 6 countries.

The 2024 Bi-Annual Report for the period between January and June indicates thus far, Lesotho and Malawi are in draft stages of domesticating the Boys and Young Men Vulnerability Framework, South Africa has not started domestication, and that Zambia and Zimbabwe have finalised and are awaiting launch dates, meaning that the programme is on track to achieve this target by the end of 2024.

As evidenced above, the progress towards this outcome for Phase 2 builds on what was already achieved during Phase 1 in terms of re-entry policies and domesticated gender-transformative policies. The data for 2024 indicates that the programme has made good progress towards realising the outcome “Health and education systems in the SADC Region promote the health, wellbeing and resilience of learners and provide opportunities for agency”. However, given the withdrawal of funding, it is possible that targets will not be met in full in Eswatini and South Africa.

4.1.1.10 Phase 2, Regional Objective 5: Advance the holistic development, wellbeing and agency of youth in the SADC Region by strengthening the health and education knowledge

Outcome 5: Knowledge related to the health, education, wellbeing and agency of youth is produced, disseminated, shared and widely utilised for strengthened and expanded implementation

- **Indicator: Uptake by governments, funders, CSOs of knowledge produced and disseminated related to FutureLife-Now! themes.** The target for this indicator is to establish a knowledge hub/network by the end of 2025.

At the time of this evaluation, the most recent data from the 2024 Bi-Annual Report, covering the first six months of the year, indicated progress. Specifically, the SADC CSTL research network had been established, providing a regional platform for knowledge development and sharing. In 2024, the CSTL Research Community of Practice was launched. Four proposals aimed at supporting the collection and use of evidence for government scale-up had been submitted, and discussions with potential partners for the knowledge hub had taken place.

In sum, the FutureLife-Now! Programme demonstrated significant progress towards achieving its **national outcomes** for Phase 2, albeit with varying effectiveness. Progress towards realising outcomes at a **regional level** are on track, however, the withdrawal of funding will likely play a significant role in determining whether these outcomes will be reached in full before the end of 2024.

4.1.2 Equity in benefits from the intervention

The FutureLife-Now! programme made significant strides in improving health, education and youth empowerment across the implementing countries, with most participants experiencing these

¹⁰ In the Phase 2 baseline, only 23 out of 30 new Phase 2 schools submitted reports.

benefits equally. However, vulnerable groups, including girls, orphans, children with disabilities, rural communities, and those in poverty, often faced additional barriers that could have limited their full participation.

To address potential inequities, the programme implemented targeted interventions aimed at minimising geographic, socio-economic, cultural, and school capacity barriers. These efforts focused particularly on promoting gender equality, youth leadership, and support for orphans and vulnerable children. Another way of ensuring equity in benefits was to apply vulnerability criteria such as high teenage prevalence in selecting the programme schools.

The following highlights issues of equity in benefits and other factors that contributed to varying outcomes observed during primary data collection:

- Uptake of services varied according to geographical location. In Zambia, youth in rural areas faced more stigma as opposed to learners in urban areas where there was prior knowledge of ASRH messages.
- Distance to health facilities is a hindering factor for access to and uptake of services mentioned in Lesotho, Malawi and Zimbabwe.
- With regards to dialogues, connectivity was a challenge in rural areas in Zimbabwe.

“We are working in rural schools and with dialogues, connectivity was an issue, and this speaks to exclusions of learners in rural areas.” (KII, implementing team, Zimbabwe)

- Geography also played a role in Malawi terms of access to water for some of the schools. While FutureLife-Now! provided water systems to some schools it was not accessible to e.g. a hilly located school.
- In Zambia, food gardens were particularly successful due to consistent implementation across schools and strong engagement from school stakeholders and communities. In Lesotho, Phase 1 pilot schools that previously did not offer agriculture as a subject began introducing it in 2024. Furthermore, all CSE workshop schools utilised vegetables from their food gardens to prepare lunches for community members, offering lunch plates at 60 rands per person instead of outsourcing catering services. This approach allowed the schools to generate income from their garden produce. However, the food gardens were unsuccessful at two schools, due to a lack of access to water. These schools relied solely on harvesting rainwater, which limited their ability to sustain the gardens.
- In Lesotho, the programme successfully ran a fundraising intervention to raise funds for uniforms for vulnerable learners.
- In Lesotho, Malawi, Zambia and Zimbabwe learners with disabilities are left behind although efforts to source support for them. For example, in Malawi, visually impaired learners faced equity issues due to inaccessibility of braille translations of posters and booklets. Likewise, the schools do not have access to sign languages for the hearing-impaired learners.
- The Ministry of Education in Zimbabwe adopted the Ubuntu youth leadership and agency stream, integrating it into the curriculum. This means all youth leadership programmes in Zimbabwean schools are now required to follow this approach. Furthermore, there was individual achievements noted such as a learner who started journaling on toxic masculinity and became an author.

- Finally, as phase two has only been rolled out since July 2023, the new schools (including in South Africa) have had 'less dosage of intervention' than those schools as part of phase one.

In conclusion, while FutureLife-Now! targeted and reached learners in vulnerable communities, equity in outcomes is not fully achieved across all countries due to barriers such as geography, infrastructure and cultural. Some countries demonstrated success in certain areas and challenges in others. Learners with disabilities and learners from rural and isolated areas face obstacles in accessing full benefits of the programme.

Differences experienced by gender

Interviewees were asked if gender influenced how outcomes were experienced. Most interviewees said that gender did not influence how outcomes were experienced in the FutureLife-Now! Programme in relation to access to education, health services and leadership opportunities. Although gender disparities, rooted in cultural, social, and economic factors, may have shaped the ways in which boys and girls benefited from the programme, with girls often facing unique challenges due to entrenched patriarchal norms, gender-based violence, and traditional gender roles, the design of the programme and implementation norms ensured that this was to an extent mitigated.

The programme made significant efforts to address gender disparities, such as promoting girls' education, providing SRH services, and encouraging leadership for young women. The FutureLife-Now! Programme developed the Boys' and Young Men's Vulnerability Framework, and it was reported that there was an increase of boys accessing health services which was not the case in the past.

It was noted that there was a shift in focus from Phase 1 to Phase 2 of the programme. Phase 1 included specific budget allocations for boys' programming, such as boys' Ndaba and boys' clubs. However, in Phase 2, the focus broadened to include gender equality, leading to the perception that boys' initiatives were deprioritised. This shift was largely due to budget constraints, which limited funding for activities like camps and other initiatives specifically targeting boys. Although the programme continued to support the finalisation of the Boys' and Young Men's Vulnerability Framework, many activities introduced in Phase 1 were not carried forward in Phase 2, potentially risking the loss of foundational work in addressing boys' vulnerabilities.

"Regarding gender, there was a shift from phase 1 to phase 2: phase 1 included specific budget line items for boys' programming, such as boys' Ndaba and boys' clubs, which contributed to the development of the boys' vulnerability framework. However, in phase 2, the focus shifted from boys to broader gender equality, which diluted the message, leaving the boys' initiatives incomplete. While other NGOs focused on programming for girls, many activities for boys introduced in phase 1 were dropped in phase 2, risking the loss of foundational work." (KII, Implementers, Zimbabwe)

4.1.3 Effectiveness in building knowledge and adaptive capacities

Raising awareness and increasing the knowledge of school communities around climate change was a critical strategy of the FutureLife-Now! Programme.

School-based learning on climate change was facilitated through several activities including, dialogues, clubs, and climate change focused activations, among others. The following number of learners have participated in youth dialogues in Lesotho, Malawi, South Africa, Zambia and Zimbabwe: 28 106 (100% of learners enrolled) in 2021, 19 151 learners in 2022, 12 316 learners

(51% of the 23 843 learners enrolled) in 2023, 19 641 in 2024 learners (or 36% of the 54 432 enrolled learners). According to monitoring records, the majority of learners were female participants (approximately 60% – 40% split).¹¹ Although the target for engagement was 60% of enrolled learners, each year at least 80% of enrolled learners engage in at least one climate-focused activity.¹² These activities have allowed learners, teachers, parents, and youth facilitators to understand how existing themes covered by the curriculum, such as health, water and sanitation, food security and gender equality link with climate change and its importance for the day-to-day lives of school communities.

