



# Malawi - Yes I Do Programme Mid Term Review (MTR) Report

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## List of Abbreviations

ADC	Area Development Committee
ARM	Annual Review Meeting
CHRR	Centre for Human Rights and Rehabilitation
CM	Child Marriage
CoC	Champions of Change
CSR	Centre for Social Research – University of Malawi
CVSU	Community Victim Support Unit
CYECE	Centre for Youth Empowerment and Civic Education
DDP	District Development Plan
DEC	District Executive Committee
DHO	District Health Office/Officer
FHI	Family Health International
FPAM	Family Planning Association of Malawi
GNB	Girls Not Brides
GTA	Gender Transformative Approach
GUSO	Get Up Speak Out
GVH	Group Village Head
KIT	Royal Tropical Institute
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOT	Meaningful Youth Participation Operational Tool
MTBA	More Than Brides Alliance
MTR	Midterm Review
MYP	Meaningful Youth Participation
NGO	Non-Governmental Organization
PSI	Population Services International
PTA	Parent Teacher Association
TA	Traditional Authority
TEVETA	Technical, Entrepreneurial and Vocational Education and Training Authority
ToC	Theory of Change
TP	Teenage Pregnancies
SC	Steering Committee
SMC	School Management Committee
SRH	Sexual and Reproductive Health
VDC	Village Development Committee
YCBDA	Youth Community Based Distribution Agents
YFHS	Youth Friendly Health Service
YIDA	Yes I Do Alliance

# Executive Summary

## Introduction

The Yes I Do Alliance (YIDA) is a collaboration of five Dutch NGOs (Plan Nederland, Rutgers, Amref, KIT and CHOICE) to combat child marriage (CM) and teenage pregnancy (TP), focusing on young girls and their communities in order to make sure that adolescent girls can decide if, when and whom to marry and if, when and with whom to have children. The programme runs from 2016 to 2020. This year, the programme underwent a mid-term review processes, which included two operational studies, a midline study in April 2018 and an MTR workshop, in September 2018, followed by an MTR writing workshop in October, 2018. This report is the product of all these processes and an evaluation of the programme's work, half-way its lifespan.

## Context

The legal and policy context in Malawi remains supportive to the causes of the programme, as there are legal instruments that champion the fight against CM and TP. Chief to these instruments is the Marriage, Divorce and Family Relations Act (2015) which bars all forms of marital union where either both members or one member is below the legal age of 18. However, in spite of these instruments and policies, weak institutions provide minimal or no enforcement of them. Ultimately, the prevalence of child marriage is still high, ranked at 42%, based on the Girls Not Brides (2017) survey. In 2014, Machinga had the second highest child marriage prevalence in Malawi, at a rate of 61.8%, and according to the Malawi Demographic Health Survey (2016) Machinga has highest rates of teenage pregnancies at 41.1%. Among several causes, harmful cultural practices contribute significantly to this situation.

Operational research was conducted by the Centre for Social Research (CSR<sup>1</sup>), with support from Royal Tropical Institute from the Yes I Do programme. The research focused on the impact of traditional initiation ceremonies on young men and women. The findings indicated that boys continue to be given false and harmful information by traditional counsellors. They are advised to experiment with their sexual organ after undergoing a traditional initiation, as a means of preventing their sexual organ from 'wilting' or 'rotting'. In addition to these cultural practices, lack of access to SRH information exposes more girls to unwanted teenage pregnancies. The Yes I Do baseline indicated that 42.3% of the respondents confirming that a majority of girls are denied access to contraceptives. This denial of access to contraceptives coupled with harmful cultural practices, such as those described above, subject girls to unprotected sexual experimentation which leads to teenage pregnancies. All these contextual factors make the impact area suitable for the Yes I Do programme.

## Progress and Results

Findings in this MTR report are collected from two main sources namely: (1) the two operational research studies, and the midline study conducted by CSR, and (2) the ongoing monitoring database through the programme's quarterly reports, monitoring outcome sheets and other programme documents. These findings were discussed during the MTR workshop in September, 2018, where all stakeholders, the YIDA Netherlands partners and the YIDA in-country implementation team objectively analyzed the findings from the above-mentioned sources.

## Pathway One

Following the mid-term review assessments, under pathway one, which is entitled: 'Community members and gate keepers have changed attitudes and take action to prevent child marriage and teenage pregnancies', it was observed that the pathway is on track. Based on the monitoring data as of June, 2018, 249 child marriage cases were dissolved through a combined initiative by traditional leaders, headteachers, Parent Teacher Associations (PTAs), child protection committees (CPCs), and school management committees (SMCs). However, the MTR workshop highlighted the set-back that some chiefs are marrying

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<sup>1</sup> Source: Initiation Ceremonies in Traditional Authority Liwonde in Southern Malawi (2018)

their daughters, setting a precedence for subjects to emulate. Additionally, the operational study<sup>2</sup> on traditional initiation rites unearthed that the programme did not target the most influential set of traditional initiators, the '*alombwes*', who perform initiations with the boys and the girls, perform circumcisions, and carry out other rituals. The programme had been previously targeting the supervisors, the '*angalibas*' and '*anankungwis*' who do not perform these rituals. Evidence from the study indicated that '*kusasa fumbi*' (early sexual debut after initiation ceremonies) was still encouraged, and sexually explicit songs that motivate boys to experiment with sex were still sung in most initiation camps. It was noted that targeting the supervisors (*angalibas* and *anankungwis*) did not guarantee the expected changes, and there is a disjoint between the influence of the supervisors and the progress towards change in the most critical harmful cultural practices in the initiation camps. One of the unexpected outcomes is that parents in some communities in Lilongwe are refusing to embrace the change.

### **Pathway Two**

Pathway two is entitled: 'adolescent girls and boys are meaningfully engaged to claim their SRHR'. Under this Pathway, the two outcome indicators pathway are on track, however, under outcome indicator one, which refers to programming and meaningful youth participation (MYP), it was noted that alliance implementing organizations should indicate their commitment to MYP by instituting clear policies. Additionally, the youth clubs should maximize all opportunities for MYP, specifically the opportunity to ensure that all community structures have a youth representative. During the MTR workshop, it was noted that there are two main challenges under this pathway. The first includes the cultural barriers, which undermine young people's voices in various community structures. The second is the definition of the word, 'youth' in the Malawi National Youth Policy, it includes all people within the age group 10 to 35. The interests of the older age group (30 to 35) vary from those of the younger age group (10 to 18) and usually the interests of the younger age group are suppressed.

### **Pathway Three**

Under pathway three, entitled: 'adolescent boys and girls take informed action on their sexual health', there are no outcomes that are not on track, however, during the MTR workshop, it was observed that teenage pregnancies are on the rise with over 1700 teenage pregnancy cases registered during the programme period. This is an unexpected outcome. Another challenge which was observed related to shortage of family planning commodities in the first six months of 2018. Discussion on this challenge, which is a cause of the increased rates of teenage pregnancies, reflected on the need to create more partnerships with organizations that supply contraceptives.

### **Pathway Four**

Pathway four for the programme, 'girls have alternatives beyond CM and TP through education and economic empowerment,' had five outcomes on track, with one outcome not on track. Through the programme, 668 vulnerable girls were earmarked for economic empowerment initiatives and 516 girls were readmitted back to school, with 51 teenage mothers included. By June, 2018, through this process, around 157 girls had started small scale businesses. The outcome which is not on track relates to access to safe post-primary education and ensuring child protection school systems are in place. The programme's midline study<sup>3</sup> found that reports on child abuse and sexual violence in schools continue to surface, and only 18 out of 38 schools have child protection systems in place. It was also noted that an unintended consequence of increased incentives that target girls to promote girls' education is making girls vulnerable, as some boys are deliberately impregnating the girls as a way of sabotage. To address this problem, the programme must intensify male engagement and gender transformative programming under this pathway.

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<sup>2</sup> Source: Munthali, A., Kok, M., (2018) Initiation Ceremonies in Traditional Authority Liwonde in Southern Malawi, Centre for Social Research, University of Malawi, Zomba

<sup>3</sup> Source: Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Malawi

### **Pathway Five**

On pathway five, which is 'policy makers and duty bearers develop and implement laws and policies on CM and TP', the MTR workshop observed that all outcomes were on track. Additionally, the programme realized two critical unexpected outcomes, which include scaling up of community by-laws on ending child marriage to the whole of Machinga district and the adoption of the Yes I Do advocacy strategy in the Machinga District Development Plan.

### **Alliance Building Thermometer and Programming Approaches**

The alliance building results indicated that the programme must continue to intensify its cooperation within the alliance through improved and timely communications. There is a need to produce a communication strategy to ensure that this is achieved. Additionally, the programme must regularize Country Steering Committee meetings to deliberate on critical decisions for the alliance in a timely manner. The MTR workshop agreed that there be no changes on the theory of change and the M&E framework. On programming approaches, results from the Gender Transformative Approach (GTA) survey indicated that alliance organizations must exert more effort on capacity building of staff in GTA. The MYP Organizational Tool indicated that the alliance organizations should ensure that policies on MYP are in place, and also make sure that youths are actively involved in all decision-making processes at an institutional level.

### **Recommendations**

The following are critical recommendations emerging from the MTR workshop, the two operational research studies, the programme's midline study and the MTR workshop:

#### **Under Pathway 1:**

1. There is a need for a deliberate targeting of traditional initiators, specifically those who actually conduct traditional initiation ceremonies, with messages on SRH.

#### **Under Pathway 2:**

1. Partners have not yet mainstreamed MYP in programming and as such there is a need for the whole organization to mainstream MYP in their working environment, specifically on decision making.
2. It has been observed that there is lack of youth involvement in community structures, therefore, there is a need for the office of the Director of Planning and Development to sensitize people on MYP and youth to act on their involvement in community structures.

#### **Under pathway 3:**

1. There is a need to assist young people to appreciate the availability of Youth Friendly Health Services (YFHS) within the health centres of their communities. Youth clubs must be oriented on YFHS so that they reach to their fellow youths to increase number of young people accessing YFHS.
2. There is inadequate supply of SRH commodities in the five health centres of both Lilongwe and Machinga, specifically in Machinga. This creates a requirement for the programme to proactively solicit or lobby with the District Health Office (DHO) and Population Services International (PSI) for an increased supply of these commodities.

#### **Under pathway 4:**

1. There is a need to put in place interventions to minimize the unintended consequence whereby girls targeted with education incentives are subject to sabotage. Recommended interventions are identifying male champions and putting in place gender transformative programming.

### **Conclusion**

The MTR processes created a critical reflection on the programme both in terms of progress and alliance building. From the findings on progress, a critical observation was that while the programme is assisting efforts to rescue girls from child marriage, increasing numbers of teenage girls are getting pregnant. The increased numbers of teenage means that we should focus more on the already existing strategies for

addressing the problem, whilst seeking for partnerships with like-minded institutions to increase access to contraceptives in the impact area.

