

AREA: Prevention among youth

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*GOING TO SCALE:
SUSTAINED RISK REDUCTION
BEHAVIOR FOR YOUTH*

EVALUATION REPORT

FOR

Government of the Netherlands
and
UNICEF Malawi



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ABBREVIATIONS

AAC	Anti-AIDS Club
ABC	Abstinence, Be faithful, Condom
AIDS	Acquired Immuno Deficiency Syndrome
CAC	Community AIDS Committee
DACC	District AIDS Co-ordinating Committee
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GOM	Government of the Republic of Malawi
HCTSC	Home Care Technical Sub-Committee
HIV	Human Immuno-deficiency Virus
HRTSC	High Risk Technical Sub-Committee
IEC	Information, Education and Communication
KAPB	Knowledge, Attitude, Practice, Behaviour
LISAP	Livingstonia Synod AIDS Programme
MIE	Malawian Institute of Education
MOE	Ministry of Education
MOH&P	Ministry of Health and Population
MOV	Means of Verifiable Indicators
MOY	Ministry of Youth
NACP	National AIDS Control Programme
NAPHAM	National Association of People living with HIV and AIDS in Malawi
NGO	Non Governmental Organisation
OTSC	Orphan Technical Sub-Committee
PEA	Primary Education Advisers
PTA	Parent-Teacher Association
RAT	Regional AIDS Team
STI	Sexually Transmitted Infection
TA	Traditional Authority
UNAIDS	United Nations AIDS Programme
UNFPA	United Nations Population Fund
VASO	Voluntary AIDS Service Organisation
VCT	Voluntary Counselling and Testing
YDAO	Youth Development and Advancement Organisation
YECE	Youth Empowerment and Civic Education
YFHS	Youth Friendly Health Services
YTSC	Youth Technical Sub-Committee

Executive summary

Malawi, one of the least developed countries in the world, is facing a serious HIV/AIDS epidemic. The HIV prevalence for the entire population is almost nine percent and sixteen for adults aged 15 to 49. The overall prevalence is still increasing and the increase among young pregnant women, aged 15-19, indicates that the youth has not adapted safe sexual behaviour.

The UNICEF programme “Going to Scale, Sustained Risk Reduction Behaviour for Youth”, sponsored by the Netherlands Government (Netherlands Government Activity number MW000703), aims at providing in- and out-of-school youth with the necessary tools and skills to avoid high risk sexual behaviour in order to reduce the HIV transmission rate. The project commenced on 1-1-1997 and had its ending date (31-12-1999) extended to 31-12-2000 (budget neutral extension). The Netherlands Government decided to evaluate the project, although the project will run for six more months.

The objectives of the evaluation are:

- ◆ *Examine the relevance of the programme components in the context of Malawi*
- ◆ *Determine the status of the implementation of all programme components*
- ◆ *Assessment of the effectiveness of HIV/AIDS prevention activities supported by the Netherlands Government*
- ◆ *Identification of a possible way forward*

The evaluation was carried out between 10 and 21 July 2000, by two external consultants with the assistance of two UNICEF Lilongwe officers.

The project proposal, as submitted to the Netherlands Government in 1996, contains unrealistic or not measurable objectives, unclear or unexplained budget lines and discrepancies between the logical framework entries and the explanatory text. This has made it difficult to evaluate the programme in relation to the logical framework and budget, as found in the project proposal. However, the programme components are well described and the evaluators decided to base the evaluation on the narrative information in the project proposal and not so much on the objectives and specific objectives and the corresponding budget headings.

The project has six components:

- ◆ In-school curriculum - Life Skills Education
- ◆ In-school extra curricular - Anti-AIDS Clubs
- ◆ Out-of-school youth - Skills Clubs
- ◆ Enabling environment support
- ◆ Youth Reproductive Health Services (Youth Friendly Health Services)
- ◆ Research, monitoring and evaluation

The relevance of the programme components in the context of Malawi

All programme components aim at the reduction of high risk sexual behaviour among youth and to create an environment (breaking the silence) that creates an enabling environment for youth to remain sexually inactive or adopt a low risk sexual behaviour (safe sex, condom use). Knowledge, Attitude, Practices and Behaviour (KAPB) studies were carried out among the youth in urban areas in 1993, 1994 and 1996. These studies showed that there is reasonable good knowledge about HIV and AIDS. The practices and behaviour were not consistent with this knowledge and this resulted in continuous high-risk sexual behaviour. This is illustrated by the increasing HIV prevalence in the general population and in particular by the increase in HIV prevalence among women 15-19: 12.3 percent in 1996 and 18.7 percent in 1999. The project aims at providing the youth with the skills to translate the

knowledge into sustained reduced sexual risk behaviour. Girls and women in general are culturally instructed to be submissive and are therefore very vulnerable. They often are deprived of their fundamental human rights. The life skills education will assist girls not only to adopt low risk sexual behaviour, but it will also give them the tools to become more assertive. This is in line with the Government of Malawi (GOM) campaign of civic education. This programme aims at creating a society in which all citizens can enjoy their basic rights and are not discriminated.

The programme components are all relevant in the context of Malawi.

The status of implementation of the programme components

1. In-school curriculum - Life Skills Education

The achievements are:

- ◆ A scope and sequence chart for standards 1-8 has been produced
- ◆ Materials for standard 4 have been developed, field tested, adjusted and are being printed
- ◆ Drafts of the materials for standard 3 and 5 have been produced
- ◆ The Ministry of Education (MOE) has decided that Life Skills Education is a subject on its own in Primary Schools

The Life Skills curriculum for standard 4 will be introduced either by the end of 2000 or early 2001.

The original project aim was to introduce the curriculum in standard 1-5 during the project period. This objective was impossible to achieve. The curriculum developers needed to adjust themselves to the completely new approach and the materials had to be field-tested and this is time consuming. Realistically seen, the achievements made for this component are considerable.

UNFPA is developing a curriculum for standards 5-8 on Sexuality and Reproductive Health. This curriculum will be integrated into other subjects. The curriculum will use Life Skills as an integral part of the approach. There has not been any cooperation between UNICEF and UNFPA concerning this development. The evaluators strongly recommend that UNICEF, UNFPA, MOE and the Malawi Institute for Education (MIE) will meet and combine their efforts in order to prevent duplication and avoid the risk of inconsistent or conflicting messages, and to save resources.

2. In-school extra curricular - Anti-AIDS Clubs

Approximately 3,200 Anti-AIDS clubs (out of the 3,500 planned) were established. The Youth Technical Sub-Committees (YTSC) and NGOs like InterAide implement this component. Not all clubs have a trained matron or patron. Over 1,500 head teachers were orientated and matrons/patrons were trained during the project period. Some were trained before the project's start. The quality of the training could not be established during the evaluation, but some of the YTSCs, who are responsible for the actual training, have little knowledge of Life Skills Education and participatory teaching methods. The clubs have little to no materials (e.g. handbook for the matron/patron, IEC materials for the pupils or sports equipment). Most schools have one club with a membership of around 30 pupils. Many more pupils would like to become member, but clubs are advised to exceed 30 members and the capacity to start a second club is not always available.

The members who participated in Focus Group Discussions (FGD) during the evaluation, indicated that they had adopted safer sexual practices, either by remaining inactive, abstain (second virginity) or by making use of condoms. The members of the Anti-AIDS (locally known as Edzi Toto Clubs) are supposed to act as peer educators for their age-mates. Specific research will be needed to explore if this has been effective, but in areas with active

Edzi Toto Clubs the number of girls who dropout of school due to teenage pregnancy was reported to be declining.

Most clubs have more boy- than girl-members, but the participation of girls is increasing. All those interviewed during the evaluation, including policy makers, teachers, YTSC members and members of the clubs found the clubs an important and highly relevant component of the project.

The basic message for reduced risk behaviour, i.e. Abstinence, Be faithful to a mutual uninfected partner, or use a Condom (ABC) is not practical for younger children, as faithfulness to a mutual uninfected partner is not a realistic issue at that age. Abstain or use a condom is more realistic.

3. Out-of-school youth - Skills Clubs

This component includes a variety of Anti-AIDS Youth Clubs, more general Youth Clubs and Youth NGOs. The activities carried out by these clubs include HIV/AIDS information and education for the members, some outreach activities (e.g. through drama, festivals, etc.) and peer education. Other activities include:

- Youth counselling,
- Environment preservation
- Civic education
- Community development
- Sports activities
- Vocational training

Membership varies from 10 to well over 150. More boys than girls are active, although not in all clubs.

Most clubs and NGOs lack materials and means of transport to perform outreach activities. Some have started Income Generating Activities (IGA) to support the members or to improve the performance of the club. The training and follow-up of club leaders and peer educators, to be organised by the YTSC or implementing NGO, has been insufficient in some cases.

Parents, community leaders and the community in general react positively to the component. At first the reaction was skeptical.

The project aim was to stimulate vocational training among the members, in order to secure gainful employment, but this has not been achieved.

The total number of clubs established is small in relation to the number of clubs for the in-school youth. Out-of-school youth in most parts of the country will not have access to one of the clubs, due to geographical distance. Clubs in urban areas might therefore be more effective than those in rural parts of the country.

The members of the clubs claim to have adopted reduced risk behaviour (abstinence, faithfulness or safe sex practices). Some clubs, but certainly not all, have developed very high, almost saint-like role models and provide messages to the public likewise, which might not be very effective and is sometimes judgemental.

4. Enabling environment support

This component aims at “breaking the silence” and to create understanding in the population about the situation of the youth and to offer youth alternatives to spend their free time. Three aspects of the component have been carried out in full, i.e. the production and broadcast of the weekly “Straight Talk” radio show, the radio soap “Tinkanena” and the jingles (or commercials). Both ‘Straight Talk and to a lesser extent “Tinkanena” are very popular in Malawi. Other activities have not been carried out, such as creating a platform for discussions between parents and teachers on youth and reproductive health, production of a video and the purchase of video equipment. Partly done are the purchase and distribution of sports equipment (for which there is a great demand) and the purchase of materials as incentives, such as caps, T-shirts, etc.

5. Youth Reproductive Health Services (Youth Friendly Health Services)

This component aimed at improving accessibility to formal and informal health services for youth (youth to youth sexual health services). The project was to be carried out in close co-operation with the Ministry of Health and Population (MOHP) and the National Family Welfare Council. A committee was formed, but no progress towards the actual implementation was made. The plan lies with the National Youth Council of Malawi currently for further exploration. Several peer educators and youth counsellors from youth NGOs have been trained as part of the component, however the main objective of the component has not been achieved.

6. Research, monitoring and evaluation

An effective monitoring system of the activities in the districts has been installed through the YTSCs. To boost the capacity of these committees, UNICEF involved the Regional AIDS Teams (RAT). These teams bring in more expertise and capacity, which has improved the monitoring greatly. The introduction of monitoring boards in all districts, from which most of the quantitative information concerning the implementation of the project at district level can be obtained, is an innovative initiative.

Nine narrative studies were planned for the project period. A KAPB study, to be regarded as a baseline study, was carried out before the actual start of the programme. UNICEF intends to do another KAPB study towards the end of 2000. One other study, providing a baseline on health and sexual behaviour, through focus group discussions, was done in Blantyre. This study provided UNICEF (and other interested parties) a lot of information, useful for the programme components. Other narrative studies were not done, as qualified researchers could not be found. One study, to combine the results of previous KAPB surveys, was carried out and UNICEF participated in the 1999 HIV and syphilis sentinel survey.

The financial monitoring is confusing. The expenditure data, as provided by the programme staff, is different from the financial data provided in the annual reports. The income and expenditure situation as provided by the finance section of UNICEF Malawi is different from the information obtained from the programme staff. A clear picture of the actual financial situation could not be obtained during the evaluation.

Assessment of the effectiveness of HIV/AIDS prevention activities supported by the Netherlands Government

Most of the programme components have been implemented in part or not at all, so it is difficult to measure the effectiveness at this stage. However, the in-school extra curricular activities have been very positively received and the reported drop in teenage pregnancies among school going girls is an indication that this programme component is effective. The introduction of the Life Skills Education Programme will undoubtedly further strengthen this effort. Several studies in other sub-Saharan countries have clearly indicated that the most effective way to attain low risk sexual behaviour is to provide the knowledge and the skills to young sexually inactive youth, in order for them to remain inactive. The in-school Life Skills Education and to a lesser extent the in-school Edzi Toto clubs address these children.

The thinking and public opinion in Malawi towards AIDS and HIV has changed positively in the last one to two years. It is impossible to determine how much the radio programmes "Straight Talk" and "Tinkanena" contributed to this, but both programmes have certainly played their part.

Identification of a possible way forward

The in-school Life Skills Education, the in-school Edzi Toto clubs and the two radio programmes are the most successful and promising parts of the project. The curriculum developers at MIE have learned during the production of the standard 4 materials and will be

able to produce the materials for the remaining standards much quicker. MOE has expressed that they would like to introduce the Life Skills Education Programme in all eight primary school classes. Co-operation and collaboration between UNICEF, UNFPA and MOE are necessary to streamline the Life Skills Education Programme and the Sexuality and Reproductive Health Programme. The development, testing, printing and introduction of the Life Skills Education textbooks will be a costly affair. With a similar budget for the UNICEF Education and Youth Programme as in the past project period, relatively little will remain for other activities.

The in-school Edzi Toto Clubs have almost all been established and it should be possible to continue this, including improvement of the quality through extra training and availability of IEC materials and sports equipment, within a reasonable budget allocation. There are indications that these clubs are effective. The two radio programmes are relatively cheap to produce and broadcast. Although the general environment in Malawi is improving towards a further acceptance of HIV and AIDS, there is still a place for these programmes.

Monitoring and evaluation of the programme remains necessary and this component should be given sufficient attention. Possible research components should focus on measuring the effectiveness of the programme components and/or exploring alternatives.

UNICEF is recommended to critically consider the out-of-school clubs and Youth Friendly Health Services components before continuing these. Both components do certainly have a place in the aim of reducing high-risk behaviour, but might be less effective than the other previously mentioned components.

YFHS can play an important role in reducing high-risk sexual behaviour. The possibilities of introducing Youth Friendly Health Services in a wider context should be explored, i.e. together with peer education, Voluntary Counselling and Testing (VCT) and syndromic management of Sexually Transmitted Infections (STI). A recent decision by MOHP that the drugs required for syndromic management of STI cannot be provided by some health workers makes this intervention questionable, as most of the health centres (first contact point for the majority of the clients) are staffed by the same health workers. Further exploration in collaboration with e.g. the Banja La Mstogolo Clinics (a DfID sponsored initiative, aiming at Reproductive Health) is recommended

Conclusions

The UNICEF project “Going to Scale, Sustained Risk Reduction Behaviour for Youth” has been successful in the implementation of some components, while other components have reached an advanced stage for introduction. The achievements compared to the objectives and specific objectives have not been reached, but this is a result of unrealistic high targets set in the project proposal. Both UNICEF and the Netherlands Government should have looked at the proposal more critically in order to make it realistic. Three of the current programme components (In-school Life Skills Education, In-school extra curricular Anti-AIDS Clubs and Enabling Environment Support) should be continued, i.e. expanded and strengthened, while two other components (Out-of-school Anti-AIDS Clubs and Youth Friendly Health Services) will require a critical analysis. Other possible programme components, which can be introduced in relation to sustained risk behaviour, are peer education (not as part of e.g. clubs) as a separate programme and Voluntary Counselling and Testing Centres. The project is highly relevant in the context of the still increasing HIV/AIDS epidemic in Malawi.

The financial situation of the project is unclear. The programme officers and the finance section of UNICEF Malawi have provided different data concerning income and expenditure. A request sent to UNICEF Headquarters in New York for clarification was not answered.

1 Introduction

1.1 The Country

Malawi is a long, narrow country situated in the southern part of the East African Rift Valley. Its area is over 118,000 km² of which one fifth is taken by Lake Malawi. It is landlocked and borders Mozambique, Zambia and Tanzania. Malawi is one of Africa's most densely populated countries, with an estimated population of almost 10 million. Approximately 20 percent of the people live in urban and peri-urban areas. The country is divided into three regions, i.e. Northern, Central and Southern Region. The Southern region is the most densely populated, the Northern the least, with 130-140 and 70-80 persons per km² respectively. Malawi has a young population; 45 percent is younger than 15 years, 52 percent is between 15 and 64 and only 3 percent is 65 years and over. The annual population growth rate was 3,9 percent between 1980 and 1995, but has dropped to 1.57 percent in 1999. Life expectancy has dropped from 41 years in 1996 to 36,3 in 1999¹.

