Endline Evaluation

of the Tiphunzitsane Project by Theatre for a Change Malawi

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Prepared by Eva Bolza-Schünemann and Tariq Omarshah from One South, LLC.

ONE SOUTH

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The Endline Evaluation was carried out by **Eva Bolza-Schünemann** and **Tariq Omarshah** from **One South, LLC**. This Endline evaluation took place between June and August 2016.

The Evaluation was managed and facilitated by **Jennifer Benton** and **Steve Hallam** from **Theatre for a Change Malawi.**

For any questions related to the Evaluation, please contact:

One South, LLC.
Attn: Tariq. T. Omarshah (Case Manager)
1521 Concord Pike #301
Wilmington, DE 19806
United States of America
Telephone: +1 703 584 4081
www.one-south.org

For questions related to the Tiphunzitsane Project, please contact:

Theatre for a Change Malawi
Plot 3/559
Likuni Road
Area 3
Lilongwe, Malawi

Telephone: +265 (0) 1759 124 / 121 / 125
www.tfacafrica.com

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Acronyms

TfaC	Theatre for a Change
FGD	Focus Group Discussion
KII	Key Informant Interview
KAP	Knowledge, Attitudes and Practices
SRH	Sexual Reproductive Health
TTC	Teacher Training College
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
CSE	Comprehensive Sexuality Education
STI	Sexually Transmitted Infection
TO	Training Officer

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Introduction

Malawi has been blighted by the HIV epidemic. As of 2014, about 10.3% of the population lived with HIV and about half a million children had been orphaned (UNAIDS, 2014[1]). Teachers are the labour group with the third highest HIV prevalence and an astonishing 40% of teachers' deaths are related to HIV/AIDS, making AIDS-related deaths the most common cause of teacher attrition. Moreover, poor SRH and a lack of gender equality leads to 60% of HIV positive people being women and damages girl's educational achievements with only 42.7% of them finishing eight years of primary school.

According to the UNESCO report "Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa" (2015), 21 countries in Eastern and Southern Africa have taken major initiatives towards the development and incorporation of life-skills-education and comprehensive sexuality education (CSE) into their curricula and pre-service teacher training. Extensive evidence shows that effective CSE programs increase student knowledge about HIV and other health issues, delay the age of sexual debut, decrease the number of sexual partners and the frequency of unwanted sex, and increase the use of contraception including condoms. Furthermore, CSE is central to ensuring national and regional economic development.

However, the delivery of effective CSE requires highly skilled and motivated teachers. In an environment where many topics related to sexuality can be culturally and religiously sensitive, the capacity and performance level of teachers remains a significant challenge. For most countries in the region, a scale-up of CSE is slowed because of the volume of training needs, staff attitudes towards taboo sexuality topics, and a lack of skills in participatory teaching styles.

Theatre for a Change (TfaC) has been working in Malawi since 2007. TfaC's work demonstrates that improved SRH education empowers teachers and improves the life chances of the children they teach. Through funding from the Medicor Foundation, Theatre for a Change's (TfaC) education program implemented a two-year project from 2014 - 2016 called "Tiphunzitsane, Let's Teach each other!". The program aims at improving the Sexual and Reproductive Health (SRH) of pre-service teachers in seven targeted Teacher Training Colleges (TTCs) as well as improving the life chances of primary school children located in ten primary schools surrounding six of the targeted TTCs. TfaC also runs Tisinthe!, an interactive radio program focusing on SRH, gender equality and children's rights.

In addition to ensuring accountability towards the Medicor Foundation, the primary intended user of this Endline evaluation is TfaC. For TfaC we will discuss the changes that occurred, infer the impact of the project and discuss its continuation or up scaling.

[1] UNAIDS, 2014: "The Gap Report" http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

Executive Summary

In line with the findings from TfaC's Report to the Medicor Foundation (2015), this Endline evaluation shows that the Tiphunzitsane project improved across most indicators of Sexual Reproductive Health knowledge, attitudes and practices of Core and Peer Group pre-service teachers as well as primary learners when compared to the 2015 baseline results and often also against baseline data from 2014.

Beyond empowering teachers and learners with improved SRH knowledge; TfaC enabled them to make informed decisions; overcome peer pressure, better manage conflicts, set realistic goals in life and raise their self-esteem. Key findings were as follows:

TTC SRH Knowledge scores assessed knowledge regarding HIV transmission methods; the menstrual cycle; children's rights; and types of abuse. Overall SRH Knowledge of pre-service Year 2 Teachers improved across all TTCs with average scores of 93% of knowledge questions answered correctly at Endline (2016) compared to 60% answered correctly at Baseline (2015). These achievements were made despite the fact that the Endline (2016) 2016 covered a more extensive array of questions. For the Year 2 Core Group there is a statistically significant difference between mean knowledge scores (% correct) at Endline compared to Baseline with participants at Endline outperforming participants at Baseline.

For the Peer Group, there is likewise a statistically significant difference between Baseline (2015) and Endline (2016).. At Baseline the participants scored a mean of 62% correct, whilst at Endline they scored an average of 77% correct.

Core Group members, however, scored statistically significantly better than Peer Group members. Males scored slightly better than Females (by 2%) .Pre-service teachers acknowledged in interviews that TfaC training had substantially increased their knowledge regarding SRH. These findings collectively suggest that the project had a positive impact on the knowledge of core and peer group members over time.

TTC SRH Practice scores looked at whether members had taken an HIV test; feel confident to ask their partners to use a condom, negotiate having sex, or buying a condom. Core group members scored statistically significantly better than peer group members (90% vs. 83% respectively).

Both core and peer groups demonstrated statistically significant differences in their SRH practices based on our composite index between Baseline (2015) and Endline (2016). For the core group, average SRH practice scores increased from 62% at Baseline to 90% by Endline. For the Peer Group average SRH practice scores increased from 56% at Baseline to 83% by Endline. These findings suggest that the project had a positive impact on self-reported SRH practices.

Members acknowledged that practice is especially difficult if the surrounding setting of the individual doesn't change. In terms of regular condom use, Core Group members scored slightly better (83%) vs. Peer Group members with 78%. However, when asked whether they used a condom the last time they had sexual intercourse Core Group members were statistically significantly negative associated, indicating an imbalance between knowledge and practice among core group students (57% for Core Group vs. 83% for Peer Group members).

TTC SRH Attitude scores measured attitudes towards the role of women, gender differences; teenage marriage; or faithfulness. Core group members scored statistically significantly better than peer group members (93% vs. 83% respectively). Female core group members scored statistically significantly better than male core group members (94% vs. 89%), mainly because many males did not disagree that a *"woman's most important role it to take care of her home and family".* However, positive changes in attitude were supported during the qualitative research.

Both core and peer groups demonstrated improvements in SRH attitudes at statistically significant levels between Baseline (2015) and Endline (2016). The Core group achieved a mean score of 81% at Baseline and 93% at Endline. The Peer Group achieved a mean score of 77% at Baseline and 83% at Endline. These findings suggest that the project had a positive effect on the SRH attitudes of both peer and core group members between Baseline and Endline.

TTC Behaviour Observations. Pairs of core group members were asked to demonstrate a scenario negotiating condom use, followed by one where one participant was refusing sex. Similar to the Endline results from 2015, this year's Endline showed considerable improvements in the ability to say "No" to unwanted sex (93% in 2016 vs. 75% in 2015).). Scores regarding the successful negotiation of Condom Use stayed stable at 84% in 2016 compared to 84% in 2015.

TTC Condom Demonstrations. Overall, 71% of core group students were able to correctly demonstrate how to use a male condom however only 34% were able to demonstrate the use of a female condom. Both scores exhibited a statistically significant difference between males and females. Despite using the same methodology, scores for female condoms dropped drastically compared to the previous year (67%). There is a substantial need to improve knowledge and usage of female condoms.

Primary Learners SRH Knowledge. Primary learners similarly answered questions regarding HIV transmission; accuracy of HIV testing; the menstrual cycle; and children rights. Overall, scores improved from 60% at Baseline (2015) to 74% at Endline (2016). However, there was a drop of 4% from the Endline in 2015 to 2016. Boys performed slightly better than girls. There is a positive statistically significant difference between treatment and control school primary learners suggesting the project's impact on the primary learners' SRH knowledge.

Primary Learners SRH Attitudes measured, amongst others items, learners' aims and ambitions, their perceived likelihood to get married as well as the highest level of school the student hopes to complete. Treatment school learners overall indicated slightly higher aims and ambitions than control and girls slightly higher than boys, yet non-significantly.

Primary Learners SRH Practices assessed how well learners are able to make friends with the opposite sex; express their opinions during a disagreement; and are easily influenced by friends. Whereas 75% of students at treatment schools indicated being confident to manage these scearios, only 65% of control school learners indicated the same. This difference was found to be statistically significant suggesting the project had a positive impact on the SRH practices of primary learners.. No statistically significant difference was found between boys and girls.

Classroom Observations. No major differences were found of teaching skills between three treatment and three control primary schools..

Based on the findings of the report, One South would like to make the following recommendations:

At the TTC level:

1. **Consider adding further topics to training**. Whilst the project continually reviews and updates the training manual, these updates should consider pre-service teacher input. Students highlighted the following key areas as important potential topics to be added: religion and SRH, particularly surrounding how to marry religious beliefs with better sexual reproductive health practices; sessions on inclusive teaching practices specifically targeted at disabled students or those with special needs, and a session describing how to teach learners to make their own sanitary towels as many female learners have difficulties attending school during menstruation.
2. **Strengthen the set-up of the peer groups**. Peer groups are implemented differently across TTCs with some groups meeting more frequently than others. Findings indicate that Peer Groupsimprove their SRH knowledge, attitudes, and practices to lesser extents than Core

Groups. Lessons from core group sessions should be identified in order to improve the facilitation of peer groups. Core group students further need better support in facilitation skills and need to be provided with more opportunities to practice teaching sessions to peer groups. The project should ensure that core group members are able to teach multiple sessions, in accordance with the individual's facilitation skills.

3. **Continue to increase support for female pre-service teachers**. In many cases male pre-service teachers outperformed their female peers. Whilst efforts have been made by TOs to target instruction specifically to female pre-service teachers through same-sex sessions, this needs to be further explored to ensure equal opportunities for beneficiaries to develop better sexual and reproductive health.
4. **Increase training on using female condoms.** Participants are better able to use a male condom than a female one based on condom observations. The project needs to provide better support, particularly to female participants, on how to use female condoms. It is sometimes difficult for a female partner to ensure their male counterpart uses a condom throughout intercourse. Improving understanding of how to use a female condom can mitigate these risks.
5. **Stronger focus on supporting changes in knowledge and attitudes to result in healthier practices.** Whilst respondents demonstrated improved knowledge and attitudes, this did not transform into actual healthier practices. For example, whilst, 83% of core group students indicate they "almost always" or "regularly" use a condom, only 59% of core group members report using a condom the last time they had sex. Workshop sessions should be explored as a process to explain such findings and inform the design of future training curricula based on barriers discussed surrounding actual condom use.
6. **Continue training lecturers in cooperation with the GIZ to ensure sustainability.** Conducting training in cooperation with GIZ raises the profile of the project in target TTCs and provides increased chances for project to continue after funding ends. Additional partnerships such as this should be explored by the project team as TfaC can provide unique technical expertise on innovative workshop facilitation approaches as well as access to all targeted TTCs through TOs.

At the primary school level:

1. **Encourage pre-service teachers and ensure "courage and assertiveness" to set up Tidziwitsane Clubs.** Most teachers at treatment schools confirmed that they had no problems setting up a club at the school and that clubs are very popular. However, not all pre-service teachers set up Tidziwitsane Clubs once they are placed at primary schools. Pre-service Teachers "theoretically" know how to do it but don't have the courage, assertiveness and passion to follow through. Both, core and peer group members should be further encouraged to do so. As one TO mentioned, *"You can find core group members who are very active but when they go out to the primary schools they do nothing. But some peer group members are at primary schools and call and ask, can you assist me with my club?"*.
2. **Consider splitting learners by age and consider making club sessions a formal part of the curricula** through life skills classes. This will ensure the sustainability and reach of the project as it is currently only run as an extracurricular activity that only a selected group of students can join. Also, topics are not always relevant to all ages, and some older students cite challenges in clarifying issues with facilitators.
3. **Strengthen set-up of community listening clubs and explore other outreach activities targeting parents and caregivers**. There is an observable change of behaviour amongst students, however it takes time and these changes can only be implemented, as Stachnik (2015) already mentioned in her report, if they coincide with a supportive social, cultural and political environment. *"Only through cohesion will sustainable change become a reality".*

Moreover, TfaC's methodology is based on the cycle of empowerment, which begins with individual, community, and national change. Having access to parents is a key element because topics discussed in the clubs may be met with resistance if shared privately at home and many parents and caregivers might have to be sensitized to ensure sustained change for learners.

4. **Ensure a support network for all TfaC trained teachers beyond the Teachers' Network Facebook and the Whatsapp group** for support and shared learning as well as for TfaC staff to mentor and support teachers (such as one teacher who is interested in teaching fellow teachers about SRH and would like to share her experiences). Some of the teachers interviewed indicated that they heard about the group, however do not/ cannot access it due to lack of access to internet or a smartphone. Although many TOs are in contact with students who have graduated from the program and are now based in primary schools, TfaC needs to remain involved to maintain positive results and ensure on-going impact. The project should consider hosting an annual learning forum to ensure all teachers are able to access shared learning and improve implementation.

The Tiphunzitsane Project (Let's Teach!)

The project aims at improving sexual reproductive health of teachers as well as life chances of primary school students in Malawi. In order to achieve the project's desired impact, Theatre for a Change trains pre-service teachers at Teacher Training Colleges (TTCs); implements activities at primary schools and runs an interactive radio program, called Tisinthe!.

Teacher Training: The Malawian primary school teacher-training curriculum runs for two years. In the student teacher's first year of training, TfaC recruits and teaches a core group of 20 female and 20 male students. The core group participants are trained using participatory approaches to improve their own SRH and be able to facilitate workshops at primary schools. Topics include communication skills; assertiveness and empowerment; condom knowledge; attitude and skills; HIV; stigma and discrimination; as well as discussions about gender and child protection. Core group members trained by TfaC practice teaching selected topics in front of their peers. In addition, 10 core group members are given the opportunity to take a locally and internationally recognized facilitation-training course. For the wider TTC community, TfaC trained and supported Training Officers (TOs) and Core Group members hold open days where community members can participate in HIV Testing and Counselling.

Primary School activities: In their second year of training, pre-service teachers are placed at primary schools located close to the TTCs for teaching practice. 10 core group members set up and facilitate Tidziwitsane Clubs (Let's teach each other!) with 40 students per club. They are encouraged to lead by example using child-centred pedagogy and promoting gender equality. The clubs meet weekly and include participatory activities that impart knowledge and encourage learners to develop the skills and confidence to adopt safe and healthy SRH practices.

Tisinthe! (Let's Change!) Radio Programme: In addition to the above-mentioned activities, TfaC records two different radio shows (one aimed at pre-service teachers and one for primary learners) in its office in Lilongwe. The Tisinthe radio programme reaches out to audiences on SRH and related issues, providing them with the opportunity to change their practices and attitudes through an interactive drama with participants being able to call in and change a character's behaviour on the show. This interactive methodology is based on Augostu Boal's work on The Theatre of the Oppressed. At the TTCs student teachers run listening clubs each week. Similarly, at primary schools teachers run listening clubs with primary learners and are set up community listening clubs in order to confront and address barriers to healthy SRH faced by parents and the larger community.

To ensure the sustainability of the project, TfaC set up Facebook and Whatsapp groups to support teachers in implementing Tidziwitsane Clubs at schools. The Whatsapp and Facebook groups support teachers to learn from their activities across various contexts. Moreover, each core group member is paired with an experienced teacher at their school who becomes their mentor. This supports pre-service teachers to share their learning and improve their teaching abilities. TfaC continuously updates and improves the program's curricula based on learning on best practices.

Table 1 provides a summary of the activities (inputs) leading to the technical results of the project (outputs).