## 1.0 Introduction

The Yes I Do Alliance (YIDA) is a collaboration of five Dutch NGOs (Plan Nederland, Rutgers, Amref, KIT and CHOICE) to combat child marriage (CM) and teenage pregnancy (TP), focusing on young girls and their communities in order to make sure that adolescent girls can decide if, when and whom to marry and if, when and with whom to have children. The programme runs from 2016 to 2020.

The YID alliance in Malawi comprises Plan International Malawi, Centre for Human Rights and Rehabilitation (CHRR), Family Planning Association of Malawi (FPAM), Amref Health Africa, and Centre for Youth Empowerment and Civic Education (CYECE), as implementing partners, with the Centre for Social Research (CSR) and Royal Tropical Institute (KIT) providing research expertise. Plan International Malawi is the lead partner in the YIDA. The programme is being implemented in Traditional Authority Liwonde, Machinga. As a district, Machinga has the highest teenage pregnancy in Malawi, at a rate at 41.1%<sup>4</sup>.

In July 2018, the YIDA programme reached the half way mark of the programme lifespan. Consequently, a mid-term programme evaluation was carried out in order to assess how the programme had performed, whether all of its outcomes were on track, how its monitoring and evaluation framework was functioning and whether the theory of change was addressing the root causes of TP and CM in the context of Malawi. This process required an assessment of the findings from the operational research and the midline study vis-à-vis the baseline study. In addition to the assessment process, all stakeholders of the programme including the district partners, were engaged in a Mid-Term Review (MTR) workshop to provide feedback on each of the programme components for compilation to improve the programme delivery in the second half of the programme's lifespan until 2020.

This report reflects on the progress of the programme from July 2016 to July 2018 in the geographic areas of Machinga and Lilongwe. This reflection is based on the summary of the results from the quarterly monitoring visits, and quarterly monitoring reports, midline study findings, operational research findings on traditional initiations and champions of change by CSR and an MTR workshop conducted from 10-14 September, 2018.

## 2.0 Context<sup>5</sup>

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. This definition draws from various conventions, treaties, and international agreements. In Malawi, marrying off any child under the age of 18 is illegal and punishable, as stated in the Constitutional Amendment, Section 22, subsection 6, and also the Marriage, Divorce and Family Relations Act, (2015). However, despite these laws and others, such as the Child Protection and Justice Act, 2010, and Trafficking of Persons Act, the prevalence of child marriage (CM) in Malawi remains high. According to the 2017 findings from Girls Not Brides, 42% of Malawian girls marry before the age of 18, and 9% of all girls in Malawi marry before the age of 15<sup>6</sup>. Also, penalizing adults for having a sexual relation with minors between the age of 18 and 16, which is not covered by the Penal code section 138 (1) constitutes a major legal gap, which could lead to CM and TP. For these laws to be enforced, political will is critical. The government must ensure that law enforcement mechanisms are strengthened to enforce these laws. Unfortunately, due to lack of transparency and good governance, the government does not adequately support the law enforcers with resources to implement these laws. This creates a gap between the legal and policy framework meant to protect children from various forms of child abuse, and the practice of people on the ground.

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<sup>4</sup> Malawi Demographic Health Survey 2015-2016 report, National Statistical office, 2016

<sup>5</sup> Source: Context reflection exercise MTR workshop

<sup>6</sup> Source: Girls Not Brides (2017) <https://www.girlsnotbrides.org/child-marriage/malawi/>



In spite of these existing legal instruments, child marriage in Malawi remains high. Following the Malawi MDG Endline Survey report in 2014, Machinga and Phalombe districts have the highest child marriage cases in the country, whereby 61.8% of girls in Machinga marry before they reach the age of 18. Additionally, according to the Malawi Demographic Health Survey (2016) Machinga has highest rates of teenage pregnancies at 41.1%.

Machinga district has several cultural practices that promote early sexual debut and fuel CM. According to the Malawi Human Rights Commission (2006) and National Youth Council of Malawi (2009) reports, cultural practices contribute to the increase of child marriage in Malawi and practices prevalent in Machinga include *chitomero*, (forced arrangement to have a child married to another child or an adult) and *kusasa fumbi* (early, unprotected sexual debut, conducted immediately after initiation camps as a rite of passage into adulthood). In Lilongwe, harmful cultural practices which are prevalent include; *gule wamkulu* (traditional initiation for boys which marks the rite of passage from boyhood into adulthood, and defines the boy as 'man'. Often this means the boys can involve themselves in sexual activities, fueling TP and CM). The operational research conducted by CSR<sup>7</sup> on the impact of traditional initiations indicated that boys continue to be advised with false information to experiment with their sexual organ after undergoing a traditional initiation, as a means of preventing their sexual organ from 'wilting' or rotting. All interventions on addressing CM and TP in Machinga require the incorporation of interventions on the cultural practice of traditional initiations.

Child marriage and teenage pregnancies are both cause and effect of each other, and as such we cannot holistically tackle them in isolation. Teenage pregnancies in Machinga are high due to the cultural factors mentioned above and the restricted access to information on ASRHR. 42.3% of respondents to the Yes I Do baseline indicated that the majority of girls are denied access to contraceptives. This denial of access to contraceptives coupled to the prevalent cultural practices that subject to girls to various sexual experimentation, only create a recipe for increased rates of teenage pregnancies.

Politically, Malawi is a democracy with a number of political parties who hold different ideologies and policies. Next year, in 2019, there will be general elections, which will be preceded by a campaign period of three months. The campaign period is likely to slow down programme implementation, especially the sensitization and awareness meetings, since political campaigning may interfere with the work of the programme in the impact area. Nonetheless, we will intensify the activities after May, 2019.

### 3.0 Progress and Results<sup>8</sup>

**Detailed description on progress and results in presented in the annex 1 below.**

### 4.0 M&E reflection (Monitoring and learning process)<sup>9</sup>

#### 4.1 Reflection on the M&E framework

The M&E framework provides clear guide for tracking both output and outcome indicators. The framework provides detailed information on data collection (how to collect, frequency, who collects which data), data analysis (what, who and how), reporting lines (who will report to which organization without losing the integrated nature of the M&E framework) and decision-making. Nevertheless, reporting tools focus on outcome indicators. The programme until now did not have a standardized tool for tracking output

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<sup>7</sup> Source: Initiation Ceremonies in Traditional Authority Liwonde in Southern Malawi (2018)

<sup>8</sup> Source: Bi-annual reports implementing partners, IATI Dashboard, presentation progress and results MTR workshop, Reflection Progress/ToC tool MTR workshop

<sup>9</sup> Source: M&E reflection MTR workshop

indicators. The outputs have been reported within the narrative reports which makes it difficult to track the output progress against target.

#### 4.2 Assessment of the M&E framework

In spite of the challenges in data collection at output level, the Malawi programme has, nonetheless, been able to use the data that is collected to inform implementation and direction. For example, data on Child Marriage cases that were reported during the monitoring visits was used to intensify interactions of child protection committees and the police. The programme also supported mobile courts, which are the location of sentencing of CM culprits in the villages, in order to create more awareness on CM and TP in the implementation area.

#### 4.3 Challenges with the M&E framework

The major challenge has been that some indicators at outcome level have been assigned to more than one partner to report on and this creates the risk of double counting. For example, the indicator; 'Number and description of initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality' under pathway 1 is reported on by all partners. It is possible that each of the partners might report the same number of initiatives, since partners overlap on target populations, which results in double counting.

Another challenge is the non-existence of a standard tool for reporting and tracking output indicators. Currently, outputs are reported in the narrative reports but without their targets. This makes it cumbersome to track the progress in terms of outputs against plan and target. We propose to have a table in the monitoring report to track outputs under each pathway.

#### 4.4 Required actions for improvement of the M&E system

There is need to have measures in place to rule out double counting in the programme. We recommend that each indicator should be assigned a single implementing partner to report on based on the pathway or indicator each partner contributes to most. This means that the reporting partner will solicit information from other partners and ensure that accurate information is collected from the field for reporting.

There is a need to develop standard data collection tools that should be used by the community structures to ensure that all indicators are reported. In the two years of implementation, the data was being collected from the field but there were no standard reporting tools used. In some cases, important information was being left unreported. The YIDA M&E noted this gap and had already started the process of developing standard tools to be used for data collection. The process stopped at review stage where the designed tools had to be revised. Once the tools are fully developed, the community structures should be oriented on how to use them, including record keeping, which has been noted to be challenge among most groups.

There was also a recommendation pathway 4 to either change the indicator or the outcome phrasing from "adolescent girls finish post-secondary education" to better suit the indicator "number of girls between 15-18 years old who have a child and follow education".

## 5.0 Theory of Change (ToC)<sup>10</sup>

### 5.1 Reflection whether the sum of the outcomes of the pathways will lead to the overall goal and impact as described in the ToC.

In the Theory of Change (ToC) we assume that the sum of the outcomes of the pathways will lead to the overall goal of the programme. The problem of child marriage is multifaceted and has complex causes and effects. Teenage pregnancies, poverty, lack of role models, cultural norms, poor and uncondusive environment for girl education, lack of access to sexual and reproductive health services and information, lack of enforcement of laws and policies on teenage pregnancies and child marriage, among others, all contribute to the two problems of child marriage and teenage pregnancies. The ToC provides a holistic framework for addressing the many causes mentioned above. During the MTR workshop, the following reflections were raised in relation to the ToC in Malawi:

Under pathway 4, the MTR workshop concluded that we should omit the term ‘post primary education’ on the outcome: ‘Adolescent girls finish post primary education’ since the term is abstract and it implies all kinds of education beyond primary school. The expression of ‘Post primary education would make the outcome difficult to measure. We concluded that it should finish by indicating that adolescent girls “remain’ in school. The indicator for this outcome was also not measuring the outcome.

Under pathway 4, there is a need to critically reflect the risks associated with creating safety nets in the TOC. It has been noted that the safety nets, specifically those targeting girls, makes girls vulnerable to teenage pregnancies, as some have been reported to get pregnant on purpose so they get resources under the programme. The boys also purposely get girls pregnant in order to punish them to for being targeted with resources under the programme. These are unintended consequences of the interventions, which we need to address.