Malawi ranks among the world's least developed countries. About 85 percent of the population work in the subsistence sector, engaged mainly in small-holder farming, including a variable proportion of cash crops. The rest of the economy is also agricultural-based, principally tobacco, tea, coffee and sugar. Other economic development consists mainly of infrastructure and import-substitute products with a small service sector and secondary manufacturing for export. Tourism is modest, but could become a major earner of foreign exchange. Agriculture accounts for 45 percent of GDP and 90 percent of export revenues. The GDP growth rate has been higher than the population growth rate during the last years.

1.2 The HIV/AIDS situation in Malawi.

The AIDS epidemic has a profound impact on the Malawian society. HIV was introduced in Malawi during the late seventies or early eighties. The first confirmed AIDS cases were in 1985, also the year of the first sero-prevalence survey in the country. The sero prevalence rate in Blantyre was 2% in 1985. HIV spread very fast in Malawi between 1985 and 1992-3: the prevalence in Blantyre went up to 26.1% in 1991. The epidemic shows significant differences across the country. The sentinel surveys, annually carried out by the National AIDS Control Programme (NACP) since 1992, show that the HIV prevalence rate has been fairly constant in urban areas, but that the peri-urban and rural areas is still on the increase. The overall increase, very high during the first years of the epidemic, has slowed down, e.g. the prevalence rate for the entire population went from 8.6% in 1998 to 8.8% in 1999. Significant differences in HIV prevalence can be seen in rural areas, ranging from 2.9% to 28.8%. The highest prevalence rates during sentinel surveys are found in women between 25-29 years: 28.2% in 1998 and 28.3% in 1999. The increase in HIV prevalence among women 15-19 years from 14.3% in 1998 to 18.7% in 1999 is of great concern and indicates that the epidemic is not (yet) stabilising. The decrease of prevalence rates among 15-19 year old women in sentinel surveys in Uganda and Zambia is considered as an important indicator of behaviour change among the youth in these countries.

Age Group	HIV Rate 1998	HIV Rate 1999
<15 years	1.8% (1.76-1.84)	2.2% (2.1-2.3)
15-49 years	16.2% (16.1-16.3)	16.4% (16.1-16.7)
50+ years	1.0% (0.98-1.02)	1.08% (1.05-1.1)
Total	8.6% (8.54-8.66)	8.8% (8.6-9.0)

Source: NACP, Sentinel Surveillance report 1998 and 1999

¹ Source: CIA – The World Factbook – Malawi, <http://www.odci.gov/cia/publications/factbook/ml.html>.

UNAIDS published an overview of the HIV/AIDS situation in the world in June 2000 with data and estimates reflecting the situation end 1999. According to this report Malawi has an adult infection rate of 15.96%. Other data from this report are:

- Estimated number of people living with HIV/AIDS: 800,000 (760,000 adults 15-49 and 40,000 children 0-14)
- Cumulative number of orphans : 390,000
- Estimated AIDS deaths 1999 : 70,000
- Estimated HIV prevalence in young people (15-24): female: 14.48-16.04%, male 6.08-8.00%

Several health and population indicators have changed dramatically as a result of the HIV/AIDS epidemic in Malawi. (Note: organisations use different ways to calculate these indicators and considerable differences in rates are therefore observed from time to time).

	Year	Estimate	Source	Year	Estimate	Source
Annual Population Growth	1980-95	3.9	UNPOP	1999 90-99	1.57 1.3	CIA UNPOP
Adult Male Literacy Rate	1995	72	UNESCO			
Adult Female Literacy Rate	1995	42	UNESCO			
Crude Birth Rate	1996	49	UNPOP	1999	39.5 47	CIA UNPOP
Crude Death Rate	1996	22	UNPOP	1999	23.8	CIA
Maternal Mortality Rate	1990	560	WHO/ UNICEF			
Life Expectancy at Birth	1996	41	UNPOP	1999	36.3	CIA
Total Fertility Rate	1995	6.9	UNPOP	1998 1999	6.7 5.48	UNPOP CIA
Infant Mortality Rate	1996	137	UNICEF/ UNPOP	1999	135	UNICEF/ UNPOP
Under Five Mortality Rate	1996	217	UNICEF/ UNPOP			

Source: *Epidemiological Fact Sheet, UNAIDS at <http://www.unaids.org> and from "CIA – The World Factbook – Malawi", <http://www.odci.gov/cia/publications/factbook/ml.html>*

1.3 The Project: “Going to scale : Sustained Risk Behaviour for Youth”

UNICEF Malawi presented this project proposal to the Government of the Netherlands (through its Embassy in Lusaka) for consideration in May 1996. The total budget for the proposal was US\$1,200,000². The Government of the Netherlands approved the project proposal and agreed to make Dfl.2,163,000 available. This amount corresponded at that time with \$1,236,000, which is the cost as budgeted, plus 3 percent overhead costs for UNICEF Headquarters in New York. The agreement stated that UNICEF Lilongwe would receive Dfl.720,000 annually. The project received the reference number (PBA number): SC/97/0067.

UNICEF Lilongwe received the three instalments, total \$1,032,227.00. The difference between the amount pledged and actually received is caused by exchange differences. The Dutch Guilder dropped in value compared to the US\$ during the project period.

The project duration was three years, to start 1-1-97. However, due to late arrival of the first instalment (May 1997), the project commenced mid 1997. The end date of the project was 31-12-99 but UNICEF formally requested the Government of the Netherlands to extend the

² The budget in annex B is US\$1,204,000. The budget in the project proposal summary is US\$1,200,00. The difference is found in the allocation for ‘Pilot Reproductive Health Services’ for 1997.

project period. This request was considered positively and the official closing date of the project is now set at 31-12-2000.

The objectives and components of the project are:

1. Objectives:

- To provide young people, ages 5 to 14 with the competencies and life skills, which will promote sustained HIV risk reduction behaviour.
- Reduce the level of HIV transmission among youth 15-20 by 10% through promoting the following risk reduction behaviours: fidelity to mutually uninfected partner, premarital abstinence or safe sex.

2. Components

- In-school curriculum – life skills
- In-school extra curricular – anti AIDS clubs
- Out-of-school Youth – life skills
- Enabling environmental support
- Youth Reproductive Health Services
- Research, monitoring and evaluation.

2 The Evaluation Process

2.1 Terms of Reference

The terms of reference of the evaluation are given in annex A. The evaluation team consisted of Dr. Piet Reijer, Principal Evaluator and Ms. Miriam Chalimba, Co-evaluator. Ms. Pamela Twea, Assistant Programme Officer, UNICEF MALAWI and Mr. Bernard Gatawa, Head of the Youth and Education Section, UNICEF MALAWI, accompanied the evaluators.

The evaluation consisted of:

- Review of documents (see annex B for list of documents)
- Discussions with stakeholders
- Field visits

The discussions with the stakeholders and field visits are not separately presented, but are reflected in the evaluation report. The initial evaluation outcomes were discussed with a representative from the Netherlands Embassy in Lusaka and UNICEF Programme staff. Comments from these discussions were reflected in the draft report, which was sent to the Netherlands Embassy in Lusaka and UNICEF in Lilongwe for comments. The final report includes comments and observations made on the draft report.

The evaluation took place from 10 to 21 July 2000.

2.2 Constraints

As in every evaluation or assessment there were a few logistic problems. Not all documents requested for were sent to the Principal Evaluator to be reviewed. This was rectified during the field days. The time schedules for the field days were very tight, so not all meetings and visits could be as explorative as intended. One of the two UNICEF assistant programme officers involved in the implementation of the project was not available during the evaluation period. The evaluators may have missed some points of the components that fall under his responsibility.

2.3 Enabling Circumstances

The constant availability of the Head of the Department, Mr Gatawa, and the Assistant Programme Officer, Miss Twea, who has worked with the Programme since its beginning, has been very helpful. Clarifications and explanations on unclear points during the field days could be given immediately. The availability of secretarial services to type drafts of the report has also been helpful.

2.4 The Evaluation and the Project Proposal

The objectives of the evaluation are:

- ◆ *Examine the relevance of the programme components in the context of Malawi*
- ◆ *Determine the status of the implementation of all programme components*
- ◆ *Assessment of the effectiveness of HIV/AIDS prevention activities supported by the Government of the Netherlands*
- ◆ *Identification of a possible way forward*

The evaluators looked at the objectives of the programme, the project proposal itself and at the financial situation at the time of the evaluation in the context of these objectives.

The project has two objectives:

- *To provide young people ages 5-14, with the competence and life skills, which will promote sustained HIV risk reduction behaviours.*
- *Reduce the level of HIV transmission among youth 15 to 20 by 10% through promoting the following risk reduction behaviours: fidelity to mutually uninfected partner, premarital abstinence or safe sex.*

Both objectives were to be evaluated on basis of objective verifiable indicators, as indicated in the Logical Framework Matrix (annex A of the project proposal). The Means of Verifiable Indicators (MOV) are indicated in the said Annex. The evaluators are of the opinion that the documents, which are made available, are insufficient or that correct information to verify the objectives is not available. The two objectives are not measurable. Both objectives require a baseline point. A baseline Knowledge, Attitude, Behaviour, Practices (KAPB) study, which could be considered as the reference point for the first objective, was carried out. However, the study contains data from primary school youth (above 10 years), secondary school youth (less than 20 years old) and out-of-school youth (less than 20 years old). This age group, 10-19 years, does not correspond with the age group mentioned in the objective (5-14). An *indication* of the level of achievement of the objective could have been found in the comparison of the baseline KAPB study with the results obtained from the KAPB study, which was planned to be done towards the end of the project period. This study has not been carried out, but will be done before the end of 2000.

The second objective considers a 10 percent reduction of HIV transmission among youth 15-20. Data on transmission rates are difficult to obtain. Only longitudinal community surveys can provide these data. Such studies are not done in Malawi currently. An *indicator* of the risk of transmission among young people can be found in the sentinel surveys carried out by the NACP. Sentinel surveys do not measure the risk of transmission (or transmission rate), but the prevalence rate. Sentinel surveys measure only the prevalence rate of women who are sexually active. The results of the sentinel surveys between 1996 and 1999 show a significant *increase* of HIV prevalence in the 15-19 years group:

Year	HIV prevalence	Range 95% CI
1996	13.3%	11-16
1997	14.7%	12.8-16.6
1998	14.3%	12.6-16.2
1999	18.7%	16.8-20.8

Source: NACP, Sentinel Surveillance Reports 1996, 1997, 1998 and 1999

A decrease would have been expected if the transmission rate had declined. One could argue that in spite of an increase of HIV prevalence in the age group the risk itself was reduced, e.g. the group that is involved in unprotected sex had become much smaller. However, the size of the examined 15-19 old pregnant women in relation to the total group examined did not differ significantly between the four years. A conclusion based on these data cannot be made, but the results of the sentinel surveys suggest that the risk of transmission has increased during the two years.

The evaluators feel that the objectives of the project were unrealistic in the sense that they were not measurable. The project did not indicate how it could obtain a correct baseline, nor did they indicate a follow-up measurement towards the end of the project period. The evaluators feel that the project proposal writers and the Government of the Netherlands who approved the proposal should develop more realistic and measurable objectives. The same can be said about the specific objectives and activities as provided in the logical framework in the project proposal. The evaluators tried to match these specific objectives and activities with the actual situation. This simply did not work and the evaluators decided not to base their conclusions on the achievements of the project on these only, but more on the text of the project proposal.

The budget of the project can also be regarded as unrealistic. It is hard to believe that the implementation of six programme components over a three-year period would cost annually exactly the same amount of money. The budget was also not realistic as is illustrated in the following example. The total allocation for developing, printing and implementation of the materials for Life Skills Education in Standard 1-5 was \$205,000. The output was estimated at: 60,000 life skills teachers' guides produced, 180,000 life skills lessons resource materials, 120 District Education Inspectors trained as trainers and 18,000 teachers trained. It is obvious that such an output can never be paid out of the budget allocation. The income and expenditure in relation to the budget will be discussed in chapter 3.2.f.

3 The Evaluation

3.1 The relevance of the programme in the context of Malawi

The 1993, 1994 and 1996 KAPB studies demonstrated that the knowledge about HIV and AIDS is good among the youth in Malawi. However, the studies also noted that the youth did not translate this knowledge into behaviour that led to low-risk or risk-free sexual behavioural practices. The KAPB studies' conclusions underline the findings from many other sub-Saharan countries, i.e. knowledge alone does not necessarily change behaviour. Some countries acknowledged this and went to look for possible ways that enables youth to translate knowledge into behaviour. Some of the strategies developed over the years are:

- help young people to become assertive
- reverse peer pressure or peer behaviour
- lessen the (financial) need for young people to involve themselves into high-risk behaviour
- reduce the risk of transmission by eliminating (as far as possible) known transmission co-factors (e.g. STI treatment)

Other lessons learnt from other countries are:

- interventions to help sexually inactive youth to remain inactive are more successful than interventions that aim at persuading already sexually active youth to abstain
- interventions that aim at sexually active youth to adopt low-risk behaviour (safer sex) are more effective than interventions that aim at abstinence
- interventions that bring the message in a positive way are more effective than those that are based on “don’t do this, don’t do that” principles

The reduction of HIV prevalence among young pregnant women in Uganda was attributed to three major behavioural changes:

1. Young people postpone their first sexual experience by approximately two years
2. Young people had less casual partners
3. Young people used more condoms than in the years before, especially in casual sex

Two other reasons, not mentioned in the study from Uganda, are:

1. Young people got scared, as many people around them died
2. The community (society) was supportive (the Ugandan Government has been very open about the AIDS epidemic, it tried to break the “conspiracy of silence”)

The HIV epidemic in Malawi spread very fast during the late eighties in Malawi, but the number of AIDS cases was not very alarming in the early nineties. As long as the HIV prevalence is rising, the AIDS figures will rise, but with a delay of 5-7 years. Malawi, like other countries in the region such as Kenya, Zambia, Zimbabwe and South Africa, did not want to acknowledge, until recently, that there was a looming disaster. Political support to tackle the problem in a proper way was (or *is* in some countries) not present.

The UNICEF programme should be seen in this context. It contains elements that will help young people to remain sexually inactive or adopt a low-risk sexual behaviour, it intends to provide young people access to (health) care for e.g. the treatment of STIs and it intends to break the silence, in order to create a more enabling environment. The programme also tries to address other issues, which are related with high-risk sexual behaviour, such as “hanging around” (by offering sports activities) and “I need money/income to survive” (vocational training). The programme also started in a time when the political will in Malawi was far from what would have been desirable. The political will in Malawi has improved considerably during the last two years. This is manifested in the commitment from the President, the religious institutions and the traditional and opinion leaders to break the silence. The conclusion is that the programme is highly relevant in the context of the situation in Malawi.

3.2 The status of the implementation of the programme components

3.2.a In school curriculum – Life Skills

Background

The project proposal provides the following background information. : *“There are two (other) main activities targeting youth which are being carried out by the NACP under the USAID funded STAPH project. The first is the in-school AIDS curriculum programme. UNICEF supported the printing of the in-school HIV/AIDS curriculum materials in 1992 but they were not introduced to the schools in a co-ordinated manner until the 1994-1995 school year. F.M.I., the STAPH contractor in 1994, organised the re-distribution of the materials and support the training of 16,000 primary school teachers on their use during the 1994 school break”.*

“The in-school materials were designed in 1991 to provide basic information on HIV/AIDS and are not action oriented. Both NACP and the MOE now believe that the materials are not capable of instilling risk reduction behaviour change among youth.”

