



YWCA MALAWI

January – December 2021

PROJECT ACTIVITIES REPORT



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Preamble

The Young Women's Christian Association (YWCA) is a Christian organisation dedicated to the empowerment of young women in order to create and maintain a progressive community. The Organization achieves positive change by providing advocacy, programs and services for women, families and communities. During the years 2020/2021 the YWCA undertook several interventions which included

- Enhancing psychosocial wellbeing of adolescent mothers and their babies
- Meaningful engagement and leadership of AGYW and community based organizations serving AGYW within Global Fund and other national processes
- Youth united against COVID, empowering youth to mobilize and sensitize communities on COVID 19 prevention and vaccination.
- Supporting AGYW in advocacy for improved delivery of Life Skills Education in Malawi”

This report covers the implementation of the above projects.

i. COMIC RELIEF

Project name: Malawi Early Childhood Initiative for children of Adolescent Mothers (MECIAM)

MECIAM objective is to build on a YWCA & REPSSI project to enhance psychosocial wellbeing of adolescent mothers (AM) & development outcomes for their babies. MECIAM introduced sessions for AM & babies in existing community-based child care centres (CBCCs) and enrolled children of AMs into early childhood care and education (ECCE) programmes in these CBCCs. MECIAM targeted adolescent mothers, their babies and children to the age of five, alongside fathers of the children. Other disadvantaged children who attend the CBCCs have also benefited from improved health and developmental input to the CBCCs. Among other things the project activities have included:

- ECCE for babies up to 5 years.
- Training of 32 caregivers in 8 CBCCS
- Training of 26 Young Mother Champions, who mentor the AMs

- Training of 80 school committee members to oversee the running of the CBCCS at community level.
- Refurbishment of 8 CBCCs
- Procurement of ECC materials to be used in early childhood development.
- Provision of nutritional meals the children in the CBCs
- Training for Young mothers in Income generating activities
- Training of community based facilitators in Positive Masculinity for Male involvement.

Project location:

- TA Chamba - Machinga
- TA Machinjiri – Blantyre

Target groups

- Children from birth to 36 months - 540 children (45 children/CBCC)
- Children from 36 months to 59 months - 360 children (30 children/CBCC)
- Pregnant girls and adolescent mothers - 540 AMs (45 AMs/CBCC)

This project has continued in these locations until the end of 2022.

ii. HER Voice Fund

The HER Voice Fund has been created to support the meaningful engagement and leadership of adolescent girls and young women (AGYW) and community-based organizations serving AGYW within Global Fund and other related national processes. Particularly, what this project wanted to see was:

- Adolescent girls and young women leaders ethically engaged and influencing.
- Regional, national and district level activities speak to the realities of AGYW by having AGYW as part of the technical working groups and other key platforms
- Advocacy campaigns that amplify and actioned the emerging issues of AGYW

HER Voice Fund was implemented in Bangwe, Blantyre. This is a densely-populated peri-urban settlement on the eastern outskirts of Blantyre City. Bangwe can be described as a slum community, with the highest levels of urban poverty recorded in the district. There is a high

presence of female-headed households as well as child headed households. There are also high levels of drug abuse (particularly alcohol) within the community, consequently leading to high levels of sexual-GBV of AGYW, and domestic-GBV of women. The project aimed to capacitate adolescent girls and young women (AGYW) to actively participate in local governance processes and to engage local and national duty bearers in advocacy for policy implementation through the provision of services, in order to change their own realities and improve their livelihoods.