### 5.2 Description of insights gained from the (Operational, and Baseline/Midline) Research in relation to the ToC

The Operational and Midline research provided valuable insights which included the realization of the roles of ‘*Alombwes*’ in the intervention. The first operational study conducted by Centre for Social Research and KIT focused on the impact of traditional initiations. It was noted that cultural practices, such as *kusasa fumbi* (sexual debut after initiation camps as a rite of passage) still persist. The false information shared during the ceremonies encourage the boys and girls to experiment with their sexual organs on the pretext that their organs will rot, if they do not have sex. These findings related to the ToC specifically for pathway one, which involves working with community leaders to challenge social norms and change attitudes and behaviours that perpetuate CM and TP. It is from this operational research and findings of the midline qualitative study that the inclusion of *alombwes* (junior initiators) in the ToC has been seen as of added value for these have a direct influence on messages at the camps and so they need to be engaged on the dangers of TP and CM and alternative and positive messages need to be explored with them.

The second operational study on the Champions of Change (CoC) informed the ToC on the requirements to ensure that people with disability are not excluded in the CoC and also the necessity of having the CoC youth as monitoring agents of the practices during the initiation ceremonies. The study further revealed that the age gap between the CoC facilitators and the CoC themselves should not be too big, as it reduces the peer-to-peer approach, which is the necessary condition of a safe space.

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<sup>10</sup> Source: Reflection Progress/ToC tool MTR workshop

### 5.3 Validation and/or revision of the Theory of Change (ToC) and its underlying assumptions.

During the MTR workshop there was only revision made to improve the theory of change which include the following:

There is a need to provide a clear definition of some of the terms, such as 'post-primary education', which should be replaced with a clearer concept. Post-primary education refers to all levels of education beyond primary school.

### 5.4 Suggested Alterations to be made in the ToC.

The only suggestion in the ToC was the inclusion of '*alombwes*'. There is no further alterations made in the ToC. The rationale for this alteration is that the *alombwes* as key gatekeepers and custodians of culture have to be sensitized of the negativity of encouraging unsafe sexual activity among the youth and furthermore on the requirement to promote acceptable ritual practices during initiation ceremonies. The programme must hold interface meeting with the '*alombwe*' and the youths to achieve this.

### 5.4 Description on whether the assumptions can be validated or need to be adapted based on the available evidence or field experience

This ToC is based on a holistic approach to address the main factors that were unearthed during the baseline survey and constituted the rationale behind the ToC formulation processes. The baseline survey clearly indicated that child marriage is caused primarily by four factors namely: prohibition of SRH services, harmful cultural practices fuelling TP, failure to enforce community by-laws and increasing levels of poverty. These causes including the requirement to have boys and girls stand up for their SRH rights, form the pillars or pathways of the ToC.

The results of the Yes I Do midline survey indicated that there is a gradual change registered in some areas, such as improved access to SRH information and services, improved socio-economic status attained through youth economic empowerment and education for boys and girls, and a gradual change in addressing harmful norms. However, it was noted that there is a need to further investigate why there are increased cases of TP.

Following the ToC, the Yes I Do programme is founded on the following 5 assumptions:

CM and TP are effects of five main root causes which are handled in each of the five Yes I Do programme pathways.

1. Addressing the attitudes of gatekeepers will lead to change in perceptions in the communities, and therefore to lower incidence of CM and TP.
2. Engaging boy and girls' meaningfully will increase their access to SRH services
3. Increased access to SRH information and services will drastically reduce TP and CM
4. Interventions on economic empowerment and education will provide alternatives for the girls to escape CM and TP
5. The engagement of policy makers and duty bearers in formulating and enforcing laws and policies that address CM and TP is key in the programme.

The MTR workshop provided a discussion on the inclusion of *Alombwes* as key gatekeepers. The TOC assumed that norms and attitudes could be changed if we worked with more senior gatekeepers like the *Angalibas* and *Anankungwis*, who are the supervisors during initiation ceremonies. However, the operational research showed that the *Alombwes* were influential in initiation ceremonies. Furthermore, it was noted that some outcomes were harder to realize than others, subject to the context. For instance, it was noted during the MTR workshop that safety nets for girls, which appear under pathway 4, is a long-term outcome even though it appears as a short-term outcome, and we cannot realistically expect safety nets to be realized in a period of two years.

## 6.0 Partnerships<sup>11</sup>

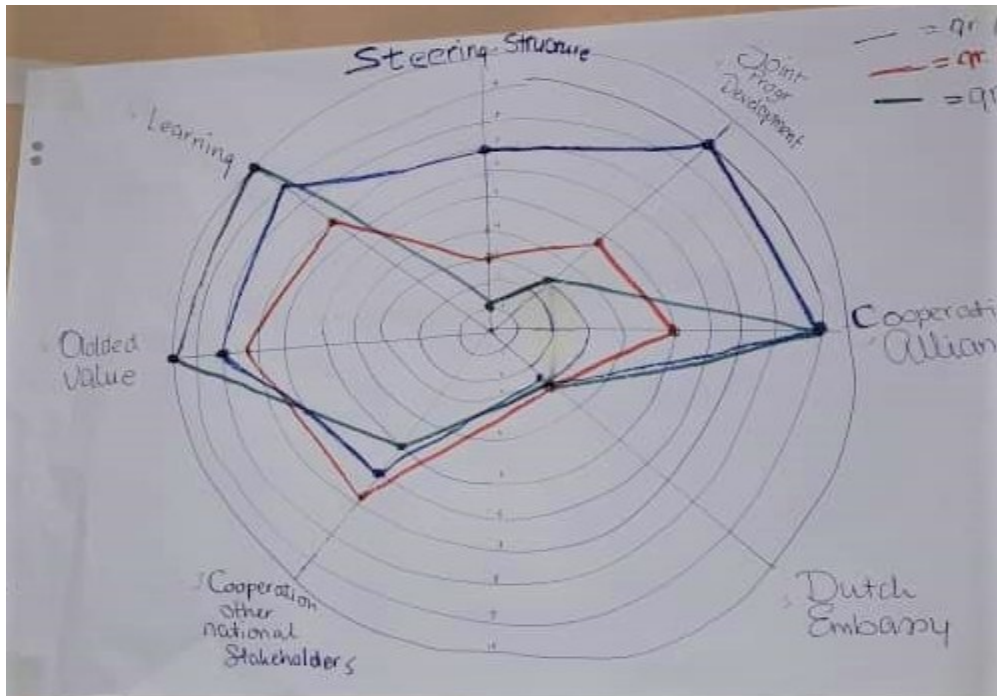
### 6.1 Assessment of the coherence (communication, connection, collaboration) of the alliance

An alliance thermometer survey was conducted prior to the MTR workshop, focusing on seven critical alliance building blocks, namely; (1) steering structure, (2) joint programme development, (3) cooperation within the alliance, (4) cooperation with the Dutch Embassy, (5) cooperation with other national stakeholders, (6) added value of the partnership and (7) learning within the alliance. In general, survey results show that the alliance has some areas of strength, such as the collaboration between YIDA partners on a programme level. The YIDA alliance benefits from partner's areas of expertise and resources to provide a concerted effort on addressing CM and TP. It must be mentioned that it does not mean that there are no areas of differences. One outstanding area of difference included conflicting organizational policies, for example on transport and disbursement of allowances. For example, in an event where a joint activity is executed, such as a quarterly monitoring visit or a stakeholders meeting, these varying policy differences are observable. Another general result from the survey is that the cooperation between management level and the programme staff is still challenging. Regarding leadership, the survey results were indicative that there is a need to strengthen leadership of the alliance to ensure that the alliance is more focused on results and impact of the programme.

The number of respondents of the survey remained low (6 out of 22). In order to fully understand how the Malawi YIDA alliance is performing, an alliance thermometer exercise was conducted during the MTR, the results of which are presented below:

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<sup>1</sup> Source: partnership survey and alliance thermometer exercise MTR workshop



Source: MTR workshop

The figure shows the results of three groups, divided as following: (1) Programme team, (2) M&E and (3) Field staff. The three groups rated the seven building blocks of alliance building from 1 (lowest) to 10 (highest) namely: steering committee, joint programme development, cooperation within the alliance, cooperation with the Dutch embassy, cooperation with other national stakeholders, added value in the programme, and opportunities for learning. In addition to the survey results, the following in-depth insights were gained during the discussions in the MTR workshop regarding the seven building blocks:

Regarding the specific building block on the functionality of the steering committee, it was observable that the steering committee execution of functions were gaining momentum after the launch of the Yes I Do Advocacy strategy, however, the MTR workshop also observed that improvement in timely decision making and feedback is expected. It was concluded that the in-country coordinator will circulate annual meeting calendars.

On the building block of joint programme development, the lowest score during the MTR workshop was 3, subject to the requirement to have government partners involved in the planning processes and also subject to lack of vibrancy in communication and feedback within the YIDA alliance implementation partners. As much as joint monitoring visits were conducted, it was a prerequisite that district partners will receive M&E data to appreciate the work of the programme.

On the building block of cooperation, the average score was 5, subject to the demonstrated desire to improve, however pinned by the failure to provide timely communications in critical times as well as provide feedback. The alliance cooperation with stakeholders is commendable with areas to improve. The district stakeholders indicated that the level of engagement was adequate but not sufficient, as they are not involved in programme planning and designing. The programme team will strategize in the next phase of implementation on how to improve the level of collaboration both among the YIDA team, steering committee and with external partners.

Regarding the cooperation of the Netherlands Embassy, the partnership survey reports that 40% of the participants do not know about the existence of this embassy while the other 40% of the participants have

an idea of this embassy, however, they have not yet involved it as a programme. However, as a programme in Malawi, attempts to reach the Dutch consulate were made a number of times, using electronic mail approach, subject to the requirements of diplomatic courtesy. Till now, we are yet to receive feedback from the consulate.

On value addition of the alliance, a number of significant developments have been noted during the mid-term review, among which is contribution to the National Strategy on Ending Child Marriage, an advocacy document to the government to provide direction on how a holistic approach in addressing CM and TP nationwide can be rolled out. Another contribution has been the Yes I Do Advocacy strategy which has been embraced by the district council to constitute a component in the District Development Plan (DPP). Additionally, the programme has assisted and supported the processes of formulation of community by-laws. It was pointed out during the MTR workshop that community by-laws on ending child marriage will be adopted for the whole of Machinga district.

On the building block of learning, the YIDA alliance has offered numerous opportunities for capacity building across all sectors in YIDA programme management, specifically on M&E framework, Gender Transformative Approach, Meaningful Youth Participation and Adolescent Sexual and Reproductive Health Rights (ASRHR) for all partners. The MTR workshop however recommended that there will be learning visits among seven YIDA countries, specifically falling within the same region to enable experiential lessons on YIDA programming.

Furthermore, added to the findings from the MTR, the programme had conducted a SWOT analysis of the alliance during the Annual Review Meeting, in 2017. The following were the observed results on the strength, weakness, opportunities and threats of the alliance.

