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## Your Submitted Application

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## Agreements

\* ViiV Healthcare Use of Your Personal Information I agree to ViiV Healthcare processing my personal information as part of the application.

\* CAF Agreement I confirm

\* Key Momentum Indicators Agreement I confirm

\* Conflict of Interest Agreement I confirm

\* Incorporated/Registered Entity Confirmation I confirm

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## Contact Information

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## Organisation Information

\* Legal Name Find Your Feet Malawi

Other Name FYF Malawi

\* Organisation Country Malawi

\* Organisation Address P. O. Box 20312, Mzuzu,

Organisation Address 2

\* Organisation City Mzuzu

Organisation Province

\* Organisation Zip/Postal Code 105214

\* Organisation Main Email Address info@fyfmalawi.org

\* Organisation Telephone 01312439

\* Organisation Website Address www.fyf.org.uk

\* Mission Statement To mobilize local knowledge and skills, promote the ownership and use of natural resources by poor rural communities in finding sustainable solutions to hunger, poverty, HIV/AIDS and discrimination

## Application Form

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\* Project Title Building resilience of adolescents mothers living with HIV through integration of economic strengthening, social empowerment and psychotherapy interventions under Societies Taking Action for Rights (STAR) circles approach in Karonga District, Malawi

Website URL

\* 3-Year Project:

\* Request Amount Currency Code GBP - British Pound

\* Requested Amount 268945.87

\* Describe the goal of your project To improve physical and mental health well-being of rural adolescent mothers living with HIV and their children

- \* Project Specific Objectives
1. To establish 9 community interface forums (STAR circles) in Karonga District for interaction amongst adolescent mothers living with HIV, with local leaders, health personnel and role models for positive life perspective
  2. To improve knowledge and skills of adolescent mothers living with HIV, and communities on nutrition, adherence to ART, use of sexual reproductive health products, and HIV related stigma reduction strategies.
  3. To provide psycho-social support to adolescent mothers living with HIV through counselling and meditation
  4. To build economic resilience of adolescent mothers living with HIV and their children through promotion of income generating activities.

\* Momentum Concept The project aims at improving physical and mental health well-being of rural adolescent mothers living with HIV and their children through provision of proven integrated economic strengthening, social empowerment and psychotherapy interventions and is targeting a total 4,500 beneficiaries. The primary beneficiaries will be adolescent mothers and their children in Karonga district which has highest prevalence rate (10.6%) of HIV and AIDS in Northern Region of Malawi (Nutor et al.,2020). The development of this project has been a consultative process that has included central and local government officials in health sectors and Non-Governmental Organisations responsible for HIV and AIDS prevention. The major issues affecting adolescent mothers and their children, that came out during focus group discussions included failure to adhere to Antiretroviral Therapy, HIV and AIDS related stigma, lack of community and relation support and limited livelihoods opportunities exacerbated by socio-cultural barriers. Through interviews, it was learnt that HIV and AIDS in rural areas is associated with high externalized stigma which consequently leads to self-stigma, affecting well-being of adolescent mothers and their children. Hence,

conceptualization of Societies Tackling AIDS through Rights (STAR) approach to address highlighted community issues.

The STAR approach is a participatory, which facilitates the mobilization of people and communities affected or living with HIV by providing a system for mutual reflection, planning and collective action on HIV, sexually transmitted diseases and gender issues. The approach creates 'circles' or groups of 25 to 30 people in a particular community, whose members come together on a weekly basis for joint planning, reflection and collective action. The purpose of the intervention is to empower and increase meaningful participation of people living with HIV in issues that directly affect them. The model uses a combination of participatory methodologies, rights based approaches, results based management, collective action, policy advocacy and tools to enhance individual capabilities. It focuses on relationships and communication skills with intention of reducing HIV transmission, improving sexual reproductive health (SRH), and fostering gender empowerment. STAR 'circles' or groups meet regularly to facilitate discussion and engagement leading to community mobilization, empowerment and response to HIV and AIDS and gender issues. Groups are led by one male and one female facilitator who are trained as training of trainers on gender, HIV and AIDS and human rights, and how to lead and manage the STAR circles. The selection process of participants starts with election of village agent, who plays an integral part in the STAR Circle meetings, which is then followed by recruitment of other members including cultural gate keepers such as local leaders. The agent is elected in a public meeting called by the chief, and shares the qualities that an agent should possess. Upon the election of the village agent, Find Your Feet Malawi will build their capacity. Village agents are trained in facilitating community dialogues, learning, report writing. They are also trained on how to advocate for their community and lobby government officials and policy makers. The village agents are central in running the STAR Circle processes as they are tasked with organizing the gatherings, facilitating the discussions, documenting and reporting to the chiefs. Members

volunteer to be part of the discussion in a public meeting and they become representatives of the community. The communication facilitates development of by-laws at community level. It is expected that all economic strengthening, social empowerment and psychotherapy interventions will be delivered through STAR circle groups.