The programme also aimed to reach a wide audience beyond the school community on climate change and how to mitigate its effects. To this end and in collaboration with UNITAR, the radio series *Our Changing Climate, Our Time to Act* was produced and aired in 2020-2021 and in 2023 in all target countries. Episodes were developed in English and a range of local languages to ensure accessibility. While measuring the effectiveness of mass communication initiatives is complicated, the programme has collected some evidence that points to wide ranging-reach; examples include:

- In Zimbabwe, in 2021, the radio hosts noted receiving nearly 350 calls and WhatsApp messages from listeners who wanted to contribute on the topics of agency and youth participation.
- In 2023, the Community Radio Listenership Survey found that 90% of respondents reported that the Climate Action radio provided new information about how to take care of the environment; 89% of respondents felt that the radio programme had led to changes in their behaviour related to the environment.

According to the programme monitoring records, climate change knowledge has increased considerably in all target countries and for both genders under consideration. The proportion of learners scoring 60% or more on climate knowledge questions is over 60% in all target countries, both girls and boys, as illustrated in Figure 4, and Figure 5.¹³

¹¹ MIET Africa: Annex 2_Phase1ResultsFramework and Annex 2: FutureLife-Now! Phase 2: SDC Reporting Framework

¹² FutureLife-Now! Phase 1 Summative Evaluation (2023)

¹³ Self-generated with data from the “Phase 1 Results Framework” and “Annex 2: Summary findings from Baseline Assessment for Phase 2”

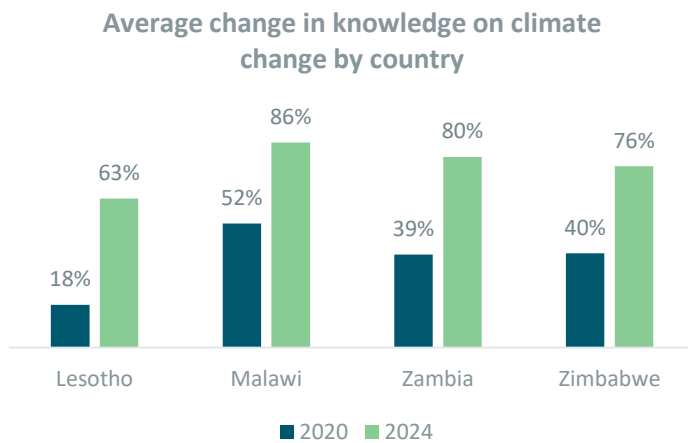


Figure 4. Average change in knowledge on climate change by country

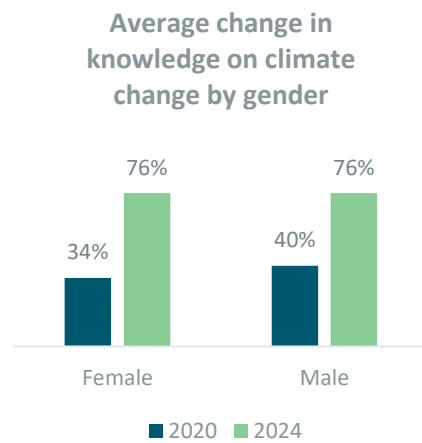


Figure 5. Average change in knowledge on climate change by gender

The evaluation also investigated the extent to which the FutureLife-Now! Programme helped build the adaptive capacity and resilience of the participating stakeholders to withstand the damage from disasters, heatwaves, droughts, etc. This discussion focuses on the adaptive capacity of the participating schools only.

The programme supported the adaptive capacity of participating schools by providing equipment, infrastructure and resources, including:

- **Water and sanitation:** equipment and infrastructure support provided to several target schools, such as boreholes, JoJo tanks, handwashing facilities, and toilets (thanks to a dedicated COVID-19 grant).
- **Greening of spaces and food security:** all Phase 1 schools (40 in total) have been supported with seedlings and other equipment to establish and maintain food gardens (e.g. shade netting, wind tunnels). The programme also facilitated tree planting. According to the programme monitoring records, schools in Lesotho, Malawi, Zambia and Zimbabwe have been generating income from the sale of the garden produce; in some schools across all four countries, the food garden produce served as a supplement to the school feeding scheme.
- **Clean energy generation:** some schools received solar panels and batteries, which are being used to power school facilities as well as water pumps in the garden (all Phase 1 schools received solar panels through a dedicated COVID-19 grant).

If maintained, this equipment and infrastructure not only improves the conditions and well-being of learners and school community, but it also helps the schools mitigate the negative impacts of extreme climate events, such as drought, as confirmed by evaluation respondents and the programme’s monitoring data.¹⁴

A couple of challenges were mentioned by some respondents: 1) some schools in Zambia and Zimbabwe lacked water to maintain the gardens (Zimbabwe and Zambia are experiencing drought

¹⁴ Instances of maladaptation (where changes made in the intervention worsen the situation for the human system and the ecosystems) have not been assessed.

due to El Niño weather pattern); 2) learners in Malawi and Zimbabwe felt participation levels in climate change activities were too low and climate change initiatives had been restricted to a few grades. Specifically, the first challenge poses a significant sustainability risk for the school gardening initiative.

In conclusion, the FutureLife-Now! Programme combination of awareness raising and experiential learning in target schools has been an effective strategy to increase knowledge but also motivate learners to care for their environments in a practical and accessible way. Similarly, the provision of equipment and infrastructure in critical sectors (water and sanitation, gardening and energy) served to improve the school environment and conditions, while strengthening the adaptive capacity of schools.

4.1.4 Extent to which SDC goal and mandate advanced

The evaluation shows that FutureLife-Now! and CSTL closely align with the SDC's strategic objectives, particularly around HIV/SRHR, youth empowerment, and climate resilience. This alignment reflects the SDC's past commitment to a regional approach and contributes to Sustainable Development Goals (SDGs) that the SDC prioritises. However, recent shifts in the SDC's focus from regional programmes to bilateral initiatives such as the Swiss Cooperation Programme Zimbabwe and Zambia (2023–2026)¹⁵ have impacted the continuity of the FutureLife-Now! Programme.

Alignment with SDC goals and outcomes is evident in FutureLife-Now!'s emphasis on SRHR, HIV prevention, climate resilience, and gender equality. For example, the programme was closely aligned to SDC's 2018 – 2022 regional strategy¹⁶ for Southern Africa whose overall goal was to “*contribute to poverty reduction and vulnerability in the SADC region by increasing resilience for Food Security and reducing new HIV infections.*” FutureLife-Now! Programme's activities such as comprehensive sexuality and HIV education and facilitation of access to SRH services through health-education linkages contribute to multiple SDC priorities.

“SDC's goal/mandate in the health sector at the time was focused on reducing HIV infections amongst young people and both CSTL and FutureLife-Now! made important progress in that regard by disseminating critical information to young people and facilitating access to services for those young people.” (SSI, SDC Representative)

Furthermore, the FutureLife-Now! Programme was largely rooted in SDC's Regional Cooperation Strategy for Southern Africa (2018-2022). This strategy sought to make a difference in people's livelihoods and to contribute to peace, poverty reduction and sustainable development through regional policy advocacy and implementation of development programmes in the SADC region. The strategy was strongly centred on two thematic priorities: food security and HIV/SRHR with a particular emphasis on smallholder farmers, women, and youth. Therefore, the FutureLife-Now! Programme's regional model aligned well with SDC's mandate at the time, providing an integrated, multi-country response to regional challenges in youth health and education.