#### 1. Strength

It was noted that the YIDA alliance demonstrated strength on regular coordination of meetings, using different platforms for enhanced communication including social media, and the existing collaboration with other like-minded alliances such as the Get Up Speak Out (GUSO) focusing on sexual and reproductive health rights in Mangochi and Chikwawa, and More Than Brides (MTB) alliance focusing on ending child marriage and teenage pregnancies in Mangochi, Chikwawa, and Nkhatabay districts of Malawi.

#### 2. Weaknesses

On the areas of weaknesses, it was noted that there are a number of overlaps in terms of reach and targets, which ultimately creates double-counting on reporting. Secondly, the steering committee had been inactive, and there was a need to regularize their meetings. Thirdly, the alliance required capacity building on networking and learning experiences on how other YIDA programmes are implemented in the other seven countries.

#### 3. Opportunities

The alliance takes advantage of the existing conducive environment where the government has provided an opportunity for the alliance to participate in the National taskforce on Ending Child Marriage, and the existing networks including the Girls Not Brides (GNB) network. Additionally, the alliance has the advantage of the commitment of the district technical working groups in both districts.

#### 4. Threats

We do not foresee threats mainly affecting the working relationship of the alliance, but the work of the alliance, these threats include the following: (1) inadequate capacity of the health centres and (2) the upcoming general elections. Inadequate capacity of the health centres is foreseen as a threat since the Yes I Do programme is creating demand for both increased and quality SRH service provision which must be supported by a vibrant and capacitated workforce in the five health centres of the impact area. We also note that subject to the political environment with the general elections in 2019, most of the community

groups that we work with will have divided attention toward political rallies and campaigns, this divided attention has a high likelihood of affecting the delivery of the programme outcomes.

## 6.2 Successes and challenges of the collaboration and communication

### 6.2.1 Cooperation, Coordination and Commitment

On cooperation, from the managers and programme implementers the programme scored high on cooperation among the alliance members because they felt that cooperation exists among alliance members and it is observable during program meetings and in some of the programme implementation at the district level. On contrary, the M&E group scored the lowest as they felt that cooperation needs to be improved especially in activity programme implementation. This was evidenced at the community level where partners would implement the same activity at different intervals instead of organizing/notifying each other at an early stage.

On collaboration, the programme implementers rated a higher score compared than the M&E and Managers. This was subject to the realization that there were a few programme activities which were implemented jointly, such as quarterly monitoring visits at a district level, and the launch of the Yes I Do advocacy strategy. This indicated an existing strong collaboration with the district stakeholders and the various meetings with the district on scaling up the community by-laws on ending child marriage in Machinga. The team of managers rated collaboration lower than the rest suggesting that there was need to increase collaboration at a programme design stage.

On commitment of the Steering Committee (SC), the managers group rated the SC very positively because the SC showed commitment during the advocacy strategy development, during the development phase and the launch of the YIDA programme. The managers also stated that the SC now have meeting twice a year where they discuss important issues regarding running the alliance. Furthermore, the contextualization of the YIDA programme to Malawi structure was conducted by the SC. However, it was noted that there is need for regular meetings which will be enhanced by a calendar of meeting days shared by the YIDA Programme Coordinator.

On the other hand, the M&E group rated the SC on the lower side because of delays to make decisions on important issues such as delays in harmonization of allowances given to beneficiaries, whereby some alliance members are on a higher rate while others on lower rate. It was also felt that there was a lack of communication/lack of feedback to the program implementers.

### 6.2.2 Costs/benefit analysis in the alliance

A cost- benefit analysis of the YID Alliance was central to the discussion of the MTR workshop. It was noted that a number of activities implemented in partnership with the district stakeholders minimized costs. Additionally, a suggestion was made that the programme should utilize role models who are readily available in the district, instead of inviting role models from other areas, who would not create the necessary motivation to the youths in the impact area. A discussion on new partnerships, the MTR workshop concluded that the programme must create partnership with Family Health International (FHI 360) and Population Services International (PSI) for additional supply of SRH commodities.



### 6.2.3 Value Addition of the Yes I Do Alliance (in comparison of not working in the partnership)

Regarding discussion on added value of the Yes I Do alliance, the combination of the alliance partners has provided expertise in all the pathways, where organizations have been assigned specific pathways according to their field of specialization. The nature of the YIDA programme and the dynamics of the impact area, specifically Machinga, would have made it difficult for the programme to be effective in the event that there was no partnership. In addition, the cooperation with other stakeholders, such as the district partners has strengthened programme delivery and provides room for sustainability after the programme is ended.

### 6.3 Description of the collaboration with the Ministry of Foreign Affairs/Dutch Embassies

Currently, YIDA Malawi has not established any collaboration with the Dutch Embassy in the country subject to the fact that there is no embassy in Malawi. However, the Yes I Do programme has been making official contacts with the Dutch consulate, which has so far received no feedback. The programme could not report any significant development on the collaboration.

### 6.4 Description of the collaboration with other stakeholders, CM alliances, the national health system and governments

The programme continues to utilize opportunities created by its collaboration with other stakeholders, including child marriage alliances and the government. It was noted that the programme has been able to achieve more at a national level through working in partnership with child marriage alliances. For instance, the programme in partnership with More Than Brides alliance, and the National Taskforce on Ending Child Marriage, contributed to the formulation of the National Strategy on Ending Child Marriage in Malawi.

### 6.5 Opportunities for improving the different relationships within the alliance and strengthen complementarity between the partners and with the MoFA and other alliances and stakeholders

The MTR workshop indicated that there are more opportunities for improving different relationships within the alliance and also strengthening complementarity between the partners. Under improvement of different relationships within the alliance, the opportunities include systematizing the Steering Committee (SC) meetings to ensure that they meet as often as possible, and a speedy harmonization of the field allowances to improve synergies. Among implementing partners, the MTR workshop indicated that there is room for improved communication between partners, judging from the results of the alliance thermometer survey findings. Following the findings, it was noted that increased collaboration exists however, there is a need to improve communication to ensure that partners are updated on what other YIDA partners are doing and share plans.

On strengthening complementarity between partners, an opportunity exists for joint activity implementation, such as joint monitoring and evaluation, with district partners. It was proposed during the MTR workshop that district partners, specifically key officials such as the District Youth Officer, The District Gender Officer and the Chief Economist, participate in monitoring and evaluation efforts of the programme. In addition, it was proposed that the YIDA alliance link up with the Population Services International (PSI) to ensure that supply of SRH commodities targets the youths who were trained as Youth Community Based Distribution Agents (YCBDAs).

## 7.0 Lessons learned and implications for the programme 2019/2020<sup>12</sup>

### 7.1 Four Key Programmatic Lessons Learned

Discussion during the MTR workshop indicated the following lessons learnt under the Theory of Change:

#### 7.1.1 Inclusion of 'Alombwes' and parents' groups

It was resolved that the programme has to include the 'alombwes' to ensure that initiations ceremonies are conducted in a manner that preserve adolescent sexual and reproductive health and rights. It was noted that initiation camps should be one of the focus areas for interventions, in terms of changing harmful cultural practices which encourage unprotected sex, which could lead to teenage pregnancies. In addition to the alombwes, the programme needs to establish father's groups to promote male involvement.

#### 7.1.2 Lesson Learned about age discrepancies of the target groups,

The programme has largely been working youths that are over 25 in the out-of-school youth clubs and these do not usually represent the voices of youths ages 15-19, who are at risk of teenage pregnancy and CM. For example, the CoC operational research revealed that the champions often refer to themselves as not part of the group and often say 'the youth' as though they are not part of the youth. Therefore, the upper-age group of the youth and might not always relate to the younger age group when it comes to our program. Some young people are married and some are unmarried. There seems to be an overrepresentation of the married youth in the activities of YID and the research.

#### 7.1.3. Boys engagement

Pathway 4 has had its focus on girls without boys and often causes the boys frustration. This affects the results of the programme. There is need for improved boy engagement on this pathway.

#### 7.1.4. Disconnect between the Law and the reality in the community

There is a disconnection on reporting teenage pregnancies whereby a number of teenage pregnancy cases do not reach the Police. Due to issues of confidentiality, when medical staff come to know of teenage pregnancies, they are not required to disclose the cases to third parties, including the police. Consequently, the Police are not able to access critical defilement information to charge the male abusers. This also justifies the importance of One Stop Centre (where the police, social welfare and health offices are housed in one building to handle child protection cases) as it was raised during the MTR workshop. The existence of a functional One Stop Centre offers an opportunity for treatment of teenage pregnancies and also according justice to the male abusers.

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<sup>12</sup> Source: Discussions MTR workshop

## 8.1 Recommendations for the Yes I Do Programme in Malawi

From the MTR evaluation processes, the following includes recommendations for the Yes I Do programme per pathway. There were no recommendations for pathway five.

Under Pathway 1:

1. There is a need for a deliberate targeting of traditional initiators, specifically those who actually conduct traditional initiation ceremonies with messages on SRH
2. There is a need to reinforce the social movement so that the movement operates in a coordinated manner and provides accurate records of achievement.
3. There is a need to scale up Champions of Change groups and to work on male involvement, as the boys are still not supportive and seem to be jealous that the project targets girls.

Under Pathway 2:

1. Partners have not yet mainstreamed MYP in programming as such there is a need for the whole organization to mainstream MYP in their working environment, specifically on decision making.
2. It has been observed that there is lack of youth involvement in community structures as such there is a need for the office of the Director of Planning and Development to sensitize people on MYP and youth to take action on their involvement in community structures.
3. Centre for Youth Empowerment and Civic Education (CYECE) must conduct a baseline survey on MYP for community members.
4. There is a need for mainstreaming the MYP interventions as partners implement their activities i.e. when working with mother groups and religious leaders,
5. Community structures and District stakeholders should be capacitated in MYP by all partners
6. CYECE should conduct follow ups to crosscheck if MYP is being implemented in all organizations and communities.

Under pathway 3:

1. There is a need to assist young people to appreciate the availability of Youth Friendly Health Services (YFHS) within the health centres of their communities. Youth clubs must be oriented on YFHS so that they reach to their fellow youths to increase number of young people accessing YFHS.
2. There is inadequate supply of SRH commodities in the five health centres of both Lilongwe and Machinga, specifically in Machinga. This creates a requirement for the programme to proactively solicit or lobby with the District Health Office (DHO) and Population Services International (PSI) for an increased supply of these commodities.
3. There is lack of recreational materials in the three health centres of Machinga. A suggestion was made that the programme should provide some recreational materials in these centres.
4. There is need for more coordination among different structures apart from only the mother groups and child protection groups. This can be done by creating three one stop centres where every structure can report cases to.
5. There is lack of coordination between Community Victim Support Unit (CVSU) and child protection workers in issues of data collection.