Introduction of Life Skills Education was considered as a possible way to overcome the shortcomings of the HIV/AIDS in-school curriculum. UNICEF reasoned that: *“in the short run, the access point for the introduction of the life skills materials and participatory learning will be Standard 4, as Standard 5, which is the first year of full English curriculum, has a very high drop-out rate, especially for girls.”*

The project proposal elaborates on the components required for the intended intervention on page 17 and 18. These components are, in short:

- Adaptation of the Zimbabwean “Let’s Talk” materials for standards 1-5, printing and distributing to every trained teacher in the country, with standard 4 as entry point,
- Include the materials and the “how-to” in the training teacher colleges
- Training of trainers programme
- Training of six teachers from every primary school
- Implementing the new support materials by the trained teachers in the period allocated for the teaching of the current curriculum materials
- Monitoring and evaluation by MOE
- Refresher training courses through the YTSCs
- Briefing of PTAs by YTSCs

Constraints, Progress and Achievements

The progress during 1997 was modest. The main responsible partners for the intervention (MOE and MIE) identified Life Skills/AIDS Focal points in their organisations and sent them to a Life Skills Curriculum Development Course. A meeting with all stakeholders followed. The main outputs of this meeting were:

- A review of the standard 4 curriculum. The shortfalls, as well as opportunities for incorporating content and activities that address and enhance life skills were identified, and appended to the terms of reference for writers of life skills education materials
- Terms of reference for the writers of instructional materials for life skills education.
- A work plan for the production of the life skills education materials in 1998.

The progress was substantial during 1998. The question of outright adaptation and translation of the Zimbabwe “Let’s Talk” materials did not work. Circumstances prevailing in Malawi differed from those in Zimbabwe. In addition, while HIV/AIDS was considered an entry point, it was not the only issue affecting young children in Malawi. Hence the material development process took into consideration the broader context within which the Malawian child develops, and singled out the priority issues. The MOE declared that life skills should be introduced as a separate subject in primary schools. The Ministry underlined her commitment and the importance of the intervention with this decision.

The first output of the curriculum development process has been the development of *“a scope and sequence chart for the entire primary school level (standards 1-8)”*. This output was not foreseen in the project proposal. However, the activity looks to be justifiable as it enabled the writers of the life skills material to develop the standard-specific materials in a correct sequence and depth.

Other achievements during 1998 were:

- The development of a syllabus for standard 4
- Identification and training of writers to write teachers' guide and pupils' book
- Writing 26 units for a teachers' guide and pupils' book (complete with illustrations)
- Refinement and printing of materials
- Sampling of four trial schools in each of the six educational zones in Malawi
- Developing plan of action for life skills education for 1999

The main achievements for 1999 were:

- Printing of 5,000 pupils' books
- Printing of 200 teachers' guides
- Training of 118 teachers from the selected trial schools
- Trial test of the materials in 24 schools
- Development of life skills manual for teachers

The results of the trial exercise in the 24 selected schools are contained in an evaluation report³. Both teachers and pupils responded very positively to the materials. The standard 4 life skills education materials were revised in light of the findings and conclusions of the evaluation of the trial in 24 schools. The revised manuscripts of the standard 4 Teachers' Guide and Pupils' book were sent to Canada for printing (February 2000). The revised standard 4 syllabus was submitted to a local printer and were reported ready for collection at the time the evaluators visited MIE.

The MOE underlined her interest and commitment to life skills education once again by officially launching the life skills programme in August 1999. The MOE also plans to extend life skills education to all eight classes of the primary schools.

Findings during the Evaluation

The evaluating team visited the Education Methods Unit at MOE headquarters, Lilongwe, on Monday 10 July. The discussion partners were: Mr. J. Banda, Principal Education Methods Advisor, Mr. R. Agabu, Assistant Director Education Methods, Mr. M. Kalanda, Ass. Director Education Methods and Mrs. M. Kabuye Deputy Director Education Methods Unit.

The MOE Education Methods Unit officials informed the team that the Ministry plans to introduce life skills training in all primary school classes and also in secondary school classes. Work has started on standard 3 and 5 materials. The Ministry intends to have life skills education introduced in standard 1-8 by 2002.

The development and trial testing of the standard 4 materials has attracted the attention of several organisations and pledges have been made for the support of developing life skills education materials for all primary and secondary school classes. UNICEF is actively involved in this process. The reaction of the teachers trained (trial schools) has been very positive. All district education officers responded very positive to the materials during their orientation. This is an indication for the Ministry that they are on the right track.

The Ministry planned to have all standard 4 teachers trained by now, but this was unrealistic, as the materials were not yet ready (undisclosed problem with the printer in Canada). Nevertheless, the Ministry is hopeful that the nation-wide introduction in standard 4 can still be achieved this school year. They have planned the lesson sequence in such a way that the

³ Pre-test of Standard 4 life Skills Education Materials, MOE in collaboration with MIE and UNICEF, November 1999

life skills education in standard 4 can take place during the last term of the current school year.

The team discussed briefly the consequences of the introduction of 'free' primary school education in Malawi. This introduction has increased enrolment drastically (approximately 80-90%) but has also caused major logistic and capacity problems. This has unfortunately caused a lowering of standards in the schools (high pupil-teacher ratio, teachers with incomplete training, too few classrooms, and too few materials). The Ministry foresaw this drop in standards, but plans are made to correct the situation. It is unclear to what extent this affects the life skills education programme.

The Ministry plans to have introduced life skills education in all Teacher Training Colleges by 2002.

The MOE officials informed the team that currently another new curriculum is being developed for primary schools. UNFPA supports the development of a 'Sexuality and Reproductive Health' curriculum. There has been little co-operation between the developers of the life skills and the sexuality/RH materials, although both organisations are part of the UN family. The UNFPA materials were developed before the Life Skills Education started, but are not yet introduced. The Swedish Government will support the implementation.

The UNICEF members of the evaluation team mentioned that in other (sub-Saharan) countries the two projects were integrated. They could not indicate why this had not been done in Malawi. The MOE officials could also not give a clarification. (Note: The evaluators were informed at a later stage that the Life Skills Team has expressed her concern about the similarities and differences between the two programmes. The MOE will have to come with a policy decision to come to a single intervention. However, both programmes have reached such an advanced stage that it might be difficult to integrate the two completely.)

The evaluation team expressed its concern regarding primary school education of orphans. The number of orphans is rapidly increasing and some estimates indicate that one in four children in 2005 will have lost one or both parents. The guardians of these orphans are often economically deprived and are not able to provide the little funds required by primary school pupils to buy pens, exercise books and uniforms. The MOE officials indicated that uniforms for primary schools are not compulsory and a school could not send away a child because of lack of a uniform. A possible solution for alternative funding for necessary school utensils was not given. The issue is of great concern as orphans are already very vulnerable and they might need life skills education even more than non-orphans. Dropout from school would deprive them from this. The MOE officials hoped that community initiatives would be found to correct the situation. They gave examples of community solutions to other problems, like special community schools for the enrolment of older children (i.e. children of 10 years and older who want to start standard 1) and offering them a shortened standard 1-4 curriculum. Another community initiative was to open a kindergarten for young children who are under the care of school-going children (often orphans).

On Tuesday 11 June 2000 the evaluation team visited the Malawi Institute of Education (MIE) in Zomba.

The team met briefly with the Director of the Institute, Mr. Nelson Kaperemera. He mentioned that the Life Skills Education materials development was a good example of teamwork, involving the MIE, MOE and UNICEF, among others. The director mentioned that the MIE would be involved in the training of the standard 4 teachers, either via the Districts (27) or Divisions (6). A discussion with the life skills curriculum developing team followed. Discussions were held with:

- Mr. A.S. Mhlanga, Co-ordinator Life Skills Education, Malawi Institute of Education, Zomba

- Mr. P. Lino, University of Malawi, Chancellor College, Zomba
- Mr. M. Gulule, University of Malawi, Chancellor College, Zomba

The co-ordinator gave a clear brief and comprehensive overview of the life skills education curriculum development team's work. The development of the life skills education materials posed some problems for the team. It was a new and unknown approach. The team learned during the process. They used the "Lets Talk" material from Zimbabwe as an example, but felt it improper to simply translate the material. Adjustment to the Malawian situation was necessary. The team could avoid issues which caused major problems in Zimbabwe, like the condom issue, as they developed strictly a life skills package. Factual information on HIV/AIDS is included in other curricula in the primary schools. (The "Lets Talk" material combines factual information and life skills.) The team feels that the life skills education materials enable the pupils to address a much wider area than HIV/AIDS alone. For instance, elements on income generating activities and entrepreneurship are also included.

The development of the life skills education materials should be seen in a wider context according to the team. They see it as a part of civic education on human rights, which is promoted by the GOM. The team is therefore not concerned about controversies due to cultural opinions, such as the culturally accepted and promoted submissive position of the girl and woman in Malawian society. The life skills education materials promote assertiveness, which challenges this cultural position of the girl and woman. This is in line with the declaration of the rights of the child and the universal declaration of human rights, as promoted by the civic education programme.

The team has not been involved in the UNFPA sponsored programme (development of a curriculum on sexuality and reproductive health). The team feels that the development of life skills education materials is a very important development. The participatory approach, which is an integral component, could be used in all other subjects and could make (primary) education far more attractive and effective. A constraint is that the GOM and MOE are not able to fund the process and that external funding is required. The team has prepared a draft for the curricula for standard 3 and 5.

3.2.b In-school extra curricular activities - Anti AIDS Clubs (Edzi Toto Clubs)

Background

The project proposal provides the following background information: *"This activity takes place in primary and secondary schools and will be an extra-curricular activity targeting youth 10-20 years in age. The clubs will be meeting once a week in the afternoon during the school week, to work through the Basic HIV/AIDS Information and Club Activities handbooks. The activities include debates, group discussions, quizzes, drama, songs, poetry and designing projects, such as acting as big brothers and sisters to orphans, assisting families with chronically ill adults or large numbers of young orphans in household chores. The clubs will then organise out-reach in their community to be run in the weekends."*

The project proposal indicates the requirements for the intervention (page 19-20). These are, in short:

- Anti-AIDS club training and support material to be reproduced to support the establishment of 3,500 clubs (from the existing 900+ onwards).
- Orientation of head teachers.
- Training of patrons.
- Monitoring of the activities by YTSC or NGO partner.
- The clubs should work through the Basic HIV/AIDS club handbooks and thereafter they should register, in order to obtain support materials like posters, comic books, board games and flyers.

- Learning life skills through participatory teaching methods.
- The YTSC to organise club conferences and drama and sports activities at zone and sub-zone level.
- Selecting and training of highly motivated club members as peer educators, youth counsellors and youth animators.
- Distributing support materials from the Regional Health Office via the YTSC.
- Follow-up and refresher training for patrons through YTSC
- Sports, especially for girls, to be used as an access point for capturing the youth.

Constraints, Progress and Achievements.

Towards the end of 1997 the project had 1,414 clubs registered. Clubs were found in all the districts, with highest concentrations in Lilongwe and Blantyre Districts. Four 'Training of Trainers' Workshops for Peer Educators were held and 180 peer educators were trained. Only 6 districts carried out club conferences and zonal festivals.

The progress report of 1998 does not indicate the number of new clubs established, but mentions that clubs in 11 districts were strengthened. 140 head teachers in 5 of these districts were oriented on the formation of anti-AIDS clubs. 204 new club patrons were trained on the establishment and management of clubs. During 1998 560 peer educators/youth animators were trained. A total of 26 zonal festivals and 11 district level festivals/conferences were held. Materials for the support of the clubs were printed and distributed, i.e. Handbooks for Club Activities and Basic HIV/AIDS Information.

The 1999 report mentions that during the year under review another 388 clubs have been established and that the total number of clubs is 3,200. The funding from the Government of the Netherlands⁴ was used to establish about half of these clubs, funds from other donors was used to establish the remaining number. During 1999 approximately 600 head teachers were oriented and 509 new club patrons were trained, for around 400 new clubs. Festivals took place in 9 districts. A total of 94 Primary Education Advisers (PEA) from 8 districts were oriented. PEAs are responsible for activities in a zone and as such for the zonal festivals. The 1999 report mentioned that 910 peer educators and animators have been trained, all from secondary schools.

The current situation is that around 3,200 clubs are established all over the country. It is not exactly clear how many patrons are trained, but not all clubs have a trained patron. The emphasis is put on training at least one patron per club and not so much (yet) on training one male and one female patron, as planned originally.

Other quantitative outputs are:

110,000 posters in English and three vernacular languages

10,000 posters on Child Rights

15,000 caps

5,000 T-shirts

30,000 stickers

5,000 Tinkanena booklets.

Some of these items were used as incentives, e.g. during zonal or districts festivals.

The YTSC or a local NGO is responsible for the implementation of the Anti-AIDS Clubs (AAC) programme component. The capacity of the YTSC is not consistent in all districts. Some districts do not have a District Youth Officer, a very important person in the programme. Not all YTSC have sufficient background and experience in order to train, monitor and evaluate the activities of the AAC. UNICEF decided to involve the three

⁴ The Government of the Netherlands is not the only sponsor of the programme, UNICEF Australia is also involved. This created another problem for the evaluators as it is not clear who pays for what and when. The project proposal does not indicate what aspect of the project is paid by either of the donors, in fact it does not discuss another donor at all.

Regional AIDS Teams (RAT) in the process. This was not foreseen in the project proposal. Both the YTSC and RAT are multi-sectoral bodies. Under their sectoral mandates members of both bodies have other duties to carry out.

Findings during the evaluation

The evaluators met with members of the RAT for the Southern Region (Blantyre) and Northern Region (Mzuzu). The involvement of the RAT is not only for the in-school AAC, but also for the out-of-school activities. The costs of the RAT's involvement is shared by the Government of the Netherlands and UNICEF Australia.

On 11 July the evaluators met Mr. Wilson Liwonde, Regional Youth Officer and member of the RAT for the Southern Region. The Southern Region consists of 12 Districts. The RAT for the Southern Region has 5 members, i.e. three Division Education Officers, the Regional AIDS Co-ordinator and the Regional Youth Officer.

The task of the RAT in relation to the UNICEF sponsored programmes is:

- monitor the activities of the YTSC on a quarterly basis
- training on HIV/AIDS
- orientation of patrons and club leaders
- club festivals and fora: these start at zonal level, than district level and finally festivals and fora are held at regional level, in which the best clubs from the districts are competing
- support the YTSC
- provide some of the training
- initiate the development of new materials

The level of implementation differs between districts. This depends to a large extent on the capacity and quality of the YTSC in the district.

The clubs are in high demand among the pupils. The clubs lack IEC materials. Several patrons complained that most of the available information materials are out-of-date. Most of the clubs focus a lot on dissemination of information and too little attention is given to life skills education. This could be due partly to the fact that instruction materials are not presented in a thought provoking and action-stimulating style, but in an information-giving/feeding style, which is the method that teachers were trained to teach. A learner-centred, problem positioning, self-discovery and action oriented approach is very much needed to make a U-turn from traditional teaching methods. Worse still, all the materials are in English. A Chichewa version is needed.

The RAT monitoring reports are sent to UNICEF, the districts and to the involved Ministries. The RAT teams do not get sufficient financial support for their monitoring activities. Mr. Liwonde stated the following operational/logistic problems:

- co-ordination at district level between the YTSC members, as the members only come to a meeting when funds are available.
- most of the activities aim at primary schools and very little attention is given to the secondary schools
- lack of behavioural change: people have the information, but do not act accordingly
- district cannot monitor properly due to logistic problems, like lack of transport.

On 13 July a discussion was held with Mr. Alick Kalima, Regional Youth Officer for the Northern Region (Mzuzu) and Ms Alice Chimaliro, Divisional Education Manager, both members of the RAT for Northern Region. They indicated that their problems were similar with those noted in the Southern Region. Most of the districts do not have a District Youth Officer. Their impression is that without the RAT support not much would be happening in the districts with a weak YTSC.

The evaluators received reports about their activities from both RATs. These reports showed that the teams take their work very seriously. They routinely carry out supervisory and support visits to the districts. The RATs helped capacity building of the YTSC.

The team met the YTSC from Thyolo District on 11 July. The YTSC has ten members, including two youth representatives and a member from a NGO that is involved in youth work. Six YTSC members were present, three from MOH&P, one from MOY, MOE and Community Services respectively. The members present explained the work and tasks of the YTSC.

The YTSC is a committee of different stakeholders dealing with youth issues. They meet once a month. The YTSC act as a link between the different activities in the field. When there is a problem somewhere this can be brought to the attention of the YTSC. The YTSC plans the activities for the district. The funding for the youth activities in the district comes mainly from UNICEF and the NGO that is active in the district. The most important youth activities in the district are the in-school and out-of-school AAC. The YTSC provides the training for these clubs (patrons, club leaders, peer educators). Finally, the YTSC monitors the activities. The YTSC tries to respond to issues that youth bring up. Important issues that the youth have identified are

- unemployment,
- teenage pregnancies
- alcohol and drug use abuse.