The following were some of the activities done:

a. Engagement with local government

The project was able to engage and build linkages with key individuals and structures from the Blantyre District Council. Most notable engagements have been with the council's Director of Planning and Development (DPD); Director of Health & Social Services (DHSS) and the district Youth Friendly Health Services (YFHS) coordinator; District Gender Development Office (DGDO); District Youth Office (DYO); District Social Welfare Office (DSWO); and the District Community Development Office (DCDO). Aside from providing key insights and guidance during implementation, these structures have been instrumental towards the capacity building of AGYW through co-facilitation of project activities as well as provision of counselling and mentorship to AGYW. The support from local government leadership also ensured that community leaders were responsive and quickly engaged with the AGYW, and they continue to support the AGYW in their engagements with local governance structures to ensure that the voice of AGYW is heard and reflected in the development agenda at community level. Although representatives from Blantyre District Council were involved in and attended all project activities, the local government structures were specifically engaged through the meetings with the council's District Executive Committee (DEC) – which were held in July, 2021 (project inception meeting) and February, 2022 (project phase-out meeting).

b. Engagement with local governance structures

The project targeted 30 AGYW from Blantyre-Bangwe. Of these, 10 AGYW were from Mtenje village (which is within the Bangwe-Mtenje ward); and 10 AGYW each from Nkhukuten and Butao villages (which fall within the Bangwe-Mzedi ward). Consequently, the project engaged with the key community development and leadership structures responsible for these areas including the Area Development Committee (ADC) for Bangwe-Mtenje as well as the Ward Development Committee (WDC) for Bangwe-Mzedi. Likewise, both ward councilors for Bangwe-Mtenje and Bangwe-Mzedi were engaged.

The ADC and WDC in particular, are important because they are responsible for defining the development agenda at community level. All developmental projects and initiatives which are undertaken by the local governments (i.e. district councils) respond to a 5 year agenda known as the District Development Plan (DDP). It is the Village Action Plans (VAPs) – which are consolidated by the ADCs or WDCs and through the councilors presented to the council – that directly inform and define the DDP. Therefore, by ensuring that the AGYW have a voice in the development of the VAPs, the issues affecting AGYW (i.e. SRHR, formal and informal education, economic empowerment, mental health etc.) will be directly reflected in the wider development agenda for the district, and will therefore, receive the attention and resources that are necessary to adequately respond to these challenges.

c. Engagement with health structures (youth friendly health services)

The key issue faced by AGYW which the project sought to address pertained to access of SRHR services. The national policy on SRHR in Malawi established the Youth Friendly Health Services (YFHS) as the instrument through which SRHR services – including provision of information and counselling – are provided to Adolescent and Young People (AYP). Initially, the assumption of the project was that the key barrier towards AGYWs access of SRHR services was non-implementation of the SRHR Policy i.e. lack of provision of the YFHS. Indeed, during the focus group discussion with the AGYW Community Action Group-CAG, the key challenge which was expressed by the AGYW was that YFHS had not been localized and were inaccessible in the community health clinics.

However, upon engagement with the Blantyre district YFHS coordinator from the District Health Office-DHO, it became understood that YFHS have been fully localized in the district and they are available at all clinics (public as well as private clinics). The existing problem lies within lack of awareness and sensitization of the service insomuch that the majority of AGYW and

young people in general are not even aware that there exists such a service. Therefore, the AGYW were supported to engage with the YFHS focal person's, both from the DHOs YFHS desk, and from the Bangwe Health Clinic. The meeting provided a powerful platform for the AGYW as they were able to inform the technical team on real-life situations highlighting issues affecting SRHR of young people including lack of information and counselling, as well as persistent incidents of Sexual-GBV. The meeting was also highly informative for the AGYW as the YFHS technical team was able to share a lot of information with them which has helped them to understand how the YFHS functions to address issues such as: family planning services for AGYW; response towards cases of S-GBV; STI and HIV prevention methods and treatment for AGYW; and provision of information on good sexual and reproductive health practices.

Although YFHS are available throughout the week, the Bangwe Health Clinic holds a specific YFHS 'Youth Corner' activity for both young females and males every Friday from 1pm to 4pm. Since the meeting with the technical team, the AGYW targeted in the project have begun to patronize the 'Youth Corner' where they are able to engage in open discussion and learn in-depth on SRHR issues, and also benefit from sharing experiences with their peers including young men.