Under pathway 4:

1. There is a need to ensure that efforts continue to be made to create safety nets for vulnerable girls.
2. We need to ensure that we incorporate boys and girls in the distribution of school learning materials
3. We also need to ensure that we ensure that we target equally the girls and the boys in the programmes such as vocational skills training.

## On Programming Cross-cutting Approaches

1. On the partnership there is need for more collaboration in activity implementation and increased communication among alliance partners on stakeholder engagement.
2. There is more need for refresher training on Gender Transformative Approach (GTA), specifically, through Rutgers module, to ensure that activities are more GTA.
3. There is a need to produce a communication strategy which should contain communication etiquette and communication expectations from partner organizations and the in-country coordinator.
4. There is a need to closely monitor MYP specifically when youths are involved in community structures

## On Learning Experience

1. The programme must conduct regional learning workshops to gain insights on how to address cultural challenges, teenage pregnancies and other issues.
2. The programme must gain insights on topical issue on SRHR → to be decided
3. The programme must prioritize exchange visit opportunities to allow partners to share experience on how neighboring African countries deal with cross-cutting issues such as boys and girls involvement and male engagement.

## 8.2 Recommendations to strengthen the sustainability of the programme in Malawi

The main recommendation to ensure sustainability of the programme is to scaleup of community by-laws and working in close collaboration with the district partners. In addition to that it was also indicated that there is a need to continue to utilize the already existing structures instead of creating new ones.

## 9.0 Implications for the Yes I Do programme for 2019/2020<sup>Error! Bookmark not defined.</sup>

The MTR workshop, the midline study and the operational studies provide insightful reflection points for the programme, with clear areas where the programme has registered impact and the areas which require improvement. These studies provided valuable information on the direction of the programme in the next two years.

Emerging from the operational study on traditional initiation ceremonies<sup>13</sup>, the programme must target *alombwes* who conduct the initiation ceremonies, rather than the *angalibas*, to ensure harmful social norms which include '*kusasa fumbi*' are challenged. The study provided an insight about the results of mistargeting. The programme's targeting approach of contacting the *angalibas* or supervisors of the traditional initiation ceremonies did not bear substantial results. Additionally, there needs to be a greater

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<sup>13</sup> 'Initiation Ceremonies in Traditional Authority Liwonde in Machinga District in Southern Malawi: An Operational Study by Alister Munthali, and Maryse Kok, Centre for Social Research and Royal Tropical Institute, 2018

understanding of the cultural practices that are embedded in societal and informal code of conduct, where no written rules of engagement exist between the supervisors and those that conduct initiation ceremonies. It is therefore unclear if, the harmful social norms may have been practiced against the will of the traditional leaders and their supervisors.

From the operational study on the baseline of the Champions of Change (CoC)<sup>14</sup>, it was clear that CoC as an approach is effective in delivering messages on gender equality, gender transformation and SRH. However, significant in the study was the realization that facilitators who train the boys and girls lacked mindset change in some of the key indicators, such as “A good women tolerates violence from her husband or partner to keep her family.” Under this indicator, CoC facilitators scored the highest, 59.1% compared to the CoCs they teach. This implies that we need to continuously engage the CoC facilitators to propagate gender equality, and ensure that we also identify ‘appropriate aged’ facilitators, as most of these facilitators were older (above the age of 30). Another implication of the CoC findings is that the programme requires a comprehensive approach to target school going populations, who constitute the appropriate age brackets, whilst we continue to target out-of-school youths. Furthermore, it was noted by CSR that CoC would form good informants on continuous tracking of changes during initiation ceremonies.

Insightful recommendations from the Yes I Do midline survey, provided critical points on how best to improve the programme in the last mid-term. Chief in the recommendations and findings was the understanding the teenage pregnancies continue to rise, in the face of various interventions on SRH. This increase in teenage pregnancy cases, supported by the statistics collected from the Ministry of Health, begs the question on whether increased information on access to contraceptives is back by SRH commodities in the health centres. Additionally, an area of consideration is whether there is quality SRH information on utilization of these SRH commodities. The programme must intensify access to SRH commodities which currently are intermittent through strategic partnerships with PSI and Ministry of Health.

## 10.0 Main conclusions for the budget 2019/2020.

The results of the midline study and the operational studies indicate that there is no requirement for removing resources from one pathway to another, since all the pathways have links to each other. However, emphasis must be made to ensure that pathways three and one are adequately supported to address the gaps noted during the MTR workshop.

## 11.0 Any other reflection

From the MTR workshop and from the knowledge that within the subregion we have a number of YIDA alliances operating on similar programme goals as that of Malawi. Sharing similar advocacy strategies and ToC, it became very clear that learning from other similar programmes would be critical in improving the Malawi YIDA programme.

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<sup>14</sup> Champions of Change: Results from the baseline study: Alister Munthali, Maryse Kok, and Tasneen Kakal, Centre for Social Research and Royal Tropical Institute, 2018



## Annex 1. Format Results Section

<b>Pathway 1: Community members &amp; gate keepers have changed attitudes and take action to prevent CM and TP</b>	
<ol style="list-style-type: none"> <li>1. Social movement is established to transform social and gender norms that perpetuate CM and TP</li> <li>2. Established networks of change agents for social mobilization (girls, boys, men and women).</li> <li>3. Enhanced dialogues with men &amp; boys/ girls &amp; women on harmful impact of CM &amp; TP and socio-cultural practices</li> <li>4. Local leaders engaged in dealing with CM and TP</li> </ol>	
<ol style="list-style-type: none"> <li>1. Which outcomes are on track? Please explain</li> </ol>	<p><b>1. Social movement is established to transform social and gender norms that perpetuate CM and TP</b></p> <p>Cultural practices that fuel CM and TP have been challenged through a network of social movement comprising traditional leaders, religious leaders, teachers, traditional initiators, child protection committees, Parent Teachers Association (PTAs) and School Management Committees (SMCs), and youths, such as champions of change. These have conducted initiatives through the programme with remarkable results. As of June, 2018, the monitoring data indicated that over 249 child marriages were dissolved, with 117 resolved in 2017, 53 resolved in the first quarter of 2018, followed by 79 in the second quarter.</p> <p>Besides addressing issues of child marriage, the social movement advocated for adolescent SRHR, pushed for the access of sexual and reproductive health services to the youth and challenged harmful cultural practices during initiations, such as <i>kusasa fumbi</i>. An operational study which was conducted by Centre for Social Research in between October, 2017 and April, 2018 proved that most of the new entrants into initiation ceremonies agreed that the practices of <i>kusasa fumbi</i>, male circumcision and other practices that violated their ASRHR have been eliminated in the camps.</p> <p>From the time of the programme to date, there have been 260 initiatives conducted by different members and gate keepers to change attitudes and take action to prevent CM and TP. There are several community meetings held by traditional and religious leaders warning the community members against CM and TP.</p> <p><b>2. Established networks of change agents for social mobilization (girls, boys, men and women).</b></p> <p>The Champions of Change and other peer educators have a big role in advocacy of youth rights at community level. These programmes have started and some early results are seen. However, in general community meetings, young people still have limited voice,</p>

	<p>because of the belief that speaking up towards adults is disrespectful.</p> <p>The changes registered by the networks can be summarized as following: Champions of Change in Machinga has been addressing harmful social norms and practices, such as those which force girls into marriage. For example, In Mangamba, one girl confessed at the COC safe space that she was being forced by her mother to marry her stepfather. The CoC reported the matter to the CPC structures, who apprehended her stepfather and was convicted and charged with defilement. This consequence challenged the would-be molesters to step back.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p>There is still some work to be done to engage local leaders. It was reported that some of the GVHs are actually marrying off their own daughters and therefore the communities follow suit. This is also the case for some members of mother groups. It always puts a dent on their credibility and the objectives of the programme and it shows that addressing deep rooted cultural and discriminating gender norms is difficult and takes time.</p> <p>There is need to consider to have exchange dialogues between communities in dialogue sessions; with the same people doing it the whole time may not be taken seriously</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>There is resistance of community members to change, even after the community leaders advocate for that change. Parents are refusing to embrace the change.</p> <p>There are some traditional leaders who are not doing any effort to dissolve CM.</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>The capacity building which these community leaders obtained and the support of child protection committees received such as bicycles, is motivating the community groups to create these outcomes.</p> <p>The programme supported the structures with capacity building initiatives and incentives such as bicycles, for them to implement their action plans, to ensure girls are rescued from child marriages, teenage pregnancies, child labour and child abuse.</p>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>There were key outputs realized under this pathway which are the following:</p> <p><b>Enhanced dialogues with men &amp; boys/ girls &amp; women on harmful impact of CM &amp; TP and socio-cultural practices</b></p> <p>Group Village Heads have been engaging men in separate meetings after noting they usually do not attend community sensitization meetings. The meetings are often held with young men and older males together. But the real deep rooted harmful norms are not thoroughly addressed.</p>



