

AFSA- Global Fund Programme Close Out Report – AYP Programme

Name of Sub Recipient	Mawela	Period Date	30 September 2025
Date of Submission	15 October 2025	Grant Number	AYP-2022-MWL-ZDM

A. Partner/SR's Implementation Information

Target Area/s of Implementation: (Province/s, District, Municipality)	Kwazulu Natal- Zululand District, Abaqulusi Sub District
PROGRAM DISCRIPTION:	Adolescents & Young People (AYP)
Partners/Stakeholders involved: (Community Leaders, Local Accountability Structures, Government departments, etc)	Department Of Health, Local Aids Council, District Aids Council, DBE, DSD, SAPS, SASSA,Ward Councillors, Traditional leaders, NGOs

1. EXECUTIVE SUMMARY

This section should summarize key points from the other sections of this report to provide a snapshot overview of the overall programme implementation of the grant including any ongoing or new issues relating to programme implementation in the sub district.

Overall programme Status: Concisely summarize the overall programme status and whether it is on track/target for all time period – explain why in the respective subsection below.

In-School Implementation

The NFM 3 AYP program targeted quantile 1-4 schools that were identified in collaboration with the department of education. The in school program covered 18 primary schools and 14 secondary schools that were within Mawela's catchment population. The primary school program included comprehensive sexuality education ISHP, Soulbuddyz clubs while the secondary school included comprehensive sexuality education and ISHP, core package of services, homework support, psychosocial support, linkage to safe spaces, biomedical services, career jamborees and home visits. The In school team comprised of 1 in school coordinator, 6 in school supervisors, 7 Champions, 1 Professional nurse, 1 enrolled nurse, 32 learner support agents and 3 Tutors.

School based interventions were aimed at maximizing learner academic performance and school retention through mitigating social ills. from the first year of implementation to the final year, an improvement in the overall matric results has been observed in those schools that participated in the AYP program. The provision of psychosocial services , sexual and reproductive health services played a major role in keeping AYPs in school.

In School Achievements

The overall matric results analysis below depict how the high schools that participated in the program performed on matric results from year 1 to year 3 of the program.

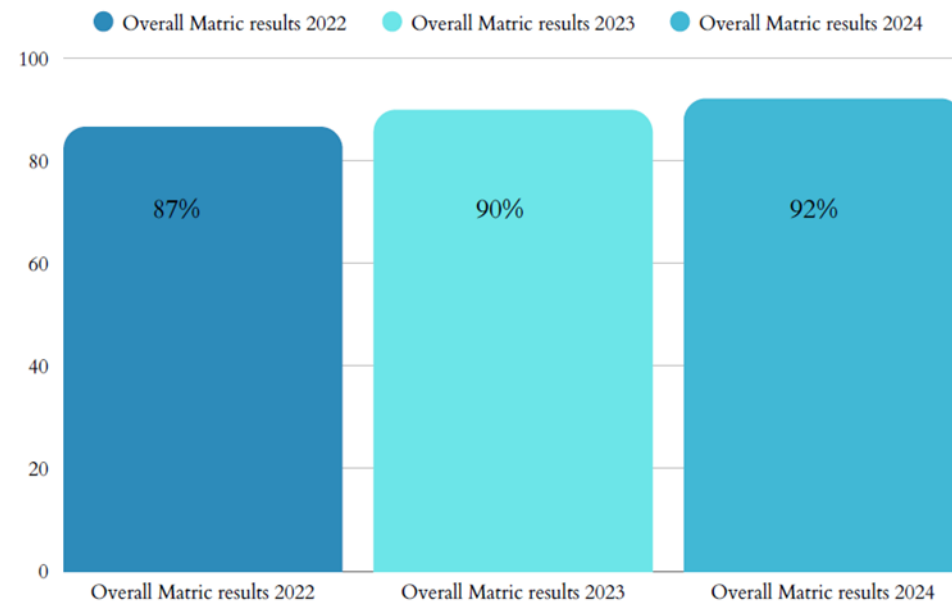


Figure 1. Graph illustrating the overall matric performance in schools supported by Mawela during the AYP program

Psychosocial Support and Safe Spaces

The safe space model proved to be the effective vehicle in providing access to comprehensive AYP tailored services to beneficiaries. Since out of school implementation accounted for 60% in the program, ensuring safe space functionality remained a priority. 3 Safe spaces were established in partnership with community gate keepers who provided access to community facilities that were used as safe spaces. 1 safe space was housed within the DOH facility that provides youth friendly services (Mondlo Youth centre). This arrangement benefited the facility in terms of staffing and other resources. Through safe spaces AYPs were able to access internet, edutainment , SRH services , academic support and psychosocial services. All safe space programs were aimed at influencing risk reduction, behaviour change and empowering AYPs.

The main objective of safe spaces is to create a youth friendly zone where AYPs can be free to express themselves without the fear of judgement and stigmatization. safe space games , physical exercise and watching movies assisted in attracting AYPs to the safe space so that they can access a comprehensive package of services. Campaigns were also conducted with the aim of mitigating various social ills affecting adolescents and young people in and out of school.

Intellectual Properties Implementation

The Implementation of Evidence based interventions played a major role in retaining clients into the program and also contributed towards economic strengthening and behaviour change.



Figure 2. Intellectual properties

Biomedical Interventions

The roll out of biomedical services by Mawela community development was linked to 6 DOH facilities situated around eMondlo and Mvunyane area. These DOH facilities are :

- Bhukumthetho Clinic
- Thembumusa Clinic
- Mondlo Youth Centre
- Mondlo 2 Clinic
- Syakhathala clinic
- Ntababomvu Clinic

These interventions were aimed at reducing HIV infections, reducing teenage pregnancy, increasing school retention , improve TB & STI case finding and treatment. TB and STI screening was provided to all beneficiaries with the aim of strengthening early diagnosis and early treatment. STI awarenesses were conducted in safe spaces and during the STI week to mitigate the high number of STIs among AYPs. Condom education and distribution was also conducted to strengthen combination prevention.

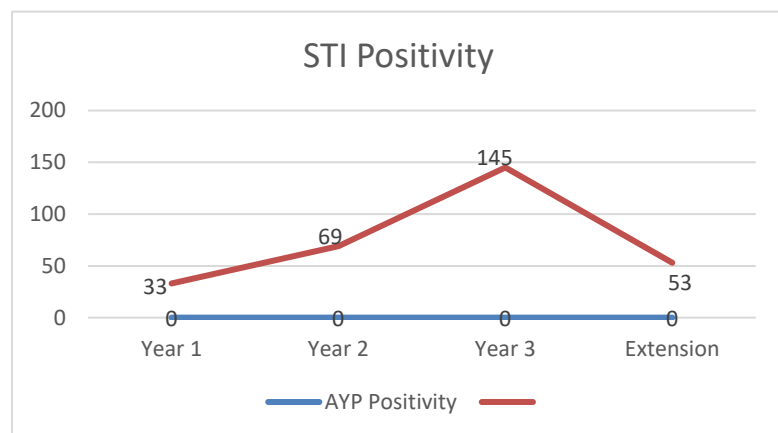


Figure 3. STI Positivity graph

STIs that were common among our AYP beneficiaries was VDS (Vaginal discharge Syndrome) and MUS (Male urethritis Syndrome). All clients who were STI positive were initiated on STI treatment and were successfully treated.