The YFHS technical team was engaged with the AGYW through an interface meeting which was held in February 2022.

d. Capacity building and empowerment of AGYW

The 30 AGYW targeted by the project have been capacitated to understand the key government and governance structures which operate at the sub-national level. They have realized the importance of their active participation in decision-making processes to ensure that those issues which directly affect them as young people are articulated (through the appropriate channels i.e. ADC and/or WDC) and prioritized on the development agenda accordingly. They have also been capacitated to understand the advocacy process and how to engage with targeted audiences as well as to network and create allies and form partnerships with other youth groups as interested parties. The AGYW have also been capacitated to utilize media instruments in order to amplify their voices and to target wider audiences.

The AGYW through the project were thus empowered to engage with the relevant duty bearers including community leaders and leaders from the health sector (i.e. YFHS). Through the engagements with the local leadership, they have been able to lobby for space and inclusion

during the agenda setting processes of the governance structures were they are able to articulate the challenges faced by AGYW and young people in the communities. Their engagements with the YFHS has provided them with essential information and services pertaining to SRHR, whilst they are also active in generating awareness amongst their peers pertaining to YFHS.

iii. THE GLOBAL YOUTH MOBILIZATION (ORIGINALLY KNOWN AS GLOBAL YOUTH MOBILIZATION FOR GENERATION DISRUPTED)



“Youth United against COVID-19” was implemented in Blantyre and Mulanje districts from June to November, 2021. The main goal of the project was to *‘support young people to effectively mobilize communities in order to reduce the spread of the COVID-19, and to address the impacts of the pandemic on young women in Malawi’*.

Primarily, the project empowered young people – particularly AGYW, to mobilize and sensitize community members to continue adhering to COVID-19 prevention measures and to participate in the COVID vaccination exercises. The project also addressed the mental health concerns of 70 AGYW who have experienced GBV during the pandemic.

Malawi experienced the ‘third wave’ of COVID-19 from June to August, 2021. Unlike the first and second wave, the third wave saw a lot of peri-urban (high density areas) as well as some rural areas affected. Blantyre was one of the most affected districts in the country, and Bangwe (the YWCA catchment area) was severely affected. As a response to pandemic, the Government restricted public gatherings to a maximum of 100 people (in open spaces). These factors limited the outreach activities of the AGYW Youth Forum in Blantyre during this period.

There were negative economic and social impacts on the youth and community members at large. Overall, there was a drastic decline in domestic income largely due to businesses slowing down. This coupled with global rises in the price of fuel, as well as inflation in the country has affected the standards of living of people and in a special way the youth – the majority of them being dependents. For the youth who have established businesses (small-scale enterprises) including agri-businesses, they have complained of slow business while most have registered losses. Others have had to drop out of school for the time being as their guardians are unable to afford tuition fees. Several of the AGYW (young mothers) have also complained of abandonment from their children’s fathers who are failing to support with child maintenance.

Activities:

a. District Executive Committee (DEC) meetings

The DEC meetings were held with Blantyre District Council and Mulanje District Council. The DEC is composed of directors and heads for all the departments and sectors within a council. The meetings were held in order to present the project to the local governments for approval to proceed with implementation within the districts, but also to ensure buy-in from the council’s as we required their support throughout implementation particularly from the District Health Office’s (DHO); District Gender Development Office’s (DGDO); District Social Welfare Office’s (DSWO); District Youth Office’s (DYO); and the District Relief and Rehabilitation Office’s (RRO) – formerly known as Department of Disaster Management Affairs (DODMA).

In Mulanje, however, the council procedures required that we present the project to relevant DEC technical sub-committees, which would thoroughly scrutinize the project before meeting with the DEC itself. Therefore, we also held meetings with the District Civil Protection

Committee (DCPC) and the District Health Medical Team (DHMT). Upon advice from the DHMT, we further held a planning meeting with the same sub-committee in order to redesign the implementation plan for Mulanje district so as to ensure that the project targeted the areas where there was need for intervention, and that we implemented activities which would achieve the highest possible impact.