	<p><b>Local leaders engaged in dealing with CM and TP</b></p> <p>As compared to the baseline, the Traditional Authority, being some (but not all) group village headmen and village headmen are active in the prevention of teenage pregnancy and child marriage (more regarding child marriage than teenage pregnancy). They are actively implementing the newly created by-laws, however, the implementation is not optimal everywhere and the District Council is still to officially launch these bylaws. Furthermore, teachers and health workers are active in prevention activities. Traditional and religious leaders and parents are often aware of youth-led activities (such as the Champions of Change) and their support has been mixed so far (positive as well as sometimes negative, not supportive).</p> <p>The number of cases reported by the various structures has increased and the community members are now better aware that it is forbidden to marry off girls. An example from GVH Ngundiwa, where a girl underwent <i>chitomero</i> – engagement- and a fellow youth club member took it up and reported it to the chief, and facilitated the process to stop the <i>chitomero</i> from happening.</p> <p>In another area, GVH Mangamba elected signposts in all the villages under his jurisdiction barring all forms of child marriage and indicating that he will act swiftly, should anyone marry off a child under the age of 18. The traditional leader, GVH Mangamba instructed all his subjects that he will punish anyone whether a family or a chief – village head who marries off a girl. He then elected signposts in all villages.</p> <p>Senior Chief Liwonde has instructed all his traditional leaders in TA Liwonde to stop allowing initiation ceremonies coincide with the school calendar. All initiation camps are closed the moment schools open.</p> <ol style="list-style-type: none"> <li>1. Engagement of local leaders and gatekeepers in the fight against TP and CM:- there was an observed willingness for the local leaders after we started engaging them. Most were pushing for the passing and approval of the by-laws arguing that without them they were finding it hard to curb TP and CM.</li> <li>2. Interface meetings between youth clubs and village heads and health workers:- this highlighted a lot of issues and provided insight on what needs to be done to curb TP and CM. it provided a platform for youth to voice out their opinions.</li> <li>3. Formulate committees comprising of local leaders, CSO's DEC, ADC, VDC, teachers and school directors) and local associations (PTA's) /schools to address TP and CM and gender inequality:- This has led to better collaboration and improved reporting on Cm and TP. However it is important to note that the collaboration is more pronounced between mother groups and youth clubs. The ideal would be to have all groups work together.</li> </ol>
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6. How do these outputs contribute to the outcome(s)?	The collaboration has created synergy among the village groups which has enhanced collaboration and coordination. The groups know where to report the cases and how to follow up. They take a more proactive role. After the engagements and trainings, initiators reviewed their curriculum to take sure that it was age appropriate. Village chiefs also started conducting community awareness sessions on the dangers on TP and CM and warned they will impose punishments on perpetrators
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	Father groups were not formulated. The focus was more on mother groups. It is yet to be established how the father groups will be formulated and working.
8. What are the challenges and opportunities to improve outcomes of pathway 1?	<p>There were mainly five challenges observed which include:</p> <ol style="list-style-type: none"> <li>1. The community workers also indicated that they face mobility challenges subject to the distances between communities as they perform their duties. The distances from one village to another can range from 5 to 25 kilometers. Most of the volunteers such as Child Protection Committees do not have bicycles to use.</li> <li>2. Some community groups, such as religious leaders and youths, are working in isolation, requiring the need for an enhanced collaboration between them. There is a need to ensure that these groups collaborate with other groups when conducting community meetings and addressing issues. This approach lessens their impact as their effort is not adequately supported by other gatekeepers.</li> <li>3. There is a need for a structured data collection as collecting data from individual groups is creating high chances for double counting at outcome level. During the MTR workshop, it was resolved that each organization reports on their target groups, and we need to utilize community victim support units (CVSUs) when collecting reports on child abuse cases.</li> </ol>
<b>Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR</b> <ol style="list-style-type: none"> <li>1. CSOs are involving young people in their programming in a meaningful way</li> <li>2. Adolescent girls and boys are aware of their rights and empowered to raise their voice</li> </ol>	
1. Which outcomes are on track? Please explain	<p><b>1. CSOs are involving young people in their programming in a meaningful way.</b></p> <p>All the five alliance partner organizations were capacitated in MYP. The Meaning Youth Participation Organizational Tool (MYPOT) which is a self-assessment tool to identify if there are structures to ensure MYP in those organizations, was used and identified achievements in relation to MYP as well and possible gaps:</p> <p>All the organizations have been making strides towards MYP, but not all have strategies for youth participation or policies. All the five organizations indicate a strong commitment to adopt a policy that improves youth participation.</p> <p>In terms of participation, there is a need for improvement in terms of young people's participation in the alliance. While the results indicated that all young people (100%) have the freedom of choice</p>

	<p>in the alliance, there is need to ensure that they also have the ability to make decisions,</p> <p><b>2. Adolescent girls and boys are aware of their rights and empowered to raise their voice</b></p> <p>The second outcome is measured by the indicator of perceived change among young people who experience that their contribution was meaningful and valued. The period of the programme, we noted that the various structures were receptive of meaningful youth participation and youth participation was created at Village Development Committee (VDC), Area Development Committee (ADC) and District Executive Committee (DEC). There is a need for further research to ascertain the perceived change.</p>
2. Which outcomes are <u>not</u> on track? Please explain	There was no outcome which was not on track. However, it was important that some indicators in the MYPOT require improving such as the indicator of youth participation in budget
3. Are there any unexpected outcomes observed? If yes, please elaborate	The only unexpected outcome under this pathway included resistance from traditional leaders to accord opportunities for MYP to young people. Ultimately youths and young people's participation in other structures was only a display of tokenism and not meaningful.
4. What is/has been the contribution of the YIDA to these outcomes?	The programme conducted a number of capacity building initiatives in MYP firstly to the alliance partners, and then to district stakeholders and the youth club members. All participants of these capacity building initiatives were tasked to formulate action plans to ensure they incorporate MYP in their programming and management operations. Continuous assessments and follow-ups were made to assess progress on the action plans.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ol style="list-style-type: none"> <li>1. MYP training to youth clubs and their members has definitely contributed in this pathway. 19 youth clubs have been trained in MYP</li> <li>2. Transformative dialogue sessions have been helpful in helping young people talk to chiefs, faith leaders, teachers and local leaders on issues that affect their SRHR. The sessions look at how culture has led to TP and how to work around harmful cultural practices. 19 youths club were trained in transformative dialogue and the sessions they have held have had over 300 people engaged.</li> <li>3. In school youths trained in leadership, sexuality education, advocacy skills and human rights, and support of youth-led advocacy activities <ol style="list-style-type: none"> <li>a. Youths were trained in leadership and sexuality education so they can actively participate at community meetings and be heard. And with these trainings it has been observed they have been engaged by the communities.</li> </ol> </li> </ol>

6. How do these outputs contribute to the outcome(s)?	<p>The trainings in MYP, transformative dialogues and leadership, sexuality education, advocacy skills and human rights have definitely been of great value to the outcomes. We have noted that youths were able to call and hold their own transformative dialogues in which they used the skills at the trainings to advocate and create awareness for their SRHR. Chiefs and other stakeholders, through this meeting pledged their support for child protection after hearing youths voice.</p> <p>The youths are also able to teach their fellow youths on SRHR during school general meetings</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	<p>Materials were given to girls that had come back to school and also to a few schools that participated in open days.</p> <p>Materials such as bicycles, footballs, netballs were given to all youth clubs in TA Liwonde. We also gave footballs, netballs, and chessboards to Champions of Change safe spaces. However, there is need to also give resources to YFHS spaces as well.</p>
8. What are the challenges and opportunities to improve outcomes of pathway 2?	<p>Cultural barriers, even though there has been progress, still exist and act as a hindrance to MYP. Older people are dismissive of young peoples' views and voices.</p> <p>Secondly, it was also noted that the representation of young people in community governance structures has older youths in them (30-35 years old) and these often do not represent the voices of youths between 10 and 24.</p>
<b>Pathway 3: Adolescent girls and boys take informed action on their sexual health</b>	
<b>1. Increased quality of ASHRH and social welfare information and services</b> <b>2. Adolescent girls and boys have increased access to ASHRH information and services, and child protection services</b> <b>3. Adolescent girls and boys take informed action on their sexual health</b> <b>4. Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality service provision.</b> <b>5. Teachers, Health and social workers are better equipped to provide ASHRH information and services and provide safe and youth friendly spaces</b>	
1. Which outcomes are on track? Please explain	<p>The following are the outcomes which are on track:</p> <p><b>1. Increased quality of ASHRH and social welfare information and services</b></p> <p>Our target area includes, five health facilities, all have adopted YFHS and professional working ethic and creation of youth space. Three health centres in TA Liwonde, which include Mangamba, Namandanje and Mbonechera health centres, and two health centres in TA Njewa in Lilongwe. 31 Health Service providers were (re)trained in providing YFHS. Guidelines and policies of YFHS were printed and shared to the YFHS. There is a creation of youth space within all health centres.</p> <p>Second indicator is the number of adolescent boys and girls with increased satisfaction of the services offered by these five health</p>

	<p>facilities. While the centres have been certified, Some young people report that health providers (still) do not approach them in a nice way when asking for SRH-related services. The services are found by some to be unsatisfactory. Late contact with providers, unavailable contraceptives and harsh treatment are still being reported.</p> <p><b>2. Adolescent girls and boys have increased access to ASRHR information and services, and child protection services</b></p> <p>The first indicator is for child protection cases reported and resolved in the period. Our target was 20 cases each year, and in each of the previous year we exceeded the target, in 2017 we have 192 cases reported, of which 117 were of CM, 73 cases of TP, and two cases of child abuse reported. In 2018 so far we have 186 cases in total, 132 cases of CM, 51 cases of TP and 3 cases of child abuse. So overall reports include 249 CM cases, 124 TP cases and 8 child abuse cases.</p> <p>The second indicator is for number of child protection cases reported, followed up or referred for support within the communities. The target under this indicator was 15 cases per year, but in 2017 we had 123 cases, (177 CM cases and 6 cases of child labour). In this year, we have 83 cases so far, 9 cases of child molestation and abuse, and 74 cases of child marriage.</p> <p>It must be noted that these indicators show that there has been an increase in case reporting in the community, which suggest a change of cultural norm of concealing abuse cases, to a norm of reporting them to relevant authorities.</p> <p><b>3. Adolescent girls and boys take informed action on their sexual health</b></p> <p>Under this outcome we had one indicator which is number of adolescent boys and girls between 10 and 24 that utilize SRHR services including modern contraceptives and condoms, and safe abortion or post abortion care. In 2016, about 1094 girls between the age of 10 and 24 accessed the SRH services in the three health centres. Through the programme interventions there was an improvement from 1094 to 2378 girls of the same age. In this year, by June, 2018, there were 1197 girls who accessed the services.</p> <p>However, there are still some cultural barriers, misconceptions and myths on the utilization of SRH commodities. There have also been challenges in terms of supply of commodities in the health centres. The programme resolved to engage other organizations working in the area to augment our efforts and help with supply of family planning commodities.</p> <p><b>4. Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality service provision.</b></p>
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	<p>There are two indicators for this outcome. The first is number of young people between 10 and 24 years participating in SRHR education sessions and our target for 2017 was 2000 young people, and our achievement was 6,296 (3020 female, and 3276 male). In 2018, the target was revised upwards to 2500, and the results as of two quarters indicate that we have 3302.</p> <p>The second indicator is for the number of girls and boys between 10 to 24 years old who perform as peer educators on SRHR. The target was 75 for 2017 and we achieved 25 in 2017. In this year, we have reached 27.</p> <p><b>5. Teachers, Health and social workers are better equipped to provide ASRHR information and services and provide safe and youth friendly spaces</b></p> <p>For this outcome we had one indicator which is number of teachers, health and social workers and peer educators trained in detection and prevention of CM &amp; TP and our target was 150. In 2017 we had reached a total of 153, with 51 health workers, 64 teachers, and 38 social workers (initiators). In this year, after two quarters we have achieved 92 (27 teachers, 19 CBO members and 46 volunteers).</p>
2. Which outcomes are <u>not</u> on track? Please explain	There are no outcomes which are not on track under this pathway. However, of concern during the MTR workshop was the increasing figures of teenage pregnancies in the impact area. According to the statistics obtained from the health centres close to 1700 teenage pregnancies were recorded between June 2016 and July 2018.
3. Are there any unexpected outcomes observed? If yes, please elaborate	There is an increase in teenage pregnancies in spite of the interventions and efforts on the prevention of TP and CM.
4. What is/has been the contribution of the YIDA to these outcomes?	The programme provided capacity building initiatives to health workers, teachers and youths on YFHS provision, SHR peer education, Comprehensive Sexuality Education (CSE) and Social Audit of health facilities. Additionally, the programme provided logistical support to the Ministry of Health departments to conduct health outreaches in hard-to-reach areas. Simultaneously, the provision of all these inputs by different alliance partners under pathway three, contributed to the realization of outcomes observed.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ol style="list-style-type: none"> <li>1. Training of health service providers in YFHS delivery. 35 health workers were trained on YFHS, needs of young people, Malawi youth friendly health standards and common health problems that affect young people.</li> <li>2. Training in Social Audits and Social audits conducted. Young people were trained in social audit and conducted the social audits in which they were able to identify issues fueling TP and CM as well see how</li> </ol>