¹⁵Swiss Agency for Development and Cooperation, Swiss Cooperation Programme Zimbabwe and Zambia 2023–2026, SDC, 2023.

¹⁶ Swiss Agency for Development and Cooperation, Regional Cooperation Strategy for Southern Africa 2018–2022, SDC, 2018

“Both CSTL and FutureLife-Now! Programmes also successfully embodied (perhaps more than any other programme) the regional approach that was at the core of SDC’s mandate for so many years.” (SSI, SDC Representative)

In recent years, the SDC has moved away from a regional approach, refocusing its priorities on bilateral interventions like the Swiss Cooperation Programme in Zimbabwe and Zambia (2023–2026). This shift has led to the phasing out of programmes such as FutureLife-Now!, despite the programme's success in advancing the SDC's previous regional goals. While the new bilateral focus continues to address areas of health, youth development, and food security, it limits the SDC's support for region-wide initiatives, which impacts the sustainability and scale of programmes like FutureLife-Now that rely on regional cooperation.

“SDC’s approach to development programming moved away from the regional to more bilateral interventions, which are more focused in Zimbabwe and Zambia. So, if you look at CSTL and FutureLife-Now!, these are regional programmes which are currently not prioritised by SDC, although still relevant.” (SSI, SDC Representative)

“Unfortunately, SDC moved away from the regional approach in 2022, very early on in the lifecycle of FutureLife-Now! which presented a huge challenge because all of sudden, FutureLife-Now!’s model was no longer in sync with SDC.” (SSI, SDC Representative)

In conclusion, the evaluation demonstrates that FutureLife-Now! and CSTL significantly advanced the SDC's regional mandate by addressing HIV/SRHR, youth empowerment, and climate resilience, closely aligning with the SDC's strategic objectives in Southern Africa. However, recent shifts in the SDC's focus on bilateral programming have impacted the continuation of regionally oriented initiatives.

4.2 Efficiency

Key evaluation questions

- How well did the implementing team use resources to achieve results?
- What challenges were experienced and how were these managed?

Key findings: The evaluation found that resources, despite being lean, were used efficiently. For example, in phase 1, COVID-19 restrictions dramatically altered programming. Interview respondents reflected on how the programme was able to adapt its offering to continue operations during this time. The evaluation found that resources were strategically reallocated to accommodate this. Phase 2 has been characterised by a growing strain on resources, specifically for the scaling process. The withdrawal of funding from Phase 2 has hindered the programme's efficiency during this phase.

This section draws on the perspectives of interview respondents, as well as programme documents, to assess how efficiently resources were managed for Phases 1 and 2. This is done by answering two evaluation questions:

- How well did the implementing team use resources to achieve results?

- What challenges were experienced and how were these managed?

For the most part, interview respondents agreed that despite having lean human and financial resources, the available resources were managed efficiently. One respondent noted:

“It’s a difficult question to answer, but I would say yes, given our budget and the number of learners we have reached. And now, in the second phase, I think the budget is more or less the same, and we’re reaching many more learners” (KII, MIET Africa, Regional).

This is mirrored in the programme documents, for example, in Phase 1¹⁷, FutureLife-now! reached 28 000 learners, at an approximate spend of CHF59 per learner per year. This translates to the ratio of investment (from SDC) per learner of CHF7 456 930:28 000 learners.

It is important to note that although most respondents (of those who answered this question) stated that resources were managed efficiently, it was equally emphasised that resources were perceived as insufficient. Especially during the scale-up process *“Human resources and financial resources were not adequate for the scaling process”* (KII, Implementers, Malawi).

The interview data confirmed that the resource constraints were felt not only at regional level with MIET Africa, but by Member States too:

“So, the issue of funding is very, very limiting in terms of our implementation of the program. So, we would really love to see the Future Life program supported more with funding. We’ve tried to move in with other partners to come in and support, but we still have barriers, limitations to that”. (SSI, Ministry, Zimbabwe)

The interview respondents reported that counterpart funding is a big challenge. SDC had a criterion for counterpart funding requiring the programme to match 50% of the funding. One Respondent explains why this was challenging:

“When the programme started, we could include contributions that were not hard cash, such as the use of government personnel. However, this has since changed to strictly cash, and that has been a constant challenge.” (KII, MIET Africa, Regional)

Respondents noted that because of having limited resources, they needed to work together to find ways of better managing resources. This was a strength. For example:

“The team structure in the countries worked well – lean but with the requisite skills and expertise (management, education, health).” (KII, MIET Africa, Regional)

Another respondent noted:

“We worked with the country teams to see how they could manage resources, such as combining activities to reduce travel costs.” (KII, MIET Africa, Regional)

¹⁷ Investment per learner data for Phase 2 was not yet available during this evaluation, but for objective 1, 60 552 were reached for Objective one. For the same reporting period, there was a total of \$281 429 allocated for Objective 1, meaning an average spend of \$4,65 was allocated per learner. The amount spent per learner for this same reporting period for objective 1 was \$0,78.

Managing these challenges called for adaptability. Generally, respondents agreed that the programme teams demonstrated adaptability. This is mirrored in the document review. For example, various adaptations had to be made in response to the pandemic restrictions. Each year, the programme made strategic reallocations, such as shifting funds from travel and in-person meetings to alternative outreach methods like radio and SMS. This ensured continued delivery despite underspend due to COVID-19 restrictions, with budget utilisation rates ranging between 89% to 99.98%. The remaining funds were effectively reallocated for catch-up programmes or extensions. This adaptability extended into Phase 2, where the programme's main challenge was the withdrawal of funding. The underspend in 2023 was allocated to exit strategy activities planned for later in 2024.

Another way in which the team managed resources efficiently, even in the face of challenges, was through their leadership and financial management structure. One respondent commended the programme on this as is seen in the next quote:

"I believe the MIET Africa team used resources efficiently, in particular through the decentralised structure and delegation of responsibilities to FutureLife-Now! focal points embedded within Ministries of Education in the different countries." (SSI, SDC representative)

The decentralised structure refers to the shift from a more traditional leadership approach in Phase 1, to a distributive system in Phase 2, where financial and programme management was distributed among various leaders.

Overall, Phase 1 set the foundation for adaptive and efficient resource management, where resources were strategically reallocated in response to challenges. This trend of using resources strategically and efficiently extended into Phase 2. However, the premature withdrawal of funding from Phase 2 has affected the efficiency of Phase 2.

4.3 Impact¹⁸

Key evaluation questions

- Did FutureLife-Now! contribute to systems-level changes in education and health? If so, what were the changes? Where these changes transformative?
- Has FutureLife-Now! resulted in significant change in the lives of the intended beneficiaries?
- Given the focus of the programme on raising knowledge and action on issues of climate change, how has the programme affected the local environments where implemented? (positive/negative)
- How has the programme been regenerative to local environments/ecosystems and how has it been degenerative?

Key findings: There is strong evidence of increased knowledge among learners regarding SRH and HIV, with significant contributions to improved awareness, attitudes, and behaviour. The programme has positively impacted learners' attitudes by fostering leadership skills, self-expression, and

¹⁸ Including climate change awareness and action.

supportive behaviours. Behaviour changes were observed, such as better hygiene practices, increased HIV testing and ART adherence, and reduced early marriages and pregnancies, attributed to strengthened referral systems and collaboration between schools and health facilities. The programme has driven systemic changes in education and health through policy advocacy and integration of health education into curricula. The FutureLife-Now! Programme has promoted regenerative practices in schools through recycling, tree planting, and water-saving.

4.3.1 Extent of significant change in the lives of the intended beneficiaries

Numerous changes resulting from the FutureLife-Now! Programme was highlighted during the primary data collection, many of which have already been discussed in the previous chapter on effectiveness. This section focuses on the most frequently mentioned changes, particularly for the learners. It begins with listing the enabling environment for change created by FutureLife-Now!, followed by an analysis of enhanced knowledge gains among learners, changes in their attitudes and changes in their behaviours.