Following these meetings, YWCA Malawi was approved to implement the project in both districts. We received support from the relevant council departments throughout implementation as council representatives assisted with facilitation of training's, and played a critical role in supporting the Youth Forums during community outreach (sensitization) activities. The representatives have also provided supervision (Monitoring and Evaluation) throughout the project.

Finally, DEC meetings were again held with both council's to announce the phasing out of the project, report on project impacts, share identified gaps, and finally to discuss a sustainability plan where it was agreed that council representatives will continue to carry out supervision visits particularly to the Mental Health Support Groups through the Social Welfare Office's.

b. Engagement Meetings with Community Leaders

Engagement meetings were held with the Area Development Committees (ADC). This is the focal development committee at the grassroots level which is composed of key community development stakeholders including traditional leaders, council officials (including Councillors), and community members (heads of community sub-committee's). YWCA Malawi met with selected ADC members both in Blantyre and Mulanje.

In Blantyre, we engaged with the traditional leaders including Group Village Headmen (GVH) and Village Headmen (VH); as well as the ADC chairperson; Councillors; and council representatives from the Social Welfare Office. In Mulanje, we also engaged with traditional leaders; council representatives from the Health office; Councillors; ADC chairperson; and ADC members including the youth chairperson.

The ADC meetings achieved their intended purpose of garnering support from the community leaders towards the project. The leaders were instrumental in ensuring that the Youth Forums

were able to mobilize community members and to carry out their outreach activities without facing much difficulties particularly in those areas where the community members were resistant towards the vaccination efforts. The presence of the leaders during the sensitization activities lent some weight to the message of the forums due to the fact that the leaders are widely respected by the community members.

c. Training's for Youth Forums (Community Outreach)

There were trainings held for the youth forums both in Blantyre and Mulanje, although there were some changes made to activities in Mulanje following the planning meeting held with the DHMT as they felt that some of the planned activities would not achieve much impact in the district.

In Blantyre, there was the establishment of the youth forum itself; orientation of the youth forum and training on M&E tools; training of the youth forum on COVID-19 and vaccine basics; networking & advocacy and media engagement training; and finally review meetings. The trainings were facilitated by the Project Manager and representative from the Health office (the Youth friendly Health Services (YFHS) coordinator.

In Mulanje, there was the orientation of the Youth Forum with training on COVID-19 and vaccine basics; training on community engagement; an interface meeting between the Youth forum with local leaders and media; and support towards the youth club for 2 community outreach activities. The trainings were facilitated by the Health officials along with the Project Manager.

d. Mental Health Support Groups.

Mental health support groups were established in Mulanje and Blantyre districts targeting AGYW who had experienced GBV during the pandemic (2020-2021). In Blantyre 1 group comprised of 30 AGYW was established and these participated in mental health sessions facilitated by the YWCA AGYW counsellor with support from the Social Welfare Assistant-counsellor.

In Mulanje, 1 mental health support group was established in each village within the area of GVH Tchete, each comprised of 10 AGYW. Each group has a peer mentor, and the mentors were capacitated to conduct mental health sessions. These sessions followed a curriculum as developed by UNFPA.

e. Support towards Youth Innovations

1 automated soap and water dispenser developed by students from the Malawi University of Science & Technology (MUST) which was installed within the premises of Blantyre district Council.

Hand sanitizer produced by students from Kamuzu College of Health Sciences (KCHS) was also procured and distributed in both Blantyre and Mulanje districts.

f. Monitoring and Evaluation

An M&E logical framework was developed to monitor progress of the Youth forums during their M&E activities. A baseline survey was carried out in each of the targeted localities to assess knowledge and attitudes of community members pertaining to COVID, and to also assess the extent of their participation in the vaccination exercise. A mid-term review was again held to assess the progress of the forums and a final evaluation was also held.