	<p>service provision is done and rectify challenges with the health service providers</p> <p>3. Annual community open day sessions, spoken word, art and debates in youth clubs, health education in school all contributed to improved knowledge in SRHR issues to adolescents.</p>
6. How do these outputs contribute to the outcome(s)?	<p>The YFHS training contributed to the re-certification of the health centres. The certification among other things looks at the availability of people trained in YFHS and the available of YFHS policies and standards at the Health facilities. Amref Health Africa had provided the training and also provided the policies and guidelines.</p> <p>The social audits also identified issues that were challenges to YFHS provision, like providers coming to the centres while drunk, and sort to rectify the challenges.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	<p>1. Teachers trained in CSE (only 33% of the targeted 150 were trained). This activity has been budgeted for I 2019 and this will improve the output.</p> <p>2. Production of IEC materials (arm bands etc). This was noted and budgeted for 2019</p>
8. What are the challenges and opportunities to improve outcomes of pathway 3?	<p>The main challenge under this pathway is the increase of teenage pregnancies as it was reported through the Yes I Do Midline Survey. The survey results are supported by the monitoring efforts of the programme where the following trends were recorded:</p> <p>According to the data provided by the three health centres, Mangamba, Mbonechera and Namandanje, in 2016 there were 545 teenage pregnancy cases, in 2017 there was growth of teenage pregnancy rates to 883, and in this year by June, 2018, there were 471 cases, making a total of 1899 cases the whole period of the programme. The discussion about this development had the following conclusions:</p> <p>1. Need for investigation on why TP cases are still high despite all the awareness campaigns on SRHR and access to SRHR services and information.</p> <p>2. Amref Health Africa and FPAM should expand the outreach clinics to reach out to many young people</p> <p>3. There is also need to advocate for behavior change amongst young people.</p> <p>Another challenge on the supply of contraceptives was also noted. There was a shortage of family planning commodities between the months of January till June, 2018. Nonetheless, the programme has taken this as an opportunity to advocate for provision of commodities and also create more partnerships with organizations in Malawi that are in contraceptive provision, PSI for example.</p>
<b>Pathway 4: Girls have alternatives beyond CM and TP through education and economic empowerment</b>	

<p>1. Which outcomes are on track? Please explain</p>	<p><b>1. Girls have alternatives beyond CM and teenage pregnancy through education and economic empowerment</b></p> <p>Most schools are regarded as safe and pupils can walk safely, however the safety can be less in schools when young teachers indulge themselves in sexual activity with girls at school. This takes place because teachers promised girls that they will pass examinations, among other things<sup>15</sup>. In addition, the issue of self-boarding of boys and girls who are in day secondary school, but come from far from the school, was reported to lead to teenage pregnancy.</p> <p>The progress on this outcome is being measured by one indicator which is the number of drop-out of girls in primary and secondary schools. The mapping exercise in 2017 indicated that there were 1899 drop outs in January of 2017, however, this drop-out was reduced to 1383, as 516 girls were readmitted back to schools through the programme.</p> <p><b>2. Adolescent girls finish post primary education</b></p> <p>Under this outcome, the indicator used is the number of girls who have a child and follow up education. Based on the assessment at the end of January, 51 girls had children and had returned back to school through the programme.</p> <p><b>3. Adolescent girls are more economically empowered</b></p> <p>This outcome is measured by an indicator for number of girls participating in an income generating activities through the programme. As of June, 2018, there were 668 girls participating in IGAs.</p> <p><b>5. Established collaboration with private sector</b></p> <p>This outcome is currently not on track, however, there are high prospects for the indicator to be on track. The indicator for this outcome is number of traineeships. The programme made an agreement with TEVETA which is affiliating 67 adolescent girls to the private sector for their skills development, while training them in various vocational skills. The target was 50 traineeships which is of course an under-target, subject to the confusion of the measurability of the term 'traineeship', however we believe the target will be surpassed.</p> <p><b>6. Increased provision of youth friendly microfinance and vocational training</b></p> <p>Under this outcome, the main indicator is the number of participants in economic empowerment programmes. The overall target was 100 participants per year, however, we feel that this too was an under-target. As of 2017 the programme reached to 628</p>
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<sup>15</sup> Midline Survey



	<p>(354 girls, 274 boys) with economic empowerment programmes. In this year, we have reached out to 709 (423 girls, 286 boys).</p> <p>The economic empowerment programmes included Village Savings and Loans interventions, Vocational Skills Development initiatives, Financial Literacy and Management initiatives, and currently we are encouraging them to form cooperatives to competitively position themselves for meaningful business linkages with the private sector.</p> <p>The second indicator is the number of youths who start business/ business boosted due to the programme. By the end of 2017, 20 youths had started small scale businesses as a result of their participation in village savings and loans initiatives. As of end of June, this number had increased from 20 to 285 (157 girls and 128 boys). The nature of businesses these youth are involved include agribusinesses, groceries, selling clothes including 'zitenje' wrappers, carpentry and joinery, tailoring and baking pancakes.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p><b>4. Increased access to safe post-primary education for adolescent girls and child protection school systems in place</b></p> <p>This outcome is measurable through two indicators, one is gender parity index and the other is the number of schools with child protection systems and policies. There are 18 schools with child protection systems in place, and efforts are being made to scale up on the remaining 20 schools.</p> <p>The reason why this outcome has not been on track is that we had made attempts to come up with mechanisms on child protection in schools, however, we had not instituted systems for reporting, and addressing issues of child abuse at a school level, apart from those that exist with government policy. We therefore intend to scale up child protection mechanisms in all schools, especially those in Machinga.</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>1. There have reports that boys deliberately plan to impregnate girls because they feel they are preferred above them. When they see girls receiving help through the programme, they plan to impregnate girls on purpose.</p> <p>2. Some girls deliberately get pregnant to receive financial help through the programme, and also mother groups. They mostly think about the now and not the future.</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>The programme conducted a needs assessment in all schools with an intention of recognizing actual causes of school drop-outs, and appreciating the gravity of the impact of CM and TP in schools. Secondly the programme provided capacity building interventions to the various groups such as headteachers, mother groups, Parent Teacher Associations (PTAs), School Management Committees (SMCs), Primary Education Advisors (PEAs), out-of-school youths, in-school youths and traditional leaders on the importance of girl education, making of reusable sanitary pads, positive parenting,</p>

	<p>financial literacy, village savings and loans methodology, and vocational skills. Thirdly, the programme supported the returnees (girls and boys who dropped out and had returned to school) with learning materials, supported all schools with buckets, bicycles, cups, and soap, to ensure that school environment have proper hygiene, and also supported the out-of-school youths with bicycles and hardcovers for proper documentation of VSL group activities. The programme continued to monitor the results of these interventions. All these efforts contribute to the outcomes observed under this pathway.</p>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ol style="list-style-type: none"> <li>1. Adolescents trained in entrepreneurship. Through the training participants were able to develop, a business plan. Through loans most, started their own businesses. By the time of the MTR workshop in September, there were 285 adolescents (157 girls and 128 boys) conducting small scale businesses through the programme.</li> <li>2. Identify girls who dropped out of school to return to school. Sensitization meetings were targeted in communities with the highest rates of drop out.</li> </ol>
6. How do these outputs contribute to the outcome(s)?	<p>The sensitization meetings increased awareness on the importance of education and led to drop puts returning to school while the mother groups were working towards supporting these girls not to drop out again. They counselled them and provided them with menstrual pads. It was noted nonetheless, that some of those that were trained as members of mother groups do not provide the PSS.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	<p>The output of number of schools with child protection systems is currently not on track. In spite of the existence of learner's councils in some school a majority of schools create an environment for child abuse and sexual violence as it was indicated in the midline study.</p>
8. What are the challenges and opportunities to improve outcomes of pathway 4?	<p>The pathway faces a number of challenges which include the following:</p> <ol style="list-style-type: none"> <li>1. The increased vulnerability for girls who receive support through the programme, as a result of exposure. A number of girls have been facing ridicule for being teenage mothers when they come back to school</li> <li>2. The divided attention by the girls, between child care and education. It has been reported that a number of girls that return back to school face double roles, that of a mother and that of a student, which at times are difficult to reconcile. This often times makes adolescent girls drop out of school again.</li> <li>3. Deliberate move to get impregnated to qualify for support that comes through the programme. In the MTR workshop, it was discussed that a number of girls are deliberately getting pregnant to qualify for support from the programme.</li> </ol>
<b>Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and TP</b>	