Table 1: Tiphunzitsane Project Activities (Inputs) and Outputs

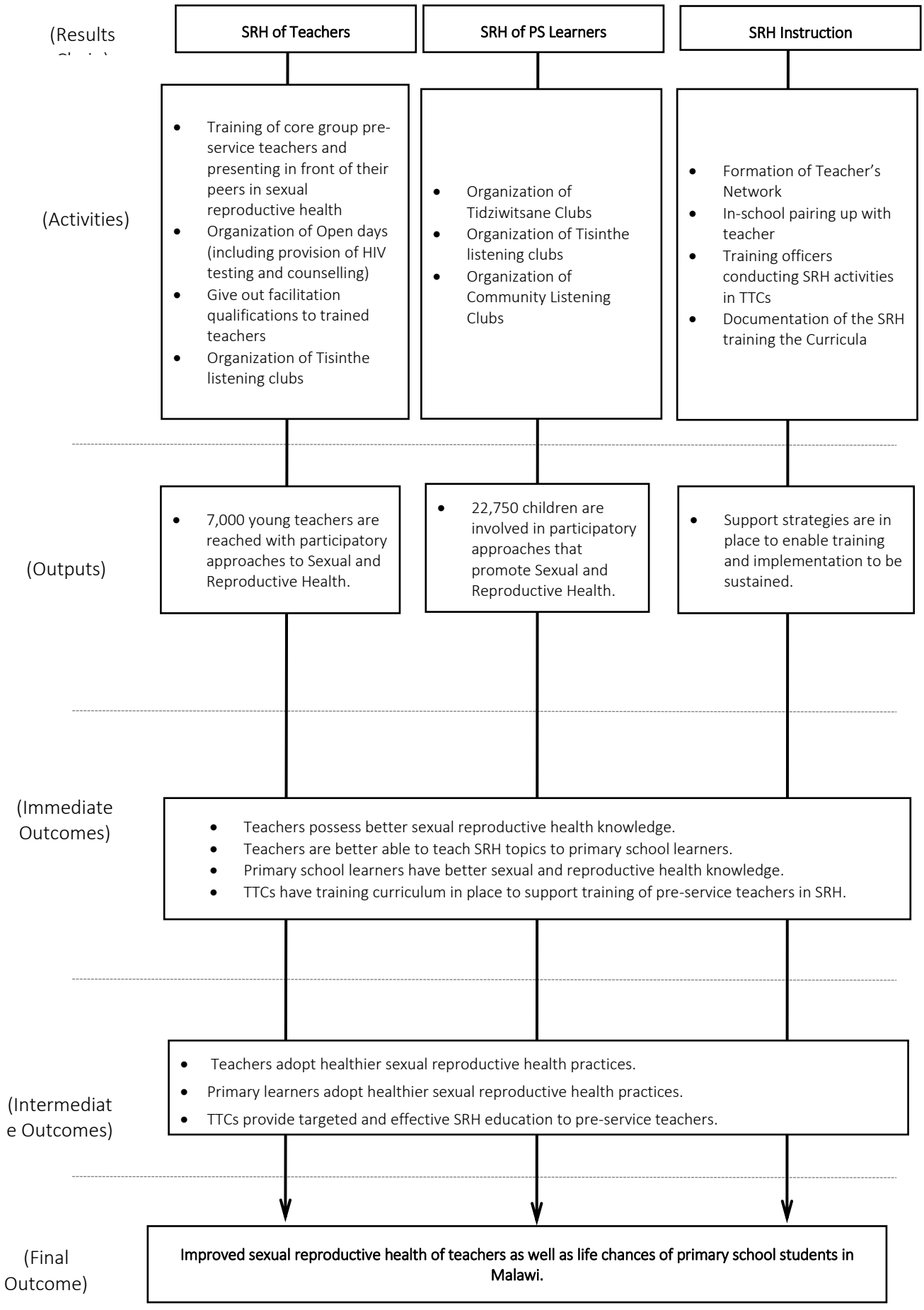
Outcome: Young teachers are able to improve their own knowledge, attitudes and practices towards sexual and reproductive health as well as of the children they teach.	
	Activities
Output 1 at TTCs **7,000 young teachers are reached with participatory approaches to Sexual and Reproductive Health.**	Training of core group pre-service teachers and presenting in front of their peers Hold Open days Give out facilitation qualifications Tisinthe listening clubs
Output 2 at primary schools: **22,750 children are involved in participatory approaches that promote Sexual and Reproductive Health.**	**Activities** Tidziwitsane Clubs Tisinthe listening clubs Community Listening Clubs
	Activities
Output 3 for sustainability: **Support strategies are in place to enable training and implementation to be sustained.**	Teacher's Network In-school pairing up with teacher Documenting the Curricula

The three outputs aim to generate the **outcome** of, improving young teachers' knowledge, attitudes and practice towards sexual and reproductive health as well as the children they teach. Tiphunzitsane aims at empowering teachers and children at various levels: at the individual, group and social level.

TfaC's theory of change believes that radio broadcasts and gender equality campaigns at a social level; as well as trust, power, balance and assertiveness activities at an individual level; team building and touch tag (a participatory teaching method) at a group level all empower each other. Individuals with increased confidence and skills to assert rights can generate change at a group level building group solidarity and motivation as well as improving their access to education, health and legal services and increase economic and political participation at an overall social level.

The project's results chain depicted in *Figure 1.*

Figure 1: Tiphunzitsane Project Results Chain



Scope of the Endline Study

In order to be accountable the Medicor Foundation as well as Theatre for a Change (TfaC), One South conducted an independent Endline evaluation of the Tiphunzitsane Project. The main objectives of the Endline Study were to:

1. Determine and report benchmark measures against project indicators;
2. Discuss the likelihood of intended and unintended project impact;
3. Provide recommendations for future project design and implementation based on criteria of effectiveness, relevance and sustainability;

The study established indicator measurements through Endline tools provided by TfaC. The tools, including questionnaires, condom demonstrations and behaviour observations focussed on testing pre-service teacher's and primary learners' knowledge, attitudes and skills regarding sexual and reproductive health.

In order to identify and infer both intended and unintended project impacts we used a mixed-methods approach relying on a cross-sectional comparison between treatment and control schools.

For quantitative SRH variables we calculated composite scores or indices for sexual reproductive health (1) knowledge, (2) attitudes, and (3) practices. Knowledge and Attitudes refer to what people say; whereas practices refer to what people do.

All impact level findings are triangulated through qualitative approaches. Particular emphasis was placed on utilizing qualitative methods to understand and infer unintended project impact, verify project impact level findings, and identify alternate explanations of change. Although impact cannot be determined quantitatively for beneficiaries without a control group, we will utilize outcome level data and qualitative findings to infer project impact in these cases.

Recommendations were developed through a systematic exploration of outcome achievements, explanations of achievements, and criteria of effectiveness, relevance, and sustainability.

Methodological Approach

As mentioned above, the study adopted a mixed-method approach to measure a variety of research domains. The various methods of data collection are depicted in Table 3 below.

Table 3: Methods of Data collection and domains

Instrument	Domains
Document and Literature Review	• Funding proposal, project design • Monitoring and learning throughout the project • Comparable interventions targeting SRH KAP of teachers and SRH teaching.
TTC Endline Questionnaire	• Sexual reproductive health knowledge (contraceptives, STIs, and menstruation) • Sexual reproductive health attitudes (consent, STI treatment)

	• Sexual reproductive health behaviour (risky behaviour, family planning, STI prevention, STI treatment) • Self-confidence & Self-efficacy
Primary Learners Endline Questionnaire	• Sexual reproductive health knowledge and attitudes • Aims and ambitions
Behaviour Observations	• Saying No to Unwanted Sex • Negotiating Condom Use
Condom Demonstrations	• Male Condom Demonstration • Female Condom Demonstration
Lesson Observations	• Lesson Planning Practices • Use of Interactive Teaching Methods • Differentiated Instruction • Classroom Participation
Semi-structured FGDs with Core Group Teachers	• Quality and relevance of training provided by training officers • Personal Impact • What would have happened without the project • Changes in teaching practices • Lifelong learning
Semi-structured FGDs with Peer Group Teachers	• Quality and relevance of training provided • SRH KAP • Lifelong learning
Semi-structured FDGs with primary learners	• Relevance of SRH KAP • Quality and relevance of topics • Changes in SRH attitudes and practices
KIIs with Training Officers	• Design and relevance of training modules • Participant selection • Teaching SRH at TTCs • Teaching SRH at schools • Unintended Effects • Effectiveness of core and peer group training modalities • Sustainability
KIIs with Core Group Members	• Quality and relevance of training modules in retrospect • Changing in teaching practices • Personal SRH • Club Implementation and Teaching experience with peers • What would have happened without the project (constructing a counterfactual) • Learning from teaching SRH and Sustainability

KIIs with Past Core Group Members (now teacher at primary school)	• Quality and relevance of training modules • What would have happened without the project • Changes in teaching practices • Lifelong learning SRH KAP
KIIs with Control School Primary Teachers	• Relevance of SRH, KAP for themselves and learners • SRH Teaching practices
KIIs with Tiphunzitsane Project Manager/MEL Officer	• Design of Project and Relevance of teaching SRH KAP in TTCs • Project Learning • Implementation Process • Effectiveness of Training Core Group vs. Peer Group • Sustainability

Document & Literature Review. As part of the document review and literature review phase, we systematically reviewed project monitoring reports (i.e. the report to the Medicor Foundation in 2015), previous analyses of the project (i.e. by Roggen, Andrea 2015: An evaluation on TfaC's Aids TOTO Clubs; Stachnik, Paulina 2014: An evaluation of the Teacher Training Colleges Project in Malawi) as well as presentations of the baseline and Endline study in 2014 and 2015 administered by TfaC. Stachnik's report, although based on primarily qualitative data, provides a great overview of the main issues TfaC was facing with the project in 2014. Moreover, we looked at existing literature on comparable interventions and previous projects targeting improved SRH Knowledge, attitude and practices (KAP) of teachers and SRH teaching in Malawi. The document and literature review was used to guide the development of data collection tools.

Endline Questionnaires. A trained group of enumerators administered 660 questionnaires, developed by TfaC and measuring SRH KAP, in English at the TTCs in Lilongwe, Blantyre, Machinga, Maryam, Kasungu and Karonga. Moreover, enumerators administered 720 Endline questionnaires in Chichewa at 12 treatment and 6 control primary schools surrounding TTCs in Lilongwe, Blantyre, Machinga, St. Joseph's, Kasungu and Karonga.

Behaviour Observations and Condom Demonstrations. At six TTCs, core group students were involved in two different role-plays, whereby in the first situation they had to "Say No to unwanted Sex" and in the second they were asked to "negotiate condom use". Two training officers at the TTC observed their behaviour and awarded scores. Moreover, all core group students were asked to demonstrate how to use female and male condoms. Training Officers similarly observed and awarded scores.

Lesson Observations. In order to better understand project impact on teaching practices, enumerators administered six naturalistic lesson observations to assess teaching practices in both treatment (3) and control schools (3). At treatment schools they observed the former core group member teaching a class. At control schools they observed Life Skills classes.

Focus Group Discussions (FGDs). In order to triangulate quantitative findings and explore unintended project impact we conducted Focus Group Discussions (FGDs) with Core Group Students, Peer Group Students and Primary Learners.

Key Informant Interviews (KIIs). To address additional questions on sustainability, relevance and effectiveness we conducted key informant interviews with Core Group Students, Treatment School Teachers, Control School Teachers, Training Officers; as well as TfaC Project Staff.

A summary of the sample sizes for quantitative and qualitative sampling can be found in Table 4 and 5, respectively.

Table 4. Summary of Quantitative Sampling

Group	Endline	Actual # conducted
Core Group (5 TTCs)	40*5=200	200
Peer Group (5 TTCs)	40*5=200	200
Additional Maryam TTC	260	242
Total	**660**	642
Primary Learners (18 Schools) (12 Treatment; 6 Control)	40*18=**720**	721
Lesson Observations (3 Treatment, 3 Control)	**6**	6
Behaviour Observations (5 TTCs)	20*5 = **100**	124
Condom Demonstrations (5 TTCs)	40*5= **200**	185

Table 5. Summary of Qualitative Sampling

Instruments	Sampling Approach	Number of Interviews
FGD Core Group	Heterogeneity sampling and random sampling	4
FGD Peer Group	Heterogeneity sampling and random sampling	4
FGD Primary Learners	Heterogeneity sampling and random sampling	3
KIIs with Training Officers	Convenience sampling	4
KIIs with Core Group Members	Heterogeneity sampling and random sampling	4
KIIs Teacher Treatment School	Convenience sampling	4
KIIs with Control School Teacher	Convenience sampling	4

Limitations

There are a number of limitations that could have affected the measurement of results. These limitations are described below, along with strategies put in place to reduce their effects on our findings.

Reading ability of primary learners. During the Baseline, questionnaires were self-administered with primary learners being asked to respond directly on their paper copies. However, at Endline due to the high variance of the ages and reading abilities of primary learners, enumerators read the questions out loud to respondents in Chichewa. Students were allowed to individually and quietly ask for clarifications. This strategy was put in place to ensure questions were well understood by primary learners and that they were able to respond to the best of their knowledge, regardless of reading abilities. However, this may have introduced a positive bias in results as respondents at Baseline who may not have been able to complete a self-administered questionnaire would have performed poorly relative to their peers.

Language for interviews. As Stachnik (2014) already mentioned in her evaluation of the project, there is the potential issue of language barriers. While pre-service students are taught in English at TTCs and were capable of conducting the FGDs and KIIs in English, it is not the language that is most commonly spoken at home in Malawi. For teachers, moderators aimed to reduce this bias by rephrasing questions in Chichewa if necessary and for primary learners all interviews and FGDs were conducted in Chichewa, recorded, translated, and transcribed.

Perceived Change vs. Actual Change. As Stachnik (2014) also mentioned, it is difficult to gauge the difference between actual changes in attitudes and behaviour in relation to participant perceptions or assumptions of change. Some students and learners might have overemphasised their new skills to show the "transformation" they have gone through by having received TfaC training. However, this study tried to triangulate outcome level findings through a mixed-methods approach to mitigate for this potential bias.

Content of questionnaires: For the comparison between Baseline (September 2015) and Endline (July 2016) the same questionnaire was used at the primary school and TTC levels. However, for the Baseline of Year 1 (September 2014) and Endline (July 2015), both primary school and TTC questionnaires had a slightly different knowledge, attitude and practice questions. However, the issues covered remained the same and questions were divided into the different domains (e.g. knowledge, attitude and practices) to make a valid comparison across time.

Classroom Observations. There are certain limitations regarding classroom observations. Observer effects may occur because teachers and students are aware that their behaviours are being observed. The presence of an observer may change the behaviour of the student or teacher, perhaps resulting in reactive effects. Teacher anxiety or teachers performing less well than usual can interfere with the drawing of valid inferences about what normally occurs in the classroom. On the other hand, there is also evidence that indicates that teachers' instruction may be slightly better when they are being observed. Moreover, this study is aware of the fact that six classroom observations might not be the sufficient to obtain reliable and valid measures of instruction.

Findings

TTC Impact Assessment and Endline Results

TTC SRH Knowledge

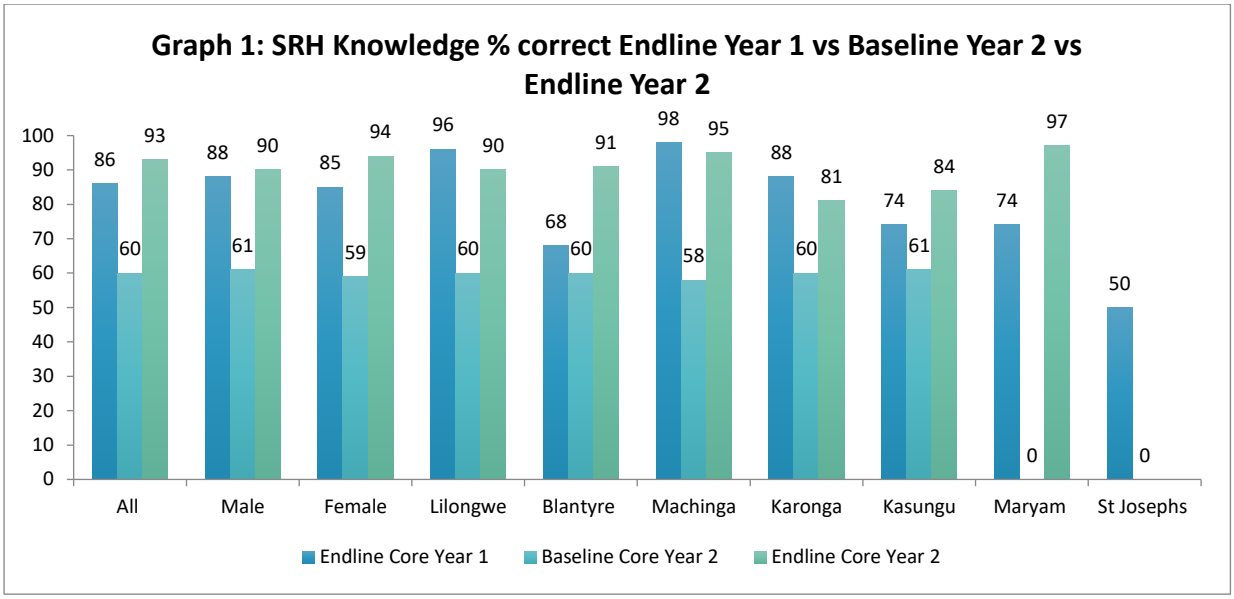
SRH Knowledge Summary Results. *Graph 1* summarizes the aggregate results of the percentage of knowledge questions answered correctly. This measure is comprised of 26 questions covering Sexual Reproductive Health Knowledge administered to Core Group members at each TTC. Topic areas included, amongst others, HIV transmission methods; the menstrual cycle; differences in gender and sex; children's rights; types of abuse or sexual relationships between teachers and learners.