\* Community-Based Organisation? Yes

\* New Work? Yes

Note for New Projects

\* Focus on Community Response? Yes

\* Eligibility Note:

\* Primary Country Malawi

\* Primary Priority Populations

\* Level/Sector Implementation Individual Community

\* Thematic Area Implementation (Please refer to Guidance note for definitions) Empowering, developing resilience and increasing independence  
Creating safe and supportive communities  
Sustained provision of quality integrated HIV/sexual and reproductive

\* Previous Implementation? Yes

Describe Previous Implementation/Evaluation Find Your Feet Malawi in collaboration with Malawi AIDS Counselling and Resource Organisation (MACRO) has ever implemented the concept of STAR circle approach from 2012 to 2017 in Mzimba District in the Northern Malawi under Empowering the Rural Poor Project funded by Big Lottery Fund. Final evaluation showed that there was a stronger positive changes in the improvement of knowledge and skills of 11,400 beneficiaries (men and women) about HIV and AIDS through established peer

support system. Besides, the number of people going for HIV testing and disclosing their HIV sero status had significantly increased by 46%. Through engagement of local leaders, harmful cultural practices that perpetuate HIV transmission and violence against women, such as wife inheritance, were eliminated in project impact areas. In addition, people living with HIV and AIDS (almost 30%) reported that they were able to adhere to the Antiretroviral Treatment through peer support from the groups and close relatives who were able to encourage them after undergoing HIV and AIDS training and counselling. Finally, at the end of project, a total of 3,750 men reported to have used male condoms compared to 876 at baseline, showing a significant increase in the use of sexual reproductive health products. However, the project should have initially targeted its support of livestock (goats) pass-on scheme to women living with HIV before engaging men living with HIV, as women are more vulnerable in a patriarchal social system. This project did not specifically target adolescent mothers, girls and boys but women and men. Although, the project had targeted local leaders in elimination of cultural norms that are deemed harmful to women and girls, it did not engage religious institutions like churches which may perpetuate some harmful norms and infringe women's rights. The project did not engage community radio stations, as one of the fastest tool to reach out many people. Similar findings have been documented by Scriver et. al., (2016) through evaluation study of effectiveness of STAR Circle approach in Dowa and Nkhota-kota Districts implemented by Coalition of Women Living with HIV and AIDS. The study found that STAR Circles produced stronger changes in community-based interventions than in focused interventions and there was stronger positive change in intervention sites compared to control sites especially on knowledge about HIV and AIDS. The study also reported that STAR Circles had greater influence on rural communities to change cultural practices identified as a risk for contracting HIV like including wife inheritance, and night dances. On stigmatizing attitudes, the study also reported that there was a significant drop of stigmatizing attitude from 76% to 73% (ibid: 86). However, Scriver et. al., (2016:87-90) observed that village savings and loan associations

should be implemented with care as it may perpetuate exclusions in the event a member fails to pay back the loan and his or her household assets are confiscated.

\* Limiting Factors? Yes

**Describe Limitations** The project anticipates to encounter the following limiting factors: (i) COVID-19 outbreak. The outbreak of COVID-19 could mean that some project activities like meetings may not take place as the disease is highly infectious and contagious. Currently, it is uncertain how the COVID-19 will evolve over time. To mitigate the effects of COVID-19, the project team will procure some reusable face masks to targeted 500 vulnerable adolescent mothers, yearly, depending on the on evolution of the disease, who may not manage to purchase the protective materials for their safety, (ii) cultural influence on modification to sexual attitudes and norms as issues of sexual attitudes are conservatively discussed among adolescents in the targeted district due to socialization process that has made sexual attitudes and norms private and cannot be discussed publicly. This may subsequently limit the participation of adolescents in the meetings. To overcome, this challenge, the project will ensure that STAR Circles to be formed will mainly consists of adolescent mothers, adolescent fathers, young women and young men living positively or those that have been affected by the HIV and AIDS as it will be easier for people of the same age categories to discuss issues that affect their lives. In addition, the project will engage rural community gate keepers to assist in speaking out on issues of sexual norms that affect adolescent mothers in the targeted areas. By allowing the gatekeepers or traditional leaders speak out, it will eventually enable the rest of the community discuss on sexual issues or norms such access to sexual and reproductive health products like use of condoms and birth control pills, (iii) relatedly, some adolescent mothers and fathers living in the society may not disclose their HIV positive sero status and may choose not to participate in the project activities due to negativity (stigma) associated with the diseases in the areas. However, this project is designed to reduce shame associated with HIV and AIDS through community awareness meetings and providing psychosocial support activities such as counselling, (iv) lack of commitment

from stakeholders may derail the planned outputs of the project. However, such scenario is unlikely to occur as the stakeholders have been continuously consulted in the development of this concept through responding to checklists, focus group discussions, key informant interviews and community interviews with adolescent mothers and fathers living with HIV and AIDS. This was done to ensure that the proposal adequately addresses the needs of the targeted group and thus creates an ownership for the beneficiaries and stakeholders as issues included in the proposal will reflect their positions and needs.

\* Collaboration? Yes

Collaborating Partners Malawi AIDS Counseling and Resource Organisation (MACRO)

\* Engagement with Government Officials Yes

Government Official Worksheet

| * Government Official Name                | * Type of Engagement |
|---|----------------------|
| Directorate of health and social services | Collaborative        |



\* Elaborate on Key Issues facing Adolescent Mothers living with HIV and their children

Key issues facing adolescent mothers living with HIV (AMLHIV) that need address include: (i) Stigma and discrimination. Adolescent mothers living with HIV live with stigma and experience discrimination in societies. This is prolonged by lack of comprehensive approaches that focus on long-term quality of life and the achievements of both generations: young parents and their children. Building self-esteem by implementing group identified stigma reduction strategies under STAR circle model will facilitate to reduce stigma and



discrimination in Karonga District. (ii) Reduced Education Opportunities. Early motherhood is a physical indicator of early sexual activity, which makes many AMLHIV targets of stigma and discrimination at schools