2. PROGRAMME BACKGROUND

Your Background should outline Objectives of the programme, Geographic and population focus, Funding overview (Global Fund support) Key stakeholders and implementing partners

Mawela Community Development is one of the Sub-Recipient Organizations that was awarded funding under the Global Fund NMF3 grant to implement the Adolescents & Young People programme in Abaqulusi sub district under Aids Foundation of South Africa as the Prime recipient, with a grant amount of **R24, 658, 607 (twenty four million and six hundred and fifty eight thousand and six hundred and seven rands)**. The program was implemented over a 3 year period (from June 2022 to March 2025 with a 6 months extension period expiring 30 September 2025) with an additional budget of R4 864 266 (**Four Million eight hundred and sixty four thousand and two hundred and sixty six rands**).

The program covered AYPs (Age 10-24) 60% out of school , 40% In school population and Male Sexual partners of AGYWs (Age 25-40) .The out of school beneficiaries were reached through safe spaces where they could access a comprehensive package of AYP services. 3 safe spaces were established in the first year of the program(1 main safe space located at eMondlo 2 area, 1 Satellite safe space at eMondlo youth centre and 1 satellite space at Mvunyane-Smashwini area).

Geographic Areas

Mawela Community Development was allocated 14 wards under eMondlo and Mvunyane catchment areas to implement the Adolescents and Young people program for NFM3.



Figure 4. Map depicting the areas where the program was implemented

To reach the in school beneficiaries, 32 Quantile 1-4 schools were identified in the NMF3 grant period which were within Mawela catchment areas (18 primary schools and 14 secondary schools). To ensure that recruited beneficiaries are retained into the program and the same cohort of beneficiaries is maintained throughout the program , various cohort management strategies were implemented. The current AYP program was built on the same objectives as the 2019-2022 AGYW program which are :

- Increase retention in schools
- Decrease HIV Incidence
- Decrease teenage pregnancy
- Decrease gender based violence

- Increase economic opportunities

These program objectives aligned perfectly with the NSP strategic goals (goal 1,3,4) and therefore contributed towards achieving the NSP goals.

Key Stakeholders

Active participation and engagement of all stakeholders in the NMF3 AYP program was of cardinal importance. In order to successfully align the program objectives with the needs of our beneficiaries and ensuring sustainability of the program interventions, these stakeholders played a major role in providing a well coordinated response to social ills affecting adolescents and young people in Abaqulusi sub district.

To further strengthen linkages at a community level and to build capacity on the ground, AFSA funded community based implementing partner organisations that participated in the implementation of the program. Two implementing partner organisations supported Mawela in the roll out of AYP targeted interventions(Vusithemba provided assistance on MSP testing while Qhubulwazi Youth organisation provided demand creation services for AYP programs). Mawela played a role in capacitating and managing IPO activities and also ensuring effective partnerships in the provision of services.

The diagram below details the stakeholders that were very key in the planning, coordination and implementation of the adolescents and Young people program.

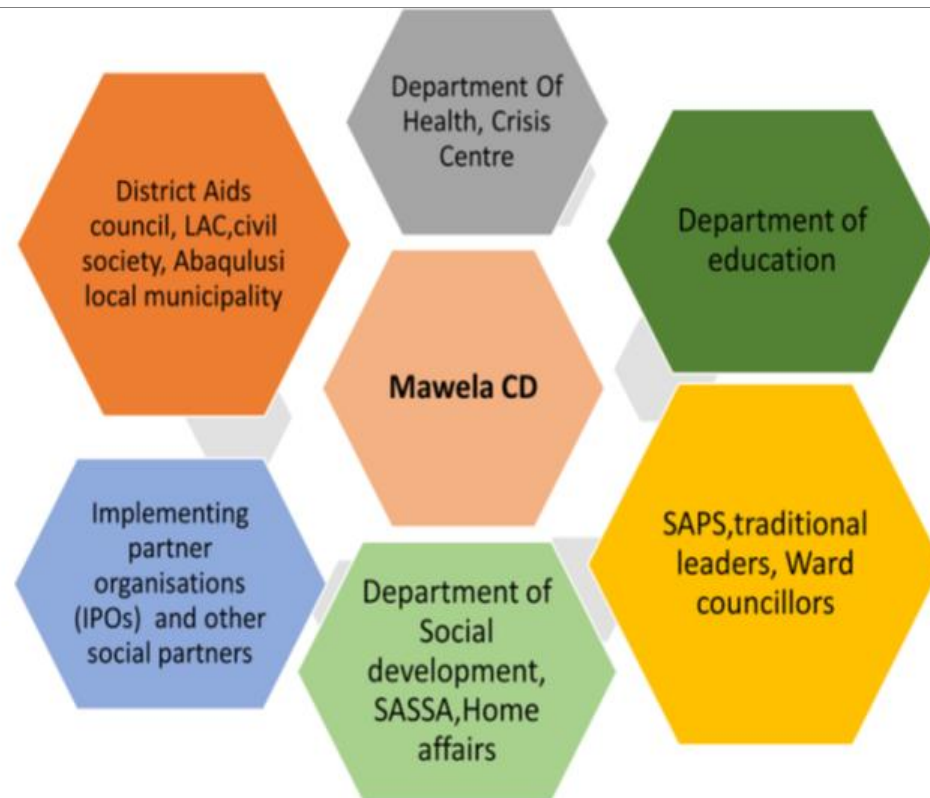


Figure 5. Stake holders that were key in the roll out of the AYP program interventions

3. SUMMARY PERFORMANCE

Include summary analysis of performance by indicator. This section should be based on the objectives as stated in the performance framework and data recorded in previous reports. It is a VERY important part of the report and should be carefully completed. Some key points to guide analysis and reporting include:

KP 1(e): Percentage of other vulnerable populations reached with HIV prevention programs – defined package of services:

Enrolment is the entry point to the program .. Reach services included reassessment of all beneficiaries to reassess risky behaviour and repeat of core and layering of services. 12 PGTs were responsible for AGYWs and 4 Male facilitators focused on reaching adolescent Boys and young men. The program followed a cohorting approach whereby all enrolled beneficiaries had to be retained into the program until they age out or end of the project. A number of cohort management strategies were utilized to achieve retention of beneficiaries into the program. Below are the cohort management strategies that were used.