Creating and enabling environment

FutureLife-Now! has successfully fostered an enabling environment for positive changes to take root.

The programme enhanced the youth-friendliness of health facilities by promoting welcoming attitudes among staff and extending service hours to after school. **Improved referral systems and stronger collaboration between schools and health facilities** also ensured learners **better access to healthcare services**, as confirmed in Lesotho, Zimbabwe, Malawi, and Zambia.

“They are more confident to visit the health facility and ask for the services. They feel free to walk into any health facility. This is because of the implementation of the referral system.” (FGD, Zambia)

“Relationships between schools and clinics are stronger, ensuring learners receive timely health services.” (SSI, Ministry, Malawi)

FutureLife-Now! was praised for supporting the development of the referral tool and it was claimed that this was the direct cause of **less absenteeism** in Lesotho and Malawi.

“And even now the teachers know that there will be never a time when a student is just out of school without reason. Because they used to come with those fake excuses that I was sick, but now knowing that they will have to produce tangible evidence of where they were. So, I think, yes, at the system level, we might say this will help us to operate as we should. The schools as well as the parents themselves, they should be operating as they should. Then that will say we have quite a reduced number or percentage of absenteeism that will translate to good performance.” (SSI, Ministry, Lesotho)

“Learners can now access healthcare easily through referral systems, which reduces absenteeism and dropouts.” (FGD, Malawi)

Additionally, learners access services more quickly, minimising time away from school.

The establishment of food gardens at schools further supported learners by providing at least one **nutritious meal daily**, helping them **stay in school** and focused on their education.

“Food gardens established by FutureLife-Now! ensure that learners get at least one nutritious meal daily, keeping them focused on their education.” (KII, implementers, Lesotho)

This initiative addresses the challenges of malnutrition, ensuring learners' well-being and sustained attendance.

Knowledge on SRH and HIV

There is strong evidence that the FutureLife-Now! Programme has significantly increased learners' knowledge about HIV and SRHR. During the evaluation, interviewees were asked whether the programme had contributed to increased knowledge on HIV and SRHR among young people. Most respondents (17 out of 19) confirmed this increase, while two were unsure.

“Learners have heightened their knowledge of sexual reproductive health rights and services due to the weekly sessions with the youth facilitator and the radio booklet.” (FGD, Zambia)

“There is substantial evidence that the FutureLife-Now! has led to an increase in knowledge about HIV and SRHR among young people. The combination of CSE, youth-friendly health services, peer education, and community outreach contributed to a greater awareness and understanding of HIV prevention, sexual health, and related rights. Knowledge assessments, increased engagement with SRHR services, higher HIV testing rates, and attitudinal changes towards HIV and SRHR topics all point to the programme’s success in improving young people’s knowledge and behaviour in these areas.” (SSI, SDC representative)

FutureLife-Now! has also enhanced learners' HIV and AIDS knowledge in Zimbabwe, as evidenced by their strong performance in national quiz competitions which was noted by a government official.

“When you attend the national quiz competitions you will see from the learners that the level of information is very high. So, in terms of HIV and AIDS, I can say we have actually covered a lot of ground, and we will continue to do so in Zimbabwe. FutureLife-Now! has made it possible through these engagements in our schools.” (SSI, Ministry, Zimbabwe)

Attitude change

The FutureLife-Now! Programme has contributed to positive shifts in attitudes in many ways. For example, it was raised by interviewees that learners in Lesotho, Zimbabwe and Zambia have **developed leadership skills**, showcasing increased **discipline and self-reliance**. FutureLife-Now! provided journals to learners during COVID-19 in 2020-2021. Learners highlighted that the journaling practices have boosted their self-efficacy and ability to express their feelings.

“It has helped us to relieve some problems, because we write in our dairies about life challenges.” (FGD, Lesotho)

Learners shared that they can now openly express their thoughts and fears, thanks to the youth facilitator’s creation of a supportive space at school.

“We are able to freely express our thoughts and fears without getting judged. This is due to the creation of friendly space by the youth facilitator.” (FGD, Zambia)

This in turn has led to learners giving support to other learners who are discriminated against.

“We are giving emotional support to those who are being discriminated”. (FGD, Lesotho)

The signing of the Child and Youth Agency Framework by ministers has filtered down to school level and empowered learners to lead and advocate for change through e.g. school clubs and dialogues. The learners have been equipped with 21 century skills as can be seen from the following quote:

“The programme has highlighted the importance of imparting leadership skills to young people and their participation in community activities. I saw several students from the schools we visited who had developed leadership skills and a greater sense of responsibility. Youth groups have increasingly engaged in advocating for health issues, taking action on climate change, community development and problem-solving.” (SSI, SADC)

In general, there has been a shift in attitude in terms of participation of youth. One focus group discussion in Malawi highlighted that there was **increased participation** at both school and at community events.

“Garden activities are done faster due to high participation of learners.” (FGD, Malawi)

Collaboration between teachers and youth facilitators was identified as a predictor for more engagement by the learners. In Malawi, it was reported that there is greater openness of learners to both teachers and youth facilitators and that learners have greater respect for the youth facilitators due to the involvement of the teachers.

Learners have **gained confidence** in discussing topics related to sexual reproductive health.

“Learners confidently engage in quiz competitions, showcasing knowledge on HIV trends and prevention.” (SSI, Ministry, Zimbabwe)

One learner even said that his increased confidence has helped his academic performance in school.

“I used to be anti-social and now I am more open to people. It has helped me to learn new things in life and it has boosted my educational performance.” (FGD, Zambia)

Another learner said her improved confidence and research skills gained from health talks has led to her teaching her friends.

“I have become more confident in my research work because I enjoy health talks, and I am now able to teach others which has boosted my research skills. My friends have learned so much from me.” (FGD, Zambia)

The FutureLife-Now! programme has contributed to positive shifts in attitudes, as evidenced by increased **school attendance** and **retention** which was mentioned in Eswatini¹⁹, Lesotho, Malawi and Zambia. This change is particularly significant in relation to learners’ re-entry into school after pregnancy, which was supported through policy revisions and advocacy.

¹⁹ As the programme is not yet operating in schools, the reference was related to the development of the CSTL.

“We are seeing more learners enrol and stay in the school system, even after disruptions like pregnancies or initiation rites.” (KII, implementers, Lesotho)

The programme has also addressed the stigma faced by pregnant learners and encouraged school and community leaders to adopt more supportive attitudes.

“These learners face significant stigma. Although challenges persist, the publication of re-entry policies and continuous dialogue have helped schools become more accepting of learners returning after pregnancy.” (SSI, Ministry, Zambia)

The programme also brought about a shift in recognising that boys (as well as girls) need attention in accessing sexual and reproductive health. Previously, the focus was solely on girls, leaving boys’ needs unaddressed. FutureLife-Now! was instrumental in changing this perspective and encouraging other NGOs and organisations to adopt a more inclusive approach

The FutureLife-Now! Programme has also contributed to the **removal of stigma for boys to use SRH services**, countering the misconception that these services are only for girls.

“Boys now understand they can access SRHR treatment, previously believed to be only for girls.” (SSI, Ministry, Lesotho)

“The boys are now starting to open up when they are in their own session. And that has even led to the boys accessing the health services. Because when we look at the referral book that we have, you’ll find now we are having boys going to the facility, which was not the case before in our country.” (KII, Implementers, Lesotho)

Behaviour change

Interviewees highlighted many behaviour changes as a result of the FutureLife-Now! Programme. The programme has promoted good WASH practices among learners, who now engage in better hygiene routines.