In total, questionnaires were given to 442 core group members, 40 at the TTC in Lilongwe, Blantyre, Machinga, Kasungu and Karonga. Moreover, 242 pre-service teachers at Maryam TTC in Mangochi were included. At Maryam TTC, an all-girls college, TfaC teaches the entire college and there is thus no peer group. Overall, 100 male and 342 female pre-service students filled out questionnaires.

Overall SRH knowledge of pre-service teachers improved across all TTCs (93%) compared to the Endline (2015) by 7% and Baseline (2015) by 33%. Blantyre and Machinga achieved the highest percentage point change with an average change of over 30% whereas Lilongwe, and Karonga scored slightly lower than the previous year. TfaC suspended its program at St. Josephs, thus no Endline data was conducted.

Findings indicate that the project had a positive effect on knowledge of both core and peer groups between Baseline (2015) and Endline (2016). A comparison of means through a t-test revealed a statistically significant difference between Baseline and Endline amongst the Core Group ($M=59.01$; $SD=10.34$; $M=93.16$; $SD=9.81$, $t\ (633)=-40.038$; $p<0.05$) and Peer Group ($M=77.31$; $SD=19.63$; $M=86.80$; $SD=12.51$, $t\ (390)=-5.734$; $p<0.05$). At Baseline core group participants scored a mean of 59% correct, whilst at Endline they scored an average of 93% correct. A t-test for the peer group also resulted in a statistically significant difference, with participants scoring a mean of 62% correct at Baseline and 77% correct at Endline. These findings suggest the project had a positive impact on the knowledge of core and peer group members over time.

The question with the lowest score of correct answers (64% of males and 84% of females) asked respondents to indicate the lowest risk method of HIV transmission. Outcomes were similar to the baseline, whereby most indicated "Breastfeeding when you are HIV+" instead of "sharing a toothbrush with someone who is HIV positive". Interestingly enough participants assumed that women always have the means and access to antiretroviral therapy (ART) reducing the risk of sharing HIV with their babies and thus indicated breastfeeding as the lowest risk of HIV transmission.



Qualitative research with Core Group members confirmed the effectiveness and relevance of the knowledge provided to pre-service students. The majority of students participating in focus group discussions and key informant interviews admitted to previously having had very little or no knowledge about SRH. A Core Group Student in Blantyre admitted, *"I knew 25% of SRH. I got this information from life skills and the radio, however the information was not as detailed as what we learn at TfaC".*

Focus Group discussions further highlighted that there are a lot of misconceptions around SRH. A female Core Group Student in Lilongwe mentioned, *"For example, at first I was thinking that when you have sex with a man and take a bath immediately you cannot get pregnant and also that when you have sex while standing you cannot get pregnant. This is not true because you can get pregnant even if you do it while standing, sleeping, kneeling and whatever style is used".*

A male student in the same focus group believed that *"People were saying that you cannot contract HIV or STIs when you are circumcised. But there are still chances of contracting HIV or STIs that's why it is important to use condoms when having sex. So I think differently now".* These qualitative findings support quantitative achievements demonstrating improvements in participant's sexual reproductive health knowledge.

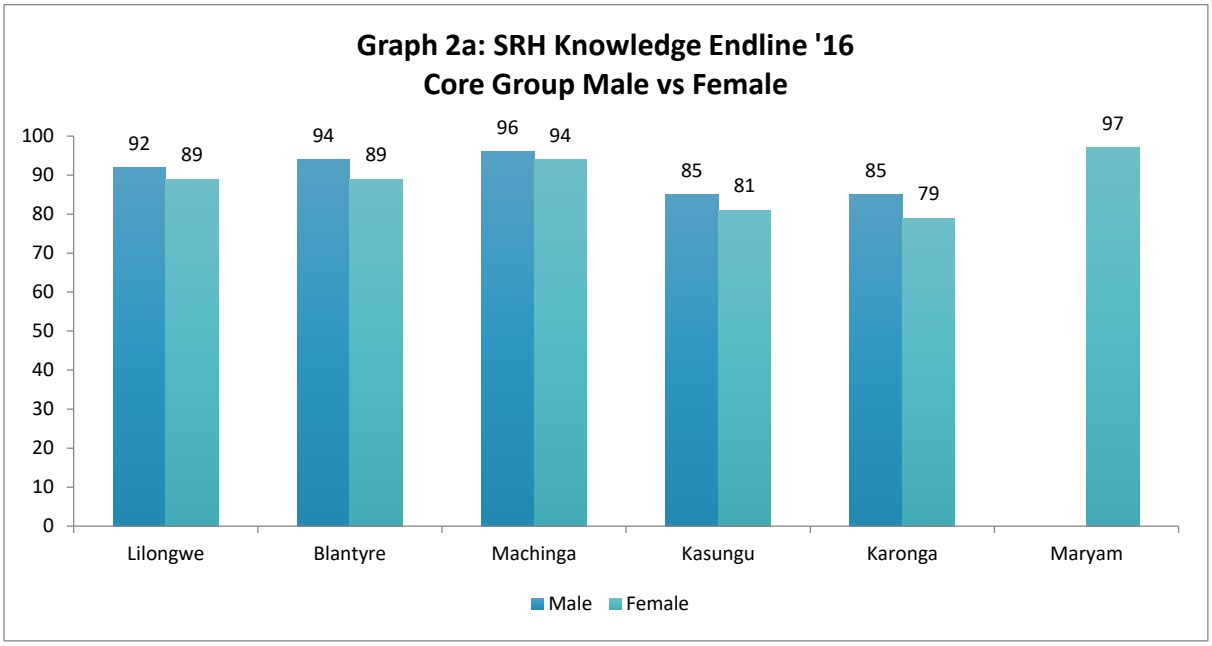
Respondents also highlighted the effectiveness of TfaC's approach at deepening discussions on SRH topics compared to previous experiences. A core group participant in Machinga stated that, "*You can find most of the topics in Life skills. But the teacher is teaching in the front and there are no good methods for teaching. Talking about condom use is very rare. But here at TfaC we see how things can be done and we are given the chance to talk what we experienced, so it is more lively".*

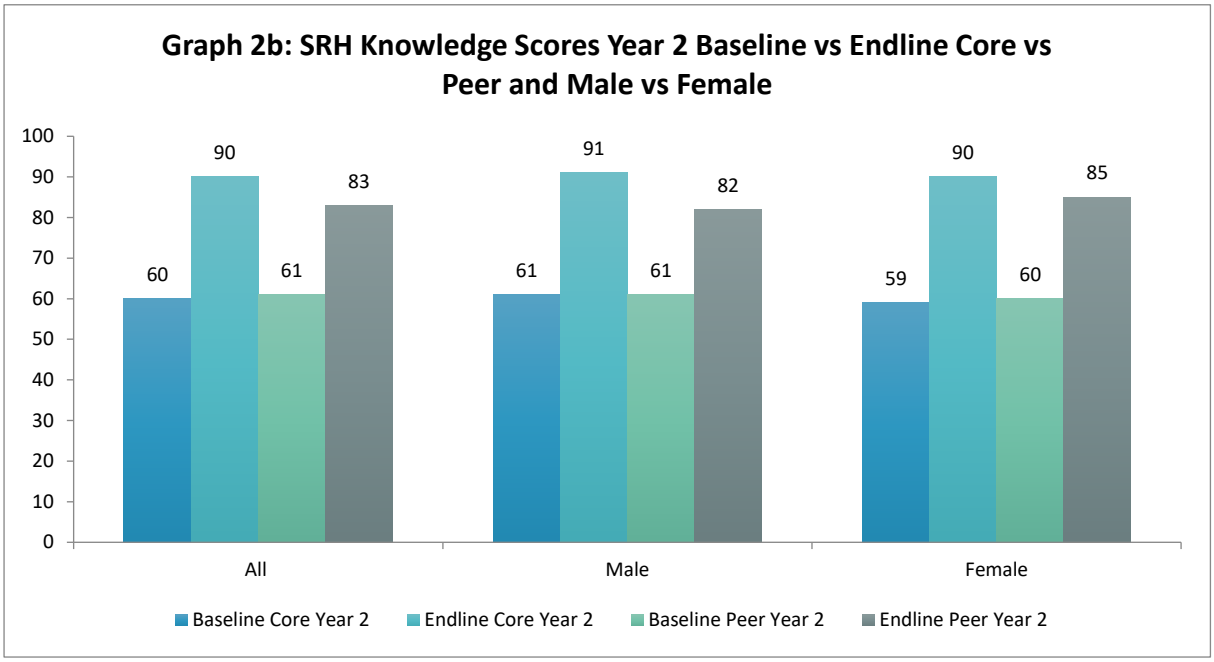
Another respondent in the same group continued, *"For example, a topic on Menstruation; in class we only discuss on how the menstruation goes like, but at TfaC we go further to discuss how the female person can take care of herself. The discussions also dwell much on how a person from the village can take care of herself by using a small cloth. So we now know that there are different ways that females use in order to take care of themselves when menstruating".*

Difference between female and male core group members. As shown in *Graph 1*, women outperform males in SRH knowledge (94% vs. 90%) and demonstrate a greater increase in overall SRH knowledge. However, the difference between mean scores is not statistically significant for males (M=90.76; SD=9.6) compared to females (M=93.89; SD=9.76) as $t(433)=2.84$, $p<0.05$.

Graph 2a (below) indicates that the positive results for females are clearly affected by the very positive outcome of 242 female students at Maryam answering 97% of all questions correctly.

The project should look more closely at Maryam TTC to identify best practices to help explain the high average achievement in SRH knowledge scores relative to other TTCs.





Despite an increase in female scores overall compared to Baseline (2015), females scored an average of 6% below their male peers. TOs have made efforts to provide targeted support to female students, by, for example, conducting same-sex workshops instead of mixed-sex workshops. Female pre-service teachers report that they are often embarrassed to express themselves about SRH topics in front of male peers and report positive outcomes from these changes. Supporting females in same-sex groups provides them with a safe space to discuss otherwise sensitive topics and these efforts should be continued.

Topics covered in Core Group Training. Qualitative research revealed that pre-service students were generally very content with the design of the module and recognized "*the logical flow of topics".* However, workshop participants made a number of suggestions:

Malawi is a highly religious context with a Christian majority and Muslim minority. Training workshops should **include targeted discussions on "religion and SRH"** to provide more contextually relevant information to religious pre-service teachers. This should not only include discussions on how to address religious groups at the TTC and community but also address how to incorporate one's own religious beliefs with new SRH knowledge. A Core group member in Machinga is a Jehovah's Witness and for example is not allowed to give blood samples for HIV testing. The TO in Lilongwe mentioned that *"sometimes we have a fight with religious groups and lecturers regarding sexual and reproductive health – everyone wants to look religious at one point or another. We have to be able to mitigate. Maybe think of a designing a workshop with the religious leaders and let them know what we do, how and why we do it and why its important so when they go back to their groups they can say, yes you can go and get more information".*

Workshop programming should also be better targeted to more vulnerable groups of pre-service teachers, such as those with disabilities. A blind core group student in Machinga mentioned, "*there is a security risk for us out there. I know it from my own experience. I was sexually harassed last May but because of the skills [I acquired at Tfac], I managed to escape (…) many people with disabilities are raped out there. It is quite unfortunate. How can we protect ourselves? Add that to the program, to TfaC and the radio show".* The Malawi Human Rights Commission in a Special Report on Disabled Women "noted with concern that the common belief that persons with disabilities are not sexually active has resulted in the exclusion of women and girls with disabilities and persons with disabilities in general in HIV and AIDS programming such that this group has not accessed preventive and other aspects of information on HIV and AIDS"[2]. The report further demonstrated that disabled and other vulnerable populations are often at a higher risk of abuse. A **session on specific issues affecting the disabled or those with other needs**, can both better support disabled pre-service teachers and improve the ability of all participants to support those faced with increased vulnerability to assert their rights.

With regard to primary learners, a core group student in Kasungu mentioned "*Many girls are absent in primary schools when they are menstruating (…). If these girls are oriented on how to make sanitary pads their rate of absenteeism can be reduced".* The project should consider **adding a session to discuss how to teach girls to make their own sanitary pads** and reduce school absences due to menstruation.

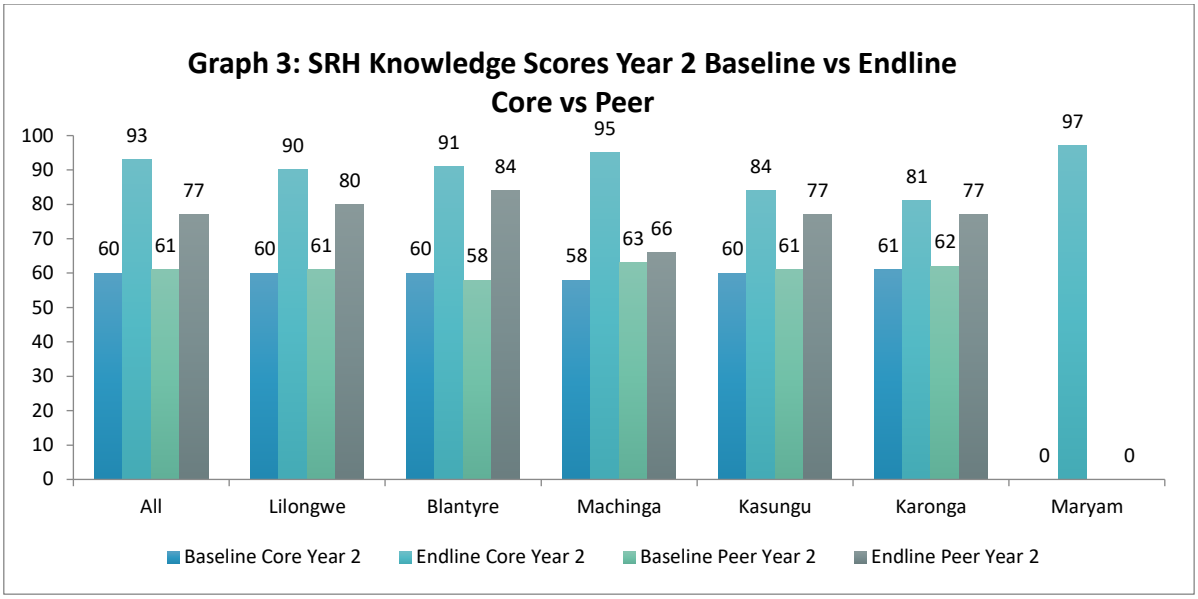
The TO in Blantyre mentioned that it would be helpful to talk about the **combination of certain illnesses with SRH**, such as the effect of malaria on pregnancies. The combination of malaria and pregnancy can lead to maternal anaemia and placental parasitaemia, which can result in low birth weight, a key contributor to infant mortality. Malaria is commonplace in Malawi, and is responsible for 30% of all outpatient visits as well as being "one of the major causes of morbidity and mortality across all age groups"[3].

Comparison of SRH Knowledge between core and peer group students. *Graph 3* depicts the differences between core and peer group members. On average, core group members scored statistically significantly better (M=93.2; SD= 9.8) than their peers (M=77.4; SD=14.8), $t(617)=15.58$, $p<0.05$. The smallest difference was among students in Kasungu and the biggest in Machinga. This arguably demonstrates that the transmission of SRH knowledge to core group members is more effective than to peer group members. Emphasis should be placed on identifying facilitation practices that are effective with core group members so peer group members are better equipped to support their peer groups. Part of this difference could also be due to increased and more direct contact between the core group and TOs.

In general, one can observe a large increase between knowledge scores of core group members at baseline in 2015 and Endline (up to 37% increase).

[2] MALAWI HUMAN RIGHTS COMMISSION SUBMISSION OF INPUT TO THE DRAFT GENERAL COMMENT GENERAL COMMENT ON ARTICLE 6 OF THE CRPD: WOMEN WITH DISABILITIES (2009)

[3] President's Malaria Initiative (PMI) Malawi Country Briefing. Available at: https://www.pmi.gov/where-we-work/malawi



Overall positive perceptions of workshop. Most participants interviewed reported a positive perception of the training provided by TfaC. A number highlighted that they found "the sessions complimentary"[4], that they clarified a number of misconceptions, for example "that you can't contract the virus if you eat or sleep together with an HIV infected person"[5], and that they will now be able to "break the silence"[6] on sexual reproductive health by speaking about it in their communities.

TTC SRH Attitudes

SRH Attitude Summary. Scores on SRH Attitudes are measured on the basis of seven questions and indicate members who disagree that a woman's most important role is to take care of her home and family; disagree that boys are smarter than girls; disagree that a husband can beat his wife if she does not prepare his dinner; disagree that it is acceptable for a husband to have sexual intercourse with someone other than his wife; agree that a woman has the right to choose the number of children she has; agree that a 15 year old girl has the right to refuse marriage to a 40 year old man and indicated four correct methods of positive discipline.