It was observed that in the beginning of the project there were knowledge gaps between community members living in peri-urban areas compared against those in rural areas. However, after sensitization activities took place, it was observed that there were more people from rural areas who were willing to take heed and participate in the vaccination exercise as compared to those in peri-urban areas. There were more people who knew the correct facts about COVID in urban and peri-urban areas but were still unwilling to receive the vaccine (i.e. anti-vaxxers).

Following the installation of the automated water and soap dispenser in Blantyre, other CSOs operating in the district reached out to YWCA to inquire how they could also procure the machines. Indeed, the Malawi university of Science and Technology have since received requests to produce more of the machines.

Following community outreach activities in Mulanje, community members through their local leaders from Kapesi, Kacelenga and Mabuka villages requested that YWCA should reach out to the health office to organize visits by the ‘mobile vaccination teams’. This was done to allow community members to receive the vaccine as they were now interested to do so but their villages were located quite far from the district hospital and clinics where vaccines were available. The health office responded favourably, and arrangements were made to provide the Johnson & Johnson vaccine to these villages. Over 60 people were vaccinated through the exercise.

Target group	Number reached	How/Activities
<i>Name of the target group</i>		
<i>Young people who are survivors of gender-based violence (GBV)</i>	70	Mental Health Support Groups
<i>Young people living with HIV/AIDS</i>	36	<ul style="list-style-type: none"> • Establishment of youth forums • Community outreach
<i>Young people living with physical or mental health disabilities and concerns</i>	72	<ul style="list-style-type: none"> • Community outreach • Mental health support groups
<i>Young people who were out-of-school girls or boys,</i>	360	<ul style="list-style-type: none"> • Establishment of youth forums • Mental health support groups • Community outreach
<i>Young people who were married or became mothers/father as adolescents,</i>	270	<ul style="list-style-type: none"> • Establishment of youth forums • Mental health support groups • Community outreach
<i>Indigenous youth</i>	500	<ul style="list-style-type: none"> • Establishment of youth forums • Mental health support groups • Community outreach
<i>Community Members (men &</i>	270	Community outreach

women)		
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INTERNAL RISKS

2 of YWCA staff including the Finance Manager and AGYW Counsellor contracted COVID-19 during the course of implementation. The Project Manager was required to quarantine and work remotely for a period of 10 days – though she did not test positive – as she had been exposed to both officials. This caused some delays to project implementation and we were required to hire an intern to assist with project activities.

EXTERNAL RISKS

The Youth Forums (particularly in Mulanje) experienced some resistance from community members (anti-vaxxers) who did not want the forums spreading messages of COVID-19 within the communities. The presence of local leaders (particularly traditional leaders and ADC leaders) helped to calm the community members and also encouraged them to listen to the messages brought by the forums.

There were severe delays in commencement of the project in Mulanje due to rigid bureaucratic procedures. We were required to go through 2 technical sub-committees i.e. the District Civil Protection Committee (DCPC) and the District Health Medical Team (DHMT), in order for them to scrutinize the project before giving us the go-ahead to meet with the District Executive Committee (DEC) – which has the powers to approve or deny implementation of any project within a district. We were therefore, at the mercy of the council and the relevant committee's as we had to wait until such dates as the committee members were available to hold the meetings.

LESSONS LEARNT

- a) Related to emergency response, preparedness for such events etc. How can the national / local YWCA be prepared for emergencies or disasters in the future?
- b) It is important to be prepared with adequate Personal Protective Equipment (PPE) for use of staff, beneficiaries and community members at large. There were many instances during the community outreach activities where community members

would gather – hurdled, without any protective gear as they said they did not have any.