<p>1. Which outcomes are on track? Please explain</p>	<p><b>1. Policy makers and duty bearers develop and implement laws and policies on CM and SRHR</b></p> <p>The programme has made steady progress on this outcome observed by the following two indicators. The first is the sets of local law (incl. by-laws) and policies prohibiting CM (disaggregated by policies, laws), on district level. The following include the changes under this indicator:</p> <p>The programme in 2017 challenged the application of the readmission policy in Machinga district, as it was evident that the Readmission Policy was not creating an opportunity for girls rescued from child marriage to return back to school in time, thereby increasing their chances to remarry. The application of the policy only accepted those applying at the beginning of the academic calendar to be readmitted. Through the programme and in consultation with a number of stakeholders, including the Ministry of Education, the application of this policy has changed. Currently its application allows all learners at every stage to return to school.</p> <p>The programme intensified campaign to have community by-laws in TA Liwonde approved by the full council. Through the effort, the district accepted that the by-laws will not only be approved at a TA level but also at a district level. The district council observed the by-laws were very necessary and will not only be approved for TA Liwonde where YIDA is being implemented but also the other 13 Traditional Authorities in Machinga. In the year, 2018, a number of stakeholders meetings have been conducted to deliberate these by-laws and accelerate the process.</p> <p>The by-laws against child marriage and child labour for Lilongwe districts were finally approved in April, this year. For example, a girl, born of albinism, for the fear of attack, she got into a marriage for safety. But chiefs nullified the marriage when they heard the news.</p> <p>On the second indicator which is number of child marriage cases reported and taken upon by the duty bearers. There were 249 cases acted upon by duty bearers.</p> <p>Districts level policy makers are sometimes involved in community awareness meetings around preventing teenage pregnancy and child marriage, including issues on gender equality and girls' rights.</p> <p><b>2. CSOs and change agents hold government and policymakers to account.</b></p> <p>The programme has been empowering the change agents such as the District Technical Working Committee, comprising the CSO representatives and district stakeholders to hold government to account on some policies. Furthermore, the programme launched the Advocacy Strategy to harness the efforts with specific targets and strategic direction. Main areas which we would like the government to address include: the budgetary support to the One</p>
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	<p>Stop Centre in the district, budgetary support to the Police to ensure that there are adequate Police stations in the district, proper enforcement of the Readmission Policy, Enactment of the By-laws against Child Marriage and enforcement of the same, supply of SRH commodities in the health centres.</p> <p>Because of the work of the change agents of Yes I Do, there are growing number of cases that are being referred to Police and litigated. For example; In 2017, one case of a girl child aged 14 in standard six at Masanje Primary School was impregnated by a man aged 24, a matter which was referred to Police and the case is still under litigation.</p> <p><b>3. Enhanced evidence-based advocacy</b></p> <p>This outcome is measured by one indicator which is number of media hits (from radio shows, press conferences and releases, articles, television debates, opinion articles) with references to research on child marriage. On this outcome, we are on track, having a target of 10 media hits, the programme has had a good number of hits totaling to 8 media hits this year, including radio and TV shows, newspaper articles and research features. Interesting topics under coverage included: ‘Machinga Police accused of extra-judicial conduct’<sup>16</sup> where it was reported that Police officers who were demanding bribes to release suspects involved in child marriage and defilement were warned. Child Protection Committee who were trained by the programme revealed this and brought it to the attention of the media. Another interesting feature was titled: ‘Chiefs active in Yes I Do programme’<sup>17</sup>. Another interesting feature included entitled: ‘Over 250 readmitted school girls benefit from Yes I Do programme’<sup>18</sup>. Another very critical article entitled: “Machinga youth drilled on sexual reproductive health”<sup>19</sup> discussed the efforts of the programme in addressing the increasing number of teenage pregnancies in Machinga by equipping the youth with sexual and productive health knowledge. In addition to these were newspaper articles with various interesting stories such as following the launch of the Advocacy Strategy and the request to community leaders to be vigilant in prevent all forms of child abuse.</p> <p><b>4. Research conducted &amp; data acquired for advocacy purposes</b></p> <p>The measure for this outcome is through the number of communication materials developed based on research findings from baseline, mid-term and end line studies and operational research around the interventions. So far through the three operational research conducted namely: “Initiation ceremonies in</p>
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<sup>16</sup> <https://zodiakmalawi.com/malawi-national-news/machinga-police-accused-of-extrajudicial-conduct>

<sup>17</sup> <https://www.manaonline.gov.mw/index.php/component/k2/item/5012-chiefs-active-in-yes-i-do-project>

<sup>18</sup> <https://www.manaonline.gov.mw/index.php/national/education/item/6720-over-250-re-admitted-school-girls-benefit-from-‘yes-i-do’-plan-malawi>

<sup>19</sup> <https://www.maraviexpress.com/2018/01/04/machinga-youth-drilled-on-sexual-reproductive-health/>

	<p>Traditional Authority Liwonde in Machinga District in Southern Malawi”, “Champions of Change: Results from the Baseline Study” and a midline study entitled: “YES I DO: Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Malawi”.</p> <p>The research findings provoked an advocacy on the conduct of traditional initiations to ensure that they abide by the standards of adolescent sexual and reproductive health and rights. It was noted that as much as improvement has been registered, since circumcision is conducted by the medical practitioners, and initiation ceremonies are conducted in holidays and do not conflict with the school calendar, there was more to be done. Some messages during the initiation ceremonies provoke adolescents into sexual debut, and spark teenage pregnancies as more targets for the initiation range from 11 to 15. Messages like “Your private part will wilt, if you do not have sex after graduating from the initiation camp” create a motivation for unprotected sexual debut. A newspaper article entitled: “initiation ceremonies fuel school dropout rate in Machinga<sup>20</sup>” was published to address issues of the impact of initiation ceremonies on a girl’s right to education, her adolescent sexual and reproductive health right, her right to choose whom to have sex with.</p> <p>The research done also indicated the importance of “<i>alombwe - aides to traditional initiators</i>” in our programming. These were neglected before but working with them would change SRHR outcomes especially on TP</p>
2. Which outcomes are <u>not</u> on track? Please explain	Under this pathway, there is no outcome which is not on track.
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>There are several unexpected outcomes under this pathways which include the following:</p> <ol style="list-style-type: none"> <li>1. Partial contribution towards the constitutional amendment on marriage age. The programme was introduced when the constitutional law was not in sync with the Marriage, Divorce and Family Relations Act, 2015, especially on the age of marriage. While the Marriage, Divorce and Family Relations Act (2015) indicated that no one below the age of 18 is legally barred from marriage, the constitutional provision under section 23, provided room for parental consent for those between the age of 16 and 18. The programme participated in the advocacy initiatives at the national level for a change to this constitutional provision, which ultimately was realized in February 2017.</li> <li>2. Production of the National Strategy on Ending Child Marriage. The programme largely supported with technical and financial contribution the production of the National Strategy on</li> </ol>

<sup>20</sup> <https://www.nyasatimes.com/initiation-ceremonies-fuel-school-dropout-rate-in-machinga/>

	<p>Ending Child Marriage. The Yes I Do team was invited to participate in the validation meetings and the review meetings of the national strategy. The national strategy is a mechanism to address all variables contributing to child marriage in the country following an agreement with African Union in 2015. All countries that have launched the AU Campaign against Child Marriage, should have a strategy to support the mechanism. This strategy covers a period of five years, from 2017 to 2022.</p> <p>3. The Yes I Do Advocacy Strategy has been incorporated in the District Development Plan (DDP) for Machinga district. The District Technical Working Group, impressed with the work of the programme through the Yes I Do advocacy Strategy, decided to incorporate the strategy into their DDP and would like the strategy to apply to the whole district, not necessarily the impact area of the programme.</p> <p>4. The by-laws have also been scaled up to all 14 Traditional authorities but YIDA only implements the programme in one TA. We had not anticipated that they would be approved for the whole district</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>The programme conducted engagement with the district stakeholders on various policies which were either poorly enforced or creating a barrier. For instance the readmission policy which was poorly enforced. These engagements provided a platform for a concerted approach to ensure proper enforcement of these policies. The programme also conducted capacity building initiatives to traditional leaders, and community structures on the current legal framework, to assist them in formulation of community by-laws. Similarly, the programme supported national initiatives focused on addressing child marriages and teenage pregnancies, such as the formulation, review, validation and launch of the National Strategy on Ending Child Marriage. This continuous engagement with district stakeholders has been pivotal in the formulation of the Yes I Do advocacy strategy, which has assisted in creating both the expected and unexpected outcomes observed under this pathway.</p>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ol style="list-style-type: none"> <li>1. By law review meetings where stakeholders were giving input to the by-laws have been instrumental</li> <li>2. Development of the advocacy strategy targeting TP and CM</li> </ol>
6. How do these outputs contribute to the outcome(s)?	<p>The advocacy was developed with the input of the district stakeholders as such it encompassed a lot and so this led to the strategy being adopted not only for TA Liwonde but the whole of Machinga District.</p> <p>It was also the case for the by-law review meetings as well as engagement with stakeholders.</p>

7. Which outputs were <u>not</u> realized? Please provide a summary and explain	There could be more that could be done on documentation. CYECE is working on compiling stories next year
8. What are the challenges and opportunities to improve outcomes of pathway 5?	The collaboration with district stakeholders as well as our involvement in the District Technical working group on child protection is an opportunity that could improve the outcomes of pathway 5 for the programme
<b>Cross-cutting issues</b> Which the results have been achieved concerning the following cross-cutting issues: <ul style="list-style-type: none"> <li><b>a. Gender transformative approach</b></li> <li><b>b. Girls empowerment</b></li> <li><b>c. Men &amp; boys engagement</b></li> <li><b>d. Meaningful Youth Participation</b></li> </ul>	
Gender transformative approach:	<p>At the start of the programme, there was an indicator that most girls could not propose or date a boy they wished, and most of them could not also negotiate the use of condoms during sexual intercourse, subject to cultural norms that the practice suggests the girl is a prostitute. The boy (impregnator) was not responsible for caring for the pregnancy and the baby.</p> <p>However after the programme, results from the Midline Survey indicate that girls can date or propose the boy they want and also some changes on the care of the baby, both parents and the boy and the girl are becoming responsible for the care. Needless to say that there is more to be done on negotiation on condom use in as far as GTA is concerned.</p>
Girls Empowerment	<p>The perceived autonomy is often there, especially before starting a relationship, however, after starting the relationship, the autonomy of girls seems to go down. The autonomy can be perceived big, but is influenced by circumstances. For example, girls deliberately choose to have sex with certain boys in order to be provided with soap, lotion or money. When the (sexual) relationships have started, the autonomy becomes less and the male partner will have more say in what to do.</p> <p>The programme is promoting girl empowerment in various aspects. At the start of the programme, the baseline data indicated that more males (46%) saved money than female (33%). Girls are empowered to start their own small scale businesses through the programme. Currently there are 155 girls owning small scale businesses as a result of the programme's interventions. 70 girls are being trained in various vocational skills such as tailoring, bakery, carpentry and joinery, vehicle body repairing and welding and fabrication.</p>
Men and boys Engagement	At the start of the programme, boys and men were not very much engaged in the fight against CM and TP. The programme has rolled out interventions which encourages boy and men engagement, explicated through male champions, where men have been proactive in fighting CM and standing up for women and girls. Another intervention is the Champions of Change approach where

	<p>are being gradually trained to question social norms that create gender imbalances</p> <p>The Champions of Change programme has an explicit component for boys and young male. In other activities, boys and men are taken along as well. The components on education and economic empowerment are perceived to be more focused on girls, which is reported to be a problem by many community members (men feel left out).</p>
Meaningful Youth participation (MYP)	<p>At the start of the programme, youths and young people were not recognized in various structures. It was only on paper to allow youth in various district structures, however on the ground many youth were not actively involved in the structures. However, at the moment, youth representatives are available in VDC structures, in fact there is a VDC restructuring going on, where two places for youth is provided. Additionally youth are invited and participate in District Executive Committee meetings. In organizations, we still need to improve on policy and provision of decision making for youth especially in budget issues.</p>