“Before the WASH education, learners would come to school without brushing teeth, washing hair, and didn’t wash their hands after going to the toilet. They now have a song they were taught through the programme to remember how to wash their hands.” (KII, Implementers, South Africa)

Participants in focus group discussions in Zimbabwe and Zambia confirmed that **learners’ hygiene** has improved as a result of the FutureLife-Now! Programme.

The project has also resulted in **improved health seeking behaviour**. It was reported that more learners are **testing for HIV** and there is **improved adherence to ART**. These are important changes related to the FutureLife-Now! goal for phase 1.

“From 2019 to 2023, there has been an increase in the number of learners testing for HIV, a direct impact of FutureLife-Now! activities.” (KII, implementers, Zimbabwe)

“HIV testing has increased among learners, and ART adherence ensures fewer new infections.” (KII, implementers, Malawi)

“It used to be a challenge to ensure adherence to ART for learners, but now the boarding schools and other schools are administrating it.” (KII, Implementers, Zambia)

Learners in Malawi reported that incidences of **sexual transmitted diseases have reduced** as a result of FutureLife-Now! and the increased use of the referral system.

It was raised that the sexual and reproductive health programme had **reduced early marriages and pregnancies** significantly. This was mentioned in Malawi, Zambia and Zimbabwe.

“No cases of early marriages or pregnancies recorded.” (FGD, Malawi)

“We used to have over 10 pregnancies per term; after FutureLife-Now! it dropped due to better education and condom distribution.” (KII, implementers, Zambia)

“In my old school, we had high teenage pregnancy, but after FutureLife-Now! Programme we had a drop in teenage pregnancy.” (KII, Implementers, Zambia)

Focus group discussions with learners indicated a decrease in **drug and substance use** in Lesotho, Malawi, and Zimbabwe. One contributing factor cited was that increased club activities kept learners occupied, leaving them with less time for substance use and abuse.

“Clubs occupy learners and therefore there is no time for drugs.” (FGD, Zimbabwe)

It was reported by learners in Lesotho and Zambia that there was **no more bullying** happening at their school.

“The session on youth agency has led to no more bullying. Action is taken by the youth facilitator as soon as a case is reported.” (FGD, Zambia)

In Lesotho, learners reported that the programme has fostered greater gender equality among them. In Malawi, a focus group discussion with learners indicated that no suicides had been reported at their school, suggesting an improvement compared to the past.

FutureLife-Now! was among the first programmes to incorporate climate change across all activities, recognising its impact on health, education, and gender. Learners have shown strong interest in climate change and have been empowered to lead projects and advocate for it.

“During COVID, FutureLife-Now! provided a package of beans to a young girl, who, rather than consuming them, proposed to her family and school head that they plant the beans for a larger harvest. Equipped with the knowledge and confidence gained from the programme, she successfully convinced them, showcasing the programme's tangible impact in fostering agency and sustainable action. This young girl's initiative reflects how FutureLife-Now! empowers learners to transform their communities and, ultimately, their country.” (KII, implementers, Zimbabwe)

4.3.2 Unintended results for project beneficiaries/participants that can be attributed to FutureLife-Now!

FutureLife-Now! has contributed to a few notable unintended outcomes. For example, one learner began journaling about toxic masculinity and eventually became an author. A former youth facilitator in Zambia took the initiative to organise and host youth climate dialogues, which led to him becoming a youth activist and later a youth delegate for UNICEF.

“He organised other youth climate dialogues on his own and through the exposure he became a youth activist in climate change and is now working for UNICEF as a youth delegate on the global scale.” (SSI, UN Agency)

In Lesotho, the referral tool has garnered strong interest from ministries, with plans to adapt it for nationwide implementation and broaden its scope to include additional services.

“The ministry has adopted the tool and want to contextualise it and make it a national tool that will be used between the schools and the health facilities around the country.” (KII, implementers, Lesotho)

“We want to expand the referral form to include referral to social development services, gender-based violence issues and to cater for orphans.” (SSI, Ministry, Lesotho)

In 2023, the FutureLife-Now! Programme was featured for the first time on the agenda of the SADC Meeting of Health Ministers in Angola, reflecting its growing recognition as a regional initiative. However, this momentum was not maintained, as the programme did not feature on the agenda for the 2024 Meeting of Health Ministers.

4.3.3 Contribution to systems-level change

FutureLife-Now! contributed to systems-level changes in education and health through the development and implementation of a school health referral system, thereby strengthening the collaboration between the schools and the health clinics. This multi-sectoral approach was considered to be transformative.

“The FutureLife-Now! has really contributed to systems change. Remember in most countries we do not have integration of health and education within the school environment, but the FutureLife-Now! model has been helping countries to understand that this is possible and how it could be done or how it could be operated to facilitate such integration. That has been the greatest contribution of FutureLife-Now!. And this is a model which could be used for countries to expand it. Hence, you've seen countries such Lesotho and South Africa willing to use their own resources to support such program within the country so that they could expand it and integrate the model. And in that sense, I believe it's been an advocacy tool for system changes within the region.” (SSI, SDC representative)

Youth facilitators played a crucial role in enhancing the connection between learners, schools, and health facilities, contributing to broader system-level changes.

“What they have been doing is they all or it also strengthened the collaboration between the schools and the health facilities. This is because the facilitators are being used to link schools and facilities. Now teachers and nurses can have discussions about learners. And that helps us a lot, as the Ministry of Health to strengthen the school health program that has been weak for years, but now, but now, the school health is being strong, especially in the districts whereby we have FutureLife-Now! project.” (SSI, Ministry, Lesotho)

FutureLife-Now! also influenced and supported policy revisions related to sexual and reproductive health (SRH) services, ensuring, for instance, that girls are able to return to school after pregnancy.

Although FutureLife-Now! is currently active in only a limited number of schools, its engagement at policy level and curriculum inclusion broadens its impact.

“Some of the issues that FutureLife-Now! and CSTL have been pushing are now embedded in the curriculum. So you’d realise that even in a school where FutureLife-Now! is not being implemented, most of the issues such as HIV, gender, climate change are already part of the curriculum, which is something that we also see is the strengths of the program because that brings about aspects of sustainability because most of these issues are being discussed anyway in schools where probably there is no presence of CSTL because of the influence that happens at both national and regional level.” (SSI, SDC representative)

FutureLife-Now!’s system-level approach incorporates the ecological model by delivering targeted messages to learners, parents, teachers, schools, communities, health facilities, and policymakers. This resulted in improved access to SRH services, with more learners utilising clinics and undergoing HIV and STI testing.

FutureLife-Now! has driven systems change by assisting SADC in hosting high-level ministerial meetings that address key educational policies and priorities. These gatherings promote accountability and commitments at the ministerial and Permanent Secretary levels, supporting the implementation of these policies across Member States.

“FutureLife-Now! has contributed significantly to systems-level changes in both education and health sectors by integrating climate change and health education into curricula, enhancing collaboration between sectors, empowering youth, advocating for supportive policies, and engaging communities. These changes are transformative, creating a foundation for a more sustainable and health-conscious society. By addressing the interconnectedness of climate, health, and education, FutureLife-Now! is not only responding to immediate challenges but also equipping future generations with the tools needed for proactive engagement with global issues. The long-term impacts of these changes have the potential to shape resilient, informed, and empowered communities across the Southern African region.” (SSI, SDC representative)

In conclusion, FutureLife-Now! contributed to transformative systems-level changes in Education and Health by fostering greater collaborations between the two ministries and by integrating climate change and health education into school curricula.

4.3.4 The programme’s regenerative and degenerative contributions to local environments

Section 4.1.1.3 of the report assesses the effectiveness of FutureLife-Now! implementation of climate change knowledge and action into its strategy and activities. This section discusses the extent to which the FutureLife-Now! Programme degraded or regenerated the climate health and ecosystems health in which it operates. The discussion follows the guidance provided by the Climate and Ecosystem Health (CEH) criterion developed by DPME and SAMEA (2023).