- c) Likewise, although we were working with the Health offices in both districts, it was saddening to note that the district hospitals did not have adequate PPE to protect the officials (doctors, clinicians and nurses) within the hospital themselves. It was indeed the expectation of some the officials that the project would assist them with the protective gear.
- d) The YWCA could also benefit from a Disaster Preparedness Policy and Guidelines, as the pandemic caught almost all YWCAs unawares, therefore, there was no coordination of efforts, and interventions lacked internal guidance.

iv. FRONTLINE AIDS, HIV PREVENTION ADVOCACY GRANTS (FLA HPAG)

FRONTLINE AIDS (FLA) is an innovative partnership of nationally based, independent, civil society organisations united by a vision of a world without AIDS. They are committed to joint action, working with communities through local, national, regional and global action on HIV, health, and human rights. The Frontline AIDS partnership has been on the frontline of the HIV response for over 25 years working with those who are most vulnerable to HIV. Adolescent girls and young women, and people living with HIV are some of the groups which are at the core of their work.

The HIV Prevention Advocacy Grants (HPAG) aim to support HIV prevention advocacy activities led by civil society organisations in the global south. These activities are related to the identified strategic areas which align with priorities set out in FLA prevention advocacy strategy.

The focus of the FLA HPAG as received by REPSSI (The Regional Psychosocial Support Initiative) REPSSI) and YWCA focused on adolescent girls and young women under the project title “Supporting AGYW in advocacy for improved delivery of Life Skills Education in Malawi”

The project aimed at empowering AGYW in Blantyre and Machinga districts to effectively engage the ministries of education and youth in advocacy towards the review of the Life Skills Education curricula in order to strengthen the delivery of Comprehensive Sexuality Education to in-school as well as out-of-school AGYW.

The specific objectives were:

- To empower in-school and out-of-school AGYW in Blantyre and Machinga districts towards effective advocacy of the education and youth structures within the districts.
- To engage the government ministries of education and youth to review the content of Life Skills Education curricula to effectively address emerging social and health issues.
- To strengthen coordination and delivery of Comprehensive Sexuality Education through Life Skills Education to in-school and out-of-school AGYW in Blantyre and Machinga districts.

The project was implemented over a 6 months period (July-December, 2021)

The project engaged with the following young people:

DISTRICT	SITE	OUT OF SCHOOL	IN SCHOOL	TOTAL
BLANTYRE	Chilaweni CDSS		30	90
	Ngumbe Sec School,		30	
	Bangwe Protect Our Girls Club	30		
MACHINGA	Mlomba Youth Club	30		90
	Pabwalo Youth Club	30		
	Mlomba CDSS		30	

TOTAL		90	90	180
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Activities:

Objective 1: increased capacity of AGYW to articulate Life Skills Education demands; effectively engage ministries of education and youth in advocacy and generate visibility for advocacy process

Output 1: Engagement of 180 in-school and out-of-school AGYW for Establishment of AGYW Clubs

- Establishment of in-school AGYW “Protect our Girls” clubs & Identification of AGYW Club Matrons
- Training of AGYW club matrons
- Training of AGYW clubs in CSE
- Media & Advocacy training for AGYW clubs
- In-depth discussions with AGYW clubs/development of advocacy briefs

Output 2: Documentation and visibility

- Design and production of IEC materials (t-shirts, caps, advocacy briefs)
- Documentation of advocacy process
- Production of news features in mainstream national media platforms (print, TV, radio & online)

Objective 2: Ministries of Education and Youth engaged at district level and national level to review the current Life Skills Education curriculum for in-school AGYW; and to provide CSE to out-of-school AGYW respectively

Output 1: Engagement of 40 district level stakeholders for review of LSE curriculum and provision of CSE

- Project inception meetings with the Blantyre and Machinga district councils’ District Executive Committees (DECs).