In response, the YTSC tries to act on these issues. They have been able to provide vocational training for 18 youth and 30 others were trained in entrepreneurship.

The YTSC has established AACs in 116 of the 177 schools of the district. Some schools have more than one club, e.g. one for older and one for younger children. Each club has approximately 30 members. The main responsibility of the in-school Anti-AIDS Club is to "teach" HIV/AIDS and life skills to the other pupils through peer education. The parents were at first not in favour of the clubs. The YTSC was accused of training children to become prostitutes, but through discussions with the PTA and local leaders this has changed. Most parents are supportive these days. The members of the club were not role models at first. They used the club to make dates with friends of the opposite sex, but this has changed. The role model for primary school is often based on "good moral behaviour".

The aim of the YTSC is to create behavioural change, but the introduction of life skills as an integral part of the AAC activities has not gone very far. However, one of the members (Mr. Gunsalu, MOE) indicated that recently changes were seen in the schools, in particular a drop in the number of teenage pregnancies. He provided the data for one zone in the district:

Year	girls enrolled	drop-out due to pregnancies
1997	4595	26
1998	4797	33
1999	4728	25
2000	5211	20

The data for 2000 are not yet complete, as the school year ends in December and the number of dropouts due to pregnancy can increase further. There is no statistical difference in the period 1997-1999. Only when the data for 2000 remains the same a small difference can be seen.

The District AIDS Co-ordinator mentioned that more youth were coming to the STI unit at the hospital than before. This was seen as an indication that youth become more aware of their situation. The hospital provided the following data concerning the attendance of youth 15-19 to the STI unit:

attendance period	attendance
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Jan-June 1999	347
Jan-June 2000	222

There has been a considerable drop in attendance from 1999 to 2000 and not an increase as claimed by the health officials. The evaluation team concluded that a clear indication that behaviour is changing in Thyolo area could not be observed from the statistics. In fact what the decrease in attendance at the STI unit confirms is the nation-wide outcry the team heard about unfriendly health services that government hospitals are said to offer youths and others.

On 14 July the functioning of the Rumphu YTSC and DACC was discussed with five members of the YTSC.

UNICEF indicated in the project proposal that the structure for the districts should have the following components:

- District AIDS Co-ordinating Committee (DACC), as the leading organisational structure. These were a new initiative under the NACP Medium Term Plan II (1994/1995). Each DACC was supported by four technical subcommittees:
 - Youth Technical Sub-Committee (YTSC)
 - High Risk Technical Sub-Committee (HRTSC)
 - Orphan Technical Sub-Committee (OTSC)
 - Home Care Technical Sub-Committee (HCTSC)

The DACC should have been replicated at community level, with a Community AIDS Committee (CAC) and four Community Sub-Committees.

The entire structure was implemented in Rumphu District. Community members were trained for the CAC and subcommittees, the DACC was formed, including all the four TSC. However, the organisational structure was not workable and not effective. The DACC was far too large (about 35 members). Most of the heads of Departments in the District were not interested in AIDS and related problems. The members of the four technical sub-committees were often the same people and the community became frustrated as they could not do what they were trained for, as there was no funding. The members of the YTSC concluded that the only functioning technical sub-committee is the YTSC. They contributed this "success" to the fact that UNICEF contributed financially. Funding from the GOM was not available for any of the activities. The District AIDS Co-ordinator informed the team that they were now in the process of restructuring the DACC in such a way that only the Heads of the key Departments would be members (a much smaller membership therefore). This restructuring is part of the decentralisation process in Malawi, in which the District Assembly will be responsible for planning and implementation. However, the four TSC should remain in place (although three are not functioning). One member said: "this was how we were told to do."

It looks as if districts are not allowed or do not have the capacity to work out structures that are applicable to their situation and that are manageable (and therefore sustainable). The team concluded that with such a situation, i.e. low management capacity, lack of creativity and lack of funding, an effective preventive and supportive system cannot exist at District level.

In spite of all organisational problems at district level the YTSC managed to organise 130 in-school and 75 out-of-school clubs, although they still needed to train 87 patrons for the in-school AAC. The YTSC had difficulties with the monitoring and evaluation aspect as they did not have sufficient transport available. The YTSC also would like to have more IEC materials to give to the various clubs.

The in-school AAC at Bandanga Primary School, Thyolo District was visited on 12 July 2000. A Focus Group Discussion (FGD) was done with 10 of the 29 members. The transcript of this FGD is given in annex C. The transcript shows that members of the club have thought seriously about the problems and what ways there are for them to reduce the risk of

becoming infected. The problems that some girls have to obtain soap are underlining the connection between poverty and high-risk sexual behaviour.

The patron of the AAC, an enthusiastic young male teacher, mentioned that all members were older than 12 years. The members come from Grade 5 and higher. Many younger children want to join, but he was instructed by the YTSC to enrol only children of 12 and older. He feels that two clubs could be formed, but this was also discouraged. He was trained by the YTSC, but did not receive a training manual or handouts that he could use in the club. He mentioned that the club lacked materials, i.e. instruction material, IEC material for the members and sports equipment. With more materials the output could be much better. The achievement of the club has been that less girls drop out from school (less early-teen girls get married, less teenage pregnancies). As a patron he has to be a role model. Not all teachers are role-models, but HIV/AIDS is more frequently discussed among the teachers since they have the AAC. Other teachers come and help the club. Parents react very positively and encourage children to join or to attend e.g. drama performances.

Another in-school AAC is the Chikwawa Edzi Toto Club (Rumphu District). A discussion was held with 21 members (7 girls, 14 boys), the club patron and the headmaster (14 July). The club has stimulated the formation of other groups in the neighbourhood, including a club for young adults. The group is involved in a variety of activities, like songs, poetry, drama, etc. They have an outreach programme and they even have the courage to attack some (high-risk) "cultural" practices. One such practise is the dance, in which a boy/man has to pay the female dance partner K10 for each song he wants to dance with her. Now and again all the lights go off and it is obvious what happens next. Payment for the sexual favour is included in the K10 already paid. The club has questioned these "dances", but they have encountered opposition from headmen, chiefs and other opinion leaders.

The club members thought that they could draw more attention (and become more effective) when they had badges or T-shirts with HIV/AIDS designs.

The Mzuzu Young Voices is part of an international youth movement (The Young Voices Movement), consisting of secondary and primary school pupils in Mzuzu. Membership goes up to the age of 18. Members reaching that age can become members of "Forum for youth ladders".

Mzuzu Young Voices has branches in 10 schools in Mzuzu, and has recently expanded to Nkhata Bay and Kasungu and is spreading further to the Central and Southern Region. Blantyre, Lilongwe, Zomba and Dedza has established groups for some time already. Their objectives are to create awareness on Child Rights. The Mzuzu Young voices are also involved in sensitising youth on HIV, alcohol and reproductive health. A major achievement is the translation of the Rights of the Child into Tumbuka.

The group would like to start a VCT Centre in Mzuzu with youth counsellors.

The HIV education messages include the use of condoms as a possible way to prevent HIV transmission, but the members feel that abstinence is the only right way to prevent infection at their age. The group has set a rather idealistic role model for themselves. UNICEF's support includes:

- training on Child Rights
- funding for National Co-ordination Meeting
- translation of the Rights of the Child
- IEC

3.2.c Out-of-school Youth - Skills Clubs

Background

The project proposal plans the establishment of Youth Clubs at 220 Traditional Authority Headquarters, including vocational training. The components required for this activity are (page 20-21 project proposal):

- print participatory resource and learning materials
- orientation of youth and local leaders at TA level by YTSC or NGO partner

- training of reproductive health and life skills instructors by YTSC
- the clubs will have a similar format as the in-school AAC
- create linkage between the in-school and out-of-school clubs to enable school-leavers to continue their involvement
- provide trainers to the YTSC to organise vocational training at the clubs with a bias to female club members.

The 1997 annual report mentions that towards the end of August a total of 288 out-of-school AAC were registered. 204 youth leaders were trained on anti-AIDS club activities. Another 30 traditional leaders and 60 youth were trained by the YTSC on the formation of more clubs. The 1997 report also mentioned that support is given to four youth run NGO youth centres. The project proposal does not mention these activities.

In 1998 another 20 new out-of-school AAC were established. The report mentions that 52 youth NGOs were registered with the National Youth Council of Malawi (NYCM). These youth NGOs have played a central role in the oversight of the youth clubs at community level – using a youth-to-youth approach. Support to youth NGOs was not foreseen in the project proposal.

The 1999 report mentions the establishment of another three youth centres. The report further mentions that five zonal, three regional and one National youth fora were organised, in which up to 1,000 youths participated. Although these fora enabled youth to discuss issues and articulate what affects their development and participation rights, particularly those of girls, the activity is not mentioned in the project proposal. The report further mentions that *“to date 650 out-of-school clubs have been formed and are functional. The members of these clubs have received training in club management, HIV/AIDS and reproductive health. They have undertaken outreach activities to over 30,000 of their peers in 1999.”*

None of the three reports gives clear information of the progress made in the vocational skills training, which was, according to the project proposal, an important aspect of the clubs.

Constraints, Progress and Achievements

The assistance for these clubs and NGOs is channelled through the YTSC and NGO partners as for the in-school AAC activities.

UNICEF allowed these implementing organisations a considerable freedom in the selection of youth clubs and organisations. As a result of this, a variety of clubs are supported, but also that the age of members varies considerably. Some organisations keep a rather strict rule, like up to 25 years of age, while others have members older than 25. Male membership is higher than female in general, but some clubs have equal membership or more female than male members.

It was difficult for the evaluators to get a clear picture of this programme component, also because the programme officer in charge of the activity was not available during the mission. The establishment of AAC at TA level with a vocational training component, has not been possible in all areas. The vocational training component in particular has not taken off very well. The idea was not so much to provide formal vocational training at official training sites, with a diploma at the end, but more to give the youth the chance to learn some basic skills which they can use in their own home or community. A follow-up of those who learnt skills with a (local) crafts person has not been done, so it is difficult to determine what the effectiveness of this activity has been. The youth that went for such training were not very positive about the final outcome. They had expectations, like finding gainful employment or being able to set up their own little workshop. This did not happen. To get employment they needed a diploma or certificate of attendance and this was not provided after the training. To start a small business a start capital, to buy tools and materials, is required. This was not part of the programme. The evaluators did not meet any person who managed to escape unemployment as a result of the intervention. This does not mean that non of the trainees found or created a job, but those spoken to were, to say the least, frustrated about the final outcome.

The project has developed a “non-formal skill package”. This package includes issues brought forward by the youth (needs assessment): entrepreneurship, vocational training (carpentry, brick laying and tinsmith), vegetable growing, literacy and numeracy, life skills, civic education and basket making. The package is ready for implementation.

The evaluation team visited three AAC at TA level. On 12 July the Ulendo Youth Group (Thyolo District) was visited. A FGD (annex C) was done with nine members of the club. The responses show that they are aware of the many problems related to reduce high-risk sexual behaviour. They feel they get a good response to their activities, especially drama. The participants in the FGD were all males and some of their responses underline the inequity between the sexes in Malawi.

In addition to the FGD the group chairman and secretary were interviewed. Some of the members went to work for three months with local crafts people, but none of them has been able to use the learned skills, as they did not get a certificate or a starters package (tools/material). They felt that a micro-credit scheme could be very helpful to start a small business after their training.

The Titonde out-of-school AAC (Rumphi District) was visited on 14 July. This group is composed of youth between 19 and 35. Their first activities were mainly in the area of general development, like re-forestation, building a road to the local health centre and digging graves (normally done by elderly men). The group is also involved in HIV/AIDS awareness campaigns and peer education. The group has helped members to change their lifestyle. Two men testified how they had changed from “*risky sexual behaviour, drug and alcohol abuse, to a life of significant service to the community and family*”. The club tries to tackle traditions that have or can create a high-risk sexual behaviour, like dances and certain initiation rituals. The group complained about the very negative attitude in health service institutions towards the youth. This negative attitude forces young people not to seek treatment for their STI, thus increasing the risk of contracting/spreading HIV infection.

The evaluation team met the Chisoti Youth Organisation (Nkhota-kota District) on 15 July. This group is involved in issues related to general development, such as re-forestation, and to HIV/AIDS awareness. They do this through one-to-one meetings and focus points targeting. One of the members gave a testimony how he had changed his live, from high-risk sexual behaviour to total abstinence. The group distributes condoms, but have a very strong code of conduct in the club. Members are not allowed to use condoms; abstinence or faithfulness in marriage are the only two options. They expelled a member who used condoms. This can be regarded as contradicting their own messages to the public (ABC strategy).

Several Youth NGOs were visited during the evaluation. Two of these consisted of HIV positive members, the Youth Ambassadors in Blantyre (11 July) and the Mzuzu Youth arm of the National Association of People living with HIV/AIDS (NAPHAM) (13 July).

Both groups consist of the few people in Malawi who dared to come in the open about their HIV status. This was a difficult decision as the environment in Malawi has not been supportive at all. Although this situation has improved in the last one to two years, the members still encounter a lot of difficulties. The members of Youth NAPHAM said that most schools do welcome them, but some, mainly private schools, do not. Some people do not accept that they are HIV positive, they think that an organisation has hired them to campaign for other people to come in the open. This shows the dangerous believe that one can see from the outside that someone is HIV positive or not. The Youth Ambassadors have similar experiences. The group started in 1996. They feel that in the area where they work (HIV sensitisation, peer education) the people are more “used” to them and that the stigma is lessening.

Both groups are involved in awareness campaigns and HIV/AIDS education. They target schools in particular, but their efforts are hampered by lack of funding. The support they receive is mainly for training, e.g. counselling and peer education. They have rather negative

experiences when it concerns hospital visits for their own welfare. They do not have a support system (psychological or physical), apart from supporting each other. The Youth Ambassadors are actively involved in the Voluntary Counselling and Testing (VCT) Centre in Blantyre. They feel that there is need for many such centres and that there is a great need for youth counsellors. Youth NAPHAM also stressed the need for VCT Centres. There is no such centre in Mzuzu and the hospitals in the region do not have sufficient testing materials to do voluntary testing, or are asking a fee (K100) which is beyond the reach of many youths. Most, but not all, members have revealed their status to their parents. The reactions were negative at first, but this has changed over time in acceptance and they now receive support from home.

Several other youth clubs and organisations were visited during the evaluation. In Rumphi the Gemacadets Youth Organisation was visited (14 July). This youth group has 34 members, 14 male and 20 female, and has an “office” at the District Headquarters. Some members have acquired some carpentry skills and they would like to make some products to raise funds. However, their tools are very limited and in a deplorable condition. They also tried other ways of income generating, e.g. a vegetable garden. The District helps them to learn to type, but customers are hard to find. They help out at the District, but are not paid for this. Their main achievement is a mixed football team, which beats well known all-male teams in the region. They also got a contract with an NGO to repair bore-holes in the region. The group would like to be more actively involved in youth-to-youth communication on HIV/AIDS and in counselling, but they lack the necessary skills, as they have not been trained adequately. The group has a code of conduct concerning relationships among members. All members are “role models” concerning sexual behaviour (abstinence or faithfulness). The code of conduct is perceived to discourage male members of the group from looking for prospective partners from within the group.

The Youth Watch Society of Mzuzu (13 July) was formed in 1994. It was an initiative of the youth themselves. Their main aim is to enforce all rights entitled to the youth and children of Malawi. A specific objective is to provide an environment for leisure and sports. The group visits schools in the region (four districts so far) to start groups on human rights in the schools. The group is primarily involved in civic education. HIV/AIDS education is addressed also, but this is not a major part of the activities.

Livingstonia Synod AIDS Programme (LISAP) (13 July) is a comprehensive programme addressing many problems caused by the HIV/AIDS epidemic and started in 1989. At first it concentrated on people with symptomatic HIV infection in and near the hospital where the offices of LISAP are, but from 1994 they expanded the activities to the whole catchment area of the hospital. The programme has the following components:

- Youth programme
- Home Based Care
- Orphan Care and Support
- Women training programme

The youth programme includes peer education via the schools, visits of youth to chronically ill, ten active youth clubs, environmental programme, sports and a centre for vocational training. UNICEF sponsors the vocational training component. The vocational training is a formal training. The courses take approximately 3 months. The students do not receive any document at the end of the training, nor do they receive a starter pack (e.g. tools and/or some materials). LISAP has not done any follow-up to see what has happened with the former students. LISAP receives funding for the other activities from many other sources.