A regenerative response to climate change and ecosystems breakdown is an intervention that seeks to recirculate and/or regenerate resources for future use, instead of producing further waste or reproducing a resource dependency. According to the CEH Criterion (2023), specific areas of assessment for an intervention include “resources consumed, the waste/pollution generated, or job

creation and economic growth strategies predicated on natural resource extraction or in sectors which degrade the environment like carbon or water-intensive activities”.²⁰

According to the MIET Africa programme management, the FutureLife-Now! Programme was not intentional in addressing climate change and ecosystems breakdown through its design.²¹ This means that the programme did not intentionally track its impact on climate or ecosystems health beyond the implementation of climate-aligned activities. Hence, this assessment looks at the principles and approach predicated by the programme and the extent to which those were regenerative or degenerative to the environment.

The programme’s strategy promoted a regenerative approach and activities, specifically, school-based climate change action involved waste recycling, tree planting, and water saving. Most programme schools have been introduced to the [Blue School approach](#), which supports schools to improve water and sanitation services while integrating environmental education into the curriculum and the way the school community operates. Similarly, school-based campaigns such as “One School, One Garden” and “[1 Million Youths Action Challenge](#)” promote youth climate action that sensitises youth around climate change and encourages their engagement in regenerative activities.

The nature of the programme is knowledge generation, dissemination and brokering. At a regional level, the programme is managed remotely from an office environment or through field visits, land and air travel, where relevant. In this category, carbon emissions through petrol fuel powered air travel would have had the biggest negative impact on the environment. Similarly, while the programme had initially budgeted for 2 – 4 representatives from 14 SADC countries to gather at the annual regional Sharing Meetings in 2021 and 2022, COVID-19 restrictions required significant alterations to how these meetings were implemented and therefore reduced the negative impact on the environment. Therefore, two factors (one structure and one circumstantial) helped to mitigate the programme’s negative impact on the environment:

- From the onset, country-based teams have been in place to ensure locally relevant programming, which had the additional implication of less frequent air travel, as previously occurred under CSTL when Country Managers were based in South Africa and would frequently fly into project countries to provide technical support.
- The COVID-19 pandemic imposed the biggest mitigating factor, namely, travel restrictions globally. As a result, the programme had to pivot many of its activities online and repurpose some budget line items, including the regional flights planned for 2021- and 2022. Part of these funds were moved away from highly emitting activities (e.g. flights) to fund equipment donations for many schools to strengthen their capacity to adapt to climate change. Therefore, funds which could have had a degenerative effect were repurposed as regenerative activities.

Other resources used in MIET Africa programme offices include electricity, water and paper. Specifically, regarding paper use, the programme has digitised some of its processes, thereby reducing the dependency on paper (digital technologies used for learner registration); however,

²⁰ Department Planning, Monitoring and Evaluation (2022): Guidelines for applying the climate and ecosystems health criterion in the commissioning, design and implementation of evaluations (p.7).

²¹ The FutureLife-Now! programme design preceded the release of DPME’s CEH criterion guidelines in 2022. This criterion has been added to the evaluation framework with the intention to learn and improve future programme design.

paper-based surveys are used annually to track learner progress, which given the large participant-base results in large paper usage.

There is room to further promote regenerative principles through the programme’s youth health strategy, specifically, in female hygiene. The FutureLife-Now! Programme did not delve into the issue of menstrual health management and its links to waste. This presents an opportunity to explore mitigating strategies, for example, the promotion of environmentally friendly sanitary products.

Lastly, the CSTL and the Child and Youth Agency Frameworks promoted by the programme and endorsed by Ministers of Education in the SADC region presents another opportunity for the programme to further strengthen its regenerative approach. The framework “emphasizes inclusive, quality education as a rights-based imperative, equipping children with the knowledge, skills, and capacities necessary to become engaged, responsible citizens”.²² MIET Africa management recognised that the Framework does not yet explicitly incorporate climate change or ecosystems health elements. Because this framework takes a systems approach to the school community, acknowledging the interdependency between learners, teachers and the broader school community, there is an opportunity to expand this lens beyond social systems to include the environmental-ecological systems, a school is embedded within.

4.4 Value for money

Key evaluation questions

- Looking at the effectiveness, efficiency and impact, what is the FutureLife-Now! value for money?

Key findings: The programme’s model of working together with governments (and communities at local level), fostering ownership, buy-in and creating linkages has resulted in affecting valuable change with limited resources, demonstrating value for money:

This section draws on the programme’s results concerning the effectiveness, efficiency and impact to determine what FutureLife-Now!’s *perceived*²³ value for money is. When asked value for money, the evaluation respondents agreed that the programme demonstrated a **high degree of value** for money:

“The unique regional structure of both FutureLife-Now! and CSTL is a clear example of value for money, showing how a modest donor of SDC’s size can generate real influence in the field of HIV prevention. Larger donors such as USAID are capable of funding hundreds of millions of [US] dollars to HIV programmes in a single SADC country. Against this backdrop, the modest funds of SDC are a drop in the ocean. By channelling the funds to CSTL/ FutureLife-Now!, the “ownership” of the programmes shifts to SADC itself and the resulting legitimacy and buy-in from the individual governments themselves allows the programme to reach farther than it ever could have if SDC’s

²² CSTL Child and Youth Framework

²³ A full Value for Money analysis using, for example, Cost-Effectiveness, Cost-Benefit, Return on Investment, was not within the scope of this evaluation. It was agreed that Value for Money would therefore include the **perceived** value for money based on evaluation respondents’ experiences of the programme.

original funding amount had been invested in a single country.” (SSI, SDC representative)

Another stakeholder noted:

“In terms of value for money – a lot we can attribute to the project – there are some components that are really being steered by government, where the programme is embedded within the ministry of health and transformation at a policy level itself- these speak to value for money and is attributed to FLN. The investment that has already been made can be measured over time.” (SSI, SDC representative)

“Yes, it does. With policy, programmatic and operational solutions, CSTL was able to change minds and educational environments at very low costs. The programme managed to generate intrinsic motivation at all levels which translated into concrete results for learners” (SSII, SDC)

This is consistent with the evaluation team’s findings.

The programme makes use of existing structures (e.g., ministries; schools and clinics) and builds capacity within these. Notwithstanding the challenges associated with this model (e.g., varying levels of buy-in, variations in will and capacity), the evaluation findings have found that the model of encouraging Member States to adopt and own the programme was the key component in its value for money, making this a critical component. This is seen in the programme’s effectiveness and contribution to realising systems-level changes. For example:

1. Operationalising **policies** to promote education and health outcomes
2. Strengthening **links** between **education** and **health structures**
3. Increasing **access** to adolescent-friendly health services
4. Mainstreaming CSTL within Member State processes.

The evaluation also found that the programme has been valuable and resulted in tangible, meaningful changes for individuals (such as a) reduction of new, early pregnancies and b) re-entry policies for learners to return to school after pregnancies. Learners also discussed the value they found in programming focused on CSE.

As discussed in Section 4.2 about efficiency, programme management reported difficulty in terms of securing additional funding to meet the requirement for matching funding. Additionally, the withdrawal of funding in Phase 2 prevented enough time to pass to determine exactly how well the programme could perform under this type of structure. Despite these challenges, the programme was remarkably efficient.

4.5 Sustainability

Key evaluation questions

- With changes in the funding streams, what is the likelihood that SADC will continue to implement FutureLife-Now! as a regional programme?
- What is required for sustaining the programme as primarily MS-run?
- How can SADC and partners fast-track the implementation of FutureLife-Now! by MS?

Key findings: The FutureLife-Now! Programme faces sustainability challenges due to shifts in funding. However, there is potential for continuation through selective integration into Member States' systems, alignment with the CSTL Policy Framework, and efforts to secure alternative funding sources.