Findings indicate that the project had a positive effect on the attitudes of both core and peer groups between Baseline (2015) and Endline (2016). A comparison of means through a t-test revealed a statistically significant difference between Baseline and Endline amongst the Core Group ($M=80.51$; $SD=17.67$; $M=95.93$; $SD=8.45$, $t\ (612)=-14.63$; $p<0.05$) and Peer Group ($M=77.31$; $SD=19.63$; $M=86.8$; $SD=12.51$, $t\ (390)=-5.73$; $p<0.05$). At Baseline core group participants scored a mean of 81% correct, whilst at Endline they scored an average of 93% correct. A t-test for the peer group also resulted in a statistically significant difference, with participants scoring a mean of 77% correct at Baseline and 83% correct at Endline. These findings suggest the project had a positive impact on the attitudes of core and peer group members over time.

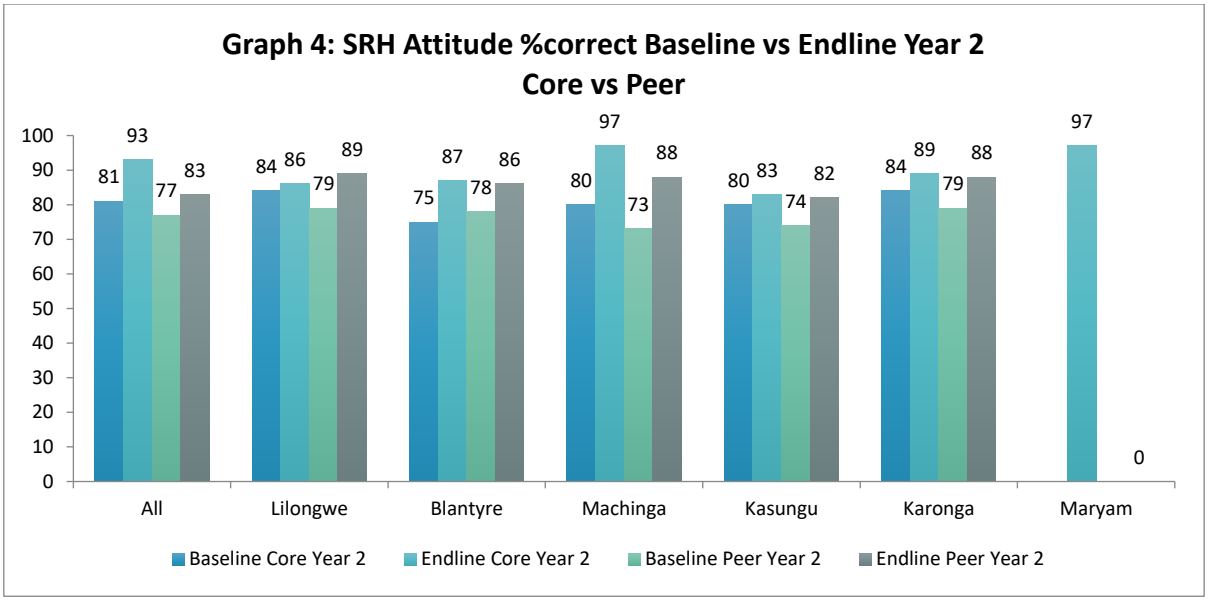
Graph 4 shows that core group members scored significantly better ($M=95$, $SD=8.44$) on SRH attitudes than peer group members ($M=86.8$; $SD=12.5$) with $t\ (606)=10.6$; $p<0.05$. Machinga scored highest and Kasungu lowest. Interestingly, just four pre-service students indicated only "Listening and being a role model"; "Using mistakes as learning opportunities"; "Acknowledging

[4] Core Group Student Blantyre

[5] Core Group Student Machinga

[6] Core Group Student Machinga

or rewarding efforts and good behaviour"; as well as "giving children positive alternatives" as the only methods of positive discipline. All others indicated those four in combination with other methods mentioned.



SRH attitude Male vs. Female. With regard to difference between female and male members core group females scored significantly better (M=96.69; SD=7.01) than male core group members (M=93.3; SD=11.64), $t(406)=3.419$, $p<0.05$. This is mostly due to a lot of males partly agreeing (instead of disagreeing) that a woman's most important role is to take care of her home and family.

Focus group discussions and key informant interviews provided some interesting examples of changes in attitudes among members. One male core group member in Lilongwe stated, *"I thought women are inferior. They are useless because of gestation period so a company should not hire many women. But now I think positively and think that women also have the right to work".* A teacher in a treatment school in Lilongwe gave the example of a young girl relative of hers, commenting, "*…the girl always came late from school and my aunt would hit the girl. I told her "have you ever asked why she always comes late from school?" "No" she said. I asked the girl and she told me "Most days I arrive late to school so the teacher gives me a punishment after school". I told my aunt "you need to wake her up earlier in the morning, so she can take her bath and go to school. Don't give her much work. When she comes back from school, she can do it". And now I can see that things changed. I know more now".*

Another male pre-service teacher at the TTC in Blantyre commented on his attitude change by stating:*"I've changed because when I was home, my friends who were at this TTC used to tell me that once we go for teaching practice, we will be free to have sexual relationships with the primary school learners especially girls. But when I joined the group, I learnt that this was not allowed and if found, then the case is taken to police hence you will be imprisoned. So my mind was completely changed".*

Overall, attitude scores were very satisfactory. One can note a change among members when comparing the results with the baseline from 2014. The only improvement to be made is to clarify the measures of positive discipline. Although most members identified correct measures of positive discipline they had difficulties distinguishing them from negative measures of disciplining children.

TTC SRH Practices

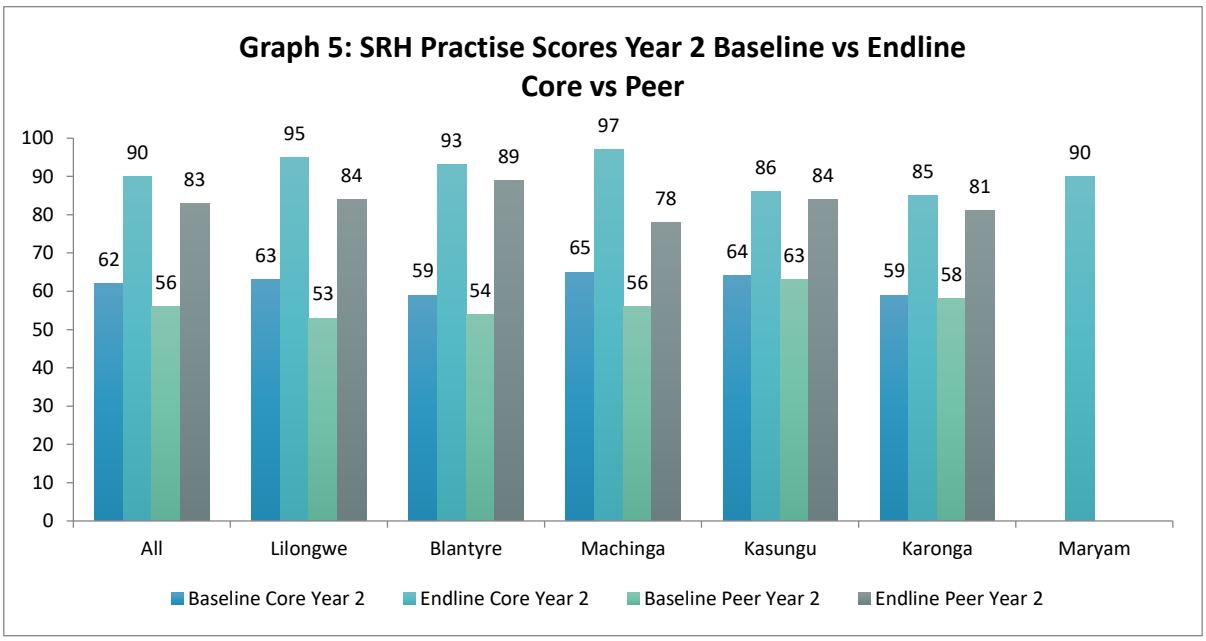
SRH Practices Summary. *Graph 5* illustrates SRH Practices based on four questions. The percentages below indicate respondents who reported having taken an HIV Test; always being able to ask their partner to use a condom if they wanted to; always being able to say no to their partner if they did not want to have sexual intercourse; as well as being able to obtain a condom from a shop or clinic if they wanted to.

Both core and peer groups demonstrated statistically significant differences in their SRH practices based on our composite index between Baseline (2015) and Endline (2016). For the core group, average SRH practice scores increased from 62% at Baseline to 90% by Endline. For the Peer Group average SRH practice scores increased from 56% at Baseline to 83% by Endline. These findings suggest that the project had a positive impact on self-reported SRH practices.

On average, Core group members scored statistically significantly better (M=90; SD= 19.9) than peer group members (M=83;SD=21.2) with t (638)=4.053; p<0.05. Interestingly, Machinga's core group members scored the highest (97%), however its peer group scored the lowest (78%).

Qualitative sessions explained this finding with many core group members reporting that they did not meet regularly with their peer groups. A core group student in Machinga at the end of the school year mentioned: *"My teaching experience with peers was somehow good, somehow bad, because I only did it once. I did it well because I liked the topic. It was "effective communication". But I don't know how good I will be with other topics because I don't have much time to practice. (…) We are supposed to teach eight topics to our peers but we only did it once".*

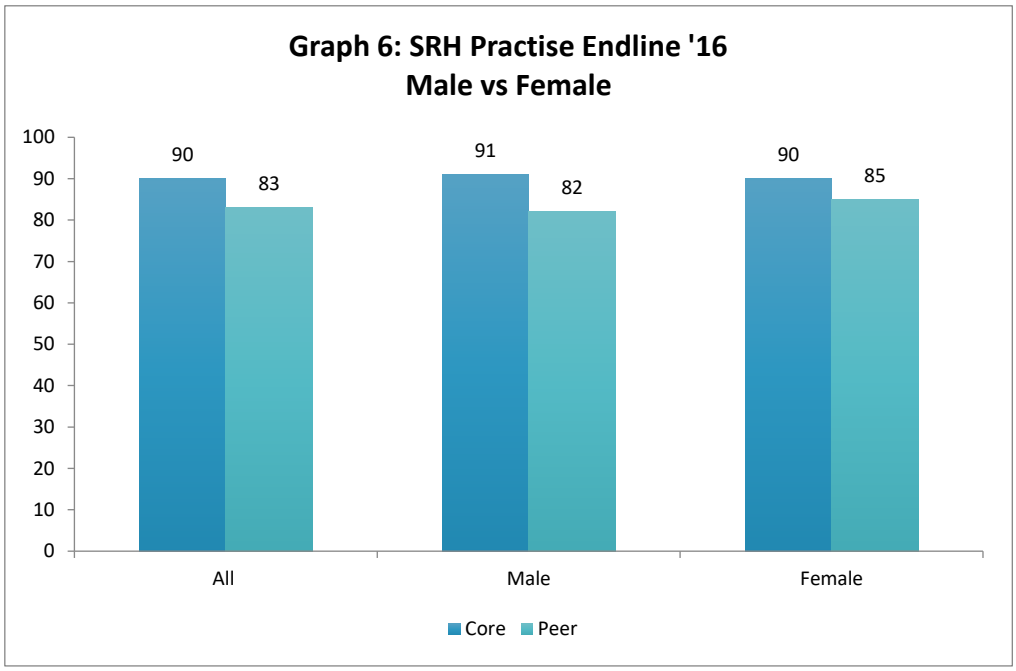
The project should address this to ensure that core group members are provided with sufficient opportunities to practice their skills with peer groups and improve. This will both support peer group members to improve their sexual reproductive health and support core group members to better facilitate sessions once deployed in primary schools.



Various students gave examples of how the sessions had led to a change in their SRH practices. Yet it needs to be acknowledged, that **a change in practice is especially difficult if the surrounding setting of the individual does not change**. One of the major challenges for a sensitized member remains community resistance. One male core group student in Kasungu commented, *"At first I was thinking that I am the one who can make a decision on whether to use a condom or not when having sex. But after learning from TfaC, I now know that it is everyone's right to negotiate for a condom".*

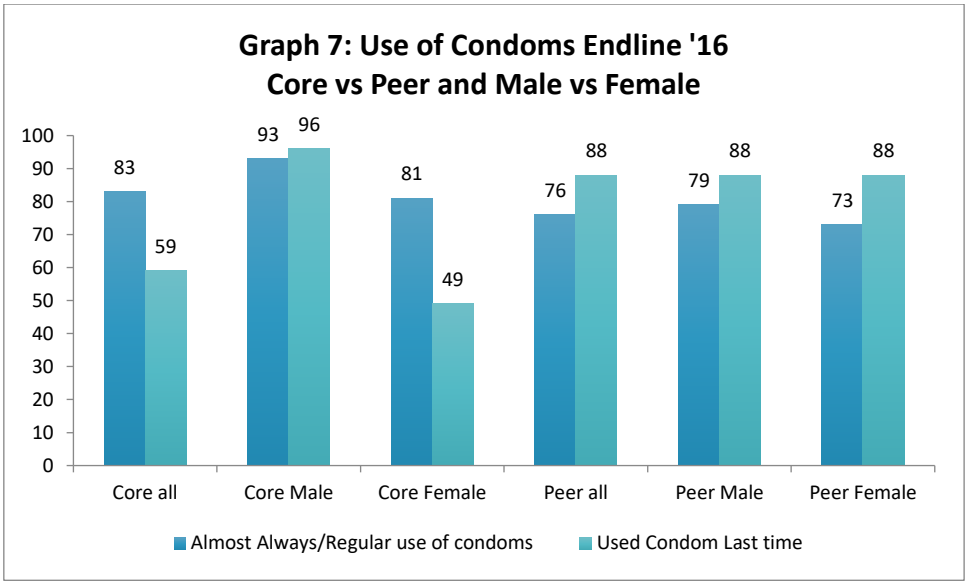
Another core group member in Machinga reported a change in her perception about HIV Testing. She stated, "*At first I was afraid to go for an HIV test; I did not see any reason for testing because I had not done anything wrong. So when I joined this group, I learnt that going for testing does not mean that one has done something but that there are so many ways in which one can contract the virus. Because of that, am no longer afraid and I go for testing whenever I want".*

SRH Practice Male vs. Female. *Graph 6* below portrays the statistically non-significant difference in SRH practices amongst male core (M=90.86.4; SD=19.41) and female core group members (M=90.1; SD=20.1), t (438)=0.340; p<0.05. Interestingly, 90% of female core-group students and 85% of female peer group students indicate that they can always ask their partner to use a condom or tell him that they don't want to have sexual intercourse. Yet, one has to keep in mind that a small number of students (41 out of 440; 9%) indicated not yet having had sexual intercourse, however they do seem to "feel" ready to assert their rights when faced with the situation.



SRH Practice Condom Use. Among 395 core group members and 156 peer group members, 83% and 76% respectively, who indicated having had sex before, stated to "almost always" or "regularly" use condoms. **However, when asked whether they used a condom the last time they had sexual intercourse, just 59% of the core group members answered yes**. Interestingly, 29% more Peer Group members indicated having used a condom the last time.

A Pearson chi-square test of independency was conducted and found a statistically significant association between Condom Use Last Time in core and peer groups; X^2 (2) = 49.04; p<0.05. This indicates an imbalance of knowledge and practices between core and peer group members with peer group members claiming to be using a condom more frequently.