The Nkhota-kota Youth Organisation (15 July) is an organisation to serve all the youth in the District. They run the Youth Centre at the boma as one of their activities. The centre is open for all youths in the area. It offers a small library and indoor games. The Centre organises also outdoor sports activities. The group is involved in civic education, environmental issues

(tree planting) and HIV/AIDS activities. Two of the group members are trained in life skills. The HIV/AIDS activities are mainly drama and one-to-one communication. The centre is offering all kind of activities to “*keep the youth busy, so they abstain from immoral behaviour*”. The members of the group consider themselves as role models. Their ideas on role models were very realistic in relation to general behaviour, but concerning HIV and sexuality some members were very outspoken. The centre has condoms available, but they consider sex before marriage as “immoral behaviour”. The group would like to have a VCT Centre in the District.

In Lilongwe (area 25) the evaluation team met three youth organisations, who occupy one building (19 July). The three organisations are:

- Youth Development and Advancement Organisation (YDAO)
- Youth Empowerment and Civic Education (YECE)
- Voluntary AIDS Service Organisation (VASO)

Although the names suggest three different organisations, they are active in the same fields, but with different geographical catchment areas. There are a few differences between the organisations, but the three can be discussed as one unit.

The organisations have own activities, but also co-ordinate activities from other groups, e.g. 15 Edzi Toto Clubs in primary schools, 15 in secondary schools and 30 out-of-school AAC. The three organisations help these clubs with e.g. organising festivals. Own activities include counselling services at the offices. Testing cannot be done, so people will have to go to the MACRO Centre or Hospital. After the test they can continue the counselling at the office. This is not an ideal situation and the staff would like to have a testing facility nearby. They feel that there is a high demand for these services in the area.

The organisations are also involved in creating a Youth Friendly Health Service at a local clinic.

The organisations provide information, including life skills, to the communities, especially the youth. Over the years the demand for these services is increasing. They distribute condoms from the offices, but also through the aforementioned AAC. They consider the increasing demand as a sign that their work is successful and that people’s attitude towards HIV/AIDS is changing. The organisations also consider the growing membership as an indicator that the activities are appreciated and needed. The membership of the various youth clubs is also increasing.

The membership is on average two-third male, one-third female. However, in the composition of the boards for the organisations this imbalance is not reflected, as the Boards have more female than male members.

VASO is translating HIV/AIDS information into Braille. People with impaired vision have no access to written information on HIV/AIDS. This project is done in conjunction with a local school for the blind.

3.2.d Enabling Environment Support

Background

The enabling environment component addresses the role of other key actors, like parents and the community, and the need for supportive services, policies and legislation which empower, reward and assist youth to sustain HIV risk reduction behaviours. The enabling environment support can also be seen as an attempt to break the “conspiracy of silence”.

The elements of the intervention are found on page 21-22 of the project proposal and are, in short:

- A radio soap opera series targeting youth and parents
- A radio “straight talk” programme for the youth, which will focus on sexual health
- Radio adverts
- Radio production of youth bands and original music

- Flyers/posters/booklets for parents
- Flyers/posters/booklets for youth
- Club T-shirts, hats. Badges and membership cards
- Music videos, audio cassettes of youth bands
- Sports equipment
- Video players/cameras, monitors and training videos
- Vocational training equipment

The logical framework mentions another activity, i.e. video production, but this is not further specified in the text of the proposal.

The 1997 annual report mentions that a youth NGO, Youth Arm, produces the Straight Talk production. The production of the radio soap opera, Tinkanena, goes as planned and daily adverts are broadcast on the National radio. Flyers, posters, T-shirts, caps, sports equipment is being purchased.

The 1998 report mentions that the two radio programmes are continuing. It mentions again the materials that were purchased in the previous year, but it looks as if the same materials are mentioned again, i.e. no new materials were bought.

The two radio programmes are continued in 1999. The annual report also indicates that adverts have been produced and aired, but not so frequent as in the first part of the project. Materials were not bought in 1999. Support was given to the 1999 World AIDS Day Campaign.

Constraints, Progress and Achievements

The two radio programmes, in particular Straight Talk, are very popular in Malawi. It is not known how many people are listening to the programmes, but everybody spoken to during the evaluation period knew the programmes. The production of Tinkanena had some problems, as the players wanted higher wages. This caused that some episodes were repeated as new ones were not ready in time, but this has been rectified.

The evaluation team met with the producers of Straight Talk, The Youth Arm Organisation, in Blantyre on 11 July 2000. Youth Arm was founded in 1995. The organisation is involved in many activities, like AAC in schools and the production of Straight Talk. The organisation has about 700 members.

The idea for Straight Talk came from Uganda. It has been on air since 1996 on a weekly basis. It was stopped for two weeks after a programme on condoms. This particular episode was discussed in all parts of society, even in Parliament. The programme is partly in English, partly in Chichewa. Information about HIV/AIDS, STIs and other issues related to sexual health is given in the programme. There is room for "participation", e.g. letters of listeners are discussed and answered. The programme is also a platform for youth NGOs who can use the programme to inform the public about upcoming events, etc.

The producers feel that the programme is too much "urban biased". They would like to go out into the rural areas, but they don't have the financial and material resources to do so. Youth arm also would like to produce a "newspaper", like is done in Uganda.

The evaluation team listened to two episodes of Straight Talk. The programmes are lively, it is entertaining and informative. The producers tried in one of the episodes, to put too much information into the programme. The producers aim at providing information, but possible ways to help the youth to make use of the information is not provided adequately. The producers should consider to follow a course in Life Skills Education and see if they can incorporate some of this into the programmes. Previous producers of the programme did attend such a course, but the high turnover of personnel at Youth Arm make continuity difficult.

The evaluation team met several AACs, Youth NGOs and others that had received sports equipment, flyers and other items, which were produced as part of the enabling environment

support. All appreciated this, but were wondering why it stopped after 1998. By now the balls have worn out and the balls on the local market are of extreme poor quality. "One ball per match", as someone mentioned. There was a serious shortage of IEC material at all levels.

The evaluation team did not find any of the video equipment during the visits. The expenditure does not show that any purchases have been made, but some equipment was bought from other resources. However, most equipment was stolen soon after distribution. Further purchases were discouraged in light of this "security" problem. The video production has not been mentioned in any of the annual reports, neither did it appear in the expenditure.

3.2.e Pilot Youth Reproductive Health Services (or Youth Friendly Health Services)

Background

"The activity will be piloted through District Health services and NGOs which offer community based primary health services with the aim of establishing youth-to-youth sexual health services." (page 22 project proposal). The intervention had the following components:

- A basic information package on the aim of the services
- An orientation package for the 24 district hospital management teams
- Terms of Reference for the provision of the service to be operationalised
- Identification and orientation of staff below the age of 30
- Four volunteers from AAC to be identified and trained in each district
- Operating schedule and supervision system to be established in each hospital
- The service is to be introduced on a one-day-a-week basis, supervision through YTSC
- CHAM institutions and health centres to be involved.

The 1997 report states: *"The NACP is leading the establishment of youth friendly reproductive health services. All 15 districts have been oriented on the service and one district is piloting the service."*

The 1998 report mentioned that the Reproductive Health Task Force formed a committee to look into adolescent reproductive health. This committee met several times. Youth from eight youth NGOs are trained as counsellors, as part of the activity. (Note some of these activities were mentioned in chapter 3.2.c).

The 1999 report is rather short on the issue. The committee continued to look into adolescent reproductive health. Ninety health service providers were oriented on the need to have their units youth friendly. As in 1998 youth was trained as counsellors, but Youth Friendly Health Services as such were not introduced.

Youth Friendly Health Services were not introduced in Malawi at the time of the evaluation, at least not as a result of the UNICEF project. Some clinics run by NGOs made their services more open and available for youth, but this was their own initiative.

Constraints, Progress and Achievements

The aforementioned committee at the Ministry of Health and Population failed to get the project on the right track. The MOH&P had other, more important, issues to look at. The National Youth Council of Malawi is now looking at the issue (meeting with the counsel was held on 19 July 2000). After the failure of the MOH&P it was decided to set up a task force, which includes young people. Recently a stakeholders meeting was held. Many potential donors came to this meeting. The next step will be to develop a common vision and to develop strategies. Before this, a needs-assessment has to be done. The needs can differ from district to district. The possible components of the services include:

- Information on reproductive health
- Counselling
- Treatment of STI

- VCT
- Family planning

UNFPA plans to start VCT activities in a few areas of the country. These initiatives and the Youth friendly Health Services should be linked.

The Moyo Centre in Mchinji District was visited on 17 July 2000. This centre was supposed to have organised a Youth Friendly Health Service with the local hospital. There are problems between the Centre and the hospital according to the Acting District Youth Officer. Around 20 youth volunteers manage the centre. A Peace Corps volunteer assists them. The President of the youth group is every day in the centre. The centre enables youth from the area some alternatives: there are some books, indoor games and a (not functioning at the moment) video and TV. The members of the organisation go out to surrounding villages and try to sensitise the communities on HIV/AIDS. The centre receives condoms from the hospital and redistributes them to visitors of the centre. About 70 people per month come to pick up condoms, others come for general information. The centre is not involved in assisting youth in the hospital and the centre does not have a referral system to help visitors to find their way in the hospital. The centre is an example of a youth club for out-of-school youth, but does not provide Youth Friendly Health Services.

3.2.f Research, Monitoring and Evaluation

Background

The objective of this programme component is to provide effective project management, administration, evaluation and monitoring. The component has the following elements (page 23-24 project proposal):

- One KAPB study in 1996 and one at the end of the project period
- Narrative research and FGD with target groups on sexual relationships and behaviour, on an annual basis (six reports in total)
- Base-line report on the number and activities of the in- and out-of-school AAC
- NACP will compile data for an STD base-line and HIV prevalence from secondary school blood donors will be tracked over the three year period
- Establishment of a monitoring system for district and community YTSC
- A process evaluation system established.
- The costs of an Assistant Project Officer will be covered under this component in year two and three of the project

The 1997 annual report provides the following information on the progress of the component. The FGD research on young peoples sexual and social health has been done. The overview of the three KAPB studies (1993, 95 and 96) has started⁵. A start has been made with the organisation of monitoring activities through the YTSC.

The 1998 report mentions that the first draft of the KAPB overview has been reviewed. The FGD research was concluded.

The project is involved in the NACP Sentinel Surveillance, in particular collecting data on STI from six sites that use the syndromic management approach.

Tools for monitoring the progress at district level were made and introduced during the year. Towards the end of the year an annual review and planning meeting took place.

The 1999 annual report noted that the planned KAPB study was not done, but postponed to a later date. UNICEF continued to participate in the sentinel surveillance programme.

⁵ This activity is mentioned in the 1997 and 1998 annual report, including an amount that has been allocated for the exercise. However, the amount does not appear in the financial breakdown as provided by UNICEF to the evaluators. The costs are seemingly paid by another donor (UNICEF Australia?).

The project monitoring at district level continued. Not only the YTSC were involved in this, but also the Regional AIDS Teams (RAT). An important tool for the monitoring of the activities in the districts is the Monitoring Board. These were made and distributed to all districts.

Constraints, Progress and Achievements

The FGD research (“The Sexual and Social Health of Young People in Blantyre District”) is a very good research document. It gives a lot of background information that can help to plan projects on HIV/AIDS and reproductive health for youth. There are a lot of “dangerous” beliefs among young people that increase the chance that young people might involve themselves in high-risk sexual behaviour (e.g. the belief that people who use condoms can become infertile, or “if you love your partner, you should not use condoms”). The research shows very clearly that the youth still has many wrong ideas about HIV/AIDS, reproductive health and human relationship. The research shows that effective anti-HIV/AIDS programmes will have to concentrate on providing correct information and on life skills. The research study was done in Blantyre and the outcome are not necessarily representative for the entire country. Six more of such studies were planned, but unfortunately not done.

The review of the 1993, 95 and 96 KAPB studies is also a well done research. The researchers have been able to combine and compare the results from three studies, all with a different set-up and different questions into one document. As for the FGD study, this document provides a good baseline for planners and it also gives good recommendations on how to proceed for the KAPB study, which was planned to take place towards the end of the project period.

It is not very clear from the 1998 and 1999 sentinel surveys reports on HIV and syphilis what the role of UNICEF has been. The sentinel surveys do not target young people in particular and the information collected in the studies gives a general overview of the situation in pregnant women, not in particular on people younger than 25 years of age. One could argue that national sentinel surveys are not the best way for collection of information about STI among the youth.

The monitoring of the activities, in particular the AAC activities, has been done by the YTSC, NGO partners and the RAT. This monitoring is focussed on quantitative data mainly and not so much on qualitative. Recorded is how many AAC in primary schools are established in a district, but it is not clear if the patrons have been trained and how many patrons there are. Information about membership and activities of the AAC is also not monitored.

The monitoring boards, which are found in all districts, are very functional. These boards give information about the plans and the progress made by the YTSC in implementing the district programme. The board are very large and are “eye-catchers”. People who do not know the programme are tempted to ask what the purpose is of the boards and this will help to make HIV/AIDS and related issues more open for discussion.

Previously it was mentioned that the budget lines were not all very clear and that there are budget lines, which have no corresponding activity. This made it difficult for the evaluators to look at the expenditure in relation to the budget. An attempt was made to match the actual expenditure and the budget. Annex D consists of a list with expenditure and a breakdown of this expenditure in relation to the budget. Several budget lines have not been used at all, while others are overspent.

The list with the actual expenditure is in many ways different from the data given as expenditure in the annual reports. The evaluators were informed by UNICEF that the financial data given in the annual reports are not the actual expenditure data, but data reflecting the “call forward” amounts. However, for the lay reader of the annual report the data looks to be expenditure data and it is, to say the least, rather confusing when the actual expenditure list is so very different. The actual expenditure is also considerable lower than the data in the annual reports suggest, and the project has still a considerable amount

available for the remaining period (approximately 25% of the total allocation). The evaluators discussed the findings concerning the budget with the project staff. The staff felt that the data and information should be correct, but that at the same time they acknowledges that the actual situation was different from the data they provided. Ms. Lilian Gondwe, Senior Financial Assistant, UNICEF Lilongwe looked at the available data and this is reflected in the third part of Annex D. She comes to a much higher expenditure, a higher PBA and to a lower balance. The project staff has also requested UNICEF Headquarters in New York to give an overview, but this was not received by the evaluators to be included in the report. As a result, the evaluators do not have a clear picture of the financial situation of the project, neither does the programme staff. It is unclear which programme components can still be done in the remaining period and which not.

5 Conclusions and recommendations

4.1 The project proposal

The UNICEF Malawi Project “Going to Scale; Sustained Risk Behaviour for Youth”, financed by the Government of the Netherlands (MW000703) started officially on 1-1-9-1997. The first funding arrived towards the end of May 1997. The completion date was set at 31-12-1999, but the project was extended to 31-12-2000.

The project objectives have not been achieved, neither most of the specific objectives and the planned output. This cannot be attributed to the project implementers. The project proposal’s objectives, specific objectives and planned output were not realistic. UNICEF Malawi and the Government of the Netherlands should have been far more critically and realistic. The lack of realism is also seen in the budget. The evaluators had the feeling that the budget of \$1,200,000 was made in a great hurry, without considering details and that the budget was designed to fit an amount already agreed on.

Recommendations:

1. UNICEF Malawi should pay more attention to develop realistic project proposals, in which the objectives, specific objectives, approach, activities and budget should have a logic flow and are clearly interrelated. The objectives have to be realistic and the budget should be detailed so that each activity is clearly budgeted for.
2. The Government of the Netherlands should become more critical when considering project proposals and look more carefully at the objectives, specific objectives, approach, activities and budget. The Government of the Netherlands should be more critical towards the possibilities to achieve the project objectives.