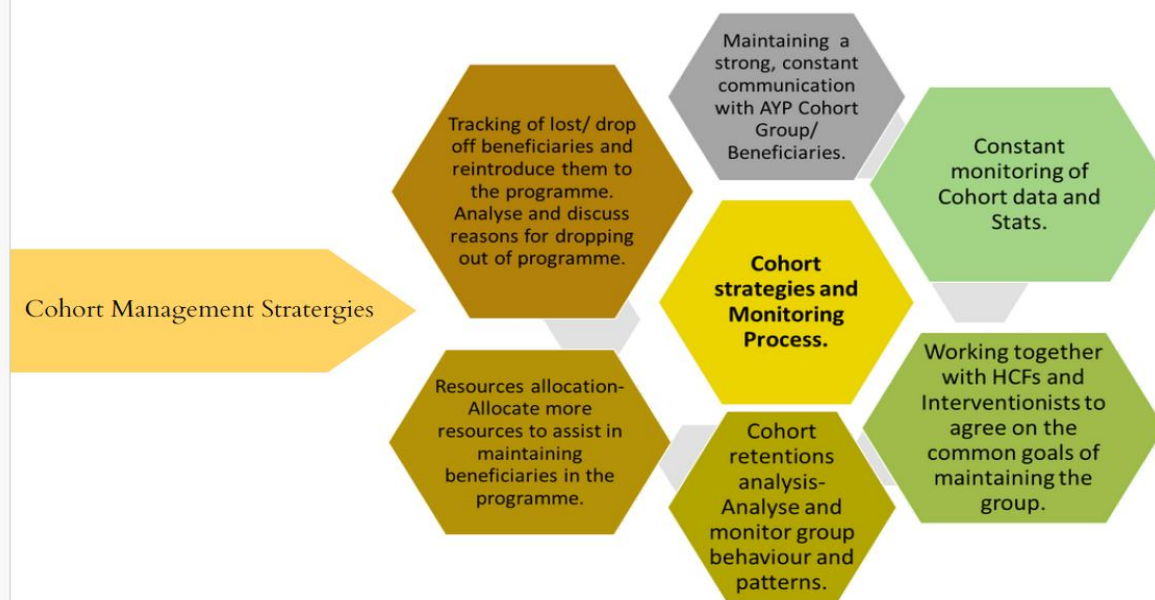


Figure 6. Cohort Management strategies

Cohort Retention Performance

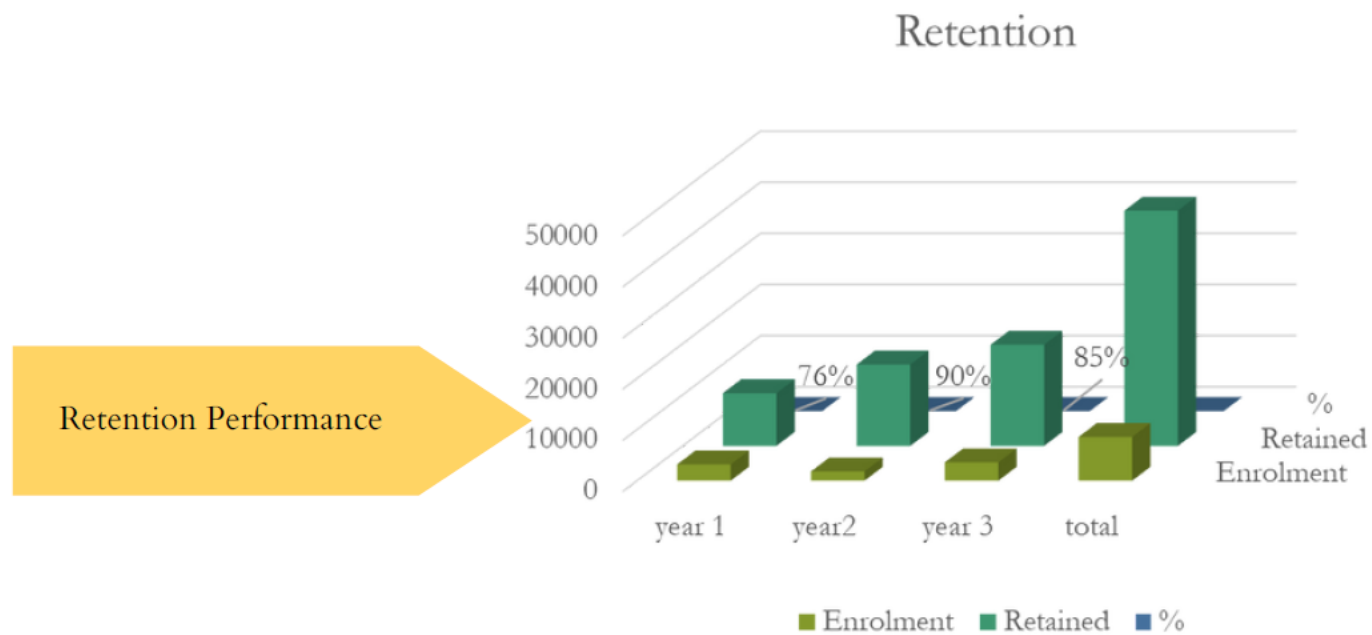


Figure 7. Graphical representation of Cohort retention

-Retention rate was maintained above 70% through out implementation period

Reach Performance Through out the implementation period

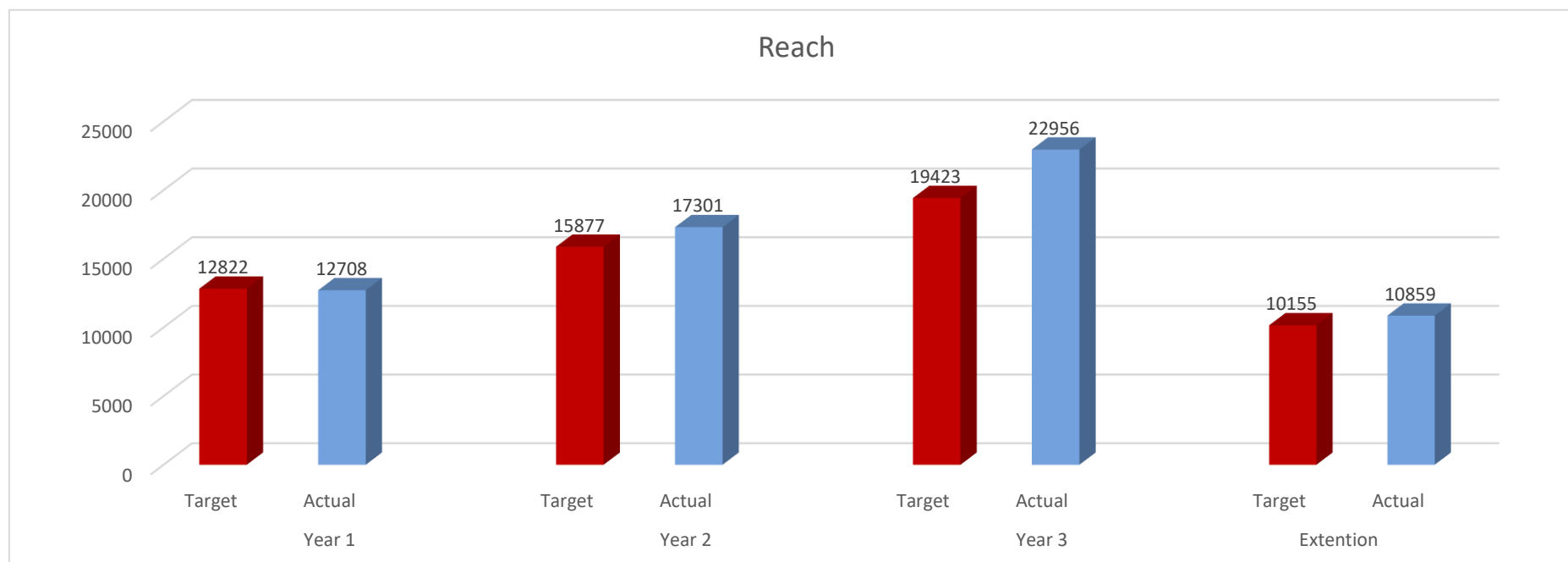


Figure 8. Graph illustrating Reach performance through out the implementation period.

In Year one 99% of the target was reached, In year two 109% of the target was achieved under the reach indicator. In year three 118% of the target was achieved and 107% of the target was achieved. This depicts that the organization managed to roll out Reach services effectively to achieve a reduction in HIV prevalence, reduction of Teenage pregnancies , increase school retention and reduce GBV. The Reach team was also present in safe spaces during safe space activities to continuously ensure that beneficiaries who visit safe spaces receive risk assessment and referral to other core services.

HTS 3(e): Percentage of other vulnerable population that have received an HIV test during reporting period and know their status:

To achieve Objective number 1,2, 3 of the AYP Program, Mawela rolled out targeted biomedical services to adolescents and young people in and out of school. The In school SRH services were guided by the integrated School Health Policy and were implemented in partnership with the department of health as a leading department in biomedical services. The clinical team responsible for SRH services was composed of 1 clinical manager, 3 PNs, 2 Enrolled Nurses, 7 Lay counsellors and 2 driver/linkage officers. The clinical team conducted HIV testing services to improve hiv case finding , ART initiation and Prep for the negative beneficiaries. Testing services were also provided during campaigns outside school premises and safe spaces.