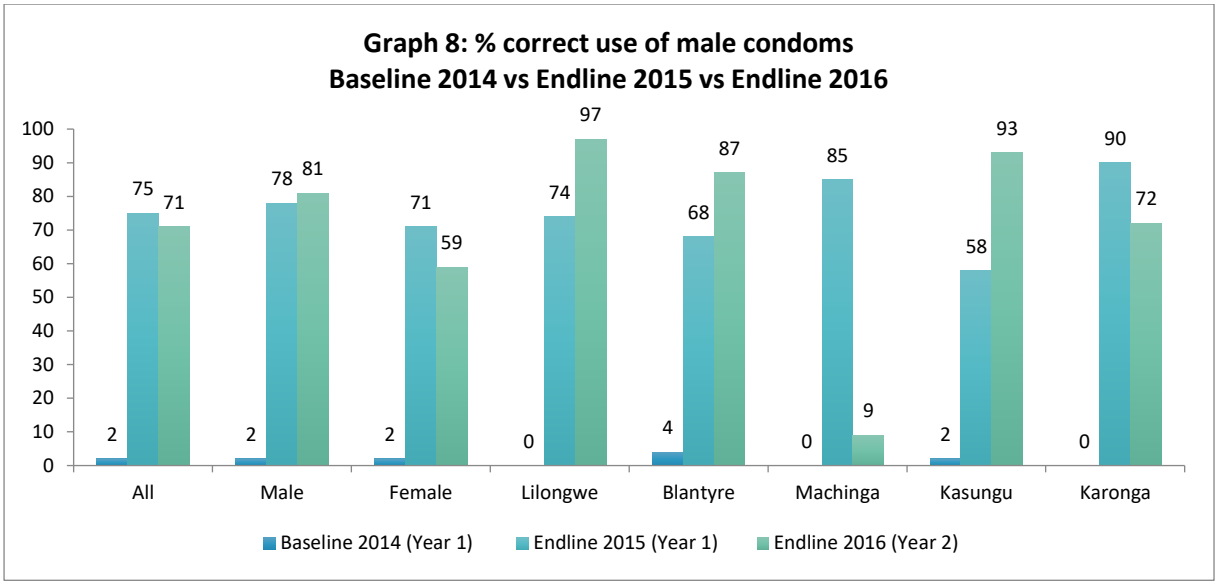


Graph 7 demonstrates a difference between knowledge and practices in terms of condom use, but as a TO in Lilongwe noted, *"Sometimes it is disappointing. It comes as a book. But there are several factors involved: there are issues with people who are married (they cannot use a condom, but it is their choice, that's ok). But for the others, it also depends what they discuss with other people. It becomes difficult if you change only person and then he or she goes back to other people who you haven't reached out to. (…) They go back home and meet the people who have not changed and have a lot of influence on them. Maybe we are expecting too much of the person.* ***The way I look at it, it is easier to make a change at TTC level but the challenge comes when they come back home****. There is too little we can do. We can only encourage them but it is also a matter a culture. (…) Slowly we are getting there."*

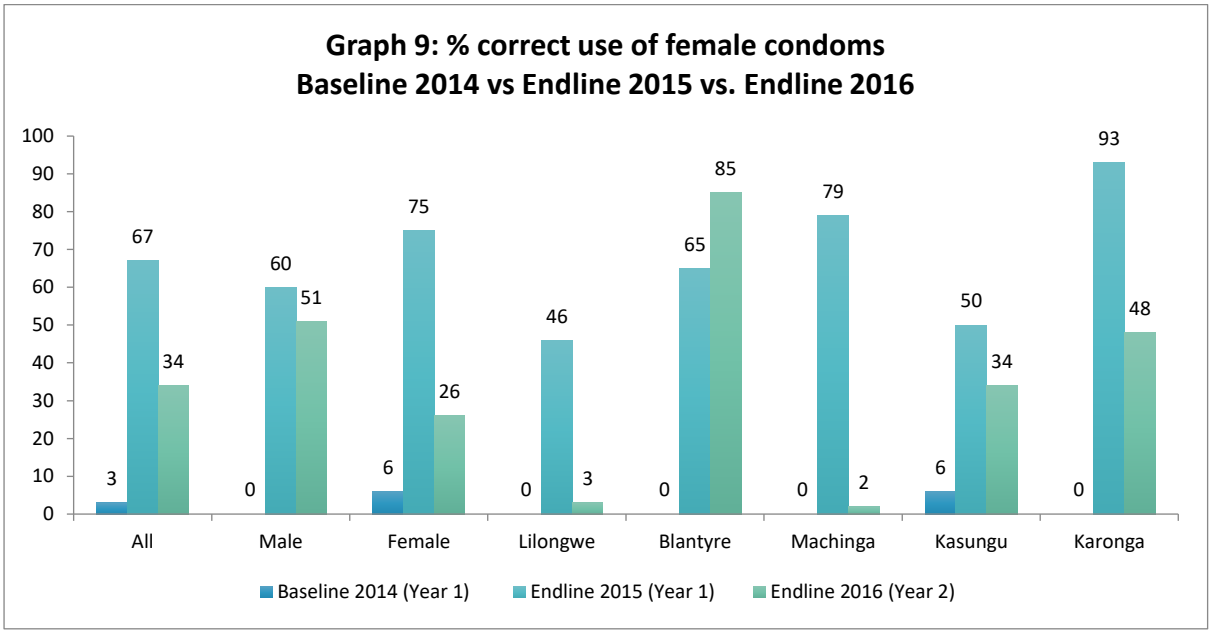
TTC Condom Demonstrations

In order to triangulate self-reported data on condom use, the Endline Study also included a number of condom observations. A total of 202 core group students at the TTCs in Lilongwe, Blantyre, Machinga, Kasungu and Karonga were asked to demonstrate step by step how to use a male and female condom. Observations were administered by two TO's present at the TTC. Comparisons are made to the Endline scores of Year 1 (2015) and Baseline Scores of Year 1 (2014).

Male Condoms: Overall, 71% of core group students were able to correctly demonstrate how to use a male condom (see *Graph 8*), same as for the Endline of 2016. In 2016, the highest scores were achieved in Lilongwe (97%) and the lowest in Machinga (9%). Males outperformed females by 23%. These differences are at statistically significant levels based on a t-test ($p<0.05$).



With regard to female condoms (see *Graph 9*) overall scores dropped significantly compared to the previous year (from 67% in 2015 to 34% in 2016). Although the methods of assessment were the same, scores fell dramatically across TTCs with the exception of Blantyre (increasing from 65% in 2015 to 85% in 2016). Yet, one has to take into consideration that "correct use" only includes those participants who did all nine steps correctly. If for example, a participant simply forgot to check the expiry date, he did not score 9 points. A chi-square test found a statistically significant association between gender and correct condom the correct use of a female condom at Endline ($X2$ (1)= 16.04, $p < 0.05$), with males out performing females. Only 30% of participants were able to correctly demonstrate the use of both, a male and a female condom.



In an interview, a core group student in Machinga acknowledged,

"Female Condoms are a problem. We discussed them with the lady students but only 5% knew about them. People know but they don't like using them. They opt for male condoms. We have access to them".

There is thus a significant need to improve knowledge and usage of female condoms. This finding goes in line with other studies that similarly claim that partner negotiation and insertion

difficulties as well as costs and availability are key barriers to female condom use in sub-Saharan Africa (Schuyler et al. 2016[7]).

UNFPA[8] faced problems in Zimbabwe, whereby they for example encouraged married women to present the female condom not as an HIV prevention tool but as a means of averting unintended pregnancies. This enables women to avoid accusing her husband of having other partners and putting her at risk. Moreover, a representative from the National Family Planning Council stressed the importance of involving men and illustrating the benefits for them. They also cooperated with hairdressers to sell and serve as advocates for female condoms.

"We customize the benefits of the female condom according to the target group we are addressing [i.e. men] (...) specific points highlighted for men include the fact that the female condom is not constricting like the male condom, it is even less prone to breakage, its use does not require an erection and it can enhance pleasure for both partners. Moreover, it is not necessary to withdraw immediately after ejaculation. And, finally, it is the woman's responsibility. "When we point all this out, we find that men become curious about having their partners try the product"[9].

Women need to be made aware that female condoms are actually empowering them to become more assertive and be able to stand up for their own health issues. Even if they are in discordant relationships or HIV positive the can insist on condom use, whereby otherwise their partner might refuse. Female condoms give them the power to protect themselves.

Overall, the 2016 assessment with pre-service teachers at TTCs showed that SRH Knowledge, Attitude and Practice scores increased as well as the pre-service ability to "Say no to Unwanted Sex" and the correct use of male condoms. Scores fell dramatically when it comes to "Negotiating Condom Use" as well the correct use of female condoms. Generally, the newly acquired knowledge and skills led to **improved confidence** especially among core group members. Qualitative research confirmed that, attending TfaC sessions as well as conducting role-plays and teaching practice in front of peers were major contributing factors. Moreover, we noted, that focus group discussions with core group members were livelier and more responsive compared to focus group discussions with peer group members. Improved confidence is a foundational behaviour and key to achieving the project's results. One of the greatest achievements that the program can thus have is a former core group member in Kasungu (now teacher at a treatment school) saying, *"I am much more confident now. Ask my TO, she would say I was just quiet before. But now I am no longer the same".* Increased confidence was described by a female core group members as "*I have more confidence now; I can stand up and express my feelings and deliver to the group that I am facilitating. I am also assertive when resolving conflicts. The skills I gained gave me more confidence to negotiate with the parties that are in conflict" Increased* confidence is not only reflected on a personal level but certainly also benefits the students at primary schools. As a core group member in Machinga noticed, *"I am more confident to deliver the lessons at the primary school. Before when we went to the demonstration school to do our teaching practice I was afraid but when I thought of what I have been doing with the peers at the TTC, I had courage to face the learners. So I delivered the content confidently."* Confidence is not something that can be learned like a set of rules; confidence is a state of mind. I takes positive thinking, practice, training, knowledge and talking to other people. Through the Tiphunzitsane Project, TfaC is exactly tackling these factors and helping boost confidence levels. Whereas many mentioned to have had low confidence as a result of their societal role, previous failures, lack of knowledge and role models or feeling unprepared, they now started to accept themselves (increased self-esteem, as well believing in their own abilities, skills and experience).

[7] Schuyler, A. C. (2016): Building young women's knowledge and skills in female condom use: lessons learned from a South African Intervention, *Health Education Research*

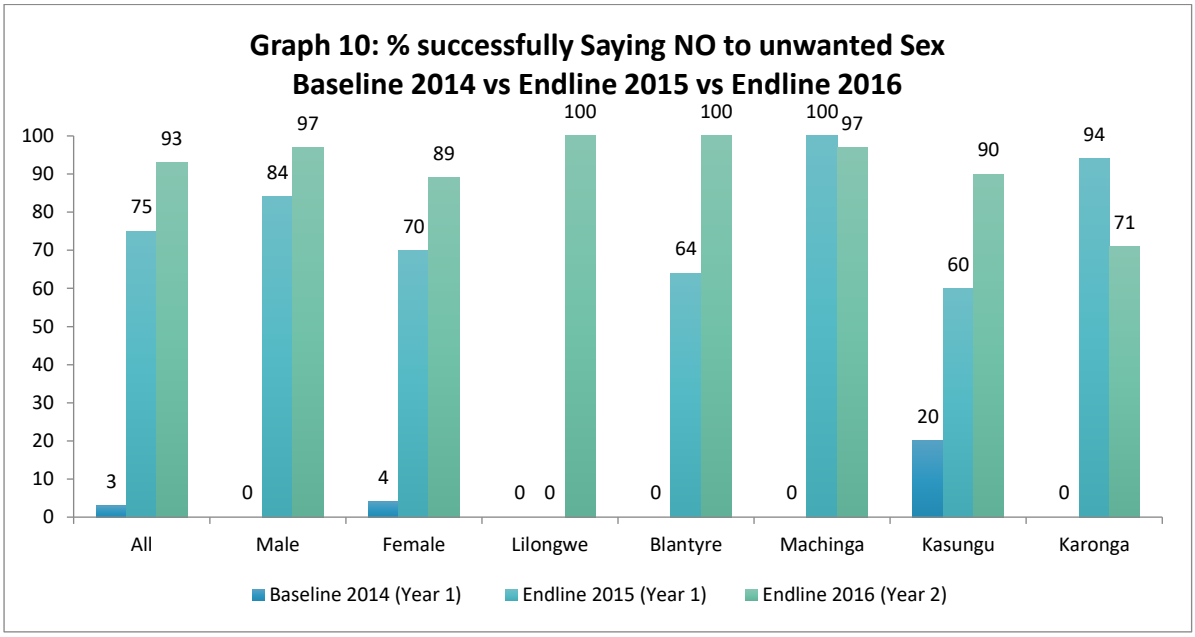
[8] UNFPA, 2010: Empowering Women to Protect Themselves: Promoting the Female Condom in Zimbabwe retrieved on July 28, 2016 from http://www.unfpa.org/news/empowering-women-protect-themselves-promoting-female-condom-zimbabwe

[9] ibid

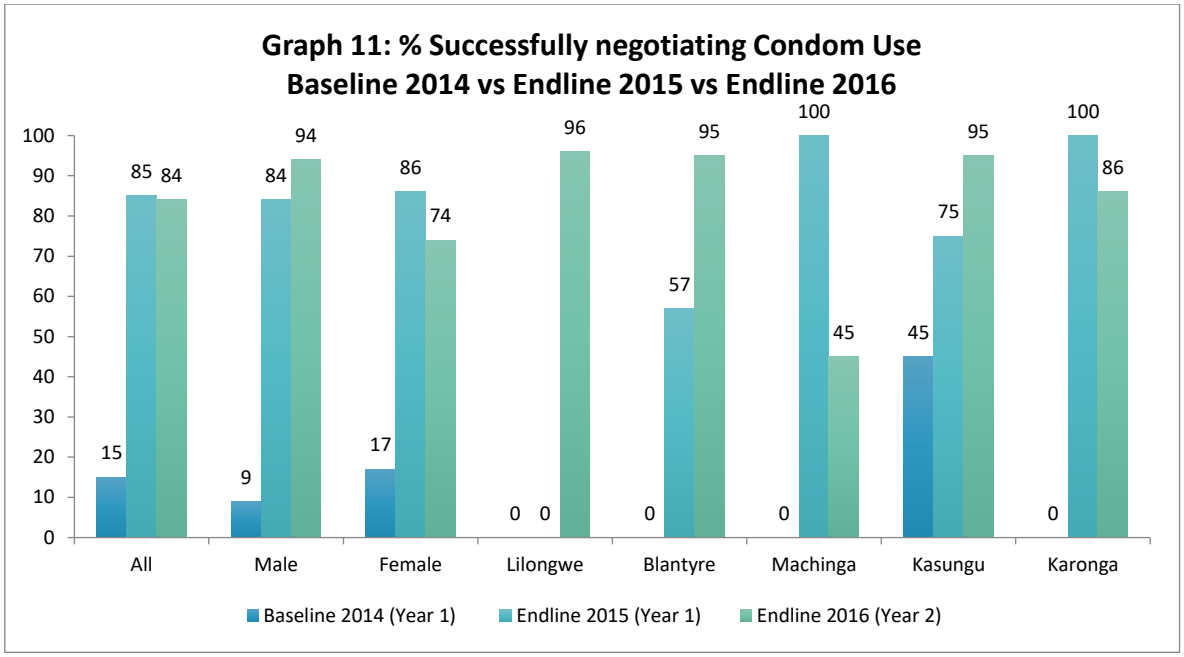
TTC Behaviour Observations

Behaviour Observations In these semi-structured observations, 124 core group members were put into pairs and asked to demonstrate a scenario where they first negotiated condom use, followed by a scenario where one participant was asked to refuse unwanted sex. Participants were encouraged to use techniques they learned in TfaC workshops and apply them to a real-life situation. After three minutes, the participants switched roles. TO's evaluated the participants' ability to negotiate sex and condom use by ranking their ability to demonstrate consistent eye contact, strong body language and voice, and mention that they were exercising their 'right.' They were not judged on how many points they scored overall, but whether they successfully ended the scenario with successfully Saying NO to unwanted Sex, as well as successfully asking their partner to use a condom.

Saying No to unwanted Sex: Similar to the Endline Results of 2015, *Graph 10* shows considerable improvements in the ability of students to say "no" to unwanted sex (93% in comparison to 75% in 2015 and 3% at Baseline level in 2014). On average, males scored about 8% higher than women in 2016. For both years, a Pearson chi-square test of independency was conducted comparing the frequency of saying No to unwanted Sex in males and females. A non-significant interaction was found X^2 (1) = 1.409; p<0.05. Whereas students at the TTCs in Lilongwe, Blantyre, Machinga and Kasungu did very well, scores at the TTC in Karonga decreased by 23% between Baseline and Endline. An Endline was not administered in Lilongwe TTC in 2015.



Negotiating Use of Condom. Scores for negotiating condom use have stayed stable between Endline (2015; 85%) and Endline (2016; 84%). Machinga scored the lowest, at 45% (See *Graph 11*). A Pearson chi-square test found a non-significant association between ability to negotiate condom use and sex χ^2 (1) = 0.86; p<0.05.



During focus group discussions, pre-service teachers highlighted a couple of situations where they were able to use the newly acquired communication and negotiating skills in other situations. A core group member in Lilongwe stated, *"I applied some of the skills that we learned at TfaC in resolving issues at home with my mom. We had some misunderstandings because I did something wrong. So I sat down quietly, listening to whatever she was saying while facing her. Then I used space as a skill. I knew that I had done wrong and that I had to get closer to her. So it was really good".*

A peer group member in Lilongwe noted, "*I have changed in terms of resolving conflicts. In the past I used to quarrel with people whenever they provoked me. But after learning about resolving issues in a peaceful way, by applying skills such as I statements, space, contact etc., I changed a lot".*

Conducting Peer Sessions

Core group members are asked to facilitate sessions with a group of peers from their TTC in order to practice teaching and spread healthy SRH knowledge, attitude and practices to the wider TTC community.

As discussed previously, peers commonly scored statistically significantly lower than core groups members in SRH knowledge, attitudes and practices. However, one has to keep in mind that they do not receive the same amount sessions and detailed knowledge as core group members do. Yet, there is a large difference between the baseline and Endline conducted with the peers, which indicates that they substantially benefit from the delivery of peer sessions.