The Government of the Netherlands and UNICEF Australia fund the project. The original project proposal does not indicate who is paying for what and the annual reports do not indicate this either. This has resulted in differences between actual expenditure and expenditure indicated in the narrative reports. For example, the KAPB review study is mentioned in the narrative report, including the costs of this research study, but is not reflected in the actual expenditure. At the same time it is possible that certain activities which are mentioned in the proposal are carried out and that the costs for these activities is paid out of the UNICEF Australia allocation. For the evaluators it looks however that the activities are not carried out at all. The set up, i.e. two donors for the same project, without indicating in the project proposal who is paying for what is not an ideal situation.

Recommendation:

UNICEF Malawi is recommended to change the set-up of projects that are funded by two or more donors, either:

- One project proposal with a clear understanding the donors pledge their contribution as “basket funding”, or
- Separate project proposals for each donor.

The financial statements in the annual reports and the actual expenditure are not covering the same. This is confusing. The financial statements in the annual reports (note: the 1999 annual report did not contain a financial statement), including amounts mentioned in the narrative report, suggest that these amounts are reflecting actual expenditure, while in fact they are not.

Recommendation:

UNICEF Malawi is recommended to include in the annual reports actual expenditure for each budget line, as this will improve accountability and transparency.

4.2 The programme components in the context of the situation of Malawi

The programme components were relevant in the context of Malawi when the project started. The HIV/AIDS situation in the country has not improved during the project period, in fact the situation has worsened, with an increase of the adult prevalence rate and a significant rise in the HIV prevalence among pregnant women age 15-19.

Some of the programme components have not been implemented during the project period, e.g. the Life Skills Education, which however has reached an advanced stage of development. Considering the Malawian circumstances, this component could become a very effective tool in reducing high-risk sexual behaviour among the youth in Malawi. The impact of the components, which are implemented, cannot be measured yet, but as they aim at reducing high-risk behaviour they can be considered as relevant in the future.

Recommendation:

UNICEF Malawi is recommended to continue her efforts to reduce high-risk sexual behaviour among youth in the context of Malawi.

4.3 The programme components

4.3.a In-school Life Skills Education Programme

Considering the magnitude of the task, the progress and the achievements for the development of a Life Skill Education curriculum for primary schools has been considerable. All the materials for Standard 4 are ready and can be implemented within the next 6-9 months after the training of the teachers. The MOE and the MIE are optimistic about the possibilities to have Life Skills Education curriculum materials ready for all primary school classes within the next two years. This is a rather short period, considering the time it took to develop, field test and implement the materials for Standard four. A period of 36-48 months might be more realistic. Nevertheless, this component is very relevant considering the HIV/AIDS situation and should be continued.

Recommendations:

1. UNICEF Malawi is recommended, in conjunction with the MOE and MIE, to continue to develop and implement Life Skills Education in all primary school classes in Malawi.

2. The Government of the Netherlands is recommended to support UNICEF Malawi to develop and implement Life Skills Education in all primary school classes in Malawi.

The Life Skills Education Programme offers the pupils the possibility to obtain skills that will enable them to negotiate, among others, human relationship and sex. It is very important that these skills are used to translate proper information into risk-free or low-risk sexual behaviour. The materials that are available in the primary school concerning HIV/AIDS need a critical review to make the basic information correct and up-to-date.

Recommendations:

1. UNICEF Malawi is recommended, in conjunction with MOE and other interested parties, to review the existing HIV/AIDS information materials in primary schools.
2. The Government of the Netherlands is recommended to support UNICEF Malawi and other interested parties in reviewing the existing HIV/AIDS materials in primary schools.

The evaluators were surprised to hear that UNFPA was working on a primary school curriculum (Standard 5-8) on Sexuality and Reproductive Health. This curriculum will be integrated in existing subjects and will not be taught as a separate subject like the Life Skills Education Programme. The UNFPA curriculum will incorporate life skills. It is strange that UNICEF did not seek co-operation with UNFPA when the Life Skills Education Programme was started, as both programmes are addressing the same issues to a large extent. This lack of co-operation can result in duplication, conflicting messages and an uneconomical use of (scarce) resources.

Recommendation:

UNICEF Malawi and UNFPA, in collaboration with the MOE and MIE, should look for ways to work together in the further development and implementation of the Life Skills Education Programme and the Sexuality and Reproductive Health curriculum in primary schools in Malawi.

4.3.b In-school extra curricular Anti-AIDS Clubs

Most of the planned AAC have been established. The YTSC or NGO partners have been responsible for the implementation. It looks as if the YTSC has been a bit rigid in some areas, i.e. restricting the number of participating children to a maximum of 30, age 12 and above only, or one club per school when many more children wanted to participate. Nevertheless, the responses to the AAC have been very positive and encouraging by the members, teachers and parents. The AAC have enabled the participating children to change their sexual behaviour. If the AAC have influenced the sexual behaviour of non-members at the school has to be studied. The AAC have played a role in "breaking the silence" in Malawi. Continuation of the programme component is justifiable, considering the HIV/AIDS situation in Malawi.

Recommendations:

1. UNICEF Malawi is recommended to continue the establishment of Anti-AIDS Clubs in all primary and secondary schools in Malawi

2. UNICEF Malawi is recommended to instruct the YTSC and implementing NGO partners to be more flexible towards schools to establish more than one AAC, to enable clubs to have more than 30 members and to include children of all ages.
3. The Government of the Netherlands is recommended to continue to support UNICEF Malawi in the establishment of AAC in all primary and secondary schools in Malawi

The project did not develop standards for the quality of the AAC, except the recommendation that each club should have two trained patrons (one male, one female). Most clubs have one trained patron only and some clubs do not have a trained patron at all. The patrons that were trained do not have sufficient reference material, like a training manual. The training did insufficiently focus on life skills. This might be because the trainers, i.e. members from the YTSC or implementing NGO partners, were not sufficiently oriented themselves on life skills education. The strength of the AAC towards behavioural change is determined by correct information and the skills to use this information to create risk-free or low-risk sexual behaviour.

Recommendations:

1. UNICEF Malawi is recommended to improve the quality of AAC by ensuring that each AAC has a minimum of two trained patrons.
2. UNICEF Malawi is recommended to ensure that quality of the training of the patrons is improved through proper orientation of the trainers.
3. UNICEF Malawi is recommended to ensure that trained patrons have sufficient resource materials to enable them to assist the members of the AAC properly.
4. The Government of the Netherlands is recommended to support UNICEF Malawi to improve the quality of the AAC by enabling each AAC to have two properly trained patrons, who have sufficient resource materials at their disposal.

The members of the AAC spoken to indicated that they thought that they would be more effective when they would have more materials like IEC (in vernacular), in- and out-door sports equipment and materials like badges, T-shirts and caps to make the club members recognisable. The availability of these materials will certainly enhance membership as these materials will be seen as incentives. The materials will also increase the effectiveness of the AAC.

Recommendations:

1. UNICEF Malawi is recommended to ensure that all AAC have sufficient material like IEC (in vernacular), in- and out-door sports equipment and materials like badges, T-shirts and caps, to improve the functioning of the clubs.
2. The Government of the Netherlands is recommended to support UNICEF Malawi in her effort to ensure that all AAC have sufficient materials available.

4.3.c Out-of-school – Skills Clubs

Out-of-school clubs at TA, general youth clubs, youth organisations and youth NGOs can play an important role in helping age mates to reduce their high-risk sexual behaviour. These clubs and organisations can also help to break the silence and open the discussion on HIV/AIDS and the discussion between parents and their children on sexuality, reproductive health and related matters.

However, the composition of the groups and organisations put together under the heading “out-of-school AAC” looks like a hotchpotch, a mixture of styles and approaches. This has

made the evaluation of this group rather difficult. Some of the groups were focussed on HIV/AIDS only, like the Youth Ambassadors and the Youth Arm of NAPHAM in Mzuzu. Others included HIV/AIDS in their general approach, while their real focus point lays on e.g. reforestation or community development. The evaluators feel that all these clubs can be extremely important in the general context of Malawi, but wonder if their participation of all of them in a programme that aims at behaviour change is correct.

Membership in some groups was limited by age, but in others “youth” was interpreted in a rather free and general way.

The project proposal indicates that vocational training is an important aspect of the out-of-school clubs. This aspect has not been developed in a proper manner. Club members who went for a kind of “in-service” vocational training were rather frustrated, as they did not get any proof that they had followed a course (which made the chance for gainful employment close to zero), neither were they supported in any way to set-up their own little business. The relationship between poverty, unemployment and HIV/AIDS is acknowledged, but the evaluators feel that a programme with objectives related to behaviour change and reducing infection rates is not the most ideal set-up for vocational training and poverty alleviation.

The evaluators feel that UNICEF Malawi should critically look at their involvement in all the different groups. The evaluators acknowledge the fact that they visited only a few of the many groups and also acknowledge that the responsible programme officer for this component was not available during the evaluation, so they “may have missed the point”. However, the evaluators feel that they should make the following recommendations.

Recommendations:

- 1 UNICEF Malawi is recommended to make an inventory of all out-of-school Anti-AIDS Clubs at TA level, Youth organisations, Youth Clubs and Youth NGOs that receive support under the “out-of-school youth – Skills Clubs” component of the programme, and set up criteria to determine which clubs and organisations are “exclusively”, “mainly” or “partly” involved in the behaviour change process.
- 2 UNICEF Malawi is recommended to set-up guidelines concerning age limits and activities for clubs and organisations that could be considered an “out-of-school AAC”.
- 3 UNICEF Malawi is recommended to reconsider the vocational training activities in its present form.
- 4 The Government of the Netherlands is recommended to await the inventory and classification of the various out-of-school AAC before considering assistance to UNICEF Malawi for support of the various youth clubs and organisations as part of a behavioural change project.
- 5 The Government of the Netherlands is recommended to assist UNICEF Malawi in supporting Youth Clubs and Organisations that are involved “exclusively” (like e.g. Youth Ambassadors, NAPHAM Youth) or “mainly” in HIV/AIDS activities.
- 6 UNICEF Malawi is recommended to explore possibilities to find alternative funding for youth clubs and organisations that are only partly involved in HIV/AIDS activities and that have a main focus on e.g. development or vocational training.

The project proposal did not set quality standards for the out-of school AAC. The evaluators feel that this will be necessary when the component remains part of the programme and the standards can be developed at a later stage.

4.3.d Enabling Environment Support

The two radio programmes, “Straight Talk” and “Tinkanena” have contributed to opening up the discussion on HIV/AIDS in Malawi. Both programmes are popular and will have a continued function in the fight against HIV/AIDS in Malawi.

Other activities of the component are not so clear. The radio adverts might have been effective, but this will be difficult to prove. However, they were very expensive and this activity is not recommended to continue. Other activities were not carried out during the project period, like a video production and the purchase of video equipment. These activities had therefore a low priority seemingly and the need to carry them out in the future is unclear. The purchase of sports equipment was done only once. The recipients were very pleased with the items. However, the evaluators feel that it would be more logical to budget for these items under the “in-school AAC” than under the Enabling Environment component.

Recommendations:

1. UNICEF Malawi is recommended to continue with the two radio productions, i.e. “Straight Talk” and “Tinkanena”.
2. UNICEF Malawi is recommended to include the purchase of sports equipment under in-school AAC component
3. The Government of the Netherlands is recommended to continue to support UNICEF Malawi with the production and broadcast of “Straight Talk” and “Tinkanena” and in the purchase of sports equipment.

The quality of the two radio programmes should be evaluated by UNICEF Malawi and possibilities should be explored to expand the messages from “providing information” to “providing information in a thought-provoking way and providing tools to use the information”, e.g. by including life skills lessons in the radio programmes. The people who are involved in the production of the two programmes should be oriented on life skills.

The producers of “Straight Talk” have expressed that they would like to expand the programme in two ways: “more rural and less urban” and the production of a newspaper. The financial consequences will have to be looked at before any recommendation for the implementation can be made.

Recommendation:

1. UNICEF Malawi is recommended to explore the possibilities for the “Straight Talk” producers to record more of their programmes in the rural areas in order to get the opinion and problems of the rural youth in the spotlights.
2. UNICEF Malawi is recommended to explore the possibilities for the “Straight Talk” producers to produce a newspaper, similar to the Straight Talk Newspaper of Uganda.

4.3.e Pilot Reproductive Health Services (Youth Friendly Health Services)

This component of the project was not implemented. The MOH&P was not able to give the component the necessary support and the issue is now with the National Youth Council of Malawi. The evaluators got the impression, e.g. during discussions with YTSC and RAT, that the component does not have a high priority.

Discussions during the evaluation process showed that the health services are not friendly to anyone. Lack of resources, lack of personnel and frustrated staff due to underpayment hampers the health services. To create a “whatever” friendly health service, the whole health services will require a massive input. Only after such an input, efforts to give special attention to certain groups in society may be successful.

Other activities executed under the component, like training of youth as counsellors, become rather isolated activities when the main framework for these activities is not in place. This framework does not necessary have to be the YFHS, but could also be a Youth Friendly Voluntary Counselling and Testing Centre, but apart from the two MACRO Centres in Blantyre and Lilongwe, there are no such centres in Malawi. The evaluators feel that the component in the current form should not be continued to be funded by the Government of the Netherlands.

However, the basic idea of a YFHS makes sense, for two reasons

- Many young people cannot find their way to the formal health services, either because they are too shy, or because they are not treated appropriately,
- Many young people contract an (ulcerating) STI and when untreated these conditions will increase the risk of spreading HIV. Treatment will reduce the risk of transmission.

YFHS in other countries, e.g. Zambia, had a different starting point than the initiative in Malawi. In Lusaka the need for a YFHS came up from the work of peer educators. They found a lot of young people who were too shy to go to the formal health service for STI treatment or questions in relation to Reproductive Health. Once convinced by the peer educators, they went and were ill-treated at the clinics. This was the reason the peer educators looked for alternatives and the idea of YFHS was born. A similar approach can be done in Malawi, in particular in urban areas where the HIV and STI prevalence are high. The starting point for such an activity will not be the YFHS itself but peer education.

Recommendations:

1. UNICEF Malawi is recommended to reconsider her position towards the introduction of YFHS.
2. The Government of the Netherlands is recommended not to continue funding the YFHS in its present form.
3. UNICEF Malawi is recommended to explore possibilities to create a demand from the public for YFHS in urban areas by supporting peer education programmes.

4.3.f Research, Monitoring and Evaluation

Monitoring and evaluation are an integral part of every project and will have to continue therefore when the Government of the Netherlands decides to continue to support the project or certain components .

The monitoring during the project period has been satisfactory. The annual reports have provided sufficient information to keep track of the progress and achievements. Unfortunately, the 1999 report was produced very late and the copy that was made available to the evaluators did not contain any information on the financial aspects.

The monitoring of the expenditure has been confusing. In a previous chapter this has been mentioned in detail already.

The YTSC and partner NGOs have done the monitoring in the field. The use of the monitor boards has been innovative and helpful. However, the capacity of some of the YTSC is not sufficient to monitor all the activities adequately and the assistance from the Regional AIDS Teams was necessary.

Monitoring without making conclusions (or evaluation) is monitoring for the sake of monitoring and therefore a waste of time and resources. The evaluators had the impression that some of the YTSC saw the monitoring, i.e. to get the right figures on the monitoring board, as their main task. The quality of the service was of no concern, as long as the figures were right. This shows the lack of capacity and quality at YTSC level and, again, the RAT can play an important facilitation role in this process.

Recommendation:

UNICEF Malawi is recommended to put more emphasise on monitoring *and* evaluation, in order to improve the quality of some of the components, especially those which are implemented by the YTSC and partner NGOs.

The research activities of this programme component have not been carried out as planned. Only one (two?) research papers have been produced, instead of the nine budgeted for. The quality of the research paper(s) is very good and relevant for the project. The involvement of UNICEF Malawi in the National HIV and Syphilis Sentinel Surveys, as part of a programme on behavioural change is not completely clear to the evaluators. The activities that were planned in conjunction with the NACP sentinel surveys were relevant however. It is not clear why this activity did not take place.

Recommendations:

1. UNICEF Malawi is recommended to stimulate research that is in relation to the programme components and what is therefore relevant to the programme, but should not be involved in research activities that are not relevant to the programme.
2. The Government of the Netherlands is recommended to support UNICEF Malawi to conduct relevant research activities.