- Interface meetings between the in-school AGYW and the District Education Management offices
- Interface meetings between the out-of-school AGYW and the District Youth Offices
- Project phase-out meetings with district council's District Executive Committees (DECs)

Output 2: Engagement of national level stakeholders (Ministry of Youth - Department of Youth Affairs; Ministry of Education - Directorate of Inspectorate and Advisory Services (DIAS), Directorate of Education Planning)

- Interface meeting between AGYW and the ministries of Education and Youth

Objective 3: Increased capacity and coordination of Life Skills Education partners and service providers at district level

Output 1: Capacity building of LSE partners (District Education Managers (DEM), District Youth Office (DYO), Mother Groups; Directors of Youth Friendly Health Services; Faith Based Organization's (FBOs) and Civil Society Organizations (CSOs))

- Training of 4 Mother Groups each in Blantyre and Machinga districts for counselling and S-GBV referral mechanisms

Output 2: Linking and Learning for LSE partners and service providers

- Round table discussion for LSE partners and providers including DEM, DYO, Mother Groups, Youth Friendly Health Service (YFHS) providers and FBOs and CSOs

Advocacy targets

- The MoEST should review and restructure the delivery of LSE programmes to be presented in a logical sequence, age-appropriate, culturally sensitive, gender transformative, and rights-based. The structural reformation should also embrace information technology and new media, and support adolescents and young people's access to CSE and SRHR services.
- The ministry should review LSE curricula and content to address emerging social- and health-related issues, new knowledge, and challenges including teenage pregnancies, GBV, cyberbullying, sexting, YPLHIV, humanitarian response, and disaster preparedness within LSE programmes.

Stakeholders

- Ministry of Education, Science & Technology (MoEST)
- Ministry of Youth
- Ministry of Health
- Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW)

Recommendations

The policy brief put forward a summary of the recommendations made by the 180 Adolescent Girls, Young Women, Adolescent Boys and Young Men who were targeted by the project in Machinga and Blantyre:

1. Overall, government and donor partners should commit to expanding and improving the quality of life skills education to help young people to deal with their everyday challenges and transition into adulthood able to make informed healthy choices.
2. There should be clear definition of the expected impact of life skills education and research should be conducted to assess the extent to which this impact has been achieved.
3. Government and relevant stakeholders should review the life skills curriculum to update it with evidence based information and approaches that are age appropriate and include relevant illustrations.
4. Government should incorporate life skills programmes into teacher training to increase the number of teachers that are qualified to teach this subject
5. The life skills education curriculum must include:
 - a. sexual and reproductive health and rights education to enlighten young people about their rights around sexuality issues including negotiating skills for safer sex;
 - a) mental health awareness and psychosocial support approaches/interventions that improve the mental health of young people;
 - b) age appropriate information about sexuality, relationships and Sexual, Reproductive health, including how to engage in safer sex
6. The Ministry of Youth and Sports Development must provide life skills education to outof-school young people which includes mental health and psychosocial support as well as child development education. Life skills education must be incorporated into functional literacy which the government has rolled out.

7. Government should harmonize Education and SRHR Policies to allow comprehensive access to youth friendly health services.
8. Ministry of Youth to facilitate greater financing and prioritize and strengthen sexual education provision for out-of-school young people in the country. For instance, Community Based Child Care Centers (CBCCs) are found in most parts of the country and could be a site for provision of Life skills education to out of school young women and men.
9. Government should expand and improve the quality of SRHR services provided within Youth Friendly Health Services (YFHS) to curb the high rates of adolescent pregnancy by:
 - a) ensuring confidentiality by health care providers;
 - b) helping health care providers to be more welcoming and supportive of young clients;
 - c) providing private spaces within health centres for the YFHS



<https://www.mbc.mw/.../10721-lack-of-information-fueling...>

(SDG Goal 4 builds on the right of the child to education enshrined in Article 28, UNCRC, by seeking to “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”. Moreover target 4.1 calls on States to ensure that “by 2030, all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes”. To achieve this goal and target, key discriminatory and financial barriers that stop children learning need to be addressed).