Overall feedback on the peer sessions conducted by the core group members was very positive. A female peer group member in Blantyre acknowledged, *"We were inspired very much because of their self-confidence, the way they interacted with us and how gender sensitive they were. I feel they were on position one when it comes to lesson delivery and I regret joining the group late". A Male Peer Group Member in Machinga said,* "I did not know that using a condom is a good thing, I thought it is sin to use it. But I learnt all this through interaction with friends in this program". Moreover, a male peer group member in Kasungu confirmed, "We have also learnt about the misconceptions that people have to free themselves from HIV/AIDS. For instance, you can be cured if you sleep with a virgin girl; or that you contract the virus if you eat or sleep together with an HIV infected person. But this is not true".

In terms of improvements, there were some key areas highlighted by TOs and students that can have an impact on the successful delivery of the peer education programme;

Ensure that core group members facilitate as many sessions with peers as possible in order to transfer knowledge to the peers and offer core group members facilitation practice. The effectiveness of transferring knowledge from peer to core group members very much depends on the number of sessions conducted. Some peers are willing to invest more time as they see the benefits. As a peer group member in Lilongwe mentioned, "*I appreciated the way the teacher presented the topics because we got the concepts very well. However, he did not finish what we were supposed to cover because of time. My appeal is that more time should be added to this program so that we cover all the topics. We can as well be meeting over the weekends*".

A core group member in Lilongwe noted, "*My experience is similar to the one mentioned by my friend. At first I was shy to facilitate. Sometimes the participants asked questions whose answers they already knew; they just wanted to see if I had more knowledge on the topic. So I was shy, afraid, and shivering because I was not sure whether I will give a correct and satisfying answer or not. But as we continued with our sessions there was cooperation and the discussions were good*".

TOs have different approaches to conducting peer group sessions. For example, Blantyre and Kasungu conducted the highest number of peer group sessions because core group members facilitated the assigned topics based on individual classes, whereas TTCs in Machinga, Lilongwe and Karonga combined classes in order to finish the assigned topics. Adoption of the Blantyre and Kasungu method across all TTCs may help to maximise the success of learning for peers across the programme.

However, developing sufficient facilitation skills of core group members is essential to the success of the sessions. as one training officer said, "I would give it a 3 or 3.5 out of 5 (being the best). We have a lot of things to do. We have to work on time (…) it is effective in terms of the multiplier effect (reaching out to many) but in terms of quality (…) we still need to work it out. Everyone is supposed to teach but we sometimes check the skills first – who is ready to teach? It's not just the content, it is also facilitation". The key for core group members is to practice various times before going to primary schools. Facilitating only one session per person is not enough.

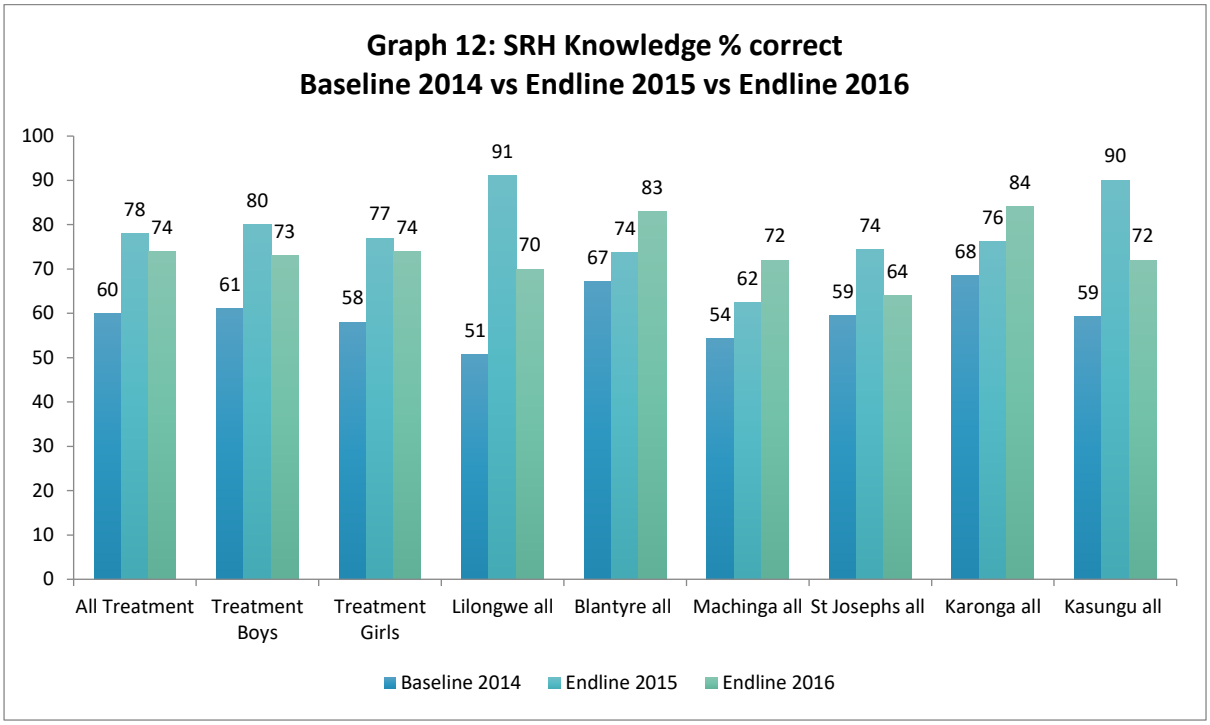
Primary Learners (PLs) Impact Assessment and Results

PLs SRH Knowledge at Treatment Schools

A total of 480 primary learners answered 17 questions regarding HIV transmission; medical treatment of an HIV positive person; the accuracy of HIV testing; the menstrual cycle; difference between gender and sex; and children's rights. Overall, scores improved from 60% at Baseline (2014) to 78% (2015) and 74% (2016) (see *Graph 12*). Thus the great majority of learners demonstrated having comprehensive and accurate SRH knowledge. However, there is a 4% drop from 2015 to 2016. The exact same questionnaires were administered in 2015 and 2016. Moreover, for the Endline in 2016, learners were given the chance to ask clarifying questions.

An independent t-test reveals that girls (M=67.4, SD=14.6) performed slightly better than boys (M=65.6; SD=15.4), however this difference is statistically non-significant at $t(717)=1.588$, $p<0.05$. Moreover, there are high fluctuations among areas and years. Whereas Lilongwe and Kasungu performed very well in 2015 with 91% and 90% respectively, scores dramatically decreased in 2016 to 70% and 72% respectively. In 2016, Karonga and Blantyre performed best in 2016. Students in particular showed a lack of knowledge in the following questions:

- Q1.2: "All people who have HIV look sick" – Only 67% of treatment and 55% of control school learners indicated "false"
- Q 3: The lowest risk method of HIV transmission – only 26% of treatment students and 28% of control school students indicated "sharing a toothbrush with someone who is HIV+". This outcome is similar to the one of pre-service teachers at TTCs. Students assume that a mother has access to ART and thus indicated "breastfeeding when you are HIV+" as lowest risk
- Q5:"At which point in the menstrual cycle is a woman most fertile?" - Only 59% of students at treatment schools answered correctly between 9-16 days.
- Q9: Naming "the right to be protected of all forms of violence" as a universal children's right was correctly indicated by only 64% of students at treatment schools.
- Q 10.1: Only 30% of treatment students and 5% of control school students disagreed with the statement that "a woman's most important role is to take care of her home and family".
- Q 10.6: "A 15 year old girl has the right to refuse marriage to a 40 year old man" - only 61% of treatment students agree



From qualitative research we found out that teachers face challenges because of the **wide variety of ages within the club.** A teacher at a treatment school in Blantyre mentioned,

"We have learners from different levels (from 10 to 16 years). For some of the topics, the understanding is different. We can explain something to others and something not to others. But we need to consider the age of the learner. Standard 5 is much smaller than Standard 8; sometimes they are not even yet adolescents. The topics can't be the same. But we teach the learners as a group. Maybe we should sometimes split the group and teach different things according to their level. A little girl of 10 years can misunderstand the content and goes home telling her family "our teacher was telling us that there is such a thing" and then the parents will come to see me. And you know this is a small community that goes by culture…".

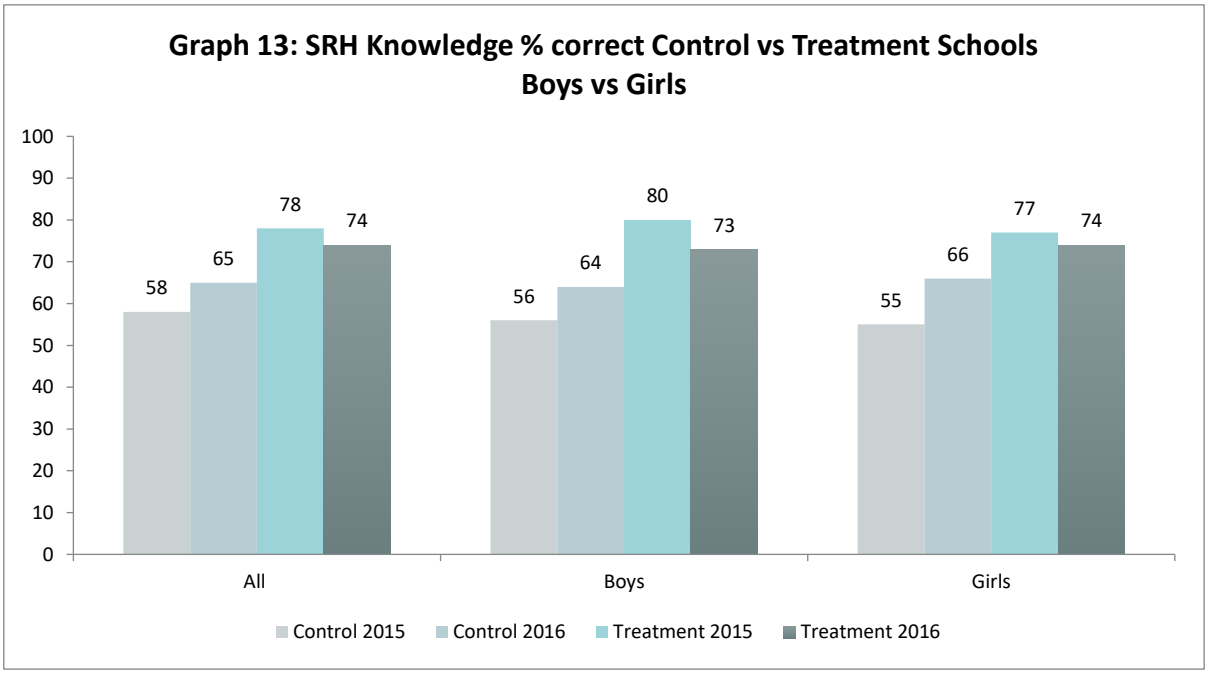
According to this statement and others we heard, it seems that although TfaC provides a manual specifically written for primary age children, it depends on the attitude of the facilitator whether he or she covers certain topics or not. The treatment teacher interviewed above, suggested to separate learners for some topics or let a group go home earlier. In this case, TfaC should clarify that the manual is appropriate for all ages and that teachers shouldn't leave topics out because

they deem them inappropriate. Moreover, they should clearly communicate to their students what they will teach them and what not. Tidziwitsane Club members in Blantyre noted, *"We talked about reproduction and the teacher didn't show us the pictures of the reproductive organs"* or *"sometimes we ask questions and the teacher says we will know more later when we go to secondary school".* It is understandable, that topics such as usage of condom will not be discussed at primary school level, however, leaders of Tidziwitsane Clubs should be advised to follow the manual provided and be responsive to learners' question and input.

PLs SRH Knowledge Treatment vs. Control

240 primary learners at control schools who had not participated in Tidziwitsane Clubs were asked to answer questionnaires. As shown in *Graph 13* and confirmed by an independent t-test, there is a statistical significant difference in SRH Knowledge scores between treatment (M=69; SD=15.1) and control primary learners (M=60.2; SD=12.4) at t (717)=8.708; p<0.05 in 2016. There were significant differences in both years among treatment and control school primary learners in 2015: 58% vs. 78% in 2015 and 65% and 74% in 2016. This suggests the project had a positive impact on SRH knowledge of primary learners.

Boys performed slightly better in 2015 both in Treatment and Control and girls in 2016. Improvements in Control Schools might be due to the fact that the same students answered questionnaires the year before. Most students are taught subjects together (e.g. Standard 5-8) and thus received instructions about SRH knowledge twice. Overall, SRH knowledge scores of most students at treatment schools decreased by 4% from 2015 to 2016.



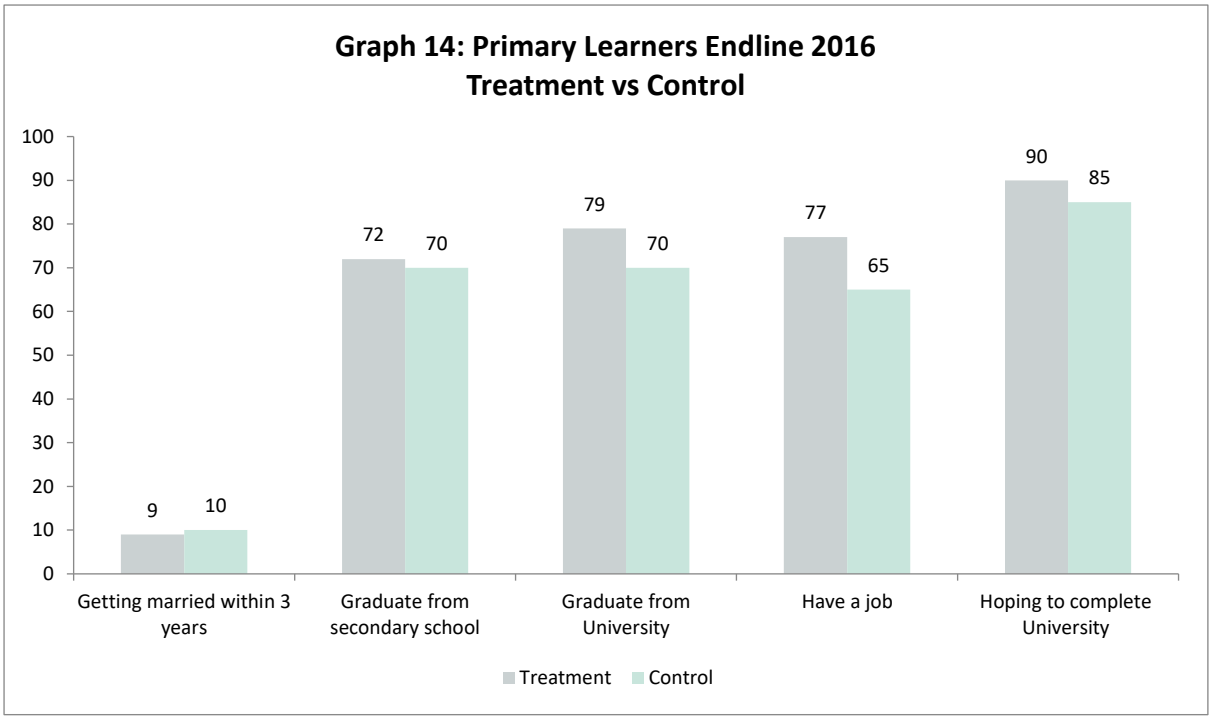
Generally, it is difficult to tell how well SRH is taught at schools that do not have a trained TfaC teacher. It very much depends upon the motivation of the teacher. In Blantyre, we interviewed a very motivated life skills teacher at the control school, who said that they *"discuss issues based on SRH, human rights, changes when they get older".* He continued, "*The social welfare as well as a the Minister of Communication provided me with a one-year program and radio program on SRH. I teach them anything… sooner or later they get to know themselves and their body anyways. (…) We also invite people from the village to tell how things are".* Although this example is not representative as it only highlights the case of one school, it illustrates that there are schools that have good life skills classes, also because teachers were part of previous programs of other organizations.