The financial situation of the project is unclear. The programme staff and the finance section of UNICEF Lilongwe use different figures for the total amount available (PBA) and have considerable differences in amounts spent over the project period. UNICEF Headquarters in new York were asked to provide an official overview of income and expenditure, but failed to do so. A possible reason for the differences between the data from the project staff and the finance department could be that certain expenditures are booked by one under UNICEF Australia and by the other under Government of the Netherlands.

The evaluators are of the opinion that the UNICEF Lilongwe has to sort out this financial issue as soon as possible and that it should provide the Government of the Netherlands with a comprehensive and acceptable explanation and report. The differences between the sections are simply too large to be ignored.

Recommendations:

1. UNICEF Lilongwe should sort out without delay the financial status of the programme and report this to the Government of the Netherlands
2. The Government of the Netherlands should insist on a comprehensive and satisfactory financial report in which the differences observed by the evaluators are explained and corrected.

4.3.g Additional comments

The UNICEF Malawi Youth and Education programme that implements the “Going to Scale” projects should consider other activities as possible components to include in the programme.

Voluntary Counselling and Testing is seen by many as an absolute necessary component in the fight against HIV/AIDS. The evaluators agree with this viewpoint. However, there is no need for VCT for youth only, there is need for VCT which is accessible, affordable and acceptable for young people. Several organisations are looking into the possibilities to create VCT centres and UNICEF should be involved to safeguard the interests of young people.

IEC material in vernacular is hard to find in Malawi. Many people expressed the need for such materials, not only for the youth, but for all people. UNICEF Malawi should explore possibilities together with e.g. UNAIDS, WHO, NACP and MOH&P to make more such materials available on a large scale in Malawi.

The outcry from communities and various structures on the inadequate and unfriendly health care services in the country should be a reason for the MOH&P to look seriously into the need for a complete change of attitude within the services and also to provide the funding that is required to make the services efficient.

July/August 2000

Piet Reijer

Miriam Chalimba

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FGD TRANSCRIPTION

BANDANGA PRIMARY SCHOOL EDZI TOTO CLUB

Out of 29 club members drawn from the senior classes (Standard 5-8) 10 were asked for by the facilitator, and 5 girls and 5 boys volunteered to participate in the focus group discussions. The following are the questions that were posed to them.

Q1: What causes school dropout among your peers?

B: Boys make pregnant and are forced to marry then, thus dropping out of school

G: Orphaned

B: Some girls are trapped by sugar-Daddies

Seasonal employment influences dropouts "*Kumva ndalama kukoma*"

G: Ill health due to HIV/AIDS

Q2: Why is it that although information about AIDS is well known, people do not change behaviour?

G: You cannot tell who is infected and who is not.

B: Lack of self-control

G: Some girls are raped

G: Some men refuse to use condoms

Q3: Considering our current environment, how far do you think you will go with your education?

G: If boys stop me, I will refuse

I think I will go far, because I am getting a lot of messages

Q4: What was the audience profile at festivals?

B: It was equal, both men and women came.

Q5: How free are boys and girls to attend the club activities?

B: Girls do not attend

Q6: What causes dropout in the club membership over the years?

B: many Standard 8 repeaters leave to enroll in DECs

G: Due to poverty

They get employed

B: Lack of materials and supplies for club activities e.g. footballs, 'uniform' (T-shirts)

Q7: How do you perceive the effectiveness of your club activities?

G: less boy-girl correspondence

B: Some children who dropped out are coming back to resume school

G: Few boys in the school propose to the girls

G: Initiation of girls is delayed until they reach puberty; prior to this, very young girls used to go through initiation.

B: There is a reduction in the tradition that new initiates should 'remove dust'

Q8: Have you come across or heard of teachers who propose to pupils?

B: We have never heard of relationships between boys and female teachers

G: We hear of relationships between male teachers and girls, but not in this school

Q9: Even if the teachers do not actually propose, have you observed behavior indicative of advances to the girls?

G: We have not observed it.

B: It is possible that we misinterpret what we see.

(The two eldest girls in the group pursed their lips, looked at one another, and smiled – the responses might not have been exactly true)

Q10. What is the ratio of boys to girls in all the classes of the school?

G: There are more girls than boys in Standards 1-6. However, in Standard 7 and 8 there are very few girls

Why?

G: Most girl drop out because of poverty

B: Most of the girls cannot get soap because of poverty

- Some indulge in sex for money
- Others get married
- There are yet others who start ***ganyu***

Amongst which group is the lack of soap a prominent problem?

B: Especially among girls, boys are creative about getting money, while girls use sex to get money?

Q11 Who influences girls to have sex in order to get soap?

- B:
- Sugar daddies
 - Teachers
 - Male students

LACK OF SOAP, A GENDER ISSUE

One of the boys in the group kept on saying, “ girls lack soap, girls lack soap”, as the main reason why they dropout from school. The complexity of girls’ poverty or lack of soap lead to sexual risk behaviour, i.e. selling sex or massive girl dropout from school at puberty. At this particular school, it happens between Std. 6 and 7. Without soap a girl stinks and boys mock. Her rugs (for sanitary towels) are recycled yet inadequately washed due to lack of soap. If she attends school, there are no girl-friendly sanitation facilities at the school: no privacy, no water on wash hands. It seems a fallacy when we ask, “ why do girls continue to dropout from school?”

Some people deliberately spread the disease

Q12: Why do girls defy all this knowledge?

G: They do not care

Q13: Do people young people attend dances?

All: A lot!

G: Most girls attend at night, while boys and men drink alcohol during the day as well.

Q14: How significant has the reduction in the attendance of dances been?

.....

Q15: How best can we promote prevention of HIV/AIDS and STIs?

G: More messages

B: If initiation counselors were given more information on HIV/AIDS and giving it to the initiates, they would change some of the practices.

Q16: Do boys also get initiated?

B: Yes they do

G: The Nankungwis should not encourage promiscuity

B: The initiates should each have their own razor blades

Q17: What influence do videos have?

B: They show violence

B: For some who just want to see the 'violence' movies (*zomenyana/zankhondo*), they are also shown blue movies...

B: So you are forced to watch the blue movies..

Q18: Do you pay for the videos?

B: Yes

Where do you get the money from?

B: We do *ganyu*

G: *Ena amaba!* (Some steal the money!)

Q19: What happens if club members fall in love with one another, or have a relationship?

B: They are counseled.....

Q20: What do you term as 'risky behaviours'?

G/B: Drinking (*Kumwa*)

G: *Kuvala mosadzilemekeza* (Literally 'Dressing the reduces your self-respect')

G: *Atsikana ena amawayamba anyamata* (Some girls actually provoke the boys)

B/G: Double standards amongst club members .. (**Check with recorded FGD**)

Q21: Do you seek medical services.

Yes.

For what?

B: Malaria

B: Diarrhea and stomachache

B: Smaller children also go for bilharzia treatment

Why 'young children' only and not adults or older boys/girls?

B: If they have bilharzia, they have bloody urine, They do not seek medical services because they are shy.

G: It could be mistaken for an STD

B: People with STD (*mabomu*) do not seek services

Q22: How can young people desist from 'chwerewere' (promiscuity)?

Play games, sport

Read

Occupy themselves in different ways

G: If you are playing, try not to come home late

Q23: Does EDZI Toto club membership go beyond the school?

B: I talk to my parents

How about outside the home?

B: I stopped going to dances so we cannot reach others who go there.

FGD TRANSCRIPTION

ULENDO YOUTH GROUP: NDALAMA VILLAGE, T/A NCHILAMWELA

Present were:

The chief, VH Ndalama and his Nduna (Deputy)

9 members of the group all male,

(four girls, members, were reported to have left to attend a funeral)

Give a brief overview of the background of your club on how you started your club, what your aim is, what you have done so far, how you see the behavioral situation among the youth and the problems you are facing.

- We saw that most among the youth were going wild, so we wanted to help them through drama so that they get to live life that is more normal.
- We are using messages through choirs, traditional dances, drama, so that they should stop drugs, drinking heavily and sexual immorality.
- We wish that they may grow up with good lives
- We also saw that in our villages we could pass messages to those far away from the boma
Because it is us who are near towns who get messages on development.
For this reason, we have performed drama in various communities at the research, at Nchima, Msuwazi, and in different schools within Thyolo.
- We saw that it was good that we the youth should be involved in such work.
- In addition, we went to the government to register that we wanted to assist the in the fight against AIDS, cholera and family planning
- Registration was done early 1994.

Aims of the Group:

To foster 'risk-free behavior through:

- Drama
- Choir
- Song and Dance

To be able to give messages to outlying areas, e.g.

- 'Research"
- Nchima
- Msuwazi....

To sensitise communities, especially youth on health

- Cholera
- HIV/AIDS
- Family Planning

The group was registered in 1994

Q1: What causes youth to indulge in risky behaviors?

- Most parents feel not-at-ease talking to their grown children..
- Lack of parental guidance and encouragement. When we find anyone of that type we talk with him or her.
- Peer pressure, some are taking after their friends.
- Girls need to be sensitised against teenage pregnancy...

Q2: Apart from drama, what else do you do?

- Poetry/ poems
- Creative stories
- Fundraising (Big walk, charges for drama, etc..)

Q3: What do you use the funds for?

- Usually the funds are used for orphans
- Transport
- We help one another during sickness or bereavement
- Social and development activities (**for example we have used some of our funds for help in building a bridge**)
- However, in these functions we usually raise between MK25 to MK50

Q4: How else do you get money?

- When we attend workshops like UNICEF workshops, each participant contributes half of the DSA to the group.
- We once got a contract from MSF to do a sensitisation campaign on cholera

Q5: In your opinion, is the work you are doing matching with the level of behavioural change?

- No.
It is difficult because some of them are married or independent. As such the resource base is very thin.
We are really lacking and cannot adequately cater for problems

Q5: (Repeated) What is the correlation between messages given out and behavioral change?

- We get IEC materials from the Department of youth to distribute
- We have formed subgroups in the other villages
- We have also obtained some condoms which we distribute to friends and peers

Q6: Do young people seek medical services?

- In the past No, but after sensitisation in the different villages this is not so
- It is difficult for someone like us to tell parents. But still the parents need to be – sensitised /urged to have more parent child communication

Q7: What, in your opinion, are the qualities of a role model?

- They should be respectful
- Clean/hygienic
- Be able to give credible information
- Not behave differently from what they are urging others to do

Q8: Do you think it is necessary to give information to very young children (like the ones who were watching drama here this afternoon?)

- All: Yes
It is important that young boys and girls, those approaching puberty should learn these messages so that they should grow up well.
Some child plays promote sexual immorality in very young children. Plays like (kabisalirane, e.t.c.). This was true of this particular village. Especially when there is moonlight at night, many children go out to play.

Q9: It is said elsewhere (e.g. in Mbandanga today) that the games that children play at are dangerous

- Yes it is true

- It happens because people
- But it can be prevented if people occupy themselves otherwise ...

Q10: What other things create opportunities for the youth to indulge into sexual immorality in this area?

- Initiation ceremonies (chinamwali)
- Gay oriented dances (discos e.t.c)
- Video films
- Young children are easily fooled (misled)

Q11. What messages to give to young children

- We through drama advise the youth that night plays are bad, and that closeness with the opposite sex beyond some extent is dangerous among children.
- We teach that its better to play football or some other sport when you do not have anything to do.
- We discourage playing at night.

Q12: According to census figures there are more girls than boys. In contrast to this fact, the youth group appears that it lacks in female participants. Why is the participation of females minimal?

- Girls have a tendency to disrupt things. Some would want to seduce members of this group into relationships.
- Parents are suspicious. They do not have confidence in us, because they think we are out for sexual reasons in establishing this group. So they cannot entrust their daughters to us in fear that immorality will be the end result and not the drama we invite them for.
- Girls marry quickly to get financial stability.

Q13: Why are parents suspicious?

- They know how most of the girl children behave. Almost all parents know their children. Depending in the child's behavior, parents would know what is best for their children.
- Sometimes children would say to their parents "I am going for drama" while it is not actually to drama that they go. So it comes as a parental measure of control.

Q14: why do girls indulge in sexually risky behavior?

- In this area, land for farming is small, girls wed early so that their families would be alleviated of the burden of looking after them. this is the reason why girls do not stay for a long time performing with us. They feel it is proper to get married and find proper financial help than that which they would find in the group.

Q15: If female club members get married, do they still participate in club activities?

- No! Once they are married, it is difficult for the girls to participate in drama. The reason is that most husbands are jealous. They would not allow their wife to go out for a long time. They would suspect marital unfaithfulness.

Q16: You said some of you are married, do your wives allow you to participate?

- Yes, they allow us. This is so because we told them right from the beginning the nature of our career and what they can expect at times.
- Generally, power in the family differs between the husband and the wife. The husband can give commands, which cannot be given in reverse by a wife.

Q17: what rights are you teaching the youth?

- We were trained by UNICEF in how we can protect rights for the youth, parents and other people. In these messages, we have made plays where people take part in turn making sure that they understand fully about human rights.

Q18: What other ways do you advise people to follow in order to occupy themselves with activities that would reduce opportunities for sexual immorality?

- Girls often participate in games. In the past we used to have football and volleyball and the girls were participating freely.
- We mobilize the youth in other areas to be involved in spreading these messages.
- We have ever thought of buying some materials for girls to do some arts and crafts, skills or vocations with which they can start some IGAs; but we lack in finances.

Q19: I will repeat this question: What is the balance between messages and behavior like?

- The two balance, we get reports from youth centers of how things are changing and where we have to do some extra teachings.

Q20: Are discos over?

- People go to discos and indulge in sexually risky behavior,

Q20: Do young people have sexual intercourse at dances?

- Yes
- But this is now declining, a little..
- We still advise the kids, some of them are changing and some are not. Messages are being spread but it is not everybody that responds so there are otherwise life skills.

Q21: What are Life skills, could you explain?

- We are aware of what they are, but we never had proper training.
- Life skills are active lessons that enable the learners to foresee the fruits of what they are learning and teaching today.
- We teach life skills in our drama, and we also try to engage the children through interactive drama
- We know that life skills help in making decisions. So it is important to teach these life skills because they prevent teenagers from indulging into sexually risky behavior due to peer pressure.

Q22: How frequent are rape cases or how much of children's rights are violated, say orphans and young girls?

- In the past, using lonely footpaths used to be dangerous because of bandits. But through our plays, things have changed.
- We hear of rape, especially in Chimaliro.
- We had a program in which we taught people how to bring up orphans.

Q23: In your play, you showed a man beating a woman. Does that happen often here?

- It happens most of the times. Maybe because the lady was late from the market or from the well.
- Most of the times, men are drunk when they beat up their wives.

Their Questions

- How can you help us do the outreach activities?

Facilitators explained that the evaluation was a start of a process. The evaluation report was to be assessed in depth. Once the sifting was through, a decision would be made to support or not.