4.5.1 Likelihood that SADC will continue to implement FutureLife-Now! as a regional programme

Several interview respondents expressed concerns about the FutureLife-Now! programme's sustainability because of the early withdrawal of funding by SDC. This is a shared view among various stakeholders, including programme implementers and regional partners. The consensus is that the programme may not continue as designed until additional funding streams are secured. For example, some respondents noted the potential to sustain selective, successful elements of the programme.

"It is unlikely that it will be implemented as it currently is designed – more likely that elements of the programme will be implemented, particularly those that have shown to have impact." (KII, MIET Africa, Regional)

Although minimal, a few interview respondents expressed some degree of optimism regarding continued involvement from Member States given that FutureLife-Now! activities align with the broader CSTL Framework.

"SADC Member States still report on CSTL, so it is possible to continue reporting on FutureLife-Now! beyond this funding." (KII, Implementers, Malawi)

Furthermore, they emphasised that the integration of FutureLife-Now! into Member States' systems provides an opportunity for continued implementation. For example, an interview respondent noted that Zimbabwe's approach of using teachers as facilitators could offer a sustainable model for the FutureLife-Now! programme in the future.

"For Member States, this has become part of their system, and we hope they can continue implementing it. Zimbabwe's approach of using teachers is probably a better sustainable way." (KII, MIET Africa, Regional)

Additionally, some interview respondents expressed hope that FutureLife-Now! may continue to be implemented given that SADC is in the process of exploring options for alternative funding to support the programme.

"The SADC Secretariat is partnering with us and trying to see if we can get alternative sources of funding. The CSTL Framework is from SADC, and we hope they can find resources to continue funding engagements around this." (KII, MIET Africa, Regional)

4.5.1 Requirements for sustaining the programme as a Member State-run initiative

The evaluation findings show that sustaining the programme as a primarily Member State-run initiative requires a multi-faceted commitment from government, partners, and community stakeholders. Most interview participants emphasised that ongoing financial support, integration into national policies and systems, and targeted capacity building are essential to achieve this. In addition, effective monitoring and community engagement by Member States are seen as crucial in

ensuring that the programme continues to respond effectively to the evolving needs of young people and enhance health and educational outcomes across the region.

One of the key considerations highlighted by respondents was the need for financial commitment from national governments. As one participant from Zimbabwe noted,

"Financial commitment is needed from government. Schools need more support to develop a sustainability plan to take the programme forward." (KII, Implementers, Zimbabwe)

The above sentiment was echoed by other stakeholders who expressed concerns about funding shortages and the reliance on donors.

"These governments have to kick in with funding – but when you have donors who have paid for so long, they are not. I am really worried." (SSI, UN agency)

In addition to financial support, respondents highlighted the importance of integrating FutureLife-Now! activities into existing government structures, such as embedding the programme within national education and health policies and budgets. One interview respondent noted that while this integration has been achieved in some cases, further efforts are still required to embed the programme fully. The quote below substantiates this claim.

"One of the key requirements for sustaining FutureLife-Now! is its integration into our education system, the curriculum, and policy documents." (SSI, Ministry, Zambia)

"Integration of activities into policies, strategies, budgets, and structures within the Ministries of Education and Health is crucial. The challenge is that the final two years of Phase 2 implementation were going to focus on sustainability and training the national task teams in the FutureLife-Now toolkit." (KII, MIET Africa, Regional)

Another critical aspect that emerged from primary data analysis was capacity building. Several interview respondents emphasised the need to strengthen the skills and knowledge of key stakeholders, including learners, teachers, health workers, and community members. This focus on community involvement and skill-building was seen as vital to sustaining the programme without heavy reliance on external support.

Regarding other implementation resources, participants highlighted the development of tools to aid Member States in continuing the programme. They noted that a FutureLife-Now! toolkit is being created to enable implementation without direct MIET Africa involvement in each country. Additionally, documentation and dissemination of good practices were seen as crucial for helping future partners and schools take ownership of the programme.

"We are putting together a toolkit as a resource that Member States will use to implement the programme. For example, if Botswana wants to implement the FutureLife-Now! programme without MIET Africa personnel, they can use these toolkits." (KII, MIET Africa, Regional)

"Documenting good practices to share as a reference for future partners, schools, and health facilities will help with onboarding and guiding implementation." (SSI, Ministry, Lesotho)

4.5.2 Possibility of SADC and partners fast tracking Member States' implementation of the programme

The evaluation findings show the significant role that SADC and its partners can play in accelerating the implementation of the FutureLife-Now! Programme by Member States. Discussions with stakeholders revealed several strategies centred on SADC's unique position to drive national commitment, mobilise resources, build capacity, foster interministerial collaboration, and engage communities. These strategies are essential for embedding FutureLife-Now! as a sustainable, nationally owned programme across Member States. The following section delves into these areas, illustrating how SADC's influence and support can help establish the programme within national priorities.

To begin with, interview respondents emphasised that SADC's influential role in securing national commitments and funding is pivotal for accelerating the implementation of the FutureLife-Now! Programme among Member States. Given that the FutureLife-Now! Programme builds on the CSTL Policy Framework, SADC is uniquely positioned to align FutureLife-Now! with national priorities. By leveraging this existing commitment, SADC can encourage both governments and donors to view FutureLife-Now! as an extension of established governmental priorities, facilitating greater financial alignment and support for the programme.

"SADC can play a key role in fast-tracking the programme's implementation because they have more influence on the African countries and can use their influencing powers to ensure governments adopt clear policies and implementation plans in relation to the FutureLife-Now! Programme." (KII, Implementers, Lesotho)

"The SADC Secretariat can play an important role in securing funding for the programme. Many donors claim to align their funding with governmental priorities— with the FutureLife-Now! Programme they would contribute to a framework the governments have committed to." (SSI, SDC Representative)

In addition, interview respondents emphasised SADC's role in developing a comprehensive resource mobilisation strategy that Member States could adopt or adapt, enabling them to fund implementation costs independently.

"SADC could play a key role in developing a resource mobilisation strategy that can be adopted or applied at the country level." (SSI, Ministry, Malawi)

"There is need to develop best practice cases on how to link health and education and then make investment cases to show governments the cost implications of not funding these initiatives. I think SADC must advocate for Member States to fund the programme." (SSI, UN Agency)

Another key aspect raised by respondents is the importance of strengthening inter-ministerial collaboration and coordination. A collaborative approach across ministries (particularly education and health) was cited as critical to successful implementation. Strengthening the capacity of existing inter-ministerial task teams to support programme implementation was seen as a great starting point.

Finally, interview respondents also highlighted the need for increased programme visibility and awareness at both community and institutional levels. It is important to ensure that communities

and local stakeholders are aware of the programme's objectives as it would help to foster community ownership and support.

*"Implementation is interconnected. There is need for more coverage and raising awareness on the programme so that people get to know more about the programme."
" (SSI, Ministry of Health, Zimbabwe)*

"Scaling up will extend the programme's reach, helping schools support each other and further solidify education and health linkages." (SSI, Ministry of Education, Lesotho)

Overall, SADC and its partners are perceived to hold a pivotal role in accelerating FutureLife-Now!'s implementation across Member States by leveraging their influence, mobilising resources, and fostering essential interministerial and multi-stakeholder collaboration.

5 Conclusion

The FutureLife-Now! programme has effectively met many of its objectives, specifically on improving young people's access to health services, addressing gender norms, and activating youth on various issues including climate adaptation. For health, achievements were made through strategic interventions like health jamborees; strengthening CSE-based peer education, radio and workshops; and robust referral and country specific systems. It successfully increased adolescent access to youth-friendly HIV, SRHR, and ART adherence services, fulfilling Member State Objective 1. Partnerships between education and health sectors were strengthened, improving service delivery in schools. The programme also made strides in addressing the health needs of boys and young men, with greater participation in activities and better health access. While challenges persist in meeting some targets and consistent data reporting, the progress shows meaningful support for boys and young men.