Nonetheless, past core group members at treatment primary schools all mentioned that **other teachers call them to teach SRH, as they lack the confidence, knowledge or appreciate an "easy-way-out" of otherwise embarrassing circumstances. One teacher in Blantyre commented**, *"the topics should have been taught at the school, usually in Life Skills, but even if it is in the curricula, it doesn't mean that teachers know how to teach it. In Grade 8, they had the topic reproduction in science and the teacher was shy and she came to me. Madam come, please teach that topic in class. I went there, I taught the lesson and learners were very happy. And I was able to answer their questions according to my knowledge".*

PLs Attitudes

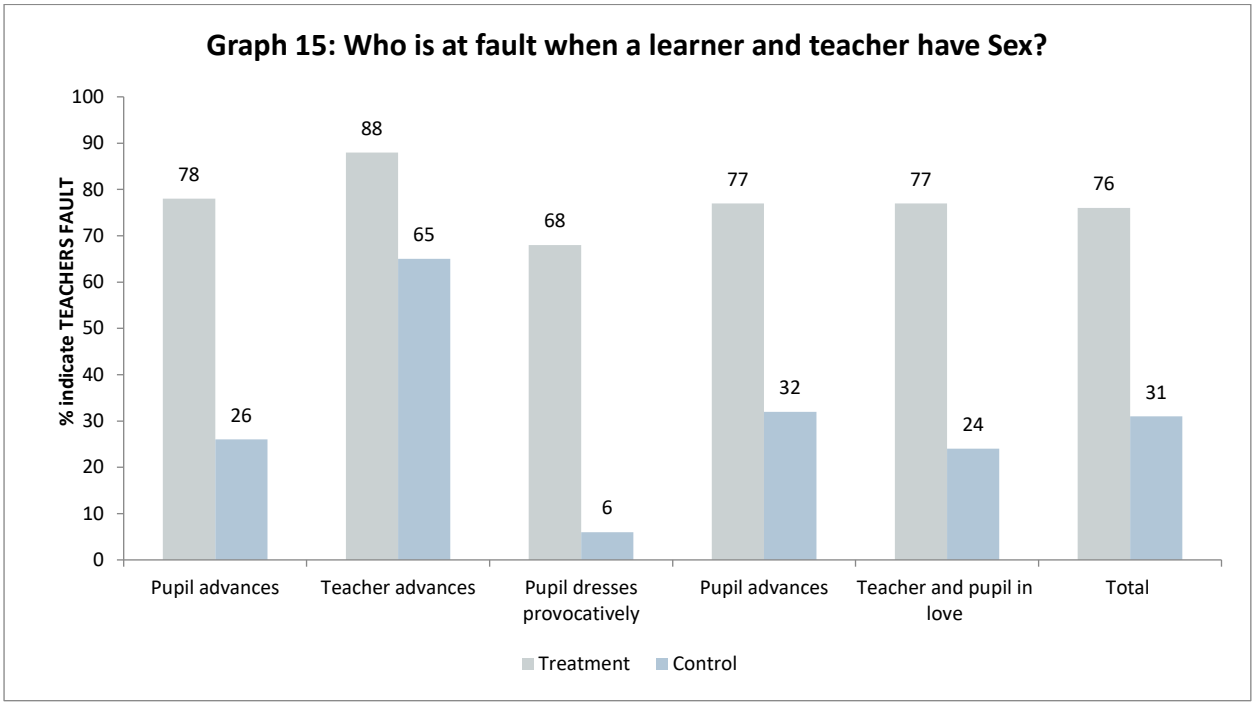
Attitudes measured the learner's aims and ambitions (indicating 'pretty likely'/'it will happen'), namely their perceived likelihood of being married within the next three years; graduate from secondary school; graduate from university; and have a job. Moreover it looked at the highest level of school the student hopes to complete.

As can be seen in *Graph 14*, Treatment School students overall indicated higher aims and ambitions (M=36.33; SD=12.83) with slightly less of them believing they would get married within three years, with more of them believing that they would graduate from secondary school, university, and that they will have a job and will complete university when compared to control school students. However these results are not statistically significant (M=33.24; SD=13.6), with t (718)=2.995; p<0.05. Although girls scored a little higher (M=36.01; SD=12.6) than boys (M=34.2; SD=13.9) there was no statistical signifcance at t(718)=0.110; p<0.05. Moreover, the graph depicts the difference between aspiring/hoping to complete university and the "real" likelihood that the student will actually graduate from university of 11% for Treatment School students and 15% for Control School students.



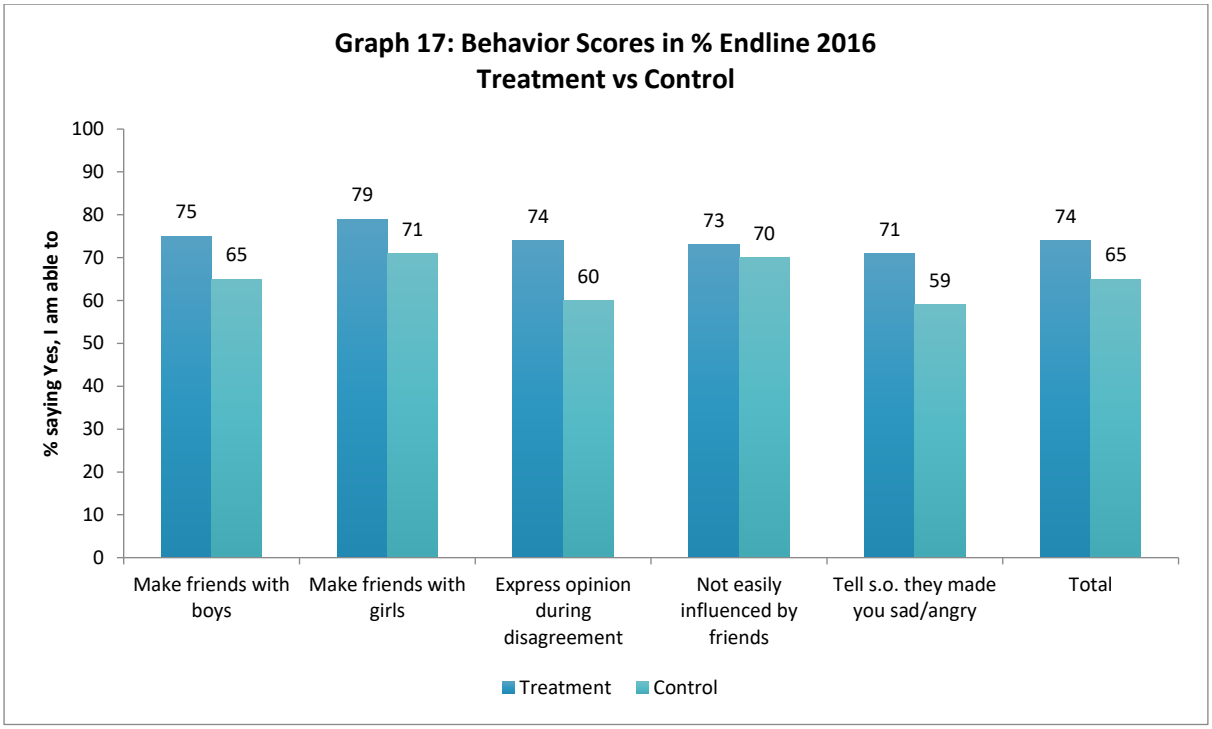
Another interesting finding regarding attitudes were the answers to the statement, "in the following situations, who is at fault when a learner and teacher have sex?". Whereas on average 76% of students in treatment schools mentioned the teacher as being the prime culprit, only a surprising 31% did so in control schools. In all cases, except for when the teacher advances, the majority of students indicated that the pupil was at fault (and when the teacher and pupil are in love, both are at fault) (see *Graph 15*).

These findings indicate the success of the child protection component of the project, which has received renewed emphasis from the project team in the past year. The stark difference between control and treatment learners, indicates the positive results the project has had on improving the ability of learners to identify inappropriate and unsafe behaviour.



PLs Practices

To measure practices, learners were asked to answer, "how well can you do the following things". On average 74% of students in Treatment Schools (M=74.4; SD=28.4) were able to make friends with boys; friends with girls; express their opinions during a disagreement; were not easily influenced by friends; and able to tell someone that they had made them sad or angry. In comparison, on average only 65% of control school students (M=65.2; SD=25.3) indicated the same practices. The result was thus statistically significant with $t(718)=4.26$; $p<0.05$. Another independent t-test did not find any significant results for males (M=70.5; SD=29.18) compared to females (M=71.8; SD=26.6) with $t(718)=0.603$; $p<0.05$.



When asked about the composition of the groups, students agreed that having co-ed groups was helpful. A male club member in Lilongwe admitted, "*learners are supposed to have knowledge of both sexes. Otherwise boys will be suspicious about girls, and the other way round*". Another club member in Blantyre commented, "*It is very important to discuss the issues in a mixed group because sometimes boys or girls may have negative attitude towards each other. So when the teacher discusses the issues while together, discrimination is reduced*". One Teacher at a treatment school in Lilongwe mentioned, "*we tell them you are all brothers and sisters, don't be shy. You are a TfaC member, they are never shy*".

As examples for having changed their practices, students from the Tidziwitsane Club at the treatment school in Blantyre described the following situations:

"*Sharing some of my clothes or food with someone who does not have. And also, encouraging our friends who dropped out of school to start coming so that they finish their education"*

"I used to mock people who don't dress properly but now I stopped because I have learnt that it is harassment".

"*For example, many children are dropping out of school and getting married while they are young. As a result, they get pregnant at an early stage, which may result into death or suffer from Fistula disease. I have not said anything to such children. What I can do differently is that I should work hard in class until I reach a stage fit for marriage*".

"You may have friends who dropped out of school, and they may tell you to drop out from school as well so that you start having sexual relationships with an aim of getting a lot of money. So when you have a friend at school and you explain the issue to her/him, he/she gives you advice such as continuing with education and have a sexual relationship when the right time comes" (Age 11-13).

Similarly to pre-service students at TTCs, **primary learners also face the problem of being confronted with a different mind-set and values at home**, which make it difficult to put knowledge into practice. An example from a focus group discussion with primary learners in Machinga illustrates the problem:

Participant: "*At home we are told to sleep with a lady soon after we attend our traditional ceremony and at school we are told not to do it to prevent the spread of HIV/AIDS*".

Moderator: "*Have you tried to talk to them to stop that practice?*"

Participant: "*No we can't talk against them because they are our elders*"

Moderator: "*What can you do to if you were told to do that*?"

Participant: "*I would say NO because I don't want to contract HIV/AIDS*"

In order to address harmful parental attitudes and values, which can influence the likelihood of learners to exhibit safe and health SRH behaviour, the project should more actively target parents in primary schools. Whilst community listening clubs offer a forum to do this, they are likely to be attended by parents who are pre-disposed to have "healthier" attitudes towards SRH than others. Teachers should be equipped with the skills and resources to conduct out-reach activities to sensitize parents and family members on SRH issues more actively. The project should explore providing incentives to listening club members to ensure attendance by more vulnerable parents and caregivers.

Overall, **primary learners were genuinely very happy with the club**.

"*In life there are some behaviours that we fail to stop on our own. So when you share your problem with your friends, and are free to talk about them, then they help you solve the problem*"[10].

"*When we are disappointed or denied something at home, we forget about everything once we are at the Club. This is so because there are different games that are played and one enjoys*"[11].

"*It should continue because when we knock off from school, our friends have nothing to do at home whilst we come back for discussions. Some of the things that we learn at school are also discussed when we meet at the Club. So if you forgot what you learnt in class then you remember and understand them better when we meet at the Club*"[12].

Classroom Observations

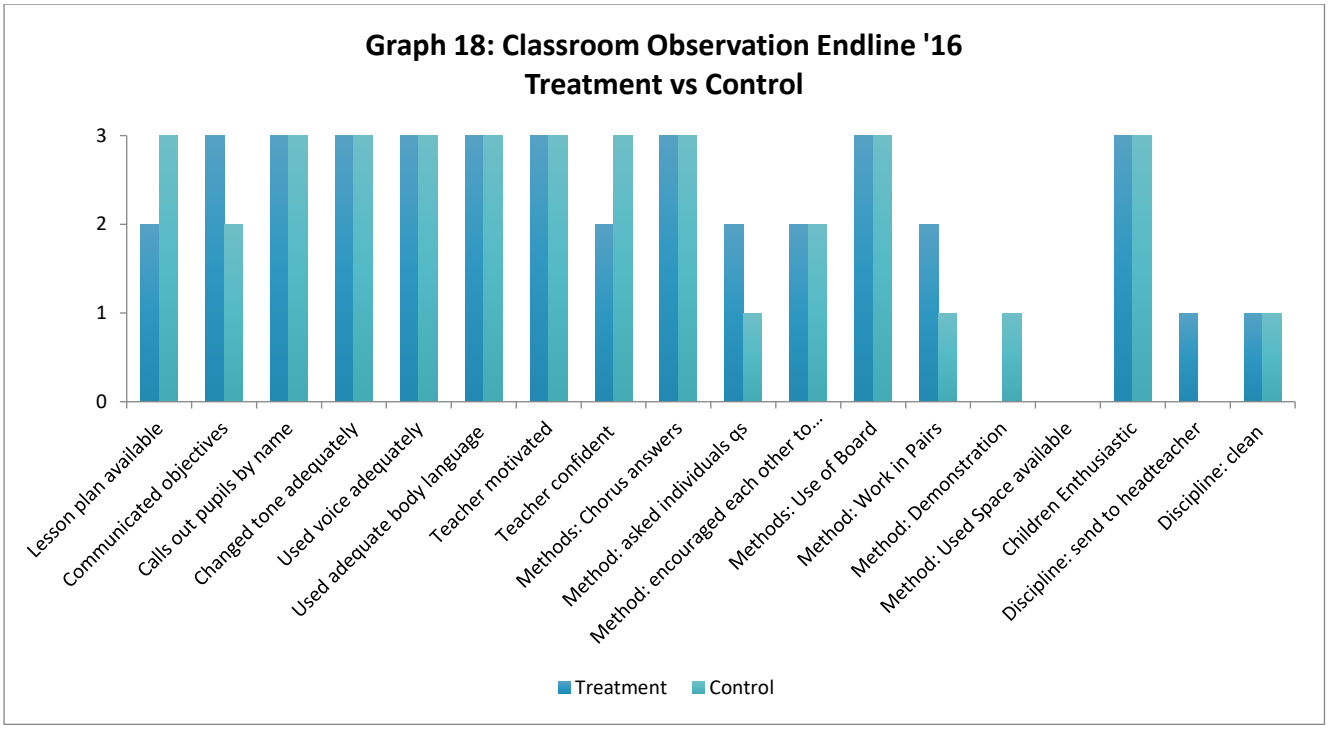
In order to analyse changes in teaching skills among core group members teaching at primary schools and implementing Tidziwitsane Clubs, we observed six lessons, three at treatment and three at control schools for 45 min. However, we could not find any major differences among teaching skills. Five out of six teachers had a lesson plan available and communicated the objectives to their students, frequently or most times called out pupils by their name, changed their tone adequately, used their voice adequately, body language and were motivated. Methods used were similar with one teacher at treatment schools asking more individual questions and encouraging students to work in pairs. None of them made use of the space available to them in the classroom. All of them ensured that the learners were enthusiastic about the lesson. In terms of disciplining method, only a teacher at the treatment school who used disciplinary methods such as sending the student to the head teacher or asking him or her to clean after the lesson, indicating differences in perceived use of positive discipline.

One has to acknowledge, that the classroom observation tool has significant limitations since it was only a small sample size. One also has to also acknowledge that observations have an influence on the teacher as well as students knowing that they are being observed.

[10] Primary School Learners FGD Lilongwe

[11] ibid

[12] Primary School Learners FGD Blantyre



Ensure the transfer of facilitation skills from TTC to primary schools. One cannot deduce significant conclusions about the impact being a TfaC core group member has on improved teaching skills at primary school due to the small sample size of teaching observations. However, according to anecdotal evidence, many of the pre-service students have used TfaC methods and skills as part of their lessons to improve learning and TfaC should encourage students to use them. Core students at the Machinga TTC mentioned,

"when you are teaching in a class and have seen that the learners are not participating fully, you just introduce an activity so as to make them more active and concentrate on what you are teaching. The inclusion of an energizer is not part of the curricular at school but we learn that from TfaC"[13].

"When we went for a teaching practice, I was paired with someone who is not a TfaC member. When we received the marking key, it showed that the learners were disorganised, making noise and their concentration was too low when my partner was teaching. But mine showed good grades on the same points because I applied what I learnt in TfaC. So I am better off than them"[14].

"at TfaC we learn how to present an issue in a lively way. For example, we start with an energizer before doing anything so it makes people active. And also, we use discussions, which helps people to be focused on the issue under discussion. These skills will be applied to our learners so that they participate during lessons"[15].

[13] Core Group Student in Treatment School in Blantyre

[14] Core Group Student in Treatment School in Machinga

[15] Core Group Student in Treatment School in Kasungu

Additional Issues raised during Qualitative Research

Throughout the qualitative research made, a number of **additional challenges** were raised:

Motivation for Joining. When asked for their motivation to join TfaC, the majority of pre-service teachers indicated that they wanted to "*gain facilitation skills"; "help and change the mind-set (…) of students involved in sexual activities*" and to gain knowledge in order to *"have the correct answers"*[16]. Most had similar intentions of learning something for someone else. However, the program first and foremost strives to achieve change at the individual and personal level for pre-service teachers.

A core group member in Blantyre summarized this view by commenting, *"The advertisement stated that TfaC activities help teachers improve their communication skills on how they do activities and handle learners in class. So with that, I was encouraged to apply so as to get that knowledge which will help me impart knowledge and skills to the learners. In addition to that, I wanted to know about Sexual Reproductive Health".* Someone in Lilongwe stated, *"I joined TfaC in order to save the youths, to give them the right information because the facilitators who are here cannot manage to go everywhere and disseminate the right information. They need to train some people who should disseminate the information to others. So I thought it was wise for them to train me so that I pass the information to others with an aim of having better youths".*

It is important that pre-service teachers recognize, that the TfaC Program aims at inducing a personal change at the individual level first and foremost. Few students in Key Informant Interviews admitted the need to change their behaviours. One student, however, commented: *"I need to change. First thing, I am visually impaired and I hate men. And I knew this is a place where I can interact with men. I wanted to learn how befriend anyone. (…) I thought, let me join TfaC, so I can change some of my behaviour"*[17].