- We would like to be considered for training in vocational skills
Facilitators explained that this was part of the current package of interventions. But they would still be subject to the process indicated above

Village Headman Ndalama's comment:

What I have observed is that the activities of Ulendo Group attract many people both young and old, but they stop too early. If plays could go on up to 7 or 9pm, this could keep the children occupied instead of going to play hide and seek, which could send them off to risky sexual exposures. Definitely, at 7pm they would be tired, and then they would go to sleep. When they stop at 5pm, people have nothing to do and the night is long

Income and expenditure according to the Programme Officers:

FUNDS UTILISATION REPORT**Contributions**

Netherlands Contribution: Tranche 1 May 1997

Tranche 2 March 1998

Tranche 3 February 1999

Exchange rate: 1.454

ACTIVITY	Expenditure			
	US\$			
	1997	1998	1999	2000
Project Support Monitoring & Evaluation				
Salary And Allowances **	19,965.55	-	0	
YTSC Management support	26,607.61	-	0	
Regional Review meeting	13,243.55	-	0	
Focus Group Baseline research	7,590.64	-	0	
Salary And Allowances **	-	10,602	0	
Regional Project Supervision	18,655.14	583	0	
Focus Group Research	-	141	0	
Monitoring and Supervision of YRH Activities	-	3,851	0	
Support for Central R.A.T.: M&E, Follow-up		13,511		
Monitoring and display boards for youth			4550.76	
Salaries and Allowances for P Chakholoma	-	-	15892.5	
Project supervision M&E in Southern Region	-	-	6971.32	
YTSC Bi-Annual review - Central Region	-	-	2645.89	
Monitoring & Evaluation Support (DA, DZ, MC & NU)	-	-	7357.27	
RAT Refresher, PEA Orientation & Monitoring	-	-	10466.17	
Transport - STD/HIV Sero-prevalence survey	-	-	4672.69	
HIV/Syphilis sero-prevalence survey	-	-	8823.7	
Transport of monitoring boards			860.85	
Accommodation for PPA review at Sun'n'Sand			12050.98	
Sub-Total	86,062.49	28,688	74292.13	
In School Life Skills Curriculum				
Life skills material production - Standard 4	-	19,307	0	-
Finalising Life Skills Curriculum Planning	-	-	26,891.37	-
Trial testing and review of life skills materials	-	-	17,767.39	-
Travel - life skills data analysis & material revision	-	-	88.05	-
MIE Counterpart - to attend education network meeting, Botswana	-	-	1,233.72	-
DEO Orientation on LSE for support/supervision	-	-	0.00	11,746.67
Developing LSE Teaching & Learning materials Standards 3 & 5	-	-	0	19,704.63
Sub-Total	-	19,307	45980.53	31,451
Anti-AIDS Club Support				
Training for Edzi-Toto clubs	28,999.17	-	0	
Support for Edzi Toto club festivals	18,549.90	-	0	
Peer Education Training	9,993.23	-	0	
Printing Snakes & Ladders (AIDS Challenge Game)	9,714.49	-	0	
Printing of various posters on AIDS Programme	14,120.13	-	0	
Printing of AIDS T-Shirts and caps	31,602.10	-	0	
Printing of Anti-AIDS Club handbooks	7,909.69	-	0	

Support for Extra-curricular anti-AIDS Clubs	-	30,350	0	
AAC support for Mangochi YTSC	-	1,892	0	
Support for Phalombe YTSC	-	3,662	0	
Support for Lilongwe YTSC	-	8,668	0	
PEA, School Committee & PTA Orientation/training	-	-	7085.87	
InterAide school health project	-	-	10370.15	
YRHP Support for Ntchisi district YTSC	-	-	12658.98	
Reorientation of YTSC - Central Region	-	-	3851.19	
Regional Youth Festivals - North	-	-	7471.47	
AAC Support Central Region (DA, DZ, KK, MC, NU)	-	-	33645.99	
AAC Festival in Chiradzulu & Phalombe	-	-	1995.89	
Peer Education Training - South (MJ, PE, MHG & MN)	-	-	12174	
Peer Education Support MH, CZ & BT	-	-	9079.22	
Travel - review & revise peer education training manual	-	-	170.5	
Wezi Chirwa - AAC member - to attend ICASA - Zambia	-	-	895.66	
P Maliro - Youth Ambassadors - ICASA, Zambia	-	-	895.66	
Sub-Total	120,889	44,573	100294.58	-
Out of School Clubs				
311 Small value procurement for youth programme	2,029.59	-	0	-
322 Bicycles for out-reach programme	-	-	0	-
322 Furniture for Zingwangwa and Lilongwe centres	817.88	-	0	-
Support for Youth NGOs through Karonga YTSC	-	-	0	-
Retreat on Girls' participation	-	3,836	0	-
Establishment of TA based clubs	-	-	9311.84	-
Support to Adolescent girls literacy programme	-	-	13537.89	-
Life skills for out of school clubs in Ntchisi	-	-	3,992.44	-
Briefing of opinion leaders	-	-	1,100.45	-
Out of school festivals for Ntchisi	-	-	1,370.20	-
Briefing of out of school in TA	-	-	899.56	-
Out of schoolclubs,dowa, Dedza, Salima ,kk	-	-	9,402.77	-
DOY - Developing a Peer Education Strategy	-	-	7513.09	-
Club Leaders' and Peer Education Training	-	-	10990.11	-
Life Skills training for Mangochi Youth	-	-	2781.18	-
NAPHAM - Establishing Northern Region Youth Wings	-	-	3121.9	-
Life skills training for Thyolo Youth	-	-	7026.86	-
Peer to peer communication	-	-	0	2,200.00
finalization of non-formal skills modules-youth	-	-	0	6,820.00
Exchange visit to Mzuzu for Salima Young Voices	-	-	0	2,000.00
Sub-Total	2,847.47	3,836	71048.29	11,020
Enabling Environment Support				
Radio soap opera	5,369.80	-	0	
Straight Talk Radio show	21,225.69	-	0	
Radio Adverts	17,492.74	-	0	
Newsletter, Edzi Toto clubs	4,977.62	-	0	
Sports Equipment for youth Programmes	10,100.00	-	0	
Printing of posters - children have Rights	7,454.36	-	0	
Printing of Tinkanena comic books	1,858.69	-	0	
Briefing for Opinion Leaders	-	16,964	0	
Support for World AIDS Campaign 1998	-	5,501	0	
Support for Nkhoma Synod - YRHP Training	-	1269.75	0	
Straight Talk on MBC Channel 2	-	0	10969	
Youth Radio jingles MBC Channel 2	-	0	12427	

Youth Arm - Production of Straight Talk	-	-	6683.27	
Tinkanena - Production of Scripts and Review meetings	-	-	3537.57	
V Kasinja - Producing Khalani Maso comic book with youth	-	-	2500	
Wanangwa Msowoya - Producing HIV/AIDS comic book	-	-	1064.23	
Sub-Total	68,479	23,735	37181.07	-
Youth Friendly Services				
Monitoring of the youth health services	269.65	-		
Counseling Training for Karonga Youth	-	-	4603.48	
Payment for counseling and guidance training	-	-	9000	
Youth Ambassadors: Sexual Health Awareness Campaign	-	-	9276.94	
Essential Drugs for District STI management	-	-	0	0
P Masepuka - Study tour of Youth Friendly Health Services - Zambia	-	0	0	0
Sub-Total	269.65	-	22880.42	-
GRAND TOTAL	278,547	120,139	351,677	42,471
Total PBA				758,293.00
Total PBA				273,934.00
				1,032,227.00

Expenditure according to programme officer in relation to the original budget:

In-school life skills education

Activity	year 1 budget	year 1 expend.	year 2 budget	year 2 expend.	year 3/4 budget	year 3/4 expend.
Revise/print materials	30,000	0	30,000	19,307	20,000	26,891
						17,767
						88
						19,705
Total budget	80,000					
Total expenditure		83,758				
Balance		(3,758)				
Training of trainers	10,000	0	0	0	0	0
Total budget	10,000					
Total expenditure		0				
Balance		10,000				
Training of teachers	0	0	50,000	0	0	0
Total budget	50,000					
Total expenditure		0				
Balance		50,000				
Refresher training	0	0	0	0	25,000	0
Total budget	25,000					
Total expenditure		0				
Balance		25,000				
PTA/YTSC	0	0	10,000	0	10,000	0
Total budget:	20,000					
Total expenditure		0				
Balance		20,000				
Teacher Training Schools	0	0	10,000	0	10,000	0
Total budget:	20,000					
Total expenditure		0				
Balance		20,000				
MIE counterpart trip Botswana	0	0	0	0	0	1,234
Total budget:	0					
Total expenditure		1,234				
Balance		(1,234)				
DEO orientation on LSE	0	0	0	0	0	11,747
Total budget:	0					
Total expenditure		11,747				
Balance		(11,747)				
Total	40,000	0	100,000	19,307	65,000	77,432
Overall buget	205,000					

Overall expenditure	96,739
Balance	108,261

In-school Extra curricular (Anti-AIDS clubs)

Activity	year 1		year 2		year 3/4	
	budget	expend.	budget	expend.	budget	expend.
Material production	0	9,714	10,000	0	10,000	0
		14,120				
		31,602				
		7,910				

Overall buget	20,000
Overall expenditure	63,346
Balance	(43,346)

Head teacher orientation		24,000	0	0	0	0	
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Overall buget	24,000
Overall expenditure	0
Balance	24,000

Patron training		40,000	0	0	0	0	0
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Overall buget	40,000
Overall expenditure	0
Balance	40,000

Follow-up patron training		0	0	6,000	0	6,000	0
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Overall buget	12,000
Overall expenditure	0
Balance	12,000

Club formation		0	0	8,000	0	0	0
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Overall buget	8,000
Overall expenditure	0
Balance	8,000

Training for Edzi Toto clubs		0	28,999	0	30,350	0	10,370
							33,646
							7,086

Overall buget	0
Overall expenditure	110,451
Balance	(110,451)

Note: Total budget for "Orientation head teachers", "Patron training", Follow-up patron training" and "Club formation" covers the expenditure of "Training for Edzi Toto clubs"

Overall buget	84,000
Overall expenditure	103,365
Balance	(19,365)

District competitions/drama/conferences	12,000	18,550	12,000	0	24,000	7,471
						1,996
						896
						896

Overall buget	48,000
Overall expenditure	29,809
Balance	18,191

Peer animators	12,000	9,993	12,000	0	15,000	12,174
						9,079
						171

Overall buget	39,000
Overall expenditure	31,417
Balance	7,583

Sports activities	12,000	0	12,000	0	15,000	0
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Overall buget	39,000
Overall expenditure	0
Balance	39,000

Support for YTSC	0	0	0	1,892	0	3,851
				3,662		
				8,668		

Overall buget	0
Overall expenditure	18,073
Balance	(18,073)

Note: Expenditure for "Support for YTSC" covers expenditure for training activities, formation of new clubs, club festivals and YTSC meetings.

YRHP support Ntchisi District YTSC	0	0	0	0	0	12,659
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Overall buget	0
Overall expenditure	12,659
Balance	(12,659)

Note: This expenditure relates to peer education and festivals in the district with focus on RH

Total	100,000	120,888	60,000	44,572	70,000	100,295
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Overall buget	230,000
Overall expenditure	265,755
Balance	(35,755)

Out-of-school youth clubs

		<i>year 1</i>		<i>year 2</i>		<i>year 3/4</i>	
<i>Activity</i>		<i>budget</i>	<i>expend.</i>	<i>budget</i>	<i>expend.</i>	<i>budget</i>	<i>expend.</i>

Resource material		12,000	2,030	12,000	0	10,000	6,820
			818				7,513

Overall buget	34,000
Overall expenditure	17,181
Balance	16,819

Orientation at TA		24,000	0	12,000	0	12,000	9,312
							1,100
							900

Overall buget	48,000
Overall expenditure	11,312
Balance	36,688

training of instructors		6,000	0	3,000	0	3,000	0
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Overall buget	12,000
Overall expenditure	0
Balance	12,000

club activities		15,000	0	15,000	3,836	15,000	3,992
							1,370
							9,403
							13,538
							2,200
							10,990
							2,781
							7,027
							3,122

Overall buget	45,000
Overall expenditure	55,335
Balance	(10,335)

Links with in-school clubs peer education		6,000	0	6,000	0	6,000	2,000
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Overall buget	18,000
Overall expenditure	2,000
Balance	16,000

Vocational training		12,000	0	12,000	0	24,000	0
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Overall buget	48,000
Overall expenditure	0
Balance	48,000

Total		75,000	2,848	60,000	3,836	70,000	82,068
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Overall buget	205,000
Overall expenditure	88,752
Balance	116,248

Enabling environment support

		year 1		year 2		year 3/4	
Activity		budget	expend.	budget	expend.	budget	expend.
Radio production and broadcast		30,000	5,370	20,000	0	20,000	10,969
			21,226				12,427

	17,493					6,683
						3,538

Overall buget	70,000
Overall expenditure	77,706
Balance	(7,706)

Note: The cost of "jingles" was 29,920

Small media		5,000	4,978	5,000	0	5,000	0
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Overall buget	15,000
Overall expenditure	4,978
Balance	10,022

Support materials		10,000	7,454	5,000	5,501	5,000	2,500
			1,859				1,064

Overall buget	20,000
Overall expenditure	18,378
Balance	1,622

Sports equipment		10,000	10,100	5,000	0	5,000	0
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Overall buget	20,000
Overall expenditure	10,100
Balance	9,900

Video production		0	0	10,000	0	10,000	0
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Overall buget	20,000
Overall expenditure	0
Balance	20,000

Video equipment		15,000	0	5,000	0	10,000	0
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Overall buget	30,000
Overall expenditure	0
Balance	30,000

Vocational equipment		5,000	0	5,000	0	10,000	0
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Overall buget	20,000
Overall expenditure	0
Balance	20,000

Co-ordination/campaign activities (YTSC)		15,000	0	10,000	0	10,000	0
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Overall buget	35,000
Overall expenditure	0
Balance	35,000

Briefing of opinion leaders		0	0	0	16,964	0	0
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Overall buget	0
Overall expenditure	16,964
Balance	(16,964)

Support to Nkhoma Synod - YRHP training		0	0	0	1,270	0	0
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Overall buget	0
Overall expenditure	1,270
Balance	(1,270)

Total		90,000	68,480	65,000	23,735	75,000	37,181
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Overall buget	230,000
Overall expenditure	129,396
Balance	100,604

Pilot reproductive health services

Activity	year 1 budget	year 1 expend.	year 2 budget	year 2 expend.	year 3/4 budget	year 3/4 expend.
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Basic info package	5,000	0	5,000	0	0	0
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Overall buget	10,000
Overall expenditure	0
Balance	10,000

Orientation of DHO	10,000	0	0	0	0	0
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Overall buget	10,000
Overall expenditure	0
Balance	10,000

T.O.R. operationalised	5,000	0	0	0	0	0
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Overall buget	5,000
Overall expenditure	0
Balance	5,000

MOH support staff briefing	5,000	0	6,000	0	6,000	0
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Overall buget	17,000
Overall expenditure	0
Balance	17,000

Youth counselling training	10,000	0	12,000	0	12,000	4,603
						9,000
						9,277

Overall buget	34,000
Overall expenditure	22,880
Balance	11,120

Service publicised	0	0	6,000	0	6,000	0
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Overall buget	12,000
Overall expenditure	0
Balance	12,000

Service provision	0	0	10,000	0	10,000	0
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Overall buget	20,000
Overall expenditure	0
Balance	20,000

Implementation by NGOs	0	0	15,000	0	11,000	0
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Overall buget	26,000
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Overall expenditure	0
Balance	26,000

Monitoring of youth health services		0	270	0	0	0	0
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Overall buget	0
Overall expenditure	270
Balance	(270)

Total		35,000	270	54,000	0	45,000	22,880
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Overall buget	134,000
Overall expenditure	23,150
Balance	110,850

Research/monitoring and evaluation

Activity		year 1 budget	year 1 expend.	year 2 budget	year 2 expend.	year 3/4 budget	year 3/4 expend.
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FGD/KAPB		10,000	7,591	0	141	10,000	0
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Overall buget	20,000
Overall expenditure	7,732
Balance	12,268

Narrative research		5,000	0	5,000	0	5,000	4,672
							8,824

Overall buget	15,000
Overall expenditure	13,496
Balance	1,504

Baseleine on clubs		10,000	0	0	0	0	0
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Overall buget	10,000
Overall expenditure	0
Balance	10,000

Youth STD/Blood donor		5,000	0	5,000	0	5,000	0
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Overall buget	15,000
Overall expenditure	0
Balance	15,000

Monitoring and process evaluation		30,000	26,608	30,000	583	30,000	4,551
			13,244		3,851		6,971
			18,655				2,646
							7,357
							12,051
							861

Overall buget	90,000
Overall expenditure	97,378
Balance	(7,378)

Project support		0	19,966	25,000	10,602	25,000	15,893
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Overall buget	50,000
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Overall expenditure	46,461
Balance	3,539

Support for R.A.T.	0	0	0	13,511	0	10,466
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Overall budget	0
Overall expenditure	23,977
Balance	(23,977)

Total		60,000	86,064	65,000	28,688	75,000	74,292
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Overall budget	200,000
Overall expenditure	189,044
Balance	10,956

Total all activities		400,000	278,550	404,000	120,138	400,000	394,148
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Overall budget	1,204,000
Overall expenditure	792,836
Balance	411,164

Total received	1,032,227
Overall expenditure	792,836
Actual balance	239,391

Financial situation according to the UNICEF Malawi Finance Section:

1997 expenditure \$312,422.95
 1998 expenditure \$224,815.21
 1999 expenditure \$352,200.00
 200 opening balance \$166,903.00

PBA Total \$1,056,341.16

YE/13-02 + YH11/09 \$782,407.16
 YE/13-03 \$273,934.00

Total \$1,056,341.16