HIV Testing Performance

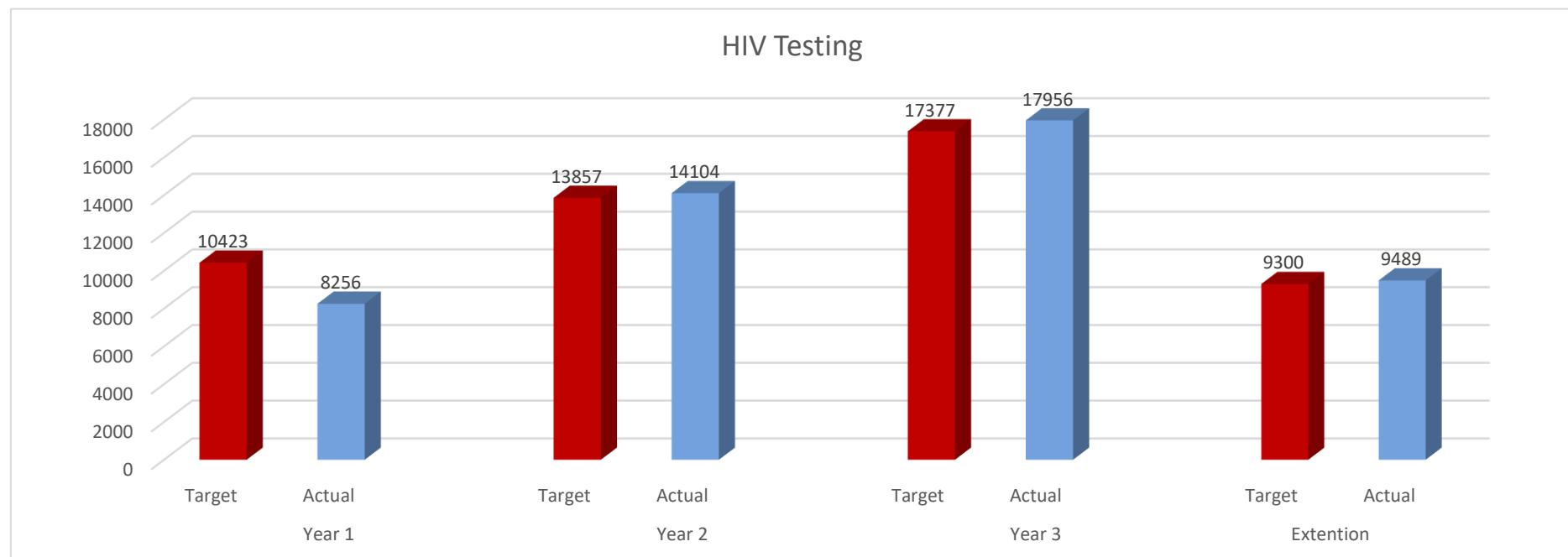


Figure 9. Graph illustrating HIV Testing performance

In the beginning of year 1 the roll out of Hiv testing services was interrupted by delayed DOH letter that had to authorize facilities to issue testing consumables to the organization, 79% of the testing target was achieved in year 1 as a result. In Year 2 102% of the target was reached, Year 3 performance is at 103% and the extension period performance is at 102%. The roll out of testing services was also coupled with condom marketing and distribution to strengthen hiv & STI new infections.

YP – Other 1 Percentage of eligible other vulnerable populations who were initiated on oral antiretroviral PrEP during reporting period:

Prep is one of the effective methods of HIV prevention among adolescents and young people. However the importance of combination prevention should always be emphasized to beneficiaries to ensure that STIs and pregnancies are also prevented. The uptake of Prep among AYPs has been good through out the program. Prep strategies that were utilized by the organization to achieve the best results that were achieved included

- Conducting health education on Prep, emphasizing its effectiveness in preventing HIV infection and importance of regular testing.
- Promotion of Prep on Social media to increase demand
- Strengthen Nurse-Counsellor working relationship to improve Prep referrals
- Conducting community door to door HIV testing where we are able to market PREP and identify potential clients for Prep.
- Visiting taxi ranks and local shops to improve prep demand.
- Roll out of Prep in Safe Spaces where beneficiaries enjoy privacy and support
- Attending community events and partnering with other community organisations and our IPO's to reach more beneficiaries.
- Scheduling appointments with school principals to visit the schools to improve prep awareness.
- Ensuring availability of stock at all times to improve access.
- Daily monitoring of targets via WhatsApp group for early identification of challenges and intervention.

Prep Initiation Performance analysis

The organization managed to constantly reach Prep targets through out the grant period. Prep marketing and roll out performed very well during the grant but however it became apparent that some beneficiaries refrain from condom usage as soon as they are enrolled on Prep. This practice was made evident by the escalation in STIs and pregnancy tests. To mitigate this practice the clinical team conducted safe space talks on Prep and the importance of condom usage even when initiated on Prep.

Below is a graph illustrating Prep performance from year 1 to the extension period.

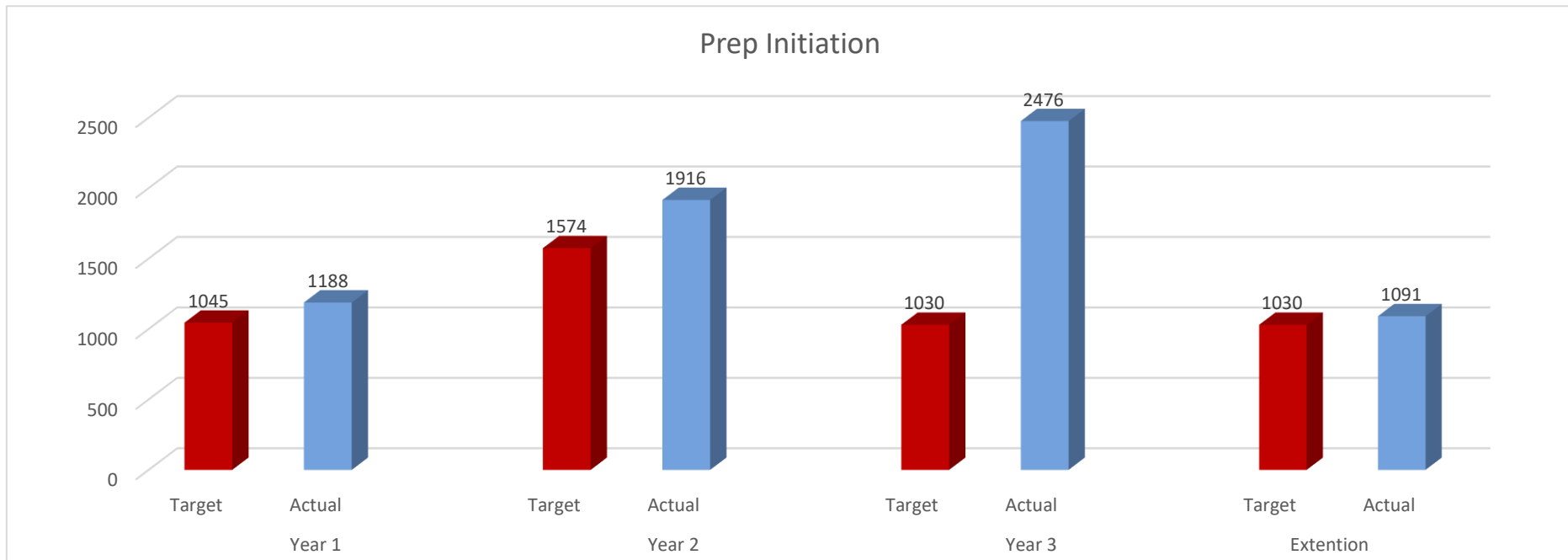


Figure 10. Graphical representation of Prep roll out from year 1 to the extension period

Challenges encountered on Prep Roll out

Challenge	Mitigation
Lack of parental support due to limited Prep knowledge which negatively impacted on Prep adherence and retention	Sensitization of parents on Prep, share Prep IEC material
Stock shortages in some of the supported facilities	The PR always assisted with the buffer stock to mitigate shortages
Neglect of condom usage among beneficiaries who are on Prep	Strengthen combination prevention strategies

KP Other 1: Number of male sexual partners that have received an HIV test during the reporting period and know their status:

The main objective of testing Male Sexual Partners of Adolescent girls is to reduce HIV infections among AGYWs. In NFM3 Mawela was allocated an Implementing Partner organization (Vusithemba) to contribute towards the provision of testing services for Male Sexual Partners. In this partnership Mawela was responsible for capacity building& mentoring, data verification and consolidation and to conduct monthly review meetings to identify and address gaps.

MSP Strategies

- Conduct Outreach work in collaboration with local health facilities to support MSP testing
- Condom promotions and Lubricants distribution
- Promoting Workplace testing
- Using the mobile vehicle to reach MSPs since they prefer it over gazeboz
- Identifying more hot spots sites namely Tax ranks, Sports grounds, taverns, farms and workplaces/Sites
- Partner with local organizations/structures that prioritize men centred interventions
- Track cases of HIV positive MSP to strengthen adherence

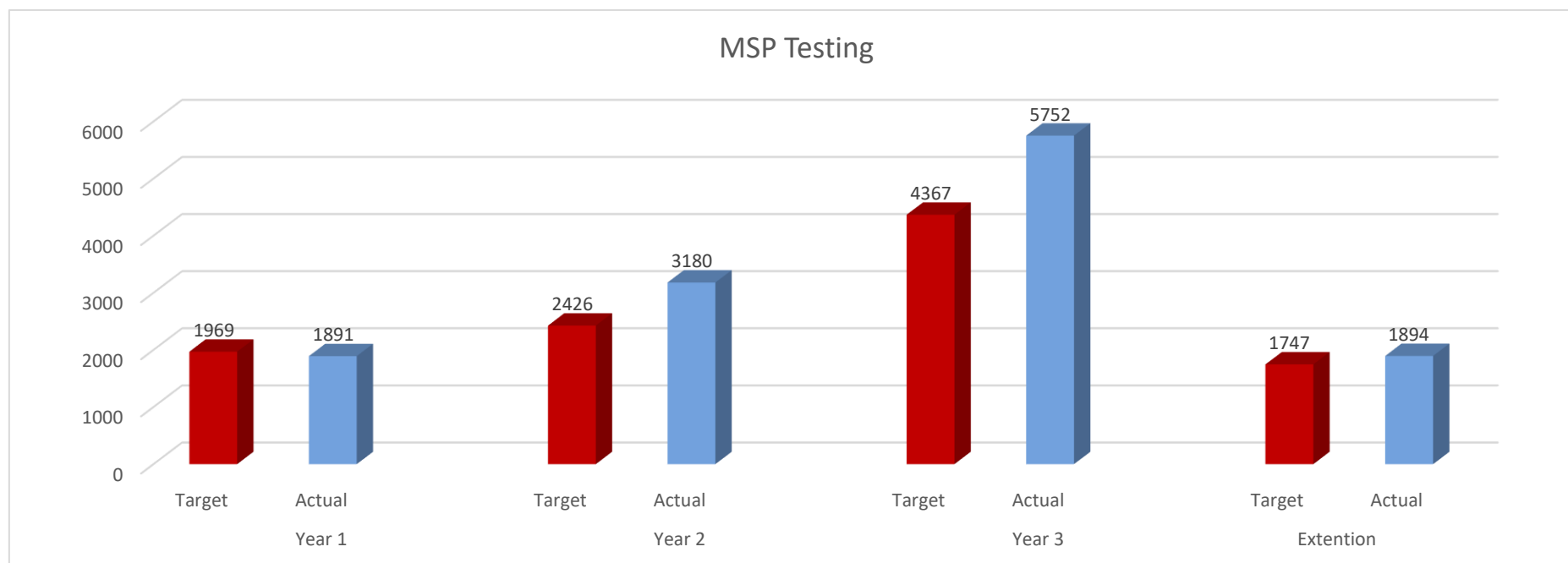


Figure 11. Graph illustrating MSP Testing Performance

MSP roll out was affected in year 1 like all other biomedical interventions due to a delayed letter of authorization from DOH, 96% of the target was achieved as a result. but however the performance improved in the subsequent years and was maintained as such for the duration of the grant.

HTS - 5 – Percentage of newly diagnosed with HIV initiated on ART:

The main aim of HIV case finding is to identify positives and initiate them on ART and implement interventions that can assist the negative clients to remain negative. To ensure that all beneficiaries are linked to care Mawela followed the same day linkage strategy and linkage of clients to their nearest facility.

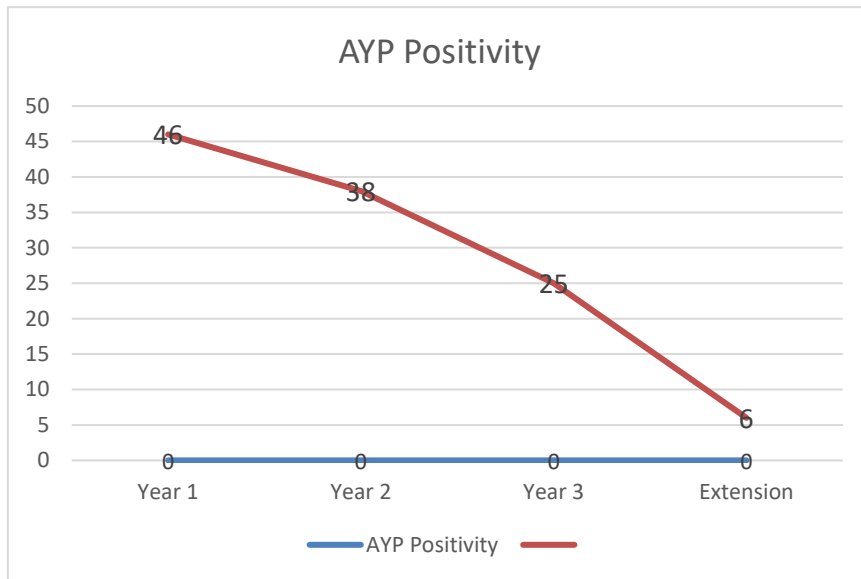


Figure 12. AYP Positivity rate

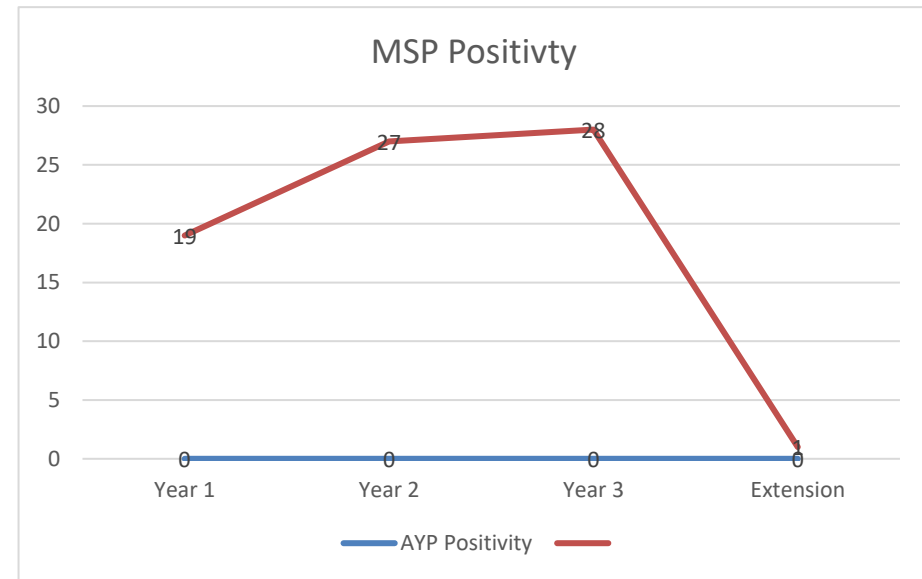


Figure 13. MSP Positivity

Positivity rate for both AYP and MSP beneficiaries wasn't high through out the program. AYP positivity shows a decline from year 1 to the 6 months extension period. This decline can be attributed to the increase in the uptake of Prep by AYP beneficiaries. Most of the AYP Positives that were identified were from the In school beneficiaries.

Teenage Pregnancy Analysis

Teenage pregnancy remains one of the social ills affecting girls in South Africa especially in rural areas like Abaqulusi sub district where there is limited access to Sexual and reproductive health services. The AYP program served as an extension of government facilities to reach beneficiaries in remote areas with AYP interventions. One of the objectives of the AYP program interventions was to reduce teenage pregnancy among adolescent girls. Partnering with other stakeholders assisted in packaging a well coordinated and integrated approach towards mitigating the scourge of teenage pregnancy. Teenage pregnancy mitigation strategies included

- Improving access to Sexual and reproductive health services and contraceptives
- Implementing targeted GBV mitigation interventions
- Addressing gender inequalities, cultural beliefs and traditions that serves as contributing factors
- Enhancing economic status of AGYWs to reduce risk and vulnerability associated with poor economic status (Objective 5)
- Implementing behaviour change programs
- Conducting safe space group discussions with targeted messages

The graph below illustrates Teenage pregnancy based on pregnancy tests conducted and confirmed pregnancy cases

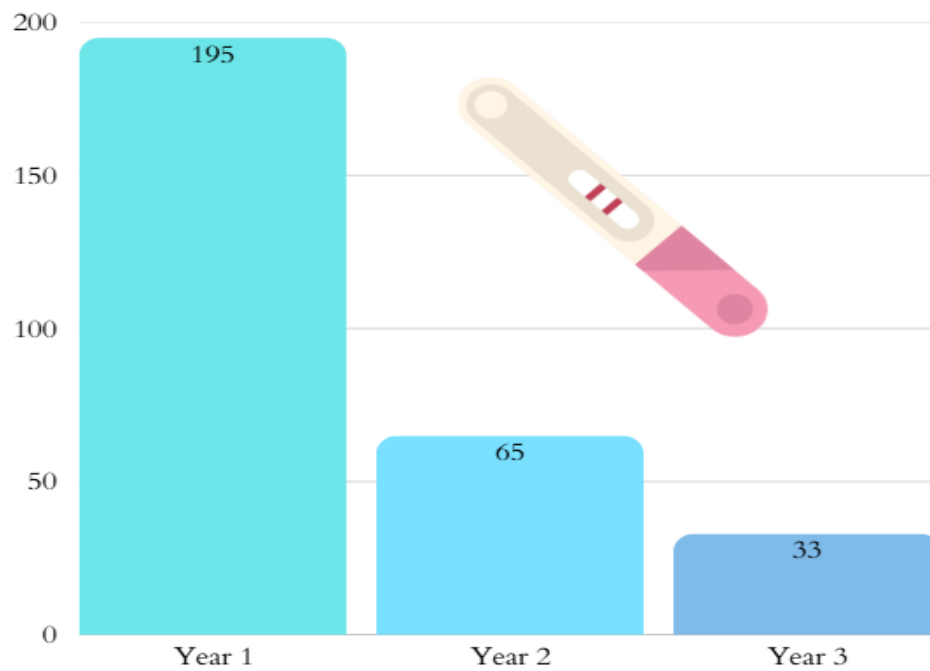
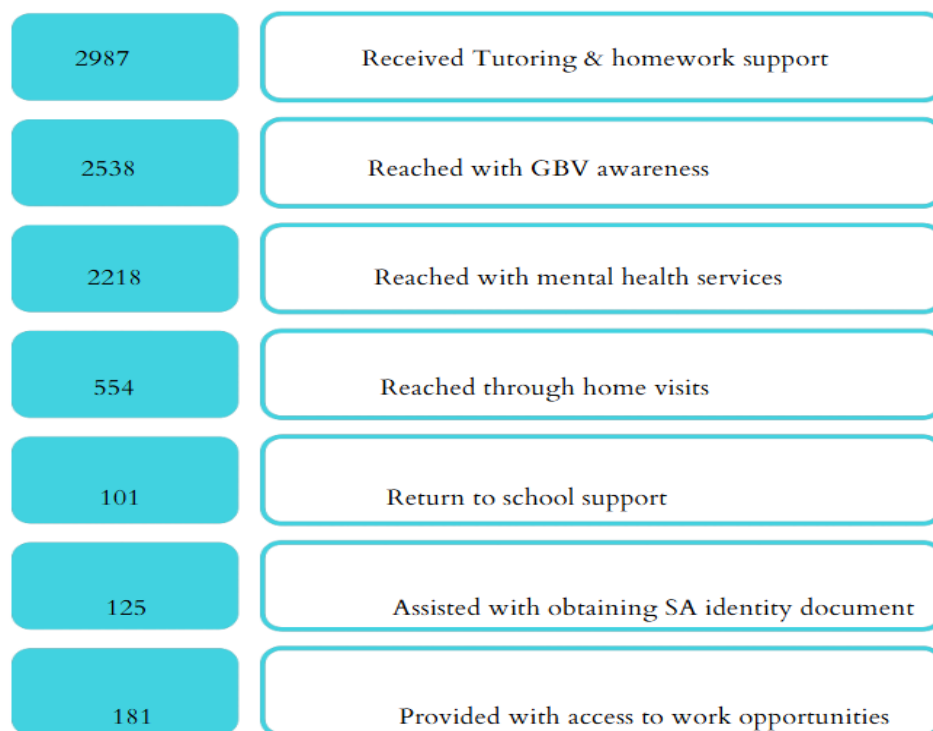


Figure 14. Teenage Pregnancy cases from year 1 to year 3 of the grant

The above graph shows a decline in teenage pregnancy cases among beneficiaries that were serviced during the AYP grant period. The roll out of contraceptives and a combination of other strategies seem to have worked

Summary Of Layered Services

Through out the grant duration Mawela provided a spectrum of layered services to AYP beneficiaries that depended on the risk, need or status of the beneficiary. These layered services included Structural, behavioural and biomedical which ensured that beneficiaries receive a comprehensive package of services. Safe spaces served as a hub for the provision of some layered services while other services were provided through referrals to external departments. Below is a table summarizing layered services that were provided to AYP beneficiaries



2987	Received Tutoring & homework support
2538	Reached with GBV awareness
2218	Reached with mental health services
554	Reached through home visits
101	Return to school support
125	Assisted with obtaining SA identity document
181	Provided with access to work opportunities

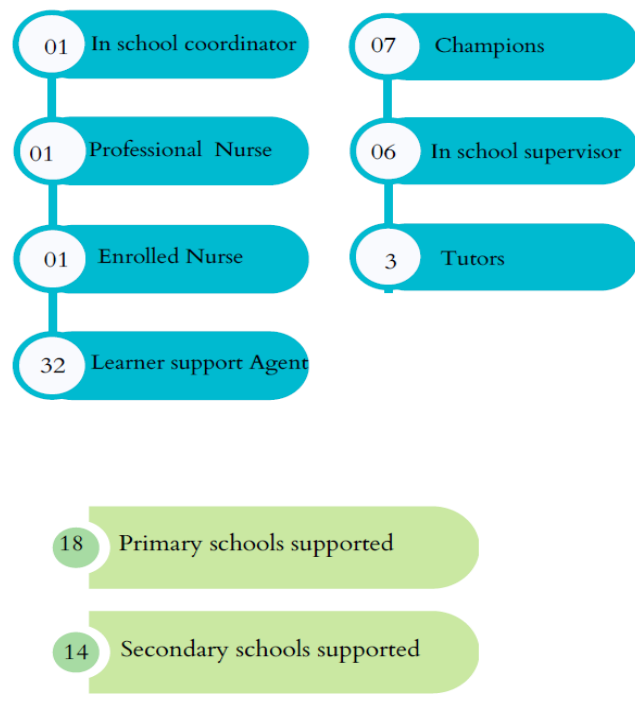
Figure 15. Table Summarizing Layered services

-To further contribute to the academic success of beneficiaries, Mawela assisted 1217 beneficiaries to access tertiary education, this service was provided in safe spaces. To strengthen school retention , 3783 dignity packs were distributed in schools. These packs assisted In reducing the absenteeism rate that is sometimes caused by lack of sanitary products.

Summary Of In School Interventions

The In school component of the AYP program was implemented in 18 selected primary schools and 14 secondary schools. These interventions were aimed at achieving the AYP objectives such as increasing school retention, reducing teenage pregnancy, reducing HIV infections and GBV. The program was implemented in partnership with the department of basic education as a lead department.

In school Program staffing and supported schools



A Combination of interventions was rolled out across all supported schools. These interventions included, HIV testing, TB&STI screening, Prep and ART initiation, pregnancy tests , contraceptives, academic support and psychosocial services. Some of the interventions were implemented as a response to an identified problem e.g. STI and condom awarenesses were conducted to mitigate the escalation in new STI infections and pregnancies. The program also supported peer education camps that were led by department of education to mitigate social ills that may affect learners in schools. As part of enhancing behaviour change in schools, evidence based interventions (Grassroots soccer, One Men Can, Stepping Stones, Soulbuddyz) were implemented in schools.

Soulbuddyz Achievements

The Soulbuddyz clubs program was implemented across 18 primary schools that were supported by Mawela community development. The aim of the program is to empower young people on skills that will assist them to navigate through life challenges (health, rights and social issues). 18 clubs were registered to the program through the coordination of learner support agents and the in school coordinator. Below is a table showing achievements that were obtained under the Soulbuddyz program

School	Award Category
Khethelihle Primary school	Zululand Facilitator of the year
Nhliziyonhle Primary school	Soulbuddyz club of the year
Kwafuzokuhle Primary school	Special Project
Khethelihle Primary school	Zululand LSA of the year
Nhlaka Primary school	Best Unit guide project
Nhliziyonhle Primary school	Best Soulbuddyz club zone
Khethelihle & Nhlaka Primary school	Best supportive principals
Khethelihle Primary school	Zululand Facilitator of the year
Nhliziyonhle Primary school	Soulbuddyz club of the year
Kwafuzokuhle Primary school	Special Project

Improvement on Matric Results

The improvement on overall matric results in Mawela supported schools can be attributed to In school AYP interventions. Beneficiaries were able to access academic support in safe spaces after school which was provided by 3 tutors .857 beneficiaries received academic support through the AYP program implementation in schools

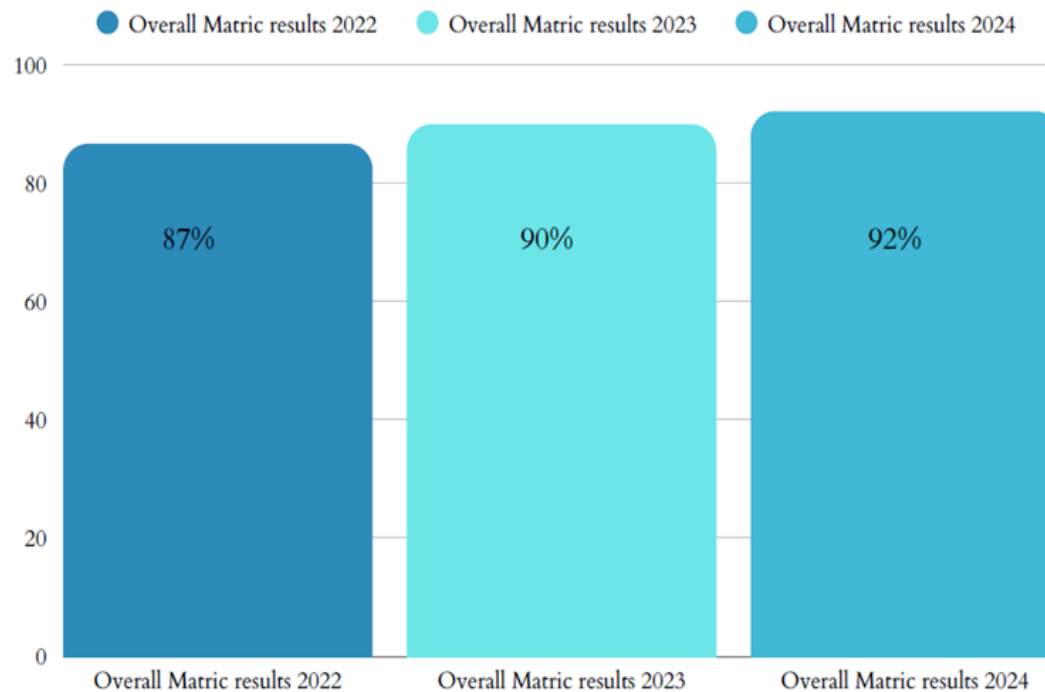


Figure 16. Graph illustrating overall matric results in AYP supported schools

Below is a summary of our consolidated performance for Adolescent and Young People from Year 1 to Year 3 of the grant period

Table 1 Summary Performance: Coverage Indicators

Indicator Name	Year 1 (April 2022 – March 2023)						Year 2 (April 2023 – March 2024)					
	Period 1			Period 2			Period 3			Period 4		
	Target	Actual	%	Target	Actual	%	Target	Actual	%	Target	Actual	%
KP-1e Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	6214	5052	81%	6608	7656	116%	7494	7991	107%	8383	9310	111%
HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	4389	1584	36%	6034	6672	111%	6603	6733	102%	7254	7371	102%
YP-Other 1: Percentage of eligible other vulnerable populations who initiated oral antiretroviral PrEP during the reporting period	379	473	125%	666	715	107%	752	870	116%	822	1046	127%

HTS-5 Percentage of people newly diagnosed with HIV initiated on ART - AYP	11	11	100%	36	36	100%	18	18	100%	20	20	100%
KP Other-1: Number of male sexual partners that have received an HIV test during the reporting period and know their results	748	58	8%	1221	1833	150%	1213	1590	131%	1213	1590	131%
HTS-5 Percentage of people newly diagnosed with HIV initiated on ART - MSP	0	0	0%	19	19	100%	21	19	90%	18	18	100%
Indicator Name	Year 3 (April 2024 – March 2025)							Period 7 (April 2025 – September 2025)				
	Period 5			Period 6			Period 7					
	Target	Actual	%	Target	Actual	%	Target	Actual	%			
KP-1e Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	9268	11530	124%	10155	11426	113%	10155	10859	107%			
HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	8077	7978	99%	9300	9978	107%	9300	9489	102%			
YP-Other 1: Percentage of eligible other vulnerable populations who initiated oral antiretroviral PrEP during the reporting period	902	1134	126%	1030	1342	130%	1030	1091	106%			

HTS-5 Percentage of people newly diagnosed with HIV initiated on ART - AYP	11	11	100%	15	15	100%	6	6	100%
KP Other-1: Number of male sexual partners that have received an HIV test during the reporting period and know their results	2620	3162	121%	1747	2590	148%	1747	1894	108%
HTS-5 Percentage of people newly diagnosed with HIV initiated on ART - MSP	18	17	94%	11	11	100%	1	1	100%

TB and TUTT Cascades

TB Symptomatic Approach	Year 1	Year 2	Year 3	Period 7
# Screened for TB symptoms	8504	13709	15866	9617
#Symptomatic Clients	33	131	48	7
#Symptomatic Clients investigated on TB	33	99	35	6
Results received	33	88	35	6
# Tested positive for TB	0	2	0	0
# initiated on TB treatment	0	2	0	0

TUTT Approach	Year 1	Year 2	Year 3	Period 7
# Screened for TB according to TUTT SOP	33	131	3234	2439
#eligible for TB investigation	33	131	34	12
#Eligible Clients investigated on TB	0	2	14	6
Results received	0	2	14	6
# Tested positive for TB	0	2	0	0
# TB clients initiated on treatment	0		0	0

2

STI Cascades

TB Symptomatic Approach	Year 1	Year 2	Year 3	Period 7
# Screened for STI symptoms	8504	13709	15866	9617
#Symptomatic Clients	33	69	145	53
#Referred for STI treatment	33	69	145	53

# Currently on STI treatment	0	0	0	0
# initiated on STI treatment	33	69	145	53

4. DATA QUALITY ISSUE

Key data quality issues and mitigation strategies implemented by SR during grant period.

Data Quality Issue	Mitigation
Incomplete Data Collection: Interventionists faced challenges in collecting complete data, particularly in rural areas where contact details were not available.	In-house Data Collection Trainings: Conducted quarterly to enhance interventionists' skills and knowledge.
Internet Connectivity: Online capturing systems were hindered by poor internet connectivity, affecting data quality and timeliness.	Improved Internet Connectivity: Additional routers were purchased to enhance internet speed and reliability
Lack of Formal Training: Insufficient training on data collection tools and systems led to errors and inconsistencies.	In-house Data Collection Trainings: Conducted quarterly to enhance interventionists' skills and knowledge.
Unrealistic Quarterly Targets: High targets pressured interventionists, contributing to data quality issues.	Extended Working Hours: Including weekends to minimize errors and meet targets..
System Errors: MYHOPE system errors also impacted data quality.	Double Verification Process: Implemented to ensure data accuracy and quality before verification by Data Quality Officers.

This section should identify and discuss any factors that affect the programme operating context and implementation, as well as related actions to be taken. Some key points to guide analysis include:

- Use the table below to discuss any specific developments and planned response in the situation/context that require action.
- List any risks that may have arisen during the implementation in your sub district
- In addition to risks that have arisen, include positive factors that may affect the programme. (We certainly want to discuss risks, but positive factors can be important as well.)
- If there have been no significant issues affecting the programmes situational context, state that no major factors are currently affecting the programme operating context and implementation

Risk s & Positive Factors				
Risk or Positive Factor	Date	Priority <u>H</u> igh, <u>M</u> edium, <u>L</u> ow	Responsibility & Recommended Action	Date Closed
RISK - Staff transition as we approach project closure	01/12/2024	High	SR Management- Provide Support to staff members to manage the transition efficiently	30 September 2025

5. STAKEHOLDER PARTICIPATION & FEEDBACK

Stakeholder participation: Concisely describe how key stakeholders, **particularly local stakeholders**, have been involved in the programme, (which can include programme design, implementation, monitoring, evaluation, and reporting. **Do not include partnership issues, which is covered in the next section, Partnership Agreements and Accountability.**

Feedback (Clearly indicate whether it is a complaint or positive feedback)	Date	Priority <u>H</u> igh, <u>M</u> edium, <u>L</u> ow	Recommended Follow-Up (Write "NA" is not applicable. If applicable, explain what, who, and when follow will occur.)	Date Closed
Positive Feedback- Zululand district sent a letter of appreciation for the assistance that was provided by Mawela during the district Aids day that was held in Nongoma	28/01/2025	High	Not applicable	28/01/2025

6. PARTNESHIP AGREEMENTS

Use the table below to list any programme partners and agreement type within your implementation catchment area (e.g. programme agreement, MoU, SLAs). Key comments include the status of the agreement, (e.g. date signed or if it remains unsigned), roles and responsibilities for parties under agreement/MOU, (e.g. technical support), etc.

Use the table below to list any issues pending, resolved, or new issues, as well as actions being taken. If there have been no significant issues then leave blank.

AYP Programme Partnership Issues & Recommended Actions	
<u>Issue</u>	<u>Comment</u>

7. KEY EMPLEMENTATION LESSONS LEARNED

*Use this section to highlight key lessons during the reporting period. **Note that this section should not repeat the specific action points summarized in the Executive Summary** (Section 1). Instead, it should highlight lessons to inform organizational learning for the AYP programme. Summarize programme lessons learned including the cause of issues, reasoning behind the corrective action chosen, and other types of lessons learned. Identify and discuss specific issues that challenged the programme team. If there are negative points suggest how they can be handled in future programmes. It is recommended to concisely number each lesson for easy reference.*

- services delivered in safe spaces and at times convenient to youth (outside school hours) improve access.
- Key government departments e.g. DOH need to be engaged strongly at the beginning of the grant to ensure their buy in and understanding of program deliverables
- Building strong partnerships with implementing partner organizations(IPOs) enhances sustainability of AYP interventions post the grant period.
- AYP adherence to ART and Prep requires parental buy in and support especially to beneficiaries staying with parents who struggle even with storing their medication at home, this often requires the intervention of the psychosocial component of the program since it involves disclosure in some cases.

8. INFORMATION DISTRBUTION & ARCHIVE

Summarize the data archived in the programme repository. Consider items such as reports, programme and M&E documents, SOPs, beneficiary files/documents any other documents developed during duration of the grant.

Archived items to be shared with designated PR programme personnel upon programme close out. Note that this list may include individual without access to the programme archive repository (see attached document inventory template)

1.	Beneficiary files currently kept at Mawela offices
2.	Monthly and quarterly reports

9. RECOMMENDATION

- Parents of AYPs need to be included on sensitizations on HIV prevention initiatives like Prep to create a conducive environment for learner adherence
- Impact can be maximized If the roll out of evidence based programs can start earlier and be maintained through out the grant .

- There is a need to strengthen condom marketing and usage among AYPs (high pregnancy screening & STI positivity rate) indicate a poor condom usage and reliance on Prep only as a prevention tool

10. CONCLUSION

The Overall Organizational performance during the implementation of the AYP grant yielded good results and impacted the lives of the beneficiaries who were recipients of the interventions. These achievements were obtained through strong partnerships that were built and also the consistent support from the PR. The impact of some of the interventions that were rolled out may not be observed immediately but may have a lasting impact on beneficiaries in a long run.

11. REPORT ANNEXTURE

Attach any useful supplementary information for the close out process, such as: Pictures ect.

Celebrating Matric Top Achiever (AYP) @Solomuzi secondary school-2024



Kwafuzokuhle Soulbuddyz Club assisting an elderly women



Zululand Peer Education Camp



Career Jamboree at Cecil Emmet hall



Kidzalive Fun Day @Qhubulwazi centre



SUBSTANCE ABUSE AWARENESS-PHUCUKA PRIMARY SCHOOL



ESL Graduation



Gender Based Violence awareness @Khondlo Secondary School