Climate awareness and knowledge were significantly raised, with over 80% of learners participating in related activities. Youth engaged in practical projects like gardening and recycling, leading to greener school environments and stronger community resilience. The programme provided essential resources such as water facilities, food gardens, and clean energy solutions, aiding schools' learning environments and climate resilience. Despite this, issues like water scarcity remain in some areas.

Integrating the CSTL Policy Framework turned policy commitments into youth-focused action, boosting coordination and support. However, limited resources, technological access, and uneven political commitment continue to pose challenges. By mid-2024, 79.4% of schools had Youth Advisory Committees, enhancing youth agency, though data on their impact is still pending. Expansion to new Member States had mixed results, with successful launches in South Africa but delays in Eswatini. Phase 1 lessons supported collaboration and consistent progress in Phase 2. Funding and sustained partnerships remain key for long-term success and equity in outcomes.

FutureLife-Now! was found to have managed its resources efficiently. This efficiency was supported by the adaptability and strategic resource reallocation by programme teams and leadership. However, despite this efficiency, resource constraints remained a significant challenge for stakeholders, particularly during the scale-up process. These constraints occasionally hindered programme effectiveness. Overall, Phase 1 demonstrated greater efficiency compared to Phase 2, primarily due to funding withdrawals in Phase 2.

The FutureLife-Now! Programme has brought significant positive changes to the lives of learners by increasing their knowledge of sexual and reproductive health, fostering leadership skills, and encouraging better health-seeking behaviours. Learners reported greater confidence in discussing health topics, and enhanced participation in school and community activities. The programme has contributed to gender equality, stigma reduction, and supportive re-entry policies has helped keep learners, including pregnant learners, in school. By integrating climate change and practical initiatives such as school food gardens, FutureLife-Now! also addressed broader challenges, promoting sustainability and student well-being. Overall, the project has empowered learners to make informed choices and advocate for positive change in their communities.

The FutureLife-Now! has brought transformative system changes by integrating education and health through initiatives like the school health referral system and policy advocacy, fostering collaboration between schools, health clinics, and communities. This multi-sectoral approach has strengthened school health programmes, influenced national curricula, and laid the foundation for sustainable development.

The FutureLife-Now! Programme has promoted regenerative practices in schools through recycling, tree planting, and water-saving. COVID-19 travel restrictions helped lower carbon emissions, allowing funds to be redirected to regenerative activities. Efforts to digitize processes have reduced paper use, however, annual paper-based surveys continue to use significant resources. There is also an opportunity to explore eco-friendly female hygiene products and to expand the Child and Youth Agency Framework to include climate and ecosystem health.

The evaluation found that FutureLife-Now! provided significant value for money through efficient resource use, achieving meaningful change at both system and individual levels. This included operationalising policies to enhance education and health outcomes, strengthening education-health links, and expanding access to adolescent-friendly services while mainstreaming CSTL processes. The collaborative approach with Member States at national and local levels fostered buy-in and ownership, enabling the programme to maximise impact by leveraging existing structures within ministries, schools, and clinics.

The FutureLife-Now! programmes long-term continuation hinges on securing additional funding and deepening integration into national systems. SADC's efforts to explore alternative funding options and the commitment by some Member States to integrate FutureLife-Now! elements within national frameworks provide encouraging prospects, suggesting that impactful components of the programme may persist beyond the current funding period.

6 Recommendations

The following reflects some core recommendations deriving from the findings.

For policymakers and government officials (Ministries of Health and Education and other relevant ministries)

- SADC Member States should reinforce and continue supporting the existing National Task Teams that facilitate collaboration between the education and health sectors, and other partners. This includes ensuring that these teams have the necessary resources and authority to coordinate effectively, share best practices, and monitor the implementation of HIV/SRHR policies within the CSTL Policy Framework.

- SADC Member States should prioritise targeted capacity-building initiatives and ensure adequate resource allocation to effectively implement HIV/SRHR policies and CSTL frameworks. This includes training for educators and health workers and investing in necessary infrastructure and technology to support these initiatives.
- Member States should prioritise the finalisation of their National Boys' and Young Men's Vulnerability Frameworks and accompanying Operational Plans to ensure targeted and effective support for boys and young men. These frameworks should be tailored to the specific vulnerabilities of boys within their respective contexts and aligned with the regional SADC Boys' and Young Men's Vulnerability Framework.
- Expand the use of referral systems that facilitate easier and quicker access to health services for learners, which can reduce absenteeism and support better health-seeking behaviour.

For specifically for Health Ministries

- Promote training programmes that create youth-friendly health facilities and encourage both boys and girls to access SRH services.

For specifically for Education Ministries

- Strengthen partnerships between schools and youth facilitators to maintain high levels of engagement and foster leadership skills among students. While CSE and SRHR topics are already part of the curriculum, there is a need to address gaps where certain topics are under-discussed or not given sufficient attention. To enhance the effectiveness of teaching these topics, the ministries of education could focus on two key areas:
 - Equip teachers with training and resources to confidently discuss sensitive topics and create safe, inclusive environments for learners.
 - Draw on the FutureLife-Now! programme's success in using interactive, youth-friendly approaches outside the traditional class setting, and adapt these methods for use within classrooms. This could include activities like role-playing, peer-led discussions, or project-based learning.
- Incorporate participatory methodologies that allow learners to explore and discuss topics in ways that feel relevant and engaging to them, fostering critical thinking and emotional connection.
- Explore and implement strategies to integrate and sustain the activities and principles of the programme within schools' regular operations. This could include leveraging the toolkit being developed as a guiding resource to embed the programme into school systems.
- Continue to strengthen the capacity of teachers on issues of CSE and climate change, ensuring that current and future educators are equipped to address these issues.

For SADC Secretariat

- SADC should lead the creation of a resource mobilisation strategy that explores alternative funding sources, including private sector partnerships and development partners.
- Leverage existing government structure and focal persons for continuity and support.

- Continue to organise high-level ministerial meetings and regional sharing sessions to foster collaboration and accountability among Member States, ensuring the expansion and sustainability of integrated health and education models.

For MIET Africa

- Document best practices and impacts in a 'legacy book.' This should include successful practices and processes that secured collaboration and buy-in from gatekeepers.
- Diversify funding strategies to address funding gaps seen in Phase 2. This could include:
 - Advocate for government financial commitments and policy integration of FutureLife-Now! activities.
 - Engage regional organisations and UN agencies for additional support.
 - Partner with local NGOs for resource sharing and best practices.
- Negotiate with other existing partners/donors to continue funding elements or full programme.
- Continue to advocate for the inclusion of boys and young men in government policies related to SRHR and HIV/AIDS services. This includes supporting the adoption of gender-sensitive frameworks at all levels of governance, ensuring that strategies address the specific needs of boys and young men comprehensively.
- Strengthen the holistic and intersectional approach to youth development.
- Strengthen the Blue School approach to further integrate environmental practices across school communities. Continue and expand practical climate activities like recycling, tree planting, and water-saving in schools. Integrate CEH elements into the CSTL. Expanding the framework's focus to include ecological systems will equip youth with a comprehensive approach to responsible citizenship.
- Design for adaptation by tailoring school-based programming to the needs of specific schools in their physical environments. This will include conducting a risk and vulnerability assessment to inform the resources and equipment required in each school to support learning and adaptive capacity.
- Explore further opportunities towards a regenerative approach: promote eco-friendly alternatives for female hygiene products within the program's youth health strategy. Explore options for electronic data collection to lessen paper use. Minimize high-impact travel and increase virtual engagement to reduce the carbon footprint of annual gatherings and field visits.

7 Annexures

Annexure 1: References

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Annexure 2: List of people

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Annexure 3: PowerPoint Presentation

(See separate PPT)