Stachnik (2014) found similar answers during her research and linked it to the profession that participants will be entering, "where having accurate knowledge and the ability to communicate it to students are critical to success" in the eyes of beneficiaries.

Timing of Tiphunzitsane Club and Tisinthe. Tidziwitsane Clubs usually meets after classes have finished. It is an extracurricular activity that only those learners who are able to stay longer or come back in the afternoon can attend. Some teachers suggested incorporating the club into the regular Life Skills lessons so that all students can benefit from it.

Tisinthe for the primary learners commonly starts at around 2pm. This is the time when – if students only had breakfast or a meal at the school - they are very hungry. Students stay because of personal interest but the project might also want to consider broadcasting earlier.

Strengthen set-up of community listening clubs. The TfaC Medicor Report from 2015 claims that an average of 179 community members have been attending the Community Clubs, however based on qualitative data, this finding cannot be confirmed for 2016. Community listening clubs were said to not be very attractive to members, especially male community members. This could be attributed to a general lack of interest in children's schoolwork displayed by parents, especially where they themselves have little or no education or are preoccupied with the business of earning a living. As a teacher noted "*especially men are hard to convince for the listening clubs – there is no incentive for them. Women yes, maybe with soap. You need to incentivize people. They need to learn the difference between discipline and abuse. Most of them don't know". Handing* out soap was a successful strategy but it remains important to think of a long-term strategy. The successful running of a listening club very much depends upon the passion that the teacher and community have in terms of teaching/improving the life of young ones. Opting for a change within

[16] Op. Cit Blantyre

[17] *Female Core Group Student Machinga*

the community is important since students otherwise go back to their normal surroundings and fall into old pattern. We cannot expect children to make a great change especially with SRH. Thus, maybe "*bring a packet of sugar or soap or something.. but give it to them at the end. You need to incentivize people. They need to learn the difference between discipline and abuse. Most of them don't know"*[18].

Positive comments were made regarding:

Method of choosing members at TTC is appropriate; however ensure fewer drop outs within the first term. Core Group members as well as TOs both mentioned that the method of choosing members is very appropriate. Yet, they also mentioned that they often have a large group of interested students at the beginning of the term. However, throughout the first term a number of students drop out or decide to only join in the second term once they have settled in. One of the TOs in Blantyre described the situation as follows, *"At the beginning we had two groups times forty. But as time goes by it changes. Especially now that they pay a fee to attend the TTC. Because it is extracurricular, some students discourage them or tell them "you are just wasting your time, you should focus, you need to study" (…). However, once peers attend sessions and see what we are doing , they come and ask how can I also be like them?"*. One TO mentioned, that *"especially now with the GIZ training, lecturers approach us and say, "I didn't know TfaC Involved this and I want my students to join TfaC". So next term, can you come to my lesson and present TfaC please?"*[19]. In order to have fewer dropouts, TOs could for example cooperate with lecturers to promote their club at the beginning of the year where students remain non-committal.

Open-Days, peer sessions, listening clubs as well as activities (HIV testing) and accessibility (condoms and counselling available for all by both TfaC staff members) are appropriate and successful means of sensitizing students and lecturers at the TTC. These activities help to change the perception towards the TfaC and have led to an increased acceptance of SRH issues at TTCs. As one core group members noted, *"People thought that TfaC encourages us to have more sexual partners and have sex frequently. Even now some people fail to join because they think the group is very demonic. But when we share what we learnt at TfaC, some people changed. They started recommending the group".* Another one emphasised the importance of peer sessions. *At first, people used to think that whenever we talk about condoms then it was all about sex. They did not know what exactly is discussed. But after having peer sessions, people learnt that there are a lot of things that can be applied in their everyday life. (…) And it is also helping us in our academics; and we are having a positive mind"*[20]. A TO further noted a change with regard to the practices at TTCs, regarding condoms: *"At first people were not coming to the office to collect condoms as many felt embarrassed by some other people but now they do"* as well as HIV testing, *"Initially, people were not interested in knowing their status but now they come in large numbers in order to get tested".* Lastly, they are helpful counsellors to the entire TTC: *"We [TOs] serve as counsellors and person of confidence for the entire TTC. There was someone [a non-core group member] who came to me who had three sexual partners at the same time and she asked me how she should change her behaviour"*[21].

Unintended impacts

Qualitative research revealed certain unintended impacts:

TfaC groups are inclusive. TfaC groups are a refuge and offer help to people with disabilities as well as those of different religions.

[18] Core Group Teacher in Machinga

[19] Op. Cit. Blantyre

[20] Core Group Member Lilongwe

[21] TO in Lilongwe

A visually impaired female core group member in Machinga mentioned*: "I experienced a lot in life, that's why I said I hate men, I hate boys. They are heartless. Whenever I hear someone mentioning names like sex, sexuality or condoms, I used to hate that person so much. After coming to TfaC I feel better now. I don't hat everyone anymore. I can now interact with men, we can even sit down and talk. The fact, that everyone has the right to say Yes or No to sex, taught me something".*

Another student mentioned: *"I am a Muslim, so at first I thought that it was awkward to talk about SRH to a group of people. But after attending some sessions I have seen that although I am a Muslim, I can still talk about it. And also those people who are very religious engage in risky behaviours that can negatively affect their SRH"*[22].

TfaC should make use of this opportunity and encourage students with disabilities who might not have many other points of contact to join the project.

Lecturers at TTCs use TOs; and teachers at primary schools use TfaC trained staff as resource to teach SRH. Many TOs as well as TfaC trained teachers based at primary schools mentioned that they were asked to teach SRH. In some cases they would sit down with the lecturer/teacher and provide an explanation. In other cases, they had to go teach it themselves. As one TO mentioned, "*It is an attitude of the lecturers. That is our main challenge. Some come and ask us to teach. And I teach, sure. They are using us as a resource person. But with the GIZ Training this will change, it might help them to teach it themselves*"[23].

At a school, one teacher mentioned *"They started to invite us as resource people and we teach that part for them. Currently we have seen more of them who say, "I want to teach this, what would be some of the things I need to consider?" And we go through with them. They come and ask for information, they teach it and we give feedback. Some would otherwise some would simply skip the topic. "We are more active than others – when other teachers see us they look and say come do that for us too. We are not shy anymore.* You would say you are one of the most involved teachers? *Yes definitely!"*[24].

Lecturers become more open to criticism. It seems that in certain cases, TfaC changes the relationship among lecturers and students. Lecturers seem to be more open to criticism. *"They accept students to tell them [the lecturers] something when they are wrong. And the lecturers accept more what students say. That is not what we expected to see".* However, at another TTC, student behaviour was interpreted differently: "*People think that TfaC members learn how to get rude. People think that because we teach members to protect themselves. They think it is rude, just when a woman says "it is my right to say no". But I take it as a compliment. But others also misuse aggressiveness so we need to teach a little more still"*[25].

Conclusions and Moving Forward

In line with the findings from TfaC's Report to the Medicor Foundation (2015), this Endline evaluation shows that the Tiphunzitsane project improved across most indicators of Sexual Reproductive Health knowledge, attitudes and practices of Core and Peer Group pre-service teachers as well as primary learners when compared to the 2015 baseline results and often also against baseline data from 2014.

[22] Core Group Member in Blantyre

[23] TO in Machinga

[24] Treatment School Teacher in Lilongwe

[25] TO in Blantyre

Beyond empowering teachers and learners with improved SRH knowledge; TfaC enabled them to make informed decisions; overcome peer pressure, better manage conflicts, set realistic goals in life and raise their self-esteem. Key findings were as follows:

TTC SRH Knowledge scores assessed knowledge regarding HIV transmission methods; the menstrual cycle; children's rights; and types of abuse. Overall SRH Knowledge of pre-service Year 2 Teachers improved across all TTCs with average scores of 93% of knowledge questions answered correctly at Endline (2016) compared to 60% answered correctly at Baseline (2015). These achievements were made despite the fact that the Endline (2016) 2016 covered a more extensive array of questions. For the Year 2 Core Group there is a statistically significant difference between mean knowledge scores (% correct) at Endline compared to Baseline with participants at Endline outperforming participants at Baseline.

For the Peer Group, there is likewise a statistically significant difference between Baseline (2015) and Endline (2016).. At Baseline the participants scored a mean of 62% correct, whilst at Endline they scored an average of 77% correct.

Core Group members, however, scored statistically significantly better than Peer Group members. Males scored slightly better than Females (by 2%) .Pre-service teachers acknowledged in interviews that TfaC training had substantially increased their knowledge regarding SRH. These findings collectively suggest that the project had a positive impact on the knowledge of core and peer group members over time.

TTC SRH Practice scores looked at whether members had taken an HIV test; feel confident to ask their partners to use a condom, negotiate having sex, or buying a condom. Core group members scored statistically significantly better than peer group members (90% vs. 83% respectively).

Both core and peer groups demonstrated statistically significant differences in their SRH practices based on our composite index between Baseline (2015) and Endline (2016). For the core group, average SRH practice scores increased from 62% at Baseline to 90% by Endline. For the Peer Group average SRH practice scores increased from 56% at Baseline to 83% by Endline. These findings suggest that the project had a positive impact on self-reported SRH practices.

Members acknowledged that practice is especially difficult if the surrounding setting of the individual doesn't change. In terms of regular condom use, Core Group members scored slightly better (83%) vs. Peer Group members with 78%. However, when asked whether they used a condom the last time they had sexual intercourse Core Group members were statistically significantly negative associated, indicating an imbalance between knowledge and practice among core group students (57% for Core Group vs. 83% for Peer Group members).

TTC SRH Attitude scores measured attitudes towards the role of women, gender differences; teenage marriage; or faithfulness. Core group members scored statistically significantly better than peer group members (93% vs. 83% respectively). Female core group members scored statistically significantly better than male core group members (94% vs. 89%), mainly because many males did not disagree that a *"woman's most important role it to take care of her home and family".* However, positive changes in attitude were supported during the qualitative research.

Both core and peer groups demonstrated improvements in SRH attitudes at statistically significant levels between Baseline (2015) and Endline (2016). The Core group achieved a mean score of 81% at Baseline and 93% at Endline. The Peer Group achieved a mean score of 77% at Baseline and 83% at Endline. These findings suggest that the project had a positive effect on the SRH attitudes of both peer and core group members between Baseline and Endline.

TTC Behaviour Observations. Pairs of core group members were asked to demonstrate a scenario negotiating condom use, followed by one where one participant was refusing sex. Similar to the Endline results from 2015, this year's Endline showed considerable improvements in the ability to say "No" to unwanted sex (93% in 2016 vs. 75% in 2015).). Scores regarding the successful negotiation of Condom Use stayed stable at 84% in 2016 compared to 84% in 2015.

TTC Condom Demonstrations. Overall, 71% of core group students were able to correctly demonstrate how to use a male condom however only 34% were able to demonstrate the use of a female condom. Both scores exhibited a statistically significant difference between males and females. Despite using the same methodology, scores for female condoms dropped drastically compared to the previous year (67%). There is a substantial need to improve knowledge and usage of female condoms.

Primary Learners SRH Knowledge. Primary learners similarly answered questions regarding HIV transmission; accuracy of HIV testing; the menstrual cycle; and children rights. Overall, scores improved from 60% at Baseline (2015) to 74% at Endline (2016). However, there was a drop of 4% from the Endline in 2015 to 2016. Boys performed slightly better than girls. There is a positive statistically significant difference between treatment and control school primary learners suggesting the project's impact on the primary learners' SRH knowledge.

Primary Learners SRH Attitudes measured, amongst others items, learners' aims and ambitions, their perceived likelihood to get married as well as the highest level of school the student hopes to complete. Treatment school learners overall indicated slightly higher aims and ambitions than control and girls slightly higher than boys, yet non-significantly.

Primary Learners SRH Practices assessed how well learners are able to make friends with the opposite sex; express their opinions during a disagreement; and are easily influenced by friends. Whereas 75% of students at treatment schools indicated being confident to manage these scearios, only 65% of control school learners indicated the same. This difference was found to be statistically significant suggesting the project had a positive impact on the SRH practices of primary learners.. No statistically significant difference was found between boys and girls.

Classroom Observations. No major differences were found of teaching skills between three treatment and three control primary schools..

Based on the findings of the report, One South would like to make the following recommendations:

At the TTC level:

1. **Consider adding further topics to training**. Whilst the project continually reviews and updates the training manual, these updates should consider pre-service teacher input. Students highlighted the following key areas as important potential topics to be added: religion and SRH, particularly surrounding how to marry religious beliefs with better sexual reproductive health practices; sessions on inclusive teaching practices specifically targeted at disabled students or those with special needs, and a session describing how to teach learners to make their own sanitary towels as many female learners have difficulties attending school during menstruation.
2. **Strengthen the set-up of the peer groups**. Peer groups are implemented differently across TTCs with some groups meeting more frequently than others. Findings indicate that Peer Groupsimprove their SRH knowledge, attitudes, and practices to lesser extents than Core Groups. Lessons from core group sessions should be identified in order to improve the facilitation of peer groups. Core group students further need better support in facilitation skills and need to be provided with more opportunities to practice teaching sessions to peer groups. The project should ensure that core group members are able to teach multiple sessions, in accordance with the individual's facilitation skills.
3. **Continue to increase support for female pre-service teachers**. In many cases male pre-service teachers outperformed their female peers. Whilst efforts have been made by TOs to target instruction specifically to female pre-service teachers through same-sex sessions, this needs to be further explored to ensure equal opportunities for beneficiaries to develop better sexual and reproductive health.

4. **Increase training on using female condoms.** Participants are better able to use a male condom than a female one based on condom observations. The project needs to provide better support, particularly to female participants, on how to use female condoms. It is sometimes difficult for a female partner to ensure their male counterpart uses a condom throughout intercourse. Improving understanding of how to use a female condom can mitigate these risks.
5. **Stronger focus on supporting changes in knowledge and attitudes to result in healthier practices.** Whilst respondents demonstrated improved knowledge and attitudes, this did not transform into actual healthier practices. For example, whilst, 83% of core group students indicate they "almost always" or "regularly" use a condom, only 59% of core group members report using a condom the last time they had sex. Workshop sessions should be explored as a process to explain such findings and inform the design of future training curricula based on barriers discussed surrounding actual condom use.
6. **Continue training lecturers in cooperation with the GIZ to ensure sustainability.** Conducting training in cooperation with GIZ raises the profile of the project in target TTCs and provides increased chances for project to continue after funding ends. Additional partnerships such as this should be explored by the project team as TfaC can provide unique technical expertise on innovative workshop facilitation approaches as well as access to all targeted TTCs through TOs.

At the primary school level:

1. **Encourage pre-service teachers and ensure "courage and assertiveness" to set up Tidziwitsane Clubs.** Most teachers at treatment schools confirmed that they had no problems setting up a club at the school and that clubs are very popular. However, not all pre-service teachers set up Tidziwitsane Clubs once they are placed at primary schools. Pre-service Teachers "theoretically" know how to do it but don't have the courage, assertiveness and passion to follow through. Both, core and peer group members should be further encouraged to do so. As one TO mentioned, *"You can find core group members who are very active but when they go out to the primary schools they do nothing. But some peer group members are at primary schools and call and ask, can you assist me with my club?"*
2. **Consider splitting learners by age and consider making club sessions a formal part of the curricula** through life skills classes. This will ensure the sustainability and reach of the project as it is currently only run as an extracurricular activity that only a selected group of students can join. Also, topics are not always relevant to all ages, and some older students cite challenges in clarifying issues with facilitators.
3. **Strengthen set-up of community listening clubs and explore other outreach activities targeting parents and caregivers**. There is an observable change of behaviour amongst students, however it takes time and these changes can only be implemented, as Stachnik (2015) already mentioned in her report, if they coincide with a supportive social, cultural and political environment. *"Only through cohesion will sustainable change become a reality".* Moreover, TfaC's methodology is based on the cycle of empowerment, which begins with individual, community, and national change. Having access to parents is a key element because topics discussed in the clubs may be met with resistance if shared privately at home and many parents and caregivers might have to be sensitized to ensure sustained change for learners.
4. **Ensure a support network for all TfaC trained teachers beyond the Teachers' Network Facebook and the Whatsapp group** for support and shared learning as well as for TfaC staff to mentor and support teachers (such as one teacher who is interested in teaching fellow

teachers about SRH and would like to share her experiences). Some of the teachers interviewed indicated that they heard about the group, however do not/ cannot access it due to lack of access to internet or a smartphone. Although many TOs are in contact with students who have graduated from the program and are now based in primary schools, TfaC needs to remain involved to maintain positive results and ensure on-going impact. The project should consider hosting an annual learning forum to ensure all teachers are able to access shared learning and improve implementation.