



Scaling HIV/SRH Education through Football Coaching in Southern Africa

End of Project Evaluation

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Thank you all!

VSO and Tackle Africa Management

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
COVID-19	Coronavirus Disease of 2019
FGD	Focus group discussion
HIV	Human Immune Virus
HPV	Human Papillomavirus Infection
IDI	In-depth interview
KII	Key Informant Interviews
LMIC	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MOU	Memorandum of Understanding
MSS	Most significant story
NGOs	Non-Governmental Organisations
PCO	Prison and correctional officer
PEP	Post Exposure Prophylaxis
PIPC	Project Implementation progress checklist
PPE	Personal Protective Equipment
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SPSS	Statistical package for Social Scientists
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
TA	TackleAfrica
TB	Tuberculosis
TCA	Thematic Content Analysis
UN	United Nations
VAW	Violence Against Women
VfD	Volunteering for development
VMMC	Voluntary Medical Male Circumcision
VSO	Voluntary Service Organization
WASH	Water, Sanitation and Hygiene
ZCS	Zambia Correctional Service

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Executive Summary

Voluntary Service Overseas (VSO) and TackleAfrica (TA) implemented the “Scaling HIV/SRH education through football coaching in Southern Africa” Project in Malawi, Zambia and Zimbabwe in collaboration with authorities of relevant correctional services. The project aimed to increase prison inmates’ knowledge of sexual and reproductive health rights (SRHR) to minimize the impact of HIV and AIDS among this population. At institutional levels, the project sought to build the capacities of implementing organizations (VSO, TA and prison and correctional services) to scale up the project’s model. This evaluation was commissioned to assess the following components:

- a) VSO’s partnership with TA and the two organizations’ partnerships with national prison and correctional services units of Malawi, Zambia and Zimbabwe
- b) The project model effectiveness, and replicability in other contexts and scalability
- c) The project’s performance and results (relevance, effectiveness, efficiency, impact and sustainability),
- d) The project’s organizational development significance.

The evaluation assessed the influence of external factors such as COVID–19 on the four assessed aspects above to inform the steps, especially directions of scaling up the project’s model or replicating them elsewhere.

Methodology

A cross–sectional mixed methods evaluation design was used as the framework for sampling and collecting data. Accordingly, qualitative and quantitative data was collected and analysed. Qualitative data was collected through in–depth interviews (66) focus group discussions (11) and participatory simulations. A total of 256 participants took part in one or two of these qualitative data collection methods. On the other hand, 315 inmates (124 in Malawi, 48 in Zambia and 143 in Zimbabwe) responded to the structured survey questionnaire from which quantitative data was derived. The evaluation had target 570 respondents for this method, but many of the inmates that the project reached in Zambia had been released via a presidential pardon or transferred to other prisons where the project could not trace them. This compromised the statistical significance of the Zambia sample thereby compromising the usefulness of statistical inferences for the Zambia dataset. Nevertheless, the evaluation still can serve its purpose of informing onward project design decisions, especially by analysing the overall picture portrayed in the three countries combined.

Data was collected digitally using Kobo–Collect software on mobile phones before being exported to Statistical Package for Social Scientists (SPSS) database for analysis. The Field Supervisor with support from the Data Manager monitored and controlled the data capturing process for quality assurance and validation. After validation of duplicate files, data cleaning was further done through running of frequencies for all variables. Data analysis focused on establishing the strength of association between key variables, so two–way analysis of variance (ANOVA) was used. A range of descriptive and inferential statistical techniques were used to provide answers to the objectives of the evaluation. Qualitative data was transcribed, coded, and analysed using a technique known as Thematic Content Analysis (TCA) for common themes, trends and challenges identified by participants, especially with guidance of evaluation questions in the relevant terms of reference.

Evaluation Findings

The evaluation confirmed that there were indeed new HIV incidences being registered in prisons, and these coincided with the coming in of new inmates. It additionally showed that the uptake of essential diagnostic tests that should inform proper HIV care and treatment was low, suggesting a strong need for the evaluated project. Prison inmates, while confirming that sexual and reproductive health messages were shared in prison, admitted that these messages did not meaningfully raise their knowledge levels, let alone transform their attitudes for behaviour change because of the absence or entertaining value in the messages. The Football for Health Approach therefore filled the gap through edutainment and was well received.

Awareness and participation in the project

The evaluation found the following key observations:

- 99% of respondents were aware of the VSO/TA project
- 98% respondents participated in one or more sessions
- 47% of respondents participated in 5 or more sessions
- 22% of respondent participated in 10 or more sessions

HIV knowledge, attitudes and service uptake

As a result of their participation in the project, inmates' levels of HIV knowledge and changes in attitudes related to the pandemic and uptake of services are presented in the table below.

Performance area	Baseline value	Status at evaluation time	Variance in percentage points
Respondents with comprehensive HIV knowledge (knowing at least 5 causes of HIV and misconceptions)	34.67%	52.3%	17.63
Respondents who disagreed with the notion that female partners are responsible for protected sex	68%	92%	24
Respondents who disagreed that having sex with many women is a sign of masculinity	69%	97.3%	28.3
Respondents who were able to identify at least three correct STIs	52.3%	68.67%	16.3
Overall	56%	78%	22

The above table shows an average 22% improvement in HIV-related knowledge, attitudes and service-seeking behaviour. Further, the evaluation showed 88% of respondents reported that they would visit a clinic for help and 32% reported that they would look for post-exposure prophylaxis (PEP) after exposure to HIV.

SRHR knowledge, attitudes and service uptake

Findings on SRHR knowledge, attitudes and service uptake similarly showed improvement as a result of the project's efforts as tabulated below.

Performance area	Percentage
Proportion of respondents aware of 1 SRH right	30
Proportion of respondents aware of 2–3 SRH rights	41
Proportion of respondents aware of 4 SRH rights	10
Proportion of respondents aware of 5 or more SRH rights	6
Respondents disagreeing with the notion that a woman should tolerate violence in order to keep her family together	90
Respondents disagreeing with the notion that there are times when a woman deserves to be beaten	94
Inmates who had accessed STI screening in the past 12 months	67.3
Inmates who shared their newly acquired SRHR information with other individuals	79.7
Inmates who sought for HIV and/or SRH services	54.3
Inmates who self-reported that they stopped/reduced risky behaviours that could expose them to HIV and STIs infection	40

Knowledge of SRHR was found in 87% of inmates across the three countries, with 5% not knowing any SRH rights and the rest not responding to the relevant question. As 16% knew 4 to 5 or more rights compared to 71% who knew 1 to 3 rights, there remains need for continued education on these rights. The evaluation showed, nonetheless, that this newfound SRHR knowledge had translated to a change of attitudes on sexual and gender-based violence (SGBV), as 90% and 94% disagreed with notions that women should tolerate SGBV in order to preserve their families and those men need to beat women sometimes respectively. At the level of putting knowledge to practice averages ranging between 40% of inmates and 79.7% were registered across four different indicators, suggesting project effectiveness in modifying SRHR behaviours.

Effectiveness of VSO/TA model

- There was universal concurrence among the interviewed inmates that the TA model is an effective strategy to increase knowledge on HIV; Malawi (100%), Zambia (98%) and Zimbabwe (99%).
- In Malawi, 98.4% of the respondents either strongly agreed or agreed that the TA model is an effective approach that that be used to improve attitude towards HIV. Similar sentiments were shared by 98% and 96% in Zimbabwe and Zambia respectively.
- 94% of respondents in Zambia strongly agreed or agreed that the model can be used to address attitude challenges towards SRHR. 99% in Zimbabwe and 97.6% in Malawi reported the same
- Nearly 100% of interviewed inmates in Malawi, 96% in Zambia and 94% in Zimbabwe either agreed or strongly agreed that they were satisfied with their coaches' knowledge and skills to disseminate HIV messages through football.
- 95% of respondents in Zimbabwe, Malawi (81%) and Zambia (81%) either strongly agreed or agreed that they were satisfied with their coach's knowledge and skills on SRHR messaging through football.

Perceptions and attitudes towards HIV

Perceptions and attitudes towards SRHR and HIV were generally positive in all the three countries. The smallest proportion of respondents were those who disagreed with the perception that having contraceptive knowledge is tantamount to being promiscuous (87% in Malawi, 73% in Zambia and 78% in Zimbabwe), followed by inmates who expressed willingness to disclose a positive HIV status (89.5% in Malawi, 87.5% in Zambia and 84% in Zimbabwe). On other criteria, proportions ranging from 88% to 100% of respondents in the three countries gave correct responses on HIV-related scenarios presented to them.

Perceptions towards women

In Malawi, respondents who did not agree that a female partner is responsible for decisions regarding protected sex changed from 67% at baseline to 89% at endline – a difference of 22 percentage points. In Zimbabwe, a change of 26 percentage points from 69% at baseline to 95% at endline was registered while Zambian inmates registered a 29-percentage point positive change from 71% at baseline to 100% at endline.

Perceptions on social norms

High proportions of inmates exhibited positive attitudes with regards to preventing violence against women (VAW), with 91% and 94% disagreeing with the notions that women should (a) tolerate violence and (b) be assaulted respectively. A high proportion of inmates further agreed that condom use should be a joint decision for men and women (95.2%). The view that men should have the final say in decision making in the home was shared among 77.8% of the inmates, and 61.9% still felt that women's most important role was of taking care of their homes – a gender stereotype that should continue to be discouraged in future efforts. A resounding 67% continued to hold women responsible for decisions leading to the prevention of a pregnancy. This is another stereotype that needs redress.

Positive behaviour change

- Most respondents indicated willingness to take appropriate action if exposed to HIV with 88% reporting they would visit a clinic for help while 32% said they would seek post exposure prophylaxis (PEP).
- 76.5% of respondents had taken an HIV test within the preceding 3 to 12 months while only 1.3% had not taken an HIV test ever before.
- 66% of the respondents had ever been screened for STIs in their lives, with 13.7% of these emerging HIV-positive. When the evaluation assessed how recently the STI screening tests were done, a majority 68.6% of the sampled inmates in the three countries had accessed STI screening in the past 12 months.

- Regarding SRH action taken after the project, most inmates (79.7%) shared their newly acquired information with other individuals, while some sought HIV and/or SRH services (54.3%), and 40% self-reported that they stopped/reduced risky behaviours that exposed them to HIV and STIs infection.

Effectiveness of the TA model

- (100%) of the respondents in Malawi, (98%) in Zambia and 99% in Zimbabwe (99%) reported that the TA model was an effective strategy to increase knowledge on HIV
- 98.4% of respondents in Malawi, 98% and 96% in Zimbabwe and Zambia respectively either strongly agreed or agreed that the TA model is an effective approach to improve attitudes towards HIV.
- 94% of respondents in Zambia, Zimbabwe (99%) and Malawi (97.6%) strongly agreed or agreed that the model was effective in reversing negative attitudes towards SRHR.
- 100% of the respondents in Zimbabwe, nearly 98% Malawi and Zambia strongly agreed or agreed that the TA/VSO model was effective in increasing uptake of HIV services among inmates and the community.
- Nearly 100% in Zimbabwe, 98% in Zambia and 99% in Malawi of respondents either strongly agreed or agreed that the project empowered them to be able to make informed decisions about their sexual behaviour and relationships of the respondents reported the same.

Project Efficiency

a) Timeliness of completing project activities

Responses to in-depth interviews or prison and correctional officers and VSO/TA staff all pointed to timely start-up of the project because of the preparatory mechanisms that were in place. However, the project coincided with the outbreak of COVID-19 to which all three national governments responded by effecting total lockdowns that would last between several weeks and several months. Nonetheless, the project's strategies of coping with the epidemic deserve emphatic mention here. These strategies are:

- i. Reserve organisational resources were mobilized to procure personal protective equipment (PPE), which was distributed to inmates through correctional officers, who also educated inmates on protection measures (e.g., masking, sanitization, distancing, etc).
- ii. Prison-based trained coaches (prison and correctional officers and inmates) continued driving SRHR education through the Football for Health Approach during lockdowns, which sustained the project's momentum for smooth continuance when lockdowns ended. Prison officials would share progress reports with VSO and TA during lockdown periods, communicating virtually at the initiative and cost of the project implementers.
- iii. VSO and TA requested a no cost extension from the project's funders, which was granted on the basis of their understanding of the inescapability of the problem

b) Cost effectiveness of the project

Findings of the evaluation shows that the project used cost-effective approaches. The project played to the strengths of each of the three partners involved (prison officials, VSO and TA), leaving no need for investing in recruitment of new staff, retraining of staff or development of material. The VSO volunteers were recruited for the programme. TA also creates new materials for its programming based on the needs of the participants.

c) Leveraging of resources

The project's major strength was its harnessing of the comparative advantages of three organizations – the prison and correctional services, VSO and TA. TA was additionally able to promote the participation of volunteers in line with the VfD Model that VSO championed by equipping them with skills of implementing the football for health model in prisons. The prison and correctional services opened up their facilities and availed officers and inmates who the project trained in the TA Model.

d) Conversion of project efforts to results

Quantitative data based showed that the project increased SRHR knowledge, caused positive attitude and behaviour change as intended. However, the following need to be considered:

- i) Training more VSO staff members not directly involved in the evaluated project to smoothen the scaling up and replication of the TA Model in other VSO programming areas.
- ii) Training more prison and correctional officers and inmates to cushion against loss of trained expertise through staff turnover and inmate releases.

Project Impact

Real impact

- a) Prison and Correctional Officers in all three countries reported that the project contributed to reducing potential recidivism rates among inmates exposed to the project. They based this on improvements in the disciplinary records of inmates participating in the project (Zimbabwe) and records of the released inmates who reintegrated well into their communities (Zambia and Malawi).
- b) The project's community outreaches caused reduction in stigma and discrimination against former inmates
- c) The project caused institutional growth for all three partners involved in its implementation.

Potential impact

- a) The evaluation found potential for increased protection of women and girls, evidenced by inmates' changes in attitudes, although the real protection is yet to be monitored for released inmates.
- b) The project created potential for reduction in HIV transmission risk.

Unintended impact

- a) The project contributed to potential for national security outcomes. Prison and correctional officers unanimously reported was that the project contributed to inmates' discipline, raising chances of their sentences being reduced. However, they added that this raised the potential to lose trained coaches who were driving the project and created a need for retraining.

Project Sustainability

a) Project strategies and mechanisms for guaranteeing sustainability

- i) Instilling local ownership through maximizing beneficiary participation
- ii) Securing stakeholder buy-in
- iii) Investing in knowledge transfer and capacity building
- iv) Attaching entertainment to education
- v) Anchorage on existing facilities and resources
- vi) Addressing a matter of life and death

b) Actual project sustainability

- vii) Released inmates were reported to be championing football for health ideas in their communities, and they were doing this independent of the mother project
- viii) Trained coaches inside prisons were reported to be technically competent enough to drive the programme without the support of VSO and TA personnel
- ix) Trained inmates were found to be sharing the information accessed and knowledge gained through the project with fellow inmates, thereby building a movement that could continue to positively influence successive generations of inmates.
- x) Prison and correctional officers had mastered the Football for Health Approach and enjoyed using it not just for SRHR purposes, but for the rehabilitation programs as well

On the basis of the above findings, it can be argued that:

- a) Partnership with prisons and correctional service departments was mutually reinforcing, with VSO and TA accessing prison settings with essential services and the Prison and Correctional Services reporting that the project partially fulfilled their national security and inmate discipline objectives.
- b) The project improved prison officials' capacities to support inmates and that the innovations introduced through the project will be maintained in the future.
- c) Partnership with volunteers built their capacities in technical skills of community work, enabling them to both contributing to the development of their communities and shape their career plans along the lines of prison interventions and SRHR
- d) The project partnered with SRHR service-providing organizations, which delivered services such as HIV testing during tournaments. These partnerships facilitated the leveraging of resources and economic implementation.
- e) In Zambia and Malawi where communities outside prisons were engaged in the project, the project created scope for scaled up initiatives of bridging the gap between prisons and mainstream communities

Recommendations

Recommended prison environment adjustments

- i. Advanced training of selected Prison and Correctional Officers will be needed to build a team of Master Trainers responsible for not only continuing the implementation of the Football for Health Model on the initiative of prison authorities, but to introduce the same to other prisons.
- ii. The experience in Zambia of the transfers and releases of inmates without ready trace prompted the recommendations to maintain databases of inmates involved in the project for their onward post-incarceration monitoring. Such an innovation will justify proposals to scale the project up to other prison and correctional facilities.
- iii. More project attention needs to turn towards female inmates, addressing gendered dynamics of HIV and AIDS, including SGBV. This recommendation creates scope for investment into baseline and needs assessments focusing on female inmates to inform sporting disciplines and edutainment models that suit preferences of female inmates, albeit replicating underlying principles of the football for health version.

Recommended adjustments to project design and models

- iv. The project may need to create new partnerships to diversify sporting disciplines used for edutainment beyond football, which is the focus of the TA Model, in order to accommodate diverse interests and skills among inmates (e.g., netball, volleyball or board games, especially drafts). Apart from sport, which occupied inmates during daytime, there is an opportunity to embed SRHR activities using different mediums to occupy inmates during night times, (e.g., watching video documentaries and testimonies).
- v. The project should link inmate to additional SRHR services such as male circumcision, cancer screening and others. Inmates demonstrated their increased understanding of combination programming in fighting HIV and AIDS, reporting that they needed a full complement of HIV prevention services.

Recommended directions for scaling up the project

- vi. Without doubt the scaling up of the project is necessary and the following scaling up directions need serious consideration:
 - Universalising the community outreach component: the project should consider strengthening its community-based component through the transition to community-based coaches and by exploring possible partnerships with other organisations for inmate's post-incarceration livelihoods or income-generating activities. This may require prior training of inmates in entrepreneurship, leadership and financial management skills in readiness for post-incarceration business projects.

- vii. Targeting female inmates: The project should seriously consider partnerships that can introduce additional sporting and edutainment activities that are compatible with women's preferences. Football was not as popular with female inmates as it was with male ones.
- viii. Diversifying sporting disciplines and edutainment activities beyond football yet replicating the underlying principles of the football for health model: VSO and TA need to replicate the principles and use of the football for health and VfD in the context of other sports and edutainment activities, developing guiding manuals for each.
- ix. Strengthening the project's advocacy or influencing: VSO and TA should use accrued evidence on prison dynamics to inform advocacy for improved realization of inmate rights.
- x. Transforming into a regional prison information hub: VSO and TA need to consider publishing informational materials with information on prisons, inmate affairs and priorities of supportive programs.



Background

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain a global health concern and threat to economies of low to middle income countries (LMIC) that include Zimbabwe, Zambia and Malawi – the three countries where Voluntary Services Overseas (VSO) and TackleAfrica (TA) implemented the ‘Scaling HIV/SRH education through football coaching in Southern Africa Project’. This project was conceived and implemented to increase effectiveness and impact in the fight for Sexual and Reproductive Health Rights (SRHR), particularly the prevention of HIV and AIDS for inmates. Through a range of innovations centred on football coaching and playing, the project sought to transform individual participants’ SRHR knowledge, attitudes and practices while, at institutional levels, it sought to build capacities of implementing organizations. Institutional capacity building would be achieved through the partnership of VSO and TA for the sharing of community development technologies in pursuit of shared objectives. While VSO brought its ‘Volunteering for development’ (VfD) methodology that it has applied in 23 countries with positive results, TA shared its ‘Football for Health’ approach in empowering prison inmates with knowledge that would inspire positive sexual health knowledge, behaviour and attitude change. The initial intentions were that, subject to availability of funding, VSO would implement the Football for Health approach at scale, both in prison settings and outside. TA would share an implementation guide and toolkit to inform the scaling up and replication of its model (the TA Model) elsewhere. Individual project participants included 2,700 prison inmates, 7,200 persons reached through these prison inmates, 60 coaches/frontline workers and 15 staff of VSO learning the TA Model for replication. The project was implemented in Malawi, Zambia and Zimbabwe in collaboration with authorities of relevant correctional services.

1.1. Background to the prisons involved in the project

In Malawi the following four Prisons were visited for data collection:

- a) Zomba Central (Maximum) Prison – this prison has strict security procedures, and all inmates are males. Female inmates were transferred to Domasi prison to create space for the old inmates as a control measure for COVID-19. This because this prison had high COVID-19 incidence, which prevented them from participating in tournaments except the last one.
- b) Domasi Prison has male and female inmates. One female participant was involved in the project but was unavailable for in-depth interviews.
- c) Mikuyu 2 has juvenile male inmates with ages ranging from 17 to 23 years.
- d) Mikuyu 1, which is located close to Mikuyu 2, harbours male inmates with less than four years before release. This is where inmates are prepared for their release, and it is within a very big farm. This prison has a history of working with VSO before in a project that introduced a piggery initiative.

In Zambia three prison facilities were visited as follows:

- a) Mwembeshi Maximum Security Correctional Prison is located in Zambia’s Lusaka Province and was commissioned on 11th August 2021 by the 6th Zambian President Mr ECL. Lungu (1). It has modern facilities such as dormitories, a chapel, workshop facilities and a clinic. With a holding capacity of 650 inmates, the facility harbours inmates who are serving long sentences for offences such as defilement, assault, murder, rape, robbery, kidnapping, treason, theft and dealing with illegal substances (2).
- b) Mwembeshi Open Minimum-Security Prison holds male inmates who are risk assessed, licensed and eligible to open conditions with time away from the prison facilities to carry out work,

education and other resettlement purposes while serving the final years of their long-term sentences. Although intended to hold 100 inmates, the facility held 350 inmates at the time of the evaluation (1, 2).

- c) Lusaka Central Correctional/Chimbokaila Prison is located in Central Lusaka Province and holds male inmates, with an official holding capacity of 288 inmates. However, its daily average inmate population is 1,402 (1, 2).

In Zimbabwe four prison facilities in the same complex were visited for data collection, including the following:

- a) Khami Maximum Prison – a high security prison created to hold inmates with long sentences, especially those who committed serious crimes such as murder, rape, treason and so forth. This prison has modern facilities that enable the implementation of correctional activities that include education, counselling, spiritual support to inmates, health facilities and so forth. However, because of a high crime rate, space for individual inmates’ accommodation is limited.
- b) Khami Medium Prison – this is the prison where inmates with few years in prison are transferred to, from the maximum prison.
- c) Khami Remand Prison – this is facility that holds inmates who pose the least security threat so much that they are permitted to work outside the prison walls unsupervised.
- d) Mlondolozhi Prison – this is a facility that holds female inmates and detains mental health patients in order for them to access rehabilitation services.

1.1. Background to the evaluation

This endline evaluation was commissioned to assess the following aspects of the project to inform the steps, especially directions of scaling up the project’s models or replicating them elsewhere:

- a) The VSO–TA partnership and the two organization’s partnerships with national stakeholders in Malawi, Zambia and Zimbabwe
- b) The project’s model, including its effectiveness, replicability in other contexts and scalability
- c) The project’s results
- d) The project’s organizational development significance, and
- e) The influence of external factors such as COVID–19 on the four assessed aspects above.

The next table displays that evaluation questions corresponding to each of the above evaluation tasks.

Table 1: Evaluation questions vis-à-vis evaluation tasks

Implied evaluation tasks in ToR	Key evaluation questions to be answered
Project partnership assessment: Assessing the efficacy of the partnership between TA and VSO as well as the two organizations and national stakeholders (e.g., correctional services authorities)	Did the partnership arrangements work? Which partnership aspects worked?
	Are there alternative partnerships or partnership arrangements that can be explored? Why?
	What factors have enabling and/or inhibiting effects to the partnership?
Project model assessment: Assessing the efficacy, replicability and scalability of the project’s model	What successes did the project register in blending two methodologies of empowering communities?
	How feasible will it be to implement the model at scale?
	Is the project model possible outside prison settings and in different sets of countries? What needs to be in place to make it possible?
	What challenges were experienced in implementing the project?
Project results measurement: Project the project’s progress, performance and significance	What challenges did participants face in accessing SRHR services?
	What did the project plan to do, and how far is it in pursuing its plans?
	What has been the outcomes and impacts of the project’s innovations on (a) target participants and (b) VSO staff.

Implied evaluation tasks in ToR	Key evaluation questions to be answered
Organizational development outcome assessment	How has the project transformed VSO staff and organizational capacity to roll out the blend of the TA Model and VfD approaches at scale.
External environmental analysis	How did COVID–19 affect project implementation?
	What does the project need to do to minimize COVID–19 impact?

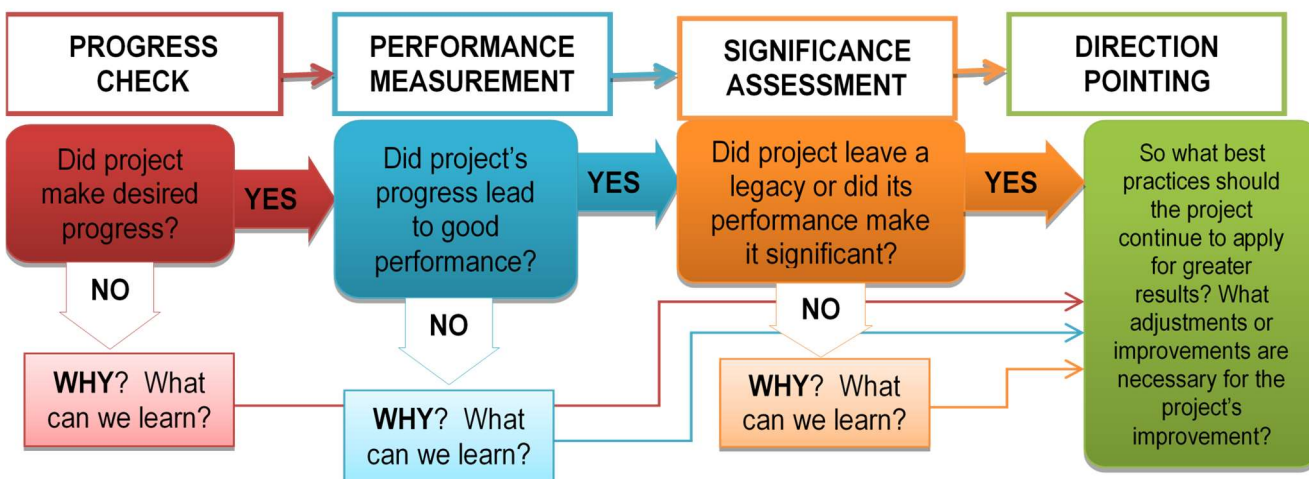


Methodology and Approach

2.1. Conceptual framework of the evaluation

The evaluation determined its methodology and gathered data to answer the evaluation questions on the basis of the conceptual framework illustrated and described below.

Figure 1: Conceptual framework of the evaluation



According to Figure 1 above, the evaluation assessed the project’s progress, performance (effectiveness and efficiency) and significance (relevance, impact, and sustainability), illuminating lessons from findings obtained at each level. The combination of positive findings and lessons learned informed the post-evaluation directions for the project that will then be recommended.

2.2. Evaluation design

A Cross-sectional study design was employed for this evaluation. This was the appropriate design since the scope of the evaluation was to look at the characteristics at a specific point in time and not longitudinal. In addition, the evaluation is observational and descriptive in nature as opposed to causal or relational. This study design enabled the description of characteristics that exist in the correctional service centres where the evaluation was carried out. The evaluation adopted both purposive and random sampling to select correctional services centres and respondents.

2.3. Inception phase

This phase comprised of an inception meeting with VSO and TackleAfrica staff, development of the inception report, data collection tools and evaluation schedule, as well as validation of data collection tools and the detailed methodology. The development of the inception report and data collection tools was informed by a thorough review of literature that was availed by VSO and TA. Thereafter, the evaluation timelines for field visits and overall management of the evaluation were agreed on, and the inception report was approved.

2.4. Fieldwork phase

The phase comprised of pre-arrangements for field visits with support from VSO, TackleAfrica and prison officials, alignment of data collection tools, and making appointments for data collection with relevant stakeholders. All data collection tools used for this evaluation are presented in Annex 1. Explained below, are the data collection methods that were used during the evaluation.

2.5. Data Techniques

2.5.1. Documents/Literature Review

The evaluation team conducted a comprehensive and rigorous review of all relevant documents provided by VSO and TA. Reviewed various documents that include the Project M&E Plan, country level Baseline Reports, Project Progress Reports, Project Proposal and logical framework, and Project Review Reports.

2.5.2. Survey Questionnaire (Quantitative Data)

A survey questionnaire was used with 315 inmates (Malawi – 124 vs 119 target), Zambia – 48 vs 311 target, and Zimbabwe – 143 vs 140 target), which captured information on socio-demographic characteristics, participation in the project and changes they personally experienced or observed in their prison facility. The survey assessed if there were any positive changes among respondents on their 1) perceptions, attitudes and practice towards women's SRH, and negative gender norms, 2) uptake of SRH and HIV services, 3) HIV and SRH knowledge changes, and 4) perception on knowledge and skills of coaches. The sample size for the evaluation was determined using the following sample size calculation formula:

$$n = [(z^2 * p * q) + ME^2] / [ME^2 + z^2 * p * q / N]$$

n = is the sample size

ME = sampling error (0.04)

p = population proportion estimated at 0.5 since it is not exactly known

q = 1-p

N = Estimated project participants (2,700 direct participants + 7,200 indirect participants)

Z= z-score at 95% confidence interval (1.96)

Therefore, $n = [(1.96)^2 * 0.5 * 0.5 + 0.0016] / [0.0016 + (1.96)^2 * 0.5 * 0.5 / 9,900]$

$n = (0.9604 + 0.0016) / (0.001697010101)$

$n = 0.962 / 0.001697010101 = 570$

2.5.3. Focus Group Discussions

The evaluation team collected data on collective experiences and feelings of prison inmates through focus group discussions (FGDs) in which inmates shared their collective experiences of participating in the project, benefits of participating and areas of improvement. At each selected prison VAL!Data Research conducted 11 FGDs, all of them with male inmates, with 8-12 inmates in each. Four female inmates were engaged in a group interview because their number was too small to qualify for an FGD. FGDs were captured on voice recorders for onward transcription.

2.5.4. In-depth interviews of key informants

A combination of face-to-face and virtual interviews were held with purposively selected, information-rich individuals who have a stake in the project to gather perspectives on the impact and outcomes of the project. Key informants included prison and correctional officers, voluntary workforce, coaches, VSO and TackleAfrica staff and volunteers, interviewed with the aid of a semi-structured interview guide with mostly open-ended questions. One group interview was held with female inmates at Mlondolozzi Special Prison in Zimbabwe.

2.5.5. Participatory simulations

A simulated workshop-like participatory exercise was conducted that enabled inmates in small groups of five or less members, to communicate their views and experiences using convenient approaches such as:

- a) **Mock letter writing** – participants were asked to present their perspectives of project activities and how these influenced their lives in the form of an imaginary and yet realistic letter to the evaluator. They judged the organization’s relevance, effectiveness, efficiency, impact and sustainability through that letter, and concluded by either encouraging the evaluator to return to the community and enjoy the benefits or to keep away, depending on their assessment.
- b) **Mock gossip** - this involved skits done by two or more participants discussing the project in gossiping style. These participants chose to gossip about how community members who participated in it benefited or otherwise in comparison to those who did not.

2.5.6. Eventual sample of the evaluation

Table 2 summarises the eventual sample for the evaluation’s qualitative data collection exercises. The evaluation qualitatively interacted with 256 participants and respondents, including 50 from Zambia, 80 from Malawi and 126 from Zimbabwe. Just six of these were women, one of them a correctional officer/coach. The 189 inmates who were engaged qualitatively all took part in FGDs and participatory simulations whilst the rest took part in group or individual interviews.

Table 2: Profile of qualitative evaluation sample

Participant category	Malawi			Zambia			Zimbabwe			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Current inmates	31	0	31	48	1	49	105	4	109	189
Ex-inmates	0	0	0	1	0	1	0	0	0	1
Community members	0	0	0	7	0	7	0	0	0	7
Coaches (inmates)	12	0	12	9	0	9	10	0	10	31
Community coaches	0	0	0	2	0	2	0	0	0	2
Prison and correctional officers	4	0	4	4	1	5	3	1	4	13
Volunteers	0	0	0	2	1	3	1	1	2	5
VSO staff	1	0	1	1	0	1	1	0	1	3
TackleAfrica staff	1	1	2	2	1	3	0	0	0	5
Total	49	1	50	76	4	80	120	6	126	256

A total of 315 inmates (Malawi – 124. Zambia – 48 and Zimbabwe – 143) participated in the survey questionnaire, the majority of them males (98.7%). Females made just 1.3% were females, all of them in Zimbabwe. As shown in Table 3, the majority of respondents were aged 25–34 years: Malawi (40.3%), Zambia (41.7%) and Zimbabwe (44.8%). The majority of respondents in Zambia and Zimbabwe were single; 58.3% and 50.3% respectively, while in Malawi the majority (41.9%) were married. These demographic distributions are consistent with prison data in majority of the countries.

Table 3: Demographic characteristics of the respondents distributed by country

Variables	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Total (N=315)
Sex of respondent				
Female	2.1%	0.0%	0.8%	1.3%
Male	97.9%	100.0%	99.2%	98.7%
Age of respondents				

Variables	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Total (N=315)
18 years or below	0.0%	2.1%	0.0%	0.3%
19–24 years	11.9%	31.3%	33.9%	23.5%
25–34 years	44.8%	41.7%	40.3%	42.5%
35–49 years	37.1%	22.9%	23.4%	29.5%
50–64 years	5.6%	2.1%	2.4%	3.8%
Do not know	0.7%	0.0%	0.0%	0.3%
Marital status of the respondents				
Divorced/Separated	3.5%	4.2%	24.2%	11.7%
Married	45.5%	37.5%	41.9%	42.9%
Single	50.3%	58.3%	31.5%	44.1%
Widowed	0.7%	0.0%	2.4%	1.3%

2.6. Data Management, Tabulation and Analysis

2.6.1. Quantitative data

Data was collected using Kobo and exported to Statistical Package for Social Sciences (SPSS) for analysis. The Field Supervisor with support from the Data Manager monitored and controlled the data capturing process for quality assurance and validation. After validation of duplicate files, data cleaning was further done through running of frequencies for all variables. Analysis of study variables to establish the strength of association was conducted using analysis of variance. A range of descriptive and inferential statistical techniques were used to analyse the data to provide answers to the objectives of the evaluation.

2.6.2. Qualitative data

Qualitative Data from Focus Group Discussions (FGDs) and Key Informant Interviews (KIs) was transcribed, coded, and analysed through qualitative data analysis techniques. Data (both transcripts and field notes obtained from IDIs) was entered into N-Vivo 12.0 and analysed using a technique known as Thematic Content Analysis (TCA) for common themes, trends and challenges identified by participants. Subthemes that emerged from the coding process were integrated into broader themes, using a grouping procedure based on both similarities and differences, using the principles of internal homogeneity and external heterogeneity.

2.7. Challenges and limitations of the evaluation

The evaluation's targeted sample size could not be reached in Zambia, where 48 out of the targeted 311 inmates participated, because most of the inmates that the project reached had been released via a presidential pardon or transferred to other prisons where the project could not trace them. This compromised the statistical significance of the Zambia sample size thereby compromising the usefulness of statistical inferences for the Zambia dataset. Nevertheless, the evaluation still can serve its purpose of informing onward project design decisions, especially by analysing the overall picture portrayed in the three countries combined.

In Malawi the evaluation team was limited to the numbers that were reachable within the time limit that Correctional Officers permitted for security reasons. To address this, participatory simulations, which typically consume time, were not used in Malawi and FGDs alone were facilitated.



Evaluation Findings

This chapter presents the key findings of the evaluation to lay the foundation of its discussion of the project's performance and significance in Chapter 4. This presentation begins with a look at the levels of inmates' participation in the project and nature of sampled prisons' conditions to provide a context for the evaluation's assessment of the project's performance in the report.

3.1. Inmates' levels of participation in the project

Figure 2: Distribution of respondents by awareness and participation in the project

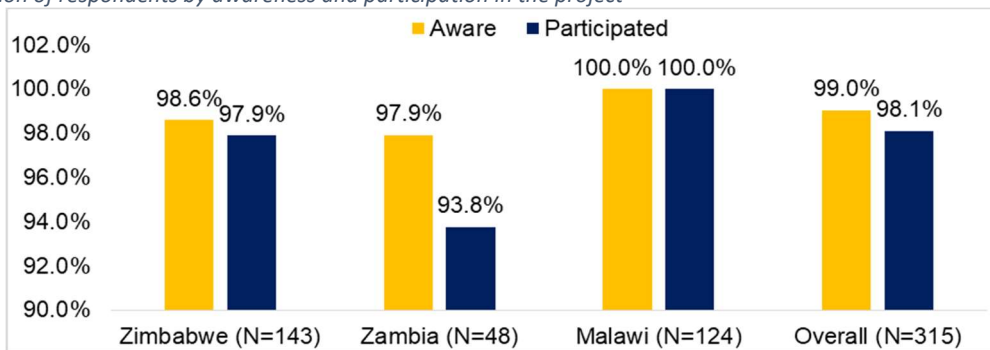
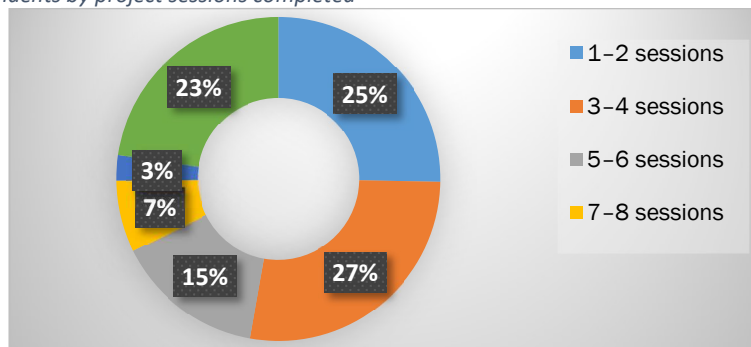


Figure 2 shows that most respondents (99%) were aware of the VSO/TA project while 98% participated in the evaluated project. Distributed by country, all respondents in Malawi participated in the VSO/TA project while 94% of Zambia's inmates took part in the project. This makes this evaluation's sample largely purposive.

Figure 3: Distribution of respondents by project sessions completed



Above, the highest proportion of respondents completed 3–4 sessions (27%), followed by inmates who attended 1–2 sessions (25%) and more than 10 sessions (23%). The outstanding 25% include 15% who attended 5–6 sessions, 7% who attended 7–8 sessions and 3% (9–10 sessions). No factors were found to explain the differences in the number of sessions to which inmates were exposed to the TA Model.

3.2. Findings on general prison life

In all three countries the evaluation found that a common characteristic of all prison inmates was their loss of touch with the outside world. The visit of the research team was commonly met with questions like *"so what is happening in politics nowadays?"* (Khami Medium Prison inmate), *"which football teams are playing well and dominating the game these days?"* (Mwembeshi Maximum Security Correctional Prison inmate). They commonly reported that imprisonment would cost their citizenship rights, with one Khami Maximum Security Prison inmate stating that he wished prisoners could enjoy their rights to vote during national elections and that political leadership contestants could be allowed to campaign in

prisons. *"We only access newspapers if our visitors bring them, and many times we are reading news in papers of three or four years ago, which is history"* (Khami Medium Prison inmate). For this reason, prisons emerged to be among the least informed populations in all three countries, typically behind all other population groups in knowing basic facts about health, economics, politics and religion. For this reason, interviews with correctional officers in all three countries revealed a related second characteristic of prison inmates namely that many inmates were repeat offenders. *"Inmates who spend five or more years in prison end up losing touch with the outside world such that when we release them, they fail to find their way back to normal life"* (Khami Prison Correctional Officer/Coach). Worse, *"the people outside the prison seem to forget about their relatives in prison, and spouses of some inmates move on with other suitors during their prison terms"* (Correctional Officer, Zomba Maximum Prison). In view of this, a suggestion was made to initiate post-discharge livelihood initiatives for inmates, whereby coaching could be used to help reintegrate them into mainstream society, enjoying increased self-efficacy and self-esteem.

3.1.1. SRHR and HIV-related dynamics in prisons

The evaluation confirmed that prisons were indeed sites for diverse and complex SRH dynamics. According to reviewed literature, participating prison facilities hold inmates who are serving long sentences for such crimes as assault, defilement, murder, rape, robbery, kidnapping, treason, theft and dealing in illegal substances (1). It further showed that in Zambia HIV rates were around 14.3% among inmates, which is 1.3 times higher than in the general population (3). The commonest sexually-transmitted infections (STI) in prisons include gonorrhoea, syphilis, chancroid, trichomoniasis and herpes genitalis (4, 5), and their major sources include:

- a) **Pre-imprisonment sexual behaviours of inmates:** In all three countries it was reported that rape convicts would not have used any protection, resulting in either their transmission of HIV/STI to their victims or vice versa. *"When you rape a woman, you cannot ask her if she is HIV-positive or find time to put on a condom"*, said a Malawian inmate regarding this matter. One key informant confirmed this stating that most young prison inmates had committed sex-related crimes such as rape, and they needed to be screened for STIs and HIV. Similarly, inmates conceded that they formerly viewed having multiple sexual partnerships as a heroic behaviour. *"If you have many girlfriends, people will call you a hero, don't they?"* a Khami Medium Prison inmate asked. *"Little does one know that they are digging their own grave"*.
- b) **Sexual behaviours of inmates who are allowed daytime access to local communities because of their good conduct or towards the lapse of their prison terms:** These inmates were reported to be highly sexually active, with heterosexual partners in communities outside their prisons. Correctional officers at Khami Remand Prison reported that many young women and girls within the vicinity of the prison had conceived by these inmates. These reported pregnancies imply that condoms were not considered in prior sexual encounters, which counts as another source of risk.
- c) **Pre-incarceration access to SRHR information is poor:** Inmates reported that some of them were from rural communities where channels for accessing information on SRHR were limited. Their ignorance of SRHR best practices increased the risk of contracting or transmitting HIV and STIs. In these kinds of communities, HIV testing facilities were unavailable and messages to promote HIV testing inaccessible.
- d) **Sharing needles for tattooing and injectable drug use (6):** Prison officials across the three countries reported that these behaviours to be common in prisons and a source of HIV infection risk.
- e) **Casual reception of SRHR messages:** Inmates' risky sexual behaviours before the project cannot necessarily be associated with absence of SRHR awareness-raising efforts in prisons. According to a Zimbabwean correctional services officer, SRHR messages have always been shared, but were not received with the same level of seriousness as they were through the project's youth-friendly approaches. *"There are no youth-friendly sections in the prisons where young inmates can access information and freely divulge information about their sex lives"* (Malawian inmate, Domasi Prison). VSO and TA project personnel all concurred that youth-friendly facilities were generally lacking in

prisons, making it difficult for young inmates to access information or divulge their special SRH experiences for which they needed help.

3.3 Project responses to the SRHR dynamics of prisons

The project responded to the SRHR dynamics above through SRHR information dissemination to inmates, using the TA Model, which thrives on the entertainment, popularity and power of football to motivate participants. As part of the evaluation's participatory simulations method, inmates at Khami Maximum Prison wrote mock letters to summarise the project's responses, addressing the Evaluator as an imaginary colleague who had been in the same prison and was released before the project started.

The mock letter, as with other qualitative evaluation methods used, shows that the evaluated project centred its responses to the SRHR challenges in prison settings on delivering SRHR information to prison inmates, focusing on types of STIs, modes of HIV/STI transmission, available SRHR services such as HIV and STI screening, HIV counselling and testing, HIV/STI prevention and protection. This strategy assumed that prisons are closed environments with limited or no connection to the outside world. The disseminated information was expected to increase inmates' health-seeking behaviour, involving demand for HIV testing services, along with follow-up healthcare services, and protective devices such as condoms. Data gathered through other evaluation methods demonstrated that football was used to disseminate SRHR information and to promote safe sexual behaviour this way:

- a) Football coaches trained on the TA Model used football training drills to illustrate various facets of HIV/STI risk, safe sex, SRHR services and protection measures (e.g., passing the ball was equated to the passing of a condom from the supplier to end user, while a defensive wall in the context of free kicks illustrated the body's immune system, etc). Regarding this, a Khami Maximum Prison inmate wrote in a mock letter as follows: *"...the coaches are being trained by TackleAfrica and then they come with footballing drills that carry AIDS awareness messages. It is an interesting programme and I do not want you to be left out as it comes with proper soccer bibs and quality soccer balls, hey it's a beautiful experience for most of us who have interest in soccer"*.
- b) The gatherings of inmates for football trainings, which attracted supporters, were used as platforms for the education of football players and supporters about SRHR.
- c) The project supported football tournaments at the conclusion of which all participants would be made winners and receive prizes in the form of their most basic needs such as body lotions, soap, toothpaste, food hampers and T-shirts to incentivize participation. *"After winning a match we are rewarded with Jade (bathing soap), buns, Pepsi drinks... it was a big day for most of us and I wished you were still here to experience this initiative"* (Mock letter, Khami Maximum Prison)
- d) The football tournaments were exploited for the HIV testing of the inmates (players and supporters) as well as surrounding communities in the cases of Malawi and Zambia. An inmate in Malawi's Mikuyu 2 Prison stated during an FGD: *"VSO and TA came with this interesting programme whereby we play football and later make our own choices to take blood tests (because of enlightenment from the project) for our own benefit"*.

The project hoped that trained inmates and prison and correctional officers would pass on their knowledge and skills to more inmates and within their community when released. In Zambia and Malawi, a community outreach programme had been integrated with the prison initiative. That involved empowerment of community members, especially adolescents, with information on their rights, and support to access information on HIV/TB/STI, prevention, screening, testing, treatment and adherence.

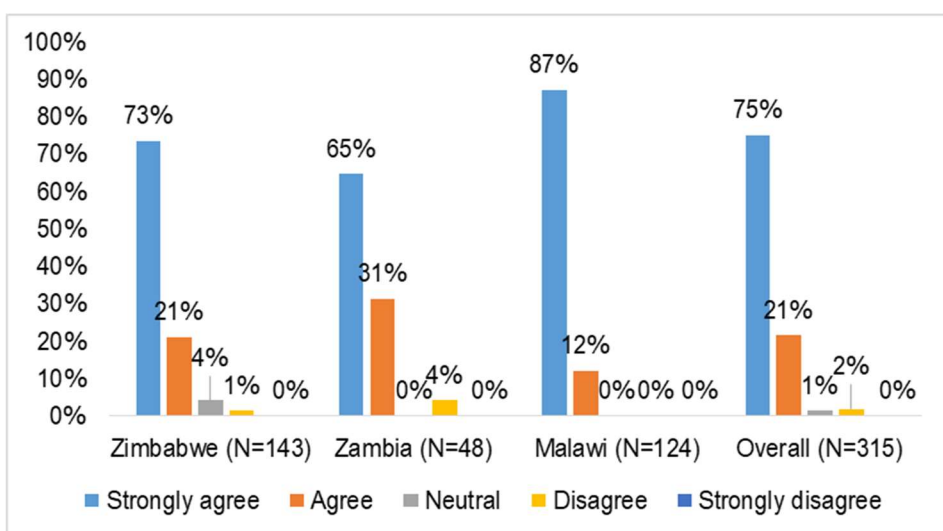
3.1.2. Rationality of relaying SRHR methods through football

All qualitative evaluation methods generated data suggesting that SRHR messages had been shared in prisons prior to the VSO/TA programme, but the methods used were not well accepted because of their sophistication or lack of entertainment value. The TA Model combined education with entertainment, which best addressed the loneliness, idleness and boredom that prison life could cause for inmates. The entertainment that comes with football drew the inmates' attention to the messages that were attached to training drills and services that were attached to football tournaments, namely cycles of awareness

raising activities and linkages to SRHR services such as voluntary HIV testing. VSO's Volunteering for Development (VfD) Methodology was infused into the project, involving the recruitment of young and expert volunteers who received training in various aspects of project implementation, monitoring and evaluation, including football coaching skills.

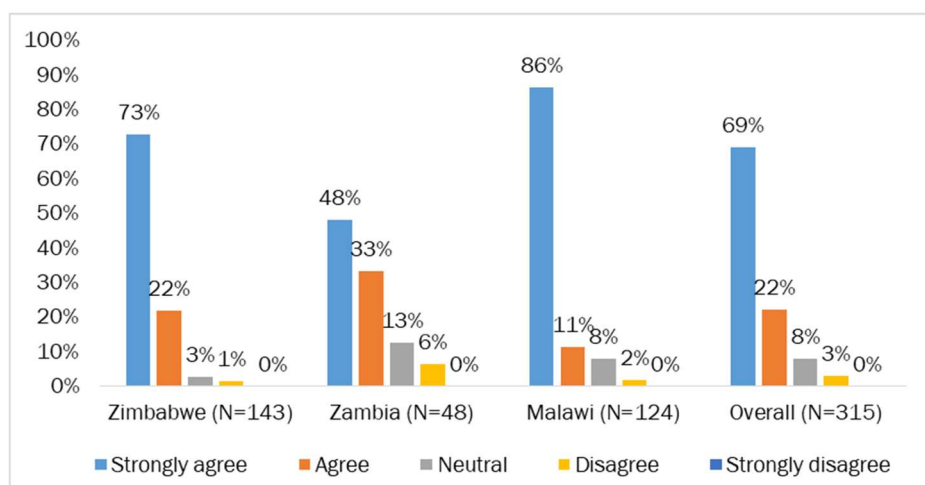
Inmates in all three countries reported that these approaches, in combination, were the best at appealing to their interests. One inmate who confessed to have vowed never to take an HIV test said this approach convinced him otherwise and he not only took that test but was actively encouraging others to do the same. *"Football is a popular sport, which pulls crowds to do various things, that is to coach, to play and to watch or support"*, a Malawian inmate reported. For this reason, the model was commended for its inclusiveness, as players, coaches (including inmates, prison officers and volunteers from the community) and supporters all converged to enjoy football and pursue shared SRHR goals. *"It is a family sport, and it has united us as one family inside the prison"*. A Zimbabwean inmate added: *"the drills we do at training pass a clear message that is easy to follow, and we can visualize how a condom protects us from HIV and STI attacks, for example"*. The availability of good quality food and drinks during tournaments was mentioned as an additional and inescapable motivation.

Figure 4: Respondents satisfaction with coaches' knowledge and skills of HIV messaging through football



We assessed whether inmates were satisfied with the trained coaches' knowledge and skills. The results (Figure 4) show most inmates (99% in Malawi, 96% in Zambia and 94.4% in Zimbabwe) were satisfied or strongly satisfied with their coaches' knowledge and skills to disseminate HIV messages through football. The evaluation found these findings to be statistically significant across the three countries (p-value 0.011).

Figure 5: Respondents were satisfied with coaches' knowledge and skills of SRHR messaging through football



According to the Figure 5, nearly 95% of respondents in Zimbabwe were satisfied or strongly satisfied with their coaches' knowledge and skills on SRHR messaging through football. Zambia and Malawi registered huge proportions of inmates expressing satisfaction in the knowledge and skills of the coaches as well (81% and 97.6% respectively). With a p-value of 0.000, these findings are statistically significant.

3.1.3. Critique of the TA Model

In-depth interviews of key informants, most notably prison and correctional facility officials, and group activities with inmates revealed that the TA Model was a good approach for transferring SRHR knowledge but could be complemented with more. *"I think this approach has been an eye-opener to show us that*

we can use sport or entertainment to draw the interest of people and disseminate messages to them”, a Zimbabwean prison and correctional officer, a coach, reported. *“We can use other sports, I think, like volleyball, netball, athletics, board games and so forth to achieve the same goals”.* Other views were that SRHR messaging could maintain the idea of edutainment but using other stimuli apart from sport in order to occupy inmates during night hours (e.g., videos). Across these views there was no disputing the effectiveness of the model in influencing positive SRH-related behaviour change. On the other hand, Mlondolozhi Prison’s female inmates reported that they had limited experience of playing football, which they viewed as “men’s sports” before taking part in the project. Their active participation in football through the project signifies the model’s contribution to undoing gendered norms that entitle men with specific privileges (e.g., the joy of playing football).

Partnerships

The project was partnership-based and the key partnerships that were found to be functional were:

- a) **VSO/TA** - this was the foundational and central partnership focused on jointly implementing the project and exchanging programme models. TA brought the Football for Health Model along with extensive experience of applying it SRHR programming, VSO applied the Volunteering for development (VfD) Methodology and experience of working in prisons.
- b) **VSO/TA and Prison and Correctional Services Departments** – VSO and TA accessed prisons through the national authorities in participating countries that are responsible for maintaining security. Interviews with Prison officials all concurred across the three countries that the programme did not just address the SRHR needs of inmates but contributed to increasing security.
- c) **VSO/TA and selected HIV/AIDS** – focused organizations – national HIV and AIDS coordinating bodies in the three countries used the project partnerships to reach out to inmates with services. Most notably, these organizations would bring HIV testing and STI screening services and equipment as well as informational materials on tournament days for distribution to inmates.
- d) **VSO/TA and volunteers** – VSO, through its VfD methodology drew on the skills of a network of volunteers to work alongside people and communities to improve their quality of life and support their own capacities to help address poverty and inequality in line with the Sustainable Development Goals (SDG). It involved competent, skilled and experienced volunteers working on SRHR and Health interventions in the field (prisons in this case). The project intentionally engaged a youthful volunteer workforce with experienced in training inmates and coaches on the model. These volunteers were further intensively trained in facilitation skills for the TA model, which they used to good effect in prisons as testified by inmates. The advantage of young volunteers, according to inmates, was they easily understood and identified with them. Project staff further reported that the project embedded VfD beyond VSO to become a shared methodology, with both TA and VSO operating through volunteers on the same principles.

In the partnerships stated above, one challenge was reported as follows:

- ▶ In Zambia and Malawi VSO and TA staff dealt with selected prison and correctional officers. In the absence of these officers, they had to go through the clearance processes all over again in order to access the prisons for project activities, which affected the project’s fluency. In Zimbabwe, this was not experienced.

Findings on project performance

Project performance here pertains to strengths and weaknesses of the project’s design as reflected in its relevance, effectiveness, efficiency, impact and sustainability.

3.1.4. Project relevance

The evaluation regarded relevance as the extent to which the project responded to the needs of its target participants, namely the prison inmates and Prisons/Correctional Departments of the national governments of the three countries. Project relevance was rated high if it based its strategies on evidence, addressed the root causes of problems, reached the most marginalised groups and used the most

appropriate implementation methodologies. Prison and correctional services officials (PCOs) added that the project's aligned with national priorities or strategies increased its relevance to national governments, more so if adhering to national policies and brought added value. Given the project coincided with the outbreak of COVID-19, the assessment of its relevance extended to include its ability to cope with the challenges the epidemic brought. In view of this the evaluation's findings revealed the following:

- a) **The project filled an existing gap in knowledge of SRHR:** Prison officials reported that the three national governments were concerned with the rise of HIV infections and STI's in prisons – a development that reflects the risky nature of prior sexual encounters of incoming inmates.
- b) **The project was evidence-based:** VSO/TA conducted a prior needs assessment, which informed the design of the project and its package of interventions. Inmates' testimonies confirmed this, stating, for example, that: *"in here we are closed from everything going on outside, and we did not know many of the things that we were taught through this project"* (Zambia inmate).
- c) **The VSO-TA union was a mutually reinforcing partnership:** Football (TA Model) was applauded for its entertainment value, which attracted the attention of otherwise idle inmates, while inmates said they could easily relate with young volunteers who served as coaches (VfD Model).
- d) **The project targeted a highly marginalized and vulnerable population:** As far as HIV infection and potential to transmit HIV is concerned, FGDs with inmates showed that society tends to turn its back on people once they are convicted and incarcerated, reducing the frequency of their visits to the prisons for psychosocial support. Prison officials in all three countries therefore reported the project filled the void of neglected psychological support needs of inmates. A Zambian PCO said: *"Considering that prison facilities are isolated from the mainstream communities and people therein, the participation of inmates in the VSO/TA project distracts their thoughts from the guilt of the offences that they committed, makes them forget about their loss of care from kinspersons and helps them to feel a sense of belonging, providing hope which improves their wellbeing"*. In concurrence, a Zambian inmate added: *"...the programme gives us hope and reminded us that we are also human beings who deserve love from the other people in spite of our offences..."*. The physical exercise that football necessitates *"stimulates their (inmates) bodies physically because they spend most their times idle in small prison cells, sometimes ending up with sores in their feet"* (prison and correctional officer, Zambia). On the other hand, this evaluation's mapping of additional NGOs running programmes in prisons showed that some NGOs do visit prisons to deliver services (e.g., HIV testing), but services were piecemeal and none had permanent presence in prisons.
- e) **The project contributed to national priorities and strategies** for HIV prevention and management, which all emphasise intensifying programming around key populations. National strategies for the three countries promote HIV, STI and SRHR knowledge transfer, access to treatment and care services, especially HIV testing as well as delivery of the combination prevention programming¹ were championed by the project. The project is relevant to, and aligns with, national constitutions of the three countries, which all provide citizens the right to equality, non-discrimination, life, privacy, liberty, association and assembly, health, fair labour practices, social protection and freedom from torture or inhumane-treatment (7). The project also aligns with the Zambian Consolidated Guidelines for Treatment and Prevention of HIV Infection promotes universal access to antiretroviral therapy (ART), treatment and HIV prevention and to ultimately end HIV pandemic by 2030 for all populations in Zambia (8). Zimbabwe and Malawi have similar targets in their national HIV strategies as well.
- f) **The project, being multifaceted, addressed other important inmates' needs beyond SRHR ones.** It improved physical fitness for those who played football. Food hampers for tournament participants entailed nutritional benefits to inmates. Prison and correctional officers reported the project's implicit psychosocial support for inmates complemented the rehabilitation efforts of correctional officers to prepare the inmates for their release. Football, according to prison officers, nurtured discipline in the inmates. *"Inmates who are involved in this programme are very disciplined and easier to work with than those who do not (which is) good for national security because they do not entertain ideas*

¹ Combination prevention entails the use of diverse measures (medical, herbal, psychosocial, spiritual, etc) and involvement of multiple sectors to address HIV/AIDS and STIs

about escaping from the prison and endangering the society” (Prison and correctional officer, Zimbabwe).

- g) **The project’s methodologies matched the context:** The VfD Methodology enabled locally recruited volunteers to contribute to the development of their communities, while gaining valuable experience that would enhance possible skills for future careers in SRHR, prison health and project management. Prison inmates felt that these volunteers were the right choices. *“Inmates seemed to enjoy working with us because we were like peers to them since they (VSO and TA) targeted young volunteers”* (Volunteer, Zimbabwe). The TA Model received positive ratings among inmates and prison and correctional officers for being the most appropriate approach for mobilising inmates or drawing their attention to the project’s SRHR messages. *“SRHR awareness campaigns have been going on in prisons, but they did not yield the kinds of results as what we are seeing now... this is because of the creative approach that this project uses”* (PCO, Malawi).
- h) **In Zambia and Malawi, the project’s activities in communities outside prisons targeted persons in their adolescence** (ages 13–19 years) – a life phase that is widely associated across literature with anxieties about one’s sexuality as well as explorative behaviours that include experimentation with sex. Those involved in the project reported that they occupied themselves with soccer over the weekends in place of exploring their sexual urges (having been pursuing education in the prior five days of each week). The SRHR awareness the project raised, these adolescents reported, enabled their decisions to abstain from sex or take standard precautions against HIV and STI infections.

The above data suggest the project was highly relevant on all measures as tabulated below.

Table 4: Summary of the project’s relevance rating

Relevance measure	Findings on project performance	Rating
Strategies are based on evidence	A baseline and needs assessment preceded the project’s implementation.	High
	VSO’s prior work in prisons enabled detection of need.	
Project addressed the root causes of problems being addressed	New HIV incidences in prisons were unexplained and project’s data traced infection back to pre–imprisonment sexual behaviour.	High
	Evaluation data shows that ignorance was the root cause of risky sexual behaviour, and the project centred its efforts on information dissemination and education.	
Project reached to the most needy target groups	Prison inmates were found to be a highly neglected community that is left to itself. Organizations and individuals were both reported to have withdrawn their attention from inmates.	High
	Inmates have serious unmet mental health and psychosocial needs.	
	Inmates are a key population when it comes to HIV infection and transmission	
	In Zambia and Malawi where a component of the project targeted communities outside prison, adolescents were targeted on account of the HIV infection risk associated with the sexual curiosities of this life phase.	
Project used the most appropriate implementation methodologies	The edutainment value of football attracted the attention of inmates	High
	Football brought multiple benefits beyond SRHR knowledge, including physical fitness	
	Volunteering for development	
Project aligned with national priorities or strategies, adhering to national policies	In line with national strategies of the three countries, the project: <ul style="list-style-type: none"> ▶ Used combination programming to fully arrest HIV and AIDS ▶ Appreciated the relationship between HIV and SGBV by including women’s SRHR rights in its training curriculum ▶ Targeted a population that are officially regarded as key populations 	High
Project brought added value	Prison and correctional officers reported the project complemented their efforts towards maintaining national security and inmate rehabilitation for reintegration into society. The project brought physical health benefits	High

However, in spite of the high rating of the project's relevance in the above table, the evaluation identified the following areas of improvement to enhance its relevance:

- a) The project prepared inmates for release, aiming to guarantee safe sexual conduct when they reintegrate into society, but there were no mechanisms for follow-ups with, or support of inmates after their release. The evaluation received testimonies in Zambia that some released inmates were implementing the project's ideals of using football to promote sound SRH values, albeit without the project's support.
- b) The project and other VSO interventions in prisons strategically positioned VSO and TA as prison programming experts, which naturally attracts opportunities to (a) spearhead advocacy work in favour of the rights of inmates and (b) widely disseminate information on prisons (through videos, preferably short films inspired by prison stories since filming is not allowed inside prison walls, and publications).

3.1.5. Project effectiveness

Effectiveness, according to this evaluation related to the positive change the project influenced at outcome level. These changes were expected to happen progressively and incrementally as illustrated below.

Figure 6: Incremental process of positive change influenced by the project

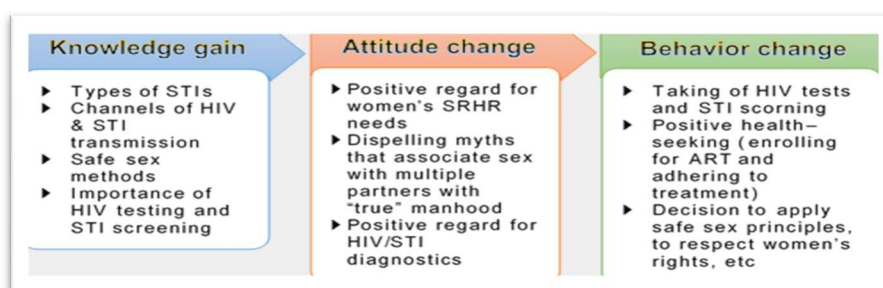


Figure 6 shows the project invested in knowledge transfer through illustrative football training sessions to change attitudes towards health diagnostics and relational matters between men and women in sexual partnerships. With positively changed attitudes the project expected positive behaviour change that would manifest in the form of improved health-seeking (taking HIV tests, STI screening and enrolling for ART, adhering to treatment). The evaluation analysed project outcomes at institutional level, involving positive changes in the capacities of VSO, TA and prison and correctional services.

a) Institutional outcomes

VSO provided well trained technical staff, including volunteers, to support project implementation, while TA provided technical input for the training of inmates on the Football for Health Approach. Inmates, volunteers and prison and correctional officers who were trained in this approach became coaches and SRHR educators in prisons. The evaluation identified the following institutional outcomes as a result of this partnership:

- i. **Mutual leveraging:** all three major partners (VSO, TA and prison and correctional services departments of the three countries) leveraged each other's strengths. Through relevant clearances and guidance on prison security protocols, Prisons and Correctional Service Departments facilitated access for VSO and TA to prison populations, which otherwise are difficult to reach because of national security concerns. TA managed to take its Football for Health Approach into prisons through the anchorage of VSO and its several years of experience of implementing programs in prisons.
- ii. **Innovation exchange:** TA's Football for Health Approach and VSO's VfD approach mutually reinforced each other. While TA used locally recruited volunteers, VSO refined its approaches of appealing to prison populations on SRHR through the TA Model. Prison and correctional service departments in Malawi, Zambia and Zimbabwe had their officers trained in the Football for Health

Approach, who served as coaches and can continue to do this outside the partnership with VSO and TA.

- iii. **National mandate accomplishment and capacity enhancement:** all prison and correctional officers interviewed reported the project enabled their departments to accomplish their national mandate. "NGOs are our development partners, and once they start to work with us, they become part of the government; an extension of the government and what their projects achieve becomes our government's achievements" (Prison and correctional officer, Zimbabwe).

b) Individual (beneficiary–level) outcomes

The project's outcomes at individual levels were found to follow the incremental process illustrated in Figure 6, whereby new knowledge was first gained, resulting in a change of attitudes, which influenced positive behaviour change. These chain outcomes are presented below.

i. Increase in HIV knowledge

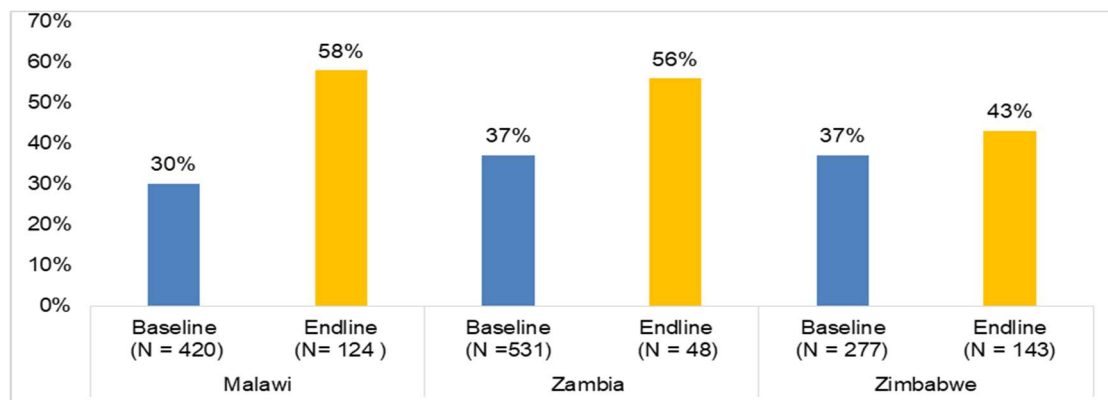
Table 5 compares levels of HIV knowledge among inmates before and after the project. Qualitative data was gathered to corroborate the findings were attributable to the project.

Table 5: HIV knowledge acquisition among project participants

Question	Malawi (%)		Zambia (%)		Zimbabwe (%)	
	Baseline (N = 420)	Endline (N= 124)	Baseline (N =531)	Endline (N = 48)	Baseline (N = 277)	Endline (N = 143)
1. Can people reduce their chances of contracting HIV by having just one uninfected sex partner who has no other sex partners? (Yes)	82%	97%	87%	96%	81%	96%
2. Can people reduce their chance of getting HIV by using a condom every time they have sex? (Yes)	76%	98%	89%	100%	86%	95%
3. Can people get HIV from mosquito bites? (No)	55%	93%	78%	94%	88%	93%
4. Is it possible for a healthy-looking person to have HIV? (Yes)	78%	91%	83%	92%	62%	59%
5. Can people get HIV from sharing a knife and fork with an infected person? (No)	68%	26%	55%	33%	74%	15%

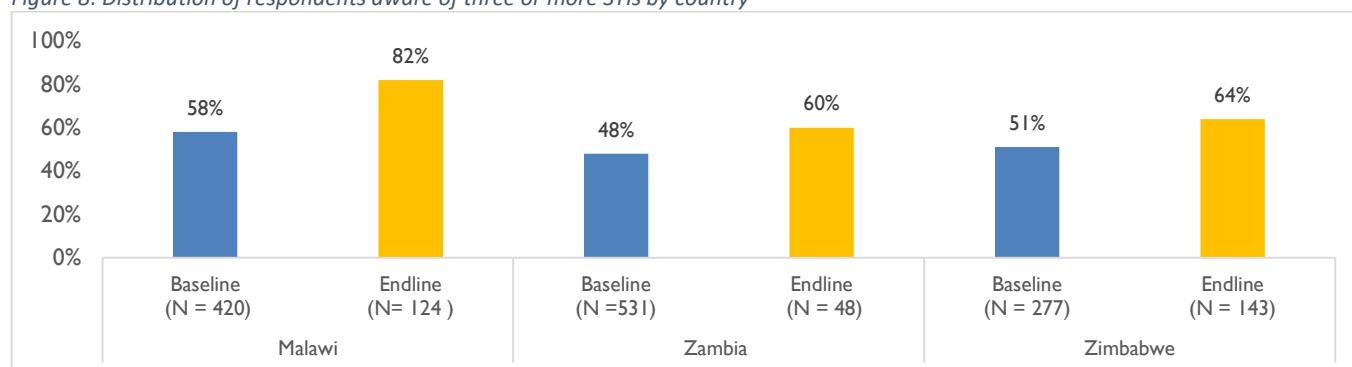
Table 5 shows HIV knowledge generally increased between baseline and endline stage in all the three countries (Qs 1-3 and 5). The improvement was statistically significant, except for question 4 "Is it possible for a healthy-looking person to have HIV" which shown no significant change $p > 0.05$. Qualitative data collected inmates revealed that they were ignorant of the "deep matters of HIV and AIDS" (Zomba Prison inmate). "All that I knew was that HIV and AIDS are real and that they were killer diseases, but to know that a beautiful and healthy-looking woman could be infected with HIV is something that I learned from this project", (Khami Maximum Prison inmate). When HIV knowledge was aggregated among inmates the findings are displayed in the chart below.

Figure 7: Comprehensive knowledge on HIV by country



The proportion of respondents with comprehensive HIV knowledge (at least 5 correct causes of HIV and misconceptions) increased from 30% at baseline to 58% at endline in Malawi, 37% to 56% in Zambia and 37% to 43% in Zimbabwe. This translates to an average improvement in comprehensive knowledge of 21% for the three countries. No statistical difference was found by age or marital status. Similar patterns were observed when the evaluation assessed specific knowledge of STIs among inmates. It showed an increase in awareness levels from baseline to the endline evaluation, with the lowest increase in Zimbabwe and highest in Malawi.

Figure 8: Distribution of respondents aware of three or more STIs by country



In Malawi, 82% of respondents were able to identify at least three STIs compared to 58% at baseline. A similarly positive trend was observed in Zambia (Baseline – 48% vs Endline – 60%) and Zimbabwe (Baseline – 51% vs Endline – 64%). Further analysis showed that only 0.8% in Malawi, Zambia (2.1%) and Zimbabwe did not know any STI while 1.6% in Malawi, 2.1% in Zambia and 7% in Zimbabwe were aware of seven or more STIs; $p = 0.001$. Qualitative data confirmed the project contributed to increases in STI knowledge as reflected in the following quotes:

- ▶ *“Regarding STIs we just knew the commonest ones such as gonorrhoea and syphilis, but the project made us to know that there are many STIs”* (Inmate, Khami Remand Prison)
- ▶ *“It is easy for someone to carelessly sleep around with many women if he does not know about STIs, but when I learned about the different types of STIs and how terribly painful they can be I decided to be more careful”* (Inmate, Lusaka Central Prison).

Table 6 profiles the STIs that inmates were aware of at the time of the evaluation. The most commonly known STIs were gonorrhoea, syphilis, chancroid, genital warts, genital herpes and trichomoniasis. The top three were the same commonly known STIs at baseline. Knowledge of STIs was found to have inspired positive health-seeking behaviour, with inmates reporting that they went on to take up STI screening.

Table 6: Distribution of respondents by knowledge of STIs

STIs	Zimbabwe	Zambia	Malawi	Overall
Gonorrhoea	86.0%	91.7%	79.8%	84%
Syphilis	77.6%	93.8%	85.5%	83.17%

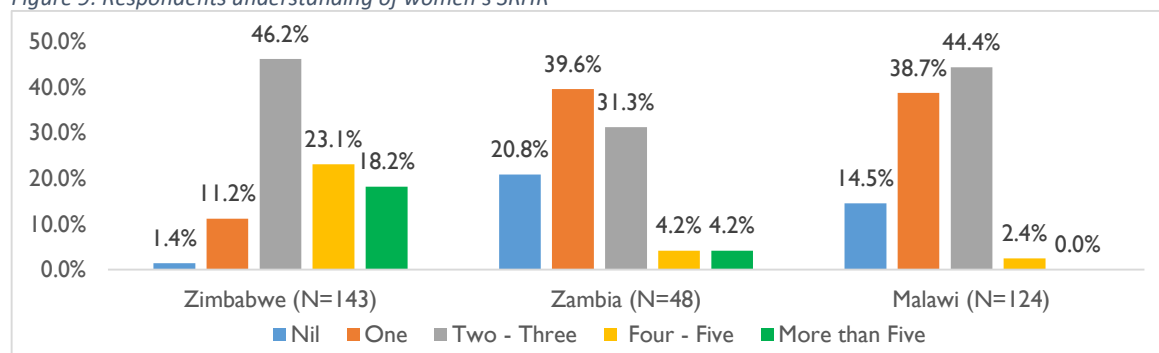
STIs	Zimbabwe	Zambia	Malawi	Overall
Genital Warts	30.8%	22.9%	24.2%	27%
Genital Herpes	33.6%	31.3%	6.5%	23%
Trichomoniasis	7.0%	6.3%	16.9%	11%
Pubic Lice	34.3%	4.2%	14.5%	22%
Scabies	6.3%	8.3%	2.4%	5%
Chancroid	24.5%	4.2%	56.5%	34%
HIV/AIDS	10.5%	22.9%	59.7%	32%
HPV	2.8%	0.0%	5.6%	3%
Chlamydia	3.5%	0.0%	1.6%	2%
Other	8.4%	12.5%	2.4%	7%
None	2.1%	2.1%	0.8%	2%

Table 7 shows which women's rights were most known. The most known women's right in Zimbabwe was the right to make decisions on their SRH free from coercion (73%) followed by the right to make own decisions on who to marry and when to marry (63.8%). The least known was right to privacy (34%). In Zambia, the highest was the right to make decisions on their SRH free from coercion (50%), and lowest was the right to privacy (13.2%). Malawi had the lowest proportion reporting awareness of women's right to education (0.9%).

Table 7: Women's SRHR rights known

Rights	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Overall (N=315)
Right to make own decisions on who to marry and when to marry	63.8%	15.8%	15.1%	36%
Right to gender sensitive SRH information and services	56.7%	36.8%	53.8%	48%
Right to education	51.1%	21.1%	0.9%	26%
Right to privacy	34.0%	13.2%	1.9%	17%
Right to personal security/protection	39.7%	31.6%	34.9%	33%
Right to make decisions on their SRH free from coercion	73.0%	50.0%	68.9%	62%
Right to plan their family	38.3%	28.9%	4.7%	22%

Figure 9: Respondents understanding of women's SRHR



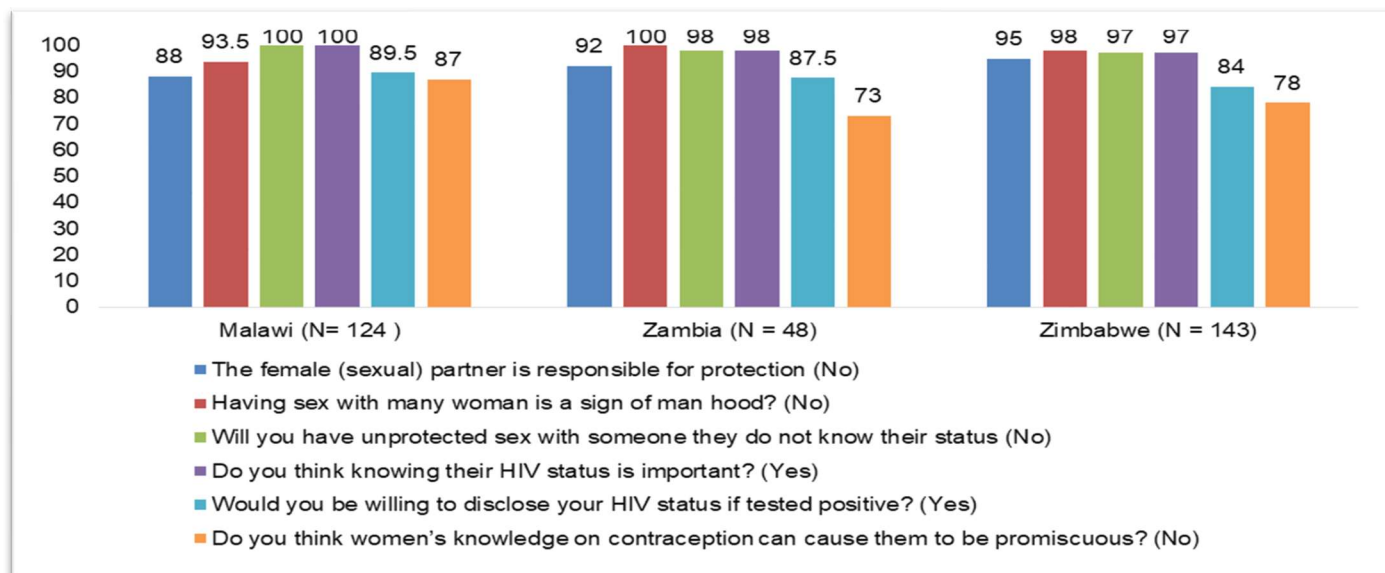
With a p-value of 0.000, respondents in Zimbabwe were more likely to identify correct sexual reproductive health rights of women than their counterparts in other countries. Over 87% in Zimbabwe compared to 79% in Zambia and 49% in Malawi knew at least three women's rights. The right of women to make decisions on their SRH free from coercion (73% in Zimbabwe and 50% in Zambia) followed by the right to make own decisions on who to marry and when to marry. Women's right to privacy received the least mention, with inmates in Malawi uniquely registering the lowest proportion of those mentioning women's right to education (0.9%).

ii. Improvement of attitudes associated with HIV and AIDS

With regards the inmates' attitudes towards HIV and AIDS or those infected or affected thereby, the evaluation showed the sampled inmates had the desired kinds of attitudes as measured through six criteria:

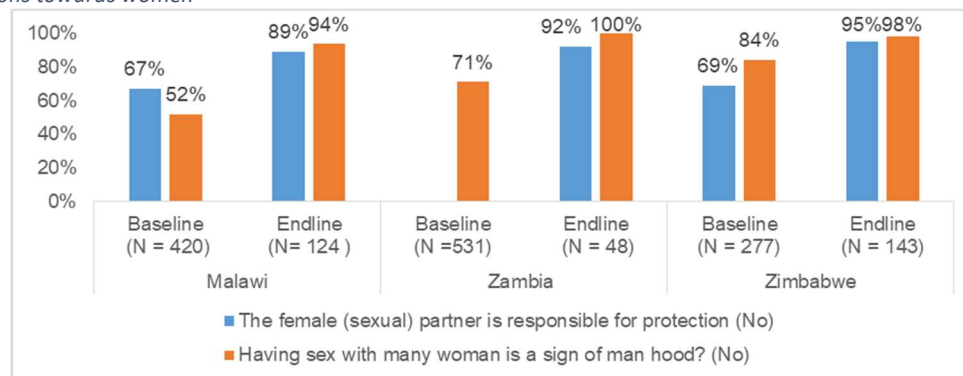
- The responsibility for protection rests with female sex partners, not men.
- Having many sexual partners signifies ideal manhood.
- It is fine to have unprotected sex with a partner whose HIV status is not known.
- Knowing one's HIV status is important.
- It matters to disclose one's HIV status if they test positive, and.
- Women's knowledge of contraceptive methods increases their promiscuity.

Figure 10: Perceptions and attitudes towards HIV



As shown in Figure 10, perceptions and attitudes o SRHR and HIV were positive overall in all three countries. It was on the perception of associating contraceptive knowledge with promiscuity where the least proportion responding appropriately was registered (87% in Malawi, 73% in Zambia and 78% in Zimbabwe), followed by inmates' willingness to disclose a positive HIV status (89.5% in Malawi, 87.5% in Zambia and 84% in Zimbabwe). On other criteria, proportions ranging from 88% to 100% were registered. Without a baseline comparison, these figures reflect generally appropriate attitudes in line with what the project was promoting.

Figure 11: Perceptions towards women



The above chart shows positive change in perceptions and attitudes towards two components of women and sexual behaviour. In Malawi, respondents who did not agree that a female partner is responsible for decisions regarding protected sex changed from 67% at baseline to 89% at endline – a difference of 27 percentage points. In Zimbabwe, a change of 26 percentage points from 69% at baseline to 95% at endline was registered while Zambian inmates registered a 29-percentage point positive change from 71% at baseline to 100% at endline² (p-value = 0.048), thanks to the project’s enlightenment as reflected in the following verbatim quotes:

- ▶ *“What this project taught me is that women are people like us, and I must respect their feelings and, as a man, protect them from infection. Previously I did not care how a woman feels so long as I have enjoyed sex with her”* (Khami Medium Prison inmate).
- ▶ *“I think most men think that sleeping with several women shows that they are real men, but the problem is that no one challenges or questions this idea. This project helps us to question this view and think responsibly”* (Lusaka Central Prison inmate).
- ▶ *“I loved women so much that a day would not pass without sleeping with one and this made me to acquire HIV, but I never wanted to check my status. I used to assault women too, which landed me here where I’m. My health deteriorated when I came here”* (Mwembeshi Maximum Security Prison inmate).

The next table displays evaluation results on male inmates’ project-inspired attitudes towards women.

Table 8: Respondents’ attitudes towards women

Attitude statements	Zimbabwe (143)	Zambia (48)	Malawi (124)	Overall (315)
A woman should tolerate violence in order to keep her family together (NO)	94.4%	87.5%	88.7%	91.1%
There are times when a woman deserves to be beaten (NO)	94.4%	89.6%	96.0%	94.3%
A man should have the final word about decisions in his home (YES)	86.7%	58.3%	75.0%	77.8%
Woman’s most important role is to take care of her home (YES)	75.5%	56.3%	48.4%	61.9%
It is a woman’s responsibility to avoid getting pregnant (YES)	88.8%	62.5%	43.5%	67.0%
Either a man or woman can decide to use a condom (YES)	92.3%	83.3%	96%	92.4%
Use of condom should be a joint decision (YES)	95.8%	87.5%	97.6%	95.2%

As shown in the above table, fluctuant patterns emerged on perceptions related to gendered social norms. Positive attitude was recorded with regards prevention of violence against women (VAW), with 91% and 94% disagreeing with the notions that women should (a) tolerate violence and (b) be assaulted

² In Zambia

respectively. A high proportion of inmates further agreed that condom use should be a joint decision for men and women (95.2%). However, it was with gendered roles that inmates insisted on traditional patriarchal ways of relating with women. The view that men should have the final say in decision making in the home was shared among 77.8% of the inmates, and 61.9% still felt that women's most important role was of taking care of their homes. A resounding 67% continued to hold women responsible for decisions leading to the prevention of a pregnancy. These findings thus show that attitudes directly related to sexual behaviour seem to be quicker and easier to change than those entrenched in traditional norms of allocating roles along lines of gender. Qualitative data suggested that this is because perceived gender roles are attached to one's masculinity (e.g., if women are allowed to have the final say in decision making then a man has lost his position in the home). *"It has always been the case, my friend, for man to be the head of the house..."* (Khami Maximum Prison inmate) *"...and allowing women to rule men (by having the final say) is like keeping two bulls in one kraal"* (Mikuyu 1 Prison inmate).

iii. Positive behaviour change

In line with the project's expectation that changes in knowledge and attitudes among inmates should translate to positive behaviour change, the evaluation asked inmates about actions they would take if exposed to HIV. These responses are imaginary, of course, because true behaviour change will be demonstrated when they exit prison. These responses are displayed in the next table.

Table 9: Intended action to be taken after exposure to HIV

Action	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Overall (N=315)
Visit clinic for help	90.2%	68.8%	91.9%	88%
Seek post exposure prophylaxis (PEP)	43.4%	35.4%	17.7%	32%
Seek help from a religious leader	.7%	0.0%	0.0%	0%
Do not know/not sure	2.1%	0.0%	3.2%	2%
Nothing	2.8%	6.3%	1.6%	3%
Other specify	0.0%	10.4%	0.0%	2%

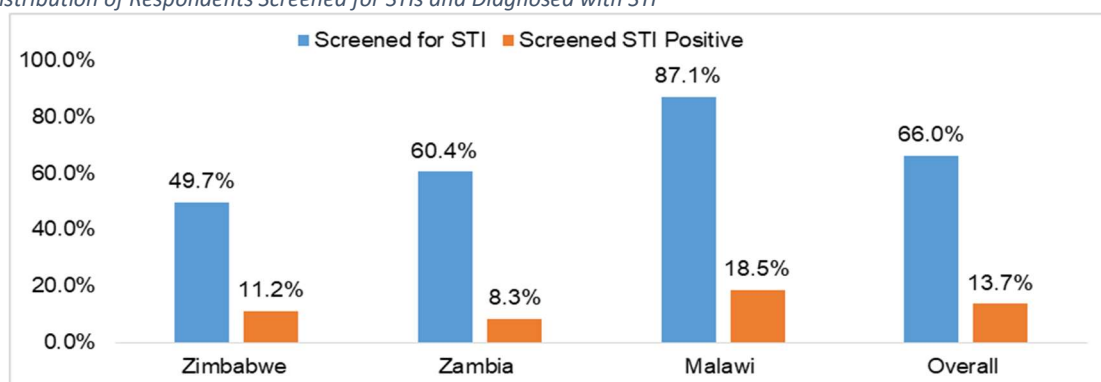
Most respondents indicated willingness to take appropriate or prescribed action if exposed to HIV. In all three countries, most respondents reported that they would visit a clinic for help and the second highest percentage in all the three countries reported that they would look for Post-Exposure Prophylaxis (PEP). None of the inmates stated that they would see a religious leader whose counsels have been widely blamed in literature for fuelling new HIV and STI infections (e.g., advising people to have sex with a virgin woman as a cure for HIV).

Table 10: Distribution of respondents tested for HIV by period lapsed after last test

Tested for HIV	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Overall (N=315)
Never	2.1%	2.1%	0.0%	1.3%
No response	1.4%	0.0%	0.0%	.6%
Yes, but cannot remember when	11.2%	6.3%	0.0%	6.0%
Yes, in the past 3 months	28.7%	45.8%	80.6%	51.7%
Yes, in the past 4–6 months	16.8%	20.8%	9.7%	14.6%
Yes, in the past 7–9 months	9.1%	2.1%	.8%	4.8%
Yes, in the past 10–12 months	7.0%	4.2%	4.0%	5.4%
Yes, more than 12 months ago	23.8%	18.8%	4.8%	15.6%

According to Table 10, 76.5% of the respondents had taken an HIV test within the preceding 3 to 12 months, which coincides with the project, while only 1.3% had not taken an HIV test ever before. Qualitative data showed a strong association between HIV tests taken and the project's influence, with most inmates reporting that they were determined not to take an HIV test until they started participating in the project. A Mwembeshi Open Prison inmate said: *"Because I had slept with many women without any protection, I strongly suspected that I had HIV, but was reluctant to take the HIV test. Then came TackleAfrica people who counselled me until I accepted to test for HIV. Had it not been for Tackle Africa I would be dead. I am grateful to this programme"*. This was confirmed through an interview of a Zambia TA staff member: *"Although I do not know the exact figures, the data that we gathered throughout our participant survey is very positive. It showed positive change, for example. knowledge of HIV and AIDs improved, and we managed to get a lot of people HIV tested and we identified new HIV positive people, allowing us to enrol those infected onto ART programs"*.

Figure 12: Distribution of Respondents Screened for STIs and Diagnosed with STI



Uptake of STI screening was highest among inmates in Malawi compared to Zambia (60.4%) followed by Zambia (60.4%) and lowest in Zimbabwe (49.7%) (Figure 12). Of those screened for STIs in the previous 12 months preceding the evaluation, 11.2% reported that they were diagnosed with an STI in Zimbabwe, 8.3% in Zambia and 18.5% in Malawi. The findings confirm that prison populations are at high risk of not only HIV and STI infection, but associated mortality if not screened and treated. Table 11 shows the proportions of inmates who received health services on the basis of STI screening and HIV tests taken.

Table 11: SRH Services Received

SRH Services Received	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Overall (N=315)
STI screening and or treatment	53.0%	60.4%	88.7%	68.6%
Cancer screening and or treatment	3.0%	6.3%	10.5%	6.5%
Family Planning or contraceptives	2.2%	2.1%	.8%	1.6%
Condoms	5.2%	12.5%	8.9%	7.8%
Medical Male Circumcision	5.2%	20.8%	1.6%	6.2%
Maternal Care	0.0%	0.0%	1.6%	0.7%
Treatment for other reproductive health matters	5.2%	18.8%	0.0%	5.2%
None	31.3%	27.1%	6.5%	20.6%
Other	13.4%	2.1%	1.6%	6.9%

Table 10 above shows that majority of interviewed inmates in the three countries had accessed STI screening in the past 12 months: Malawi (88.7%), Zambia (60.4%) and Zimbabwe (53%). The table shows that inmates continue to have limited access to SRH services in prison settings.

Table 12: SRH Actions Taken after the Project

Actions taken after the project	Zimbabwe (N=143)	Zambia (N=48)	Malawi (N=124)	Overall (N=315)
Sought HIV and or SRH services and or information	54.5%	27.1%	64.5%	54.3%
Shared the acquired information with someone	95.8%	60.4%	68.5%	79.7%
Stopped abusing others especially women	25.2%	6.3%	7.3%	15.2%
Stopped/Reduced risky behaviours that expose me to HIV and STIs acquisition	44.8%	31.3%	37.9%	40.0%
Nothing	2.8%	14.6%	.8%	3.8%
Other specify	2.1%	2.1%	0.0%	1.3%

As shown in Table 12 above, only a few individuals who received HIV and SRHR information from the VSO/TA project did not act on the information: Malawi (0.8%), Zimbabwe (2.8%) and Zambia (14.6%). Most (79.7%) shared the acquired information with other individuals, as some sought HIV and/or SRH services (54.3%), while 40% self-reported that they stopped/reduced risky behaviours that exposed them to HIV and STIs infection. Qualitative data further showed the following positive behaviours as a result of the project:

- a) According to prison and correctional officers, the trained inmates who served as coaches provided care and disseminated information to their fellow inmates, acting as role models by demonstrating positive health-seeking behaviours to inspire other inmates.
- b) Knowing their HIV status, inmates on ART were adhering to treatment and openly talking about their positive HIV status in warning fellow inmates against risky sexual behaviours. They reportedly encouraged inmates who did not know their HIV status to be tested for HIV. *“Although I do not know the exact figures, the data that we gathered through our survey showed positive change... we managed to get a lot of people tested and identified new HIV-positive inmates who enrolled for ART” (TA staff).*
- c) Inmates who were incarcerated for sexual offences reported that their newfound knowledge on women’s rights had inspired changed behaviour when released. A Mwembeshi Maximum Prison inmate said:

“I lusted for women so much that a day would not pass without sleeping with one and this resulted in HIV infection. However, I never wanted to check my HIV status, and I used to assault women, which landed me here where I’m. My health deteriorated when I came here. Then came TackleAfrica people who counselled me well enough to convince me to test for HIV. Had it not been for TackleAfrica I would have died. I am grateful to this programme.”

The evaluation confirmed the project increased knowledge levels, which significantly exceeded awareness levels at baseline. Positive attitudinal change in relation to women was recorded more on aspects directly related to sexual conduct than on those related to one’s perception of manhood or masculinity. Positive behavioural changes were registered, especially in the form of health-seeking, sharing knowledge gained and making resolutions to adhere to safe sexual practices when released from prison. Measuring long term changes in sexual behaviour following release was beyond the scope of the project. However, the project-maintained contact with former inmates in Malawi and Zambia. One former inmate reported utilizing the skills he gained, and he is making a change in the community by volunteering at the healthcare facility.

c) Effectiveness of the Football for Health (or TA) Model

Inmates were asked through the survey tool and prison and correctional officers through in-depth interviews for their view on the effectiveness of the TA Model in transforming HIV knowledge levels and influencing the kinds of changes in attitudes and behaviour discussed above. The next chart shows the findings with regards the model’s effectiveness at knowledge gain level of outcomes.

Figure 13: TA Model can be used to increase HIV knowledge

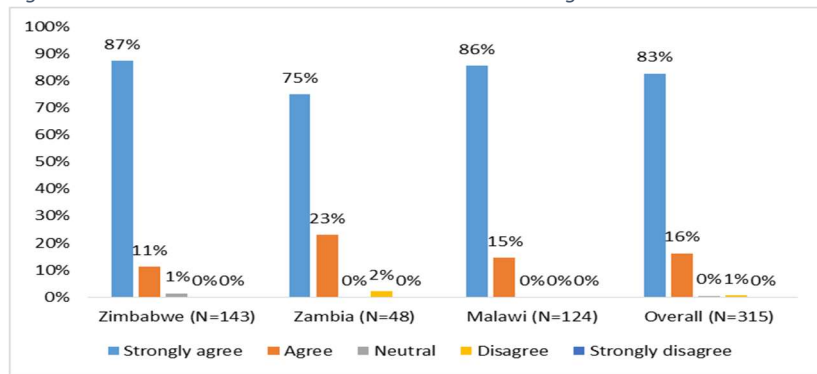
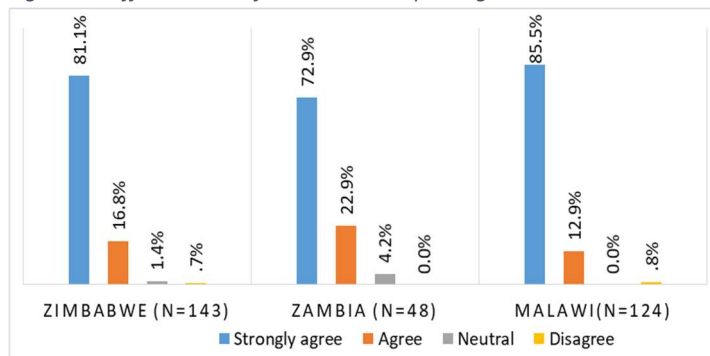


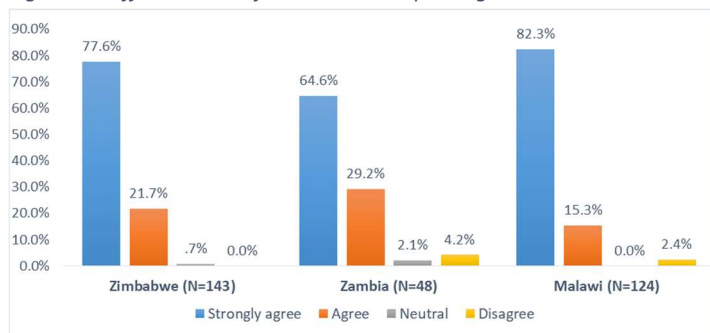
Figure 13 shows concurrence among the interviewed inmates across countries the TA model was an effective strategy to increase knowledge on HIV; Malawi (100%), Zambia (98%) and Zimbabwe (99%). As illustrated in Figure 5, the evaluation expected the rating of the TA Model to be high as far as transforming attitudes towards HIV, SRH and relationships with women.

Figure 14: Effectiveness of TA Model in improving attitudes towards HIV



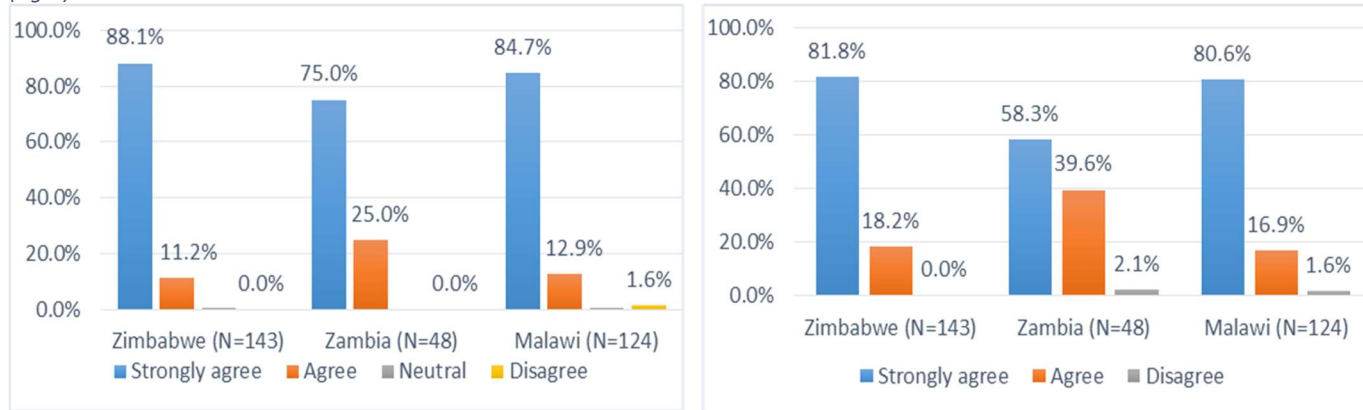
According to Figure 14, 98.4% of respondents in Malawi either strongly agreed or agreed the TA model is an effective approach to improve attitudes towards HIV. Similar sentiments were shared by 98% and 96% in Zimbabwe and Zambia respectively. These findings were taken to suggest a strong association between the project’s efforts and changes in attitudes inmates reported.

Figure 15: Effectiveness of TA Model in improving attitudes towards SRH?



As illustrated in Figure 15, 94% of respondents in Zambia strongly agreed or agreed the model was effective in reversing negative attitudes towards SRHR. Higher proportions reported the same in Zimbabwe (99%) and in Malawi (97.6%). These findings are consistent with the results in Figure 5 that increase in knowledge would translate to improvements in attitudes.

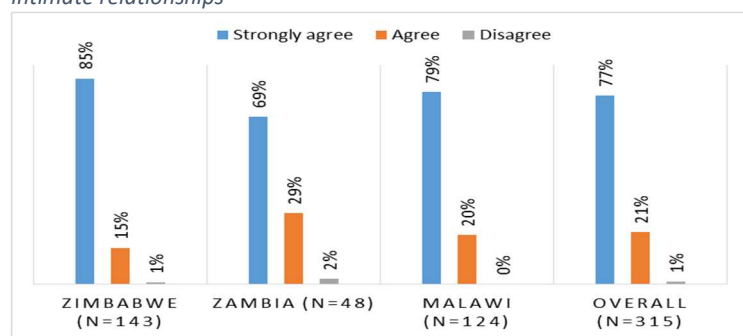
Figure 16: TA Model can increase the uptake of HIV prevention, testing and treatment services (left) and uptake of SRH services in general (right)



The evaluation found consensus in all the three countries the TA model was an effective strategy for increasing the uptake of HIV services among inmates and the general community (chart on the left). Regarding the use of the TA Model to increase the uptake of SRH services (chart on the right), 100% of

the respondents in Zimbabwe strongly agreed or agreed the TA/VSO model was effective. Inmates in Malawi and Zambia prisons registered nearly 98% who reported the same (p-value = 0.000).

Figure 17: Respondents reporting the VSO/TA Project empowered them to make informed decisions about their sexual behaviour and intimate relationships



As shown in Figure 17, nearly 100% of the respondents in Zimbabwe, 98% in Zambia and 99% in Malawi either strongly agreed or agreed the project empowered them to make informed decisions about their sexual behaviour and relationships. The project therefore significantly contributed to empowering inmates on sexual behaviour and relationships.

Project efficiency

In-depth interviews of project staff revealed the project was delivered in a cost-effective manner and money was spent according to the budget of the project. Prison officials regarded the project to be high on value for money considering the diverse benefits that it earned both the inmates and Prisons and Correctional Service Departments of the three countries. Success of the partnership was attributed to good planning and collaboration between the partners since the inception of the project. Effective communication scheduled bimonthly and monthly enhance the partnership and good rapport built with prison officials facilitated easy implementation of the project. On the other hand, technical capacity was limited among implementing partners such that in some cases an implementing partner could offer information which was compromised due to limited technical knowledge. However, health personnel were engaged and helped in addressing the gap.

The partnerships of the project were relevant because TackleAfrica provided the technical skills required to impart and increase HIV, STI's and SRHR knowledge through football while VSO provided technical skills in providing necessary information on HIV and SRH. VSO were also responsible for monitoring and evaluation and maintaining project performance and high levels of HIV and SRHR knowledge among inmates.

3.1.6. Project efficiency

Efficiency in this evaluation related to the smoothness of processes of implementing the project, especially as demonstrated by the timeliness of completing planned activities, cost effectiveness, leveraging of resources (human, material and financial) and conversion of project efforts to results. The evaluation was interested in the mechanisms and/or strategies the project put in place for efficient implementation.

a) Timeliness of completing project activities

Responses to in-depth interviews of prison and correctional officers and VSO/TA staff all pointed to timely start-up of the project because of the preparatory mechanisms that were in place, namely VSO's existing cordial working relationship with prison and correctional offices and TA's existing training material, including the Football for Health manual. Besides, the design of the project was done in consultation with prison officials, which made their approval of it a smooth process. Clearances for staff to access prisons was smooth because of this relationship. However, the project coincided with the outbreak of COVID-19 to which all three national governments responded by effecting total lockdowns that would last between several weeks and several months. The lockdowns meant that project personnel could not visit prisons as precautionary measures to avoid risk of transmitting or contracting COVID-19, which was sensible and appropriate. Worse, the epidemic affected staff members of VSO and TA, resulting staff shortages and a need to adjust at the expense of the desired momentum. The evaluation found through interviews of VSO and TA staff that the project required a no cost extension in order to complete its planned activities because the disruptions that COVID-19 imposed slowed down

implementation progress. Nonetheless, the project's strategies of coping with the epidemic deserve emphatic mention here. These strategies are:

- i. Reserve organisational resources were mobilized to procure personal protective equipment (PPE), which was distributed to inmates through correctional officers, who also educated inmates on protection measures (e.g., masking, sanitization, distancing, etc).
- ii. Prison-based trained coaches (prison and correctional officers and inmates) continued driving SRHR education through the Football for Health Approach during lockdowns, which sustained the project's momentum for smooth continuance when lockdowns ended. Prison officials would share progress reports with VSO and TA during lockdown periods, communicating virtually at the initiative and cost of the project implementers.
- iii. VSO and TA requested a no cost extension from the project's funders, which was granted on the basis of their understanding of the inescapability of the problem.

b) Cost effectiveness of the project

In-depth interviews generally suggested that this project used cost-effective approaches. First, all data from interviews of VSO and TA staff suggest that the project played to the strengths of each of the three partners involved (prison officials, VSO and TA), leaving no need for investing in recruitments of new staff, retraining of staff or development of material. *"We basically used what was already at our disposal"* (VSO staff). For example, the training of inmates and prison and correctional officers to be coaches enabled the project to maximally utilize locally available human resources within prison settings (e.g., health facilities, medical supplies, training rooms, able and available officers, etc) while achieving its beneficiary empowerment goals.

c) Leveraging of resources

The project's major strength was its harnessing of the comparative advantages of three organizations – the prison and correctional services, VSO, and TA. *"...Working together as VSO and TA made it easy to access the prisons and inmates since VSO already had contacts with the prison facilities and introduction of football was easy..."* (TA staff, Zambia). TA was additionally able to promote the participation of volunteers in line with the VfD Model that VSO championed. The prison and correctional services cooperated with VSO and TA, availing officers and inmates who the project trained in the TA Model. As a result, when lockdowns prevented VSO and TA staff from accessing the prisons, inmates and officers sustained the momentum of using football to advance SRHR education.

d) Conversion of project efforts to results

Quantitative data based on a survey questionnaire showed the project increased SRHR knowledge, caused positive attitude and behaviour change as intended. One area in need of adjustment to further improve the efficiency of the project was training more PCOs and inmates to cushion against loss of expertise through staff turnover and inmate releases. In Zambia, 48 of a possible 344 sampled inmates had left the prisons through amnesties, transfers, and release. In fact, one officer reported as follows: *"inmates participating in this project are uniquely more well-behaved than those who are not, and their chances of being released early are very high"*. The major threats to the project's efficiency were found to be:

- a) Lockdowns prevented VSO's and TA's visit to prisons for activities to strengthen the capacity of coaches and inmates, resulting in a no cost extension of the project.
- b) Reliance on a select team of prison and correctional officers in Zambia and Malawi, whose absence demanded a restart of security clearance procedures at the expense of progress.
- c) Staff turnover and inmates' transfers or release, which created a need to continuously retrain replacements. In Zambia there was a massive transfer and amnesty that saw about two thirds of enlightened inmates leaving to other prisons or their communities without traces.

3.1.7. Project impact

Impact in this evaluation relates to positive lasting or long-term change in the well-being of individuals, communities and/or institutions that the project reached. The evaluation found real and potential impact as well as positive and negative impacts as tabulated below.

Impact magnitude	Real impact	Potential impact
Individual impacts	<p>Reduced recidivism rates among inmates exposed to the project: prison and correctional officers reported that recidivism was a common feature of inmates' behaviour, especially those who would have served long sentences. This is because long sentences make one to acclimatise to prison life while disconnecting them from life outside prison. Worse, members of their communities may shun, stigmatise and discriminate against released inmates while employers were said to be reluctant to take individuals who have conviction records. <i>"Without capital for starting up businesses, released inmates are left with limited livelihood options and they view recidivism as their survival means"</i> (Prison and correctional officer, Zimbabwe). <i>"In here some people, when they are freed at last and we try to bid them farewell, they tell us, 'Don't worry boys, I will be back with soon... many see the prison as their home'"</i> (Khami Maximum Prison inmate).</p> <p>This evaluation found that inmates who the project reached became transformed enough to value both their freedom and their contribution to the well-being of others in their communities. Isolated reports about released inmates who partook in the project in Zambia and Malawi suggested these had continued to promote safe sex education through football, albeit with limited resources.</p> <p>Reduced stigma and discrimination against former inmates: stigma and discrimination against former inmates was reported among the reasons for recidivism. In Zambia and Malawi where the project involved young persons and adolescents in communities outside prisons the evaluation found inmates had earned a more positive regard in communities that participated in the project and communities where trained former inmates were involved in agency to address SRHR.</p>	<p>a) Protection of women and girls: the evaluation could not measure the actual behaviours of inmates outside prison because they remained incarcerated, but they unanimously reported that they would treat women and girls with more respect and uphold their rights. Some inmates confessed that they had been incarcerated for sexual violence crimes, including rape, promising never to repeat the same on the basis of lessons learned through participating in the project.</p> <p>b) Potential reduction in HIV transmission risk: evidence of released inmates in Malawi and Zimbabwe suggests that the trained inmates will actively spearhead agency in promoting healthy practices that prevent the further spread of HIV.</p>
Community and institutional impacts	<p>Improved national security results: all prison and correctional officers reported that the project contributed to national security outcomes, which forms the central mandate of their office. They reported that their preoccupation prior to the project was to prevent prison breaking and bullying. <i>"Many people think that our role is to tightly contain inmates within prison walls, but few know about our role of rehabilitating inmates to become better citizens who are ready to reintegrate into society"</i>, a Zimbabwean PCO and coach said. <i>"This project may have been about SRHR, but the truth is that it rehabilitated our inmates in many more ways, and we now have a lighter burden of maintaining security"</i>. The evaluation revealed that inmates participating in the project were reaching out to fellow inmates to positively influence them for the benefit of security. The mention of reduced recidivism rates above further entails improvements to the security of members of communities into which inmates are released.</p> <p>Institutional growth: VSO, TA Champions and correctional services departments for Malawi, Zambia and Zimbabwe all reported that they had learned new approaches from each other. There now exist scope for TA to scale up volunteerism in</p>	<p>Potential national security outcomes: the evaluation team heard numerous commitments from inmates who were convicted of sexual violence crimes, indicating that they would not do that again, apologize to their victims and discourage friends from behaviours that violate the rights or threaten the protection of women and girls. This was counted as potential impact considering that the inmates were still in prison and their actual behaviour when released could not be predicted, although evidence from released inmates authenticates this expectation.</p>

Impact magnitude	Real impact	Potential impact
	its programming, VSO applying the Football for Health Approach in its programming and prisons using football to rehabilitate inmates.	

The evaluation found one unexpected impact of the project in addition to the anticipated ones in the table above. Prison and correctional officers unanimously reported that the project tellingly contributed to inmates' discipline, raising chances of their sentences being reduced. *"The inmates involved in this programme are among our most disciplined ones, especially if they are the coaches"*, a Khami PCO said. This raised the potential to lose trained coaches who were driving the project and created a need for retraining.

3.1.8. Project sustainability

Sustainability for this evaluation relates to the ability of the project's impacts and outcomes as well as causal actions to outlive the project's term, even without the direct facilitation or support of VSO and/or TA. The evaluation assessed the project's strategies to maximize its sustainability versus actual sustainability in reality. VSO and TA project staff provided most data on project design, including strategies for making the project sustainable.

a) Project strategies and mechanisms for guaranteeing sustainability

- i. **Instilling local ownership through maximizing participation of inmates** – the project targeted inmates not just as recipients of SRHR information and services, but as agents of change and drivers of the project (coaches). This instilled a sense of project ownership in them, which motivated them to actively drive and participate in its activities.
- ii. **Securing stakeholder buy-in** – VSO and TA understood that stakeholder buy-in was critical to the sustainability of the project, and they consulted prison and correctional services officials from the start (planning) of the project and at its every phase of implementation, including this evaluation. As a result, the evaluation found evidence suggesting that the prison officials continued implementing project activities in partnership with inmates during lockdowns.
- iii. **Investing in knowledge transfer and capacity building** – VSO and TA staff reported that the project, by training coaches and transferring SRHR knowledge to inmates, empowered these with an understanding and skills that they will continue to use beyond the project's scope. *"When you educate someone or increase their knowledge of something you have given them an inheritance for the entire lives"* (VSO staff member, Zimbabwe). In addition, *"we trained people with the intention that they would both use the knowledge for themselves and transfer the same knowledge to others"* (TA staff member, Malawi).
- iv. **Anchorage on existing facilities and resources** – the project did not establish anything new, but simply created demand for already existing health facilities within prison settings. These facilities are there to stay, and *"the demand that we created will simply increase traffic to health facilities beyond the life of the project even when we are no longer directly involved"* (VSO staff member, Zimbabwe).
- v. **Attaching entertainment to education** – all inmates reported that they had at least heard and read messages on safe sex, but they lost interest in them for lack of entertainment value. *"If you want to hide anything from most ordinary people just place it in a book"*, a VSO staff joked. *"We decided that, well, most men love to play and to watch football, so we made the sport a rallying point... tournaments would bring players and fans together and accumulate the numbers we want, and we would bring services there, especially HIV testing and STI screening services"*.
- vi. **Developing a manual for the TA Model** – coaches used a manual as reference material for continuing guidance in their day-by-day implementation of the TA Model even in the absence of TA personnel – something the coaches in the prisons consistently cited as one of the best forms of support that they received from the project. VSO can use the manual to scale up the football for health model on its own initiative in a possible future outside partnership with TA.

- vii. **Addressing a matter of life and death** – the project targeted a matter that determines one’s access to life or loss to death. This naturally drew inmates’ attention and elicited cooperation because everyone wants to live. *“People normally value and actively take part in things that give them life or money”,* a Zambian inmate elaborated. *“This one may not necessarily help you to make money, but surely it is life-saving”.*

b) Actual project sustainability

In reality the evaluation found evidence suggesting project sustainability as follows:

- ▶ Released inmates were reported to be championing football for health ideals in their communities, independent of the mother project. Inmates expressed their intentions to do the same after their releases. However, without the support of VSO and TA, limited financial capacity was reported as the major impediment of these former inmates and would-be released inmates. The model requires good supplies of balls and allied training equipment and concludes with tournaments where prizes are given, and food/drinks are provided. The team implementing the model needs to be connected to SRHR service providers (e.g., HIV testing partners) so that tournaments become channels of extending SRHR services to participants. The absence of capacity to handle these additional demands sustains the need for the further support of VSO and TA to inmates outside prisons. Although trained coaches inside prisons were found to be technically competent enough to drive the programme without the support of VSO and TA, they reported that they expected VSO and TA to support them with financially demanding components of the project such food hampers, finance for tournaments, balls and allied training equipment.
- ▶ Prisons operate on resources from the national budgets of their governments, and they reported that they could struggle to convincingly justify their need for resources for the project not because it lacked sense but because national financial resources in all three countries were reportedly too overstretched for football for health programming to find its way among top expenditure priorities.
- ▶ Trained inmates were found to be sharing the information accessed and knowledge gained through the project with fellow inmates, thereby building a movement that could continue to positively influence successive generations of inmates. *“...This project saved my life and I want it to save the life of another inmate just as it saved mine”,* a Malawian inmate reported.
- ▶ Prison and correctional officers had mastered the Football for Health Approach and enjoyed using it not just for SRHR purposes, but for the rehabilitation programs as well. The only challenge that was reported was the turnover and transfers of prison and correctional officers. *“We can be transferred to another station or be promoted, which sometimes totally changes our responsibilities”,* a Zimbabwean PCO who was among the coaches reported. *“That transfer may cost the prison an officer who was passionate about the programme and driving it”.*

These findings suggest that the project will need an additional implementation phase that will focus on providing further support to prisons and former inmates to reinforce its sustainability. Details of implementing these ideas are presented in more detail in the recommendations in Chapter 5.



Discussion of evaluation findings

The findings in Chapter 3 were interpreted to inform inferences about the partnership arrangements through which the evaluated project was implemented, the effectiveness of the models of implementing the project, results of the project, organizational development performance and influences of COVID-19 (and/or other external factors). This chapter provides analyses along these lines before illuminating lessons on the basis of which recommendations in chapter 5 are proffered.

4.1. Project partnership assessment

The evaluation identified five partnerships including between VSO and TA, VSO/TA and prisons, prisons and communities (Zambia and Malawi), VSO/TA and volunteers, and VSO/TA/prisons and organisations providing SRHR services. It showed that project partnerships were strategic and effective in the following ways:

- a) Partnership with prisons and correctional service departments was mutually reinforcing, with evidence suggested that the project's efforts enabled prisons to better address the rights of inmates, especially in view of the supplies of basic needs such as toiletries that they accessed through it. Prisons officials further reported that the project contributed towards national security, reporting that football drills and SRHR conversations helped improve inmates' discipline, making them easier to manage. There is mention in Chapter 3 that inmates who participated in the project demonstrated exceptional levels of good discipline to extents of warranting the early release of some of them.
- b) Partnership with prisons and correctional service departments was mutually reinforcing. For example, while the participation of inmates in the project produced SRHR outcomes that TA and VSO were pursuing, prisons officials reported that the project contributed towards their national security goals. They noted that football drills and SRHR conversations helped improve inmates' discipline, making them easier to manage than those not participating in the project. There is mention in Chapter 3 that inmates who participated in the project demonstrated exceptional levels of good discipline to extents of warranting the early release of some of them.
- c) Prison officials claimed the project improved their capacities to support inmates and that the activities would be maintained in the future. Indeed, when lockdowns that came with COVID-19 outbreaks prevented VSO and TA from visiting prisons, prison officials trained as coaches continued with the program, sharing updates with the project team. The evaluation found that the work performance of prison officers exposed to the project and involved in its execution had improved so much that they were attracting the attention of their superior officers, with higher chances for promotion.
- d) Partnership with volunteers built their capacities of driving community development work and enabled them to contribute to the development of their own communities. Interviews of volunteers revealed that their partnership with VSO and TA in the context of this project strengthened their project implementation skills and shaped their career planning, with one of them adding that *"I now want to serve NGOs that support human health"* (volunteer, Malawi).
- e) However, staff turnover affected the levels of organizational presence on the project in the three countries, which affected the flow of implementation activities as follows:
 - ▶ Zambia – the programme's management changed hands three times over its course. The first Manager resigned early into the programme to be replaced by a work mate who was leading another program, which required her to divide her attention. She subsequently handed over the responsibility to a more specialized staff member towards the end of the programme.

- ▶ Malawi – the Manager who started with the programme left after six months to be replaced by an interim Manager, who focused on supporting implementation activities before handing over to a substantive manager later on.
- ▶ Zimbabwe is the only country whose Programme Manager started and finished the programme, which necessitated the continuity and fluency in programme coordination.

The rapid personnel changes in Zambia and Malawi made the supervision and support of volunteers challenging, especially in transition from one Programme Manager to another.

- f) The project partnered with SRHR service–providing organizations, which delivered services such as HIV testing during tournaments. These partnerships facilitated the leveraging of resources and economic implementation because without them VSO and TA could have had to budget for these resources and recruiting specialised personnel to offer the services. These partnerships, in this sense, allowed VSO and TA to play to their strengths. Inmates expressed interest in exploring voluntary medical male circumcision (VMMC) after mentioning that they had learned about its importance in preventing the further spread of HIV and other STIs from TA and VSO partnerships with other SRHR service providing organizations.
- g) In Zambia and Malawi where the project engaged communities outside prisons, scope was created for scaled up initiatives of bridging the gap between prisons and mainstream communities.

4.2. Project models assessment

The evaluation showed the project involved the fusion of two models: Volunteering for Development (VfD), which underlines VSO’s way of driving community development was applied in recruiting personnel for project implementation, monitoring and evaluation. Locals were taken through training and orientation on the policies, programs and approaches of VSO or TA depending on the partner who oversaw project implementation in given countries. Volunteers’ feedback, reported in Chapter 3, reveals the approach was well received and commended for building local capacities to support community development. The project’s deliberate recruitment of young people with expertise was well received among inmates who unanimously reported that the volunteers understood them, and they easily connected with them because of their ages. A Memorandum of Understanding (MOU) had been signed between partner organizations to regulate operations, although further engagements to increase understanding of who should have been managing the volunteers on a daily basis was needed from the start.

For the TA Model, the evaluation showed that it was highly effective in effecting knowledge acquisition, attitude change and behaviour modification, with results in inmate well–being reported as a project impact. VSO staff demonstrated capacity to execute the model, which in Zimbabwe was exclusively handled by this organization’s officers independently. The results point to inmates expressing high satisfaction with coaches’ skills in both using football to transmit health messages and articulating SRHR. Given that VSO and TA staff independently executed the training of coaches, the initial capacity building that TA did was effective. With no concerns being registered regarding relational matters of executing the model, this evaluation concludes that VSO can safely scale up the model in other programming fields and countries, guided by the manual, albeit with the following additions, which are further elaborated in the recommendations:

- a) Diversifying sporting disciplines as channels for relaying behaviour modification messages beyond football to accommodate additional preferences, including women’s sports. This may invite new partnerships.
- b) Complementing sports (as day activities) with nightly edutainment activities centred on video shows.

4.3. Project results assessment

Chapter 3 shows that the project bore the desired results to expectations, especially as the outcomes registered in the findings reflect statistically significant improvement to baseline status.

4.4. Organizational development outcomes

VSO and Prison and Correctional Service departments in all three countries demonstrated increased capacity to implement the TA Model in their work. However, prison and correctional facilities emerged to be limited financially to deliver a full package of the model, including tournaments, because the national budgets from which their activities feed place other priorities ahead of this innovation.

4.5. Influence of external factors

COVID-19 was the major external factor that impacted on the project, especially its efficiency, with the no cost extension having to be granted to facilitate the recovery of lost time. The evaluation found that the project swiftly responded to COVID-19 using reserve organizational resources to procure PPE to distribute in prisons for the protection of inmates and extending the use of football activities to educate inmates on how they could protect themselves. VSO and TA officers could not enter prisons during lockdown periods in line with World Health Organization (WHO) protocols of containing the epidemic, but project activities continued in the prisons through the inmates and prison officers trained as coaches. What remained to be done during the no cost extension were major tournaments, which the project used to link inmates to service providers and increase uptake of essential diagnostic, treatment and care services.

4.6. Lessons learned from the project

From the findings presented in Chapter 3 and discussed in this chapter the following lessons can be learned:

- 4.1.1. Prisons are lonely environments that are severely neglected, with few NGOs targeting them for long-term customized programs of the nature here evaluated. The organizations that the evaluation found supporting prison programs offered just piecemeal initiatives and services but did not deliberately include the prison populations among their major target groups. Some accessed prisons at the invitation of VSO and TA. This invites a call for NGOs to target prison inmates with their programs.
- 4.1.2. Prisons qualify to be viewed as hot spots for the transmission of HIV and STIs while inmates are indeed key populations because of the evident lack of information on SRHR among inmates and the disconnection of prisoners from the outside world. Released inmates are potent sources of HIV and STI infection or transmission if they miss out on the SRHR messages that this project disseminated.
- 4.1.3. The guiding principles of the football for health model can be transferred to other sectors and be applied to additional sporting and non-sporting disciplines. These principles include the following:
 - a) Having edutainment value.
 - b) Being backed by a manual as the major reference material.
 - c) Ability to appeal to many participants' tastes.
 - d) Focus on simplifying complex messages.
 - e) Linked to health services and serving as a tool for mobilising service users.
- 4.1.4. The effectiveness of a message is subject to the compatibility of the channels used to deliver. Evidence from the evaluated project showed that its SRHR messages were well received and effective at reaching prison inmates because it used edutainment through a very popular sporting discipline. It was reported that similar messages were delivered to the same population, but through pamphlets and interpersonal communication, and results were far less positive than through this project's approach.
- 4.1.5. Peer-to-peer interaction involving the kind of example-setting actions (e.g., taking HIV tests and openly disclosing one's HIV status) is effective in influencing positive behaviour change. This evaluation found that inmates who served as coaches were highly convincing because they not only trained their colleagues on SRHR but led by example in seeking and taking up SRHR services.
- 4.1.6. Outcome-level change happens sequentially in a chain on an if-and-then sequence, where the project's efforts were to transfer SRHR knowledge, resulting in knowledge gain. Increased SRHR

knowledge was found to result in changes in attitude and it is attitude change that culminated in behaviour change.

- 4.1.7. Apart from the edutainment value of football for health model, the evaluation showed the attachment of life (versus death) to an initiative or message is a sufficient motivator for an audience to participate.



Conclusions and recommendations

The evaluation found that the “scaling HIV/SRH education through football coaching programmes in Southern Africa” Project was implemented to completion and achieved its objective of transforming inmates’ behaviours in favour of preventing the further spread of HIV and other STIs.

The project was implemented to pioneer two models (football for health and VfD) with intention to scale up. Recommendations in this chapter proffer ideas of scaling the model up in view of lessons learned from the project’s experiences, according to this evaluation’s findings. The evaluation found sufficient justification for scaling up the football for health and VfD models.

Recommended prison environment adjustments

- i. **Advanced training of selected Prison and Correctional Officers:** a team of Master Trainers is needed to continue the Football for Health Model and/or introduce the same to other prisons, as part of handing over the project to prison and correctional service authorities as well as maintain the continued availability of coaches in prisons in cases of staff or inmate turnover.
- ii. **Maintaining a database of project participants:** The experience in Zambia of the transfers and releases of inmates without ready trace means that databases of inmates involved in the project should be created for easier post-incarceration monitoring. These databases can increase reliability in calculating the percentage reduction in recidivism rates among the released inmates who took part in the project versus those who did not. The same can guide any other post-incarceration support to these inmates whether it will be through VSO and TA or their potential future partners.
- iii. **Increasing the focus on gendered SRHR challenges of female inmates:** as much as female inmates engaged in this evaluation appreciated the project and its approaches, the evaluation recommends that attention is given to gendered challenges that expose women to HIV and STI, especially through sexual exploitation, manipulation and abuse. As the project prepared men for safer sex upon release, female inmates need post-incarceration preparation for their likely battles against SGBV, unplanned pregnancy and poverty.
- iv. **Carrying out baseline and needs assessments focusing on female inmates:** the above recommendation will require an assessment to inform strategies of replicating underlying principles of the footballing for health model, but through sporting disciplines and edutainment models that suit the preferences of female inmates. Relevant partner organizations will be needed to support this new thrust.

Recommended directions for scaling up the project

- i. Scaling up of the project is necessary and the following scaling up directions need serious consideration:
 - a. Universal community outreach: implementing Football for Health in communities outside prisons (tested in Zambia and Malawi) can be expanded to Zimbabwe. Work in communities can focus on:
 - i. Mobilizing community support for prison inmates and catalysing reconciliatory negotiations between the offended and offenders, which may reduce the stigma and discrimination against released inmates. Christian churches and faith-based

- organizations (FBO) are potential partners for initiatives to garner community support for prison inmates because they promote important reconciliatory values such as love, charity and forgiveness.
- ii. Providing follow-up support to released inmates who took part in the evaluated project to assure that these inmates put their lessons on SRHR into practice. This follow-up can be a sure way of even measuring the impact of the project in the long run.
 - b. Training inmates in entrepreneurship skills and organizing them into clubs for post incarceration business partnerships: current inmates participating in the project need to be organized into clubs based on their geographical locations and databases thereof should be developed for easy follow-up. They should then be trained in entrepreneurship, leadership and financial management skills in readiness for post-incarceration income-generating projects for which the project can support with start-up kits. This may reduce chances of recidivism, linked to prison inmates' return to a judgmental, stigmatizing and discriminating community.
 - c. Targeting female inmates: the project should seriously consider introducing sporting and edutainment activities that are compatible with female inmates' preferences (e.g., volleyball, netball and athletics). The same recommendation for post-incarceration support, especially economic strengthening, need serious consideration for female inmates to reduce their poverty, which normally increases women's vulnerability to sexual exploitation, manipulation or abuse.
 - d. Diversifying sporting disciplines and edutainment activities beyond football, yet replicating the underlying principles of the football for health model: as discussed elsewhere in this chapter, VSO and TA need to replicate the principles and use of the football for health and VfD in the context of other sports and edutainment activities, developing guiding manuals for each.
 - e. Strengthening the project's advocacy or influencing: The evaluation confirmed that VSO and TA accrued sufficient evidence on prison dynamics, which can inform advocacy for innovations to influence improvements to conditions for inmates by appealing to multiple stakeholders.
 - f. Transforming into a regional prison information hub: VSO and TA might consider publishing informational materials on prisons, inmate affairs and priorities of supportive programs.

Recommended adjustments to project design and models

- v. **Expanding partnerships to diversify sporting disciplines beyond football:** This evaluation found that not every inmate enjoyed playing, coaching and supporting football, while demonstrating that the use of coaching drills to illustrate SRHR messages, being a good practice, could be replicated in the context of other sports (e.g., female inmates reported preferring netball and volleyball). Athletics and board games, especially "draughts" are additional preferred sports for consideration. VSO/TA may need to consider partnering with other organizations to allow for the expanding of sporting disciplines used for edutainment beyond football to accommodate diverse interests and skills among inmates.
- vi. **Expanding partnerships with SRHR service providers beyond STI screening, HIV testing and follow-up treatment care:** Inmates expressed a desire to access other services such as VMMC and cancer screening. Inmates demonstrated their increased understanding of combination programming in fighting HIV and AIDS, reporting that they needed a full complement of HIV prevention activities.
- vii. **Introducing complementary edutainment innovations to occupy inmates during night times:** Inmates reported that idleness and loneliness affected them at night and deprived them of sleep, sometimes inviting bad thoughts such as suicide. Video documentaries and testimonies were proposed as an option for night edutainment to compliment daytime football centred activities. Fresh partnerships may be a necessary consideration in view of this.

References

1. Chinyama JaM, A.J. Mental Health and Healthcare Provision in Zambian Correctional Facilities. *Medical Journal of Zambia*. 2020;47(3):208-14.
2. Todrys KW. *Unjust and Unhealthy: HIV, TB, and Abuse in Zambian Prisons*. 2010.
3. Kagujje M, Somwe, P., Hatwiinda, S., Bwalya, J., Zgambo, T., Thornicroft, M., Bozzani, F. M., Moonga, C. and Muyoyeta, M. Cross-sectional assessment of tuberculosis and HIV prevalence in 13 correctional facilities in Zambia. *BMJ open*. 2021;11(9).
4. UNAIDS. *Zambia Global AIDS Monitoring Report*. 2020.
5. National-HIV/AIDS/STIs/TB-Council-of-Zambia. *National HIV/AIDS/STIs/TB Report*. 2020.
6. TackleAfrica. *World Health Day – Prison health in Zambia 2021*.
7. Zambian-Ministry-of-Health. *Zambia consolidated guidelines for treatment and prevention of HIV infection*. 2020.
8. Government-of-Zambia. *The constitution of Zambia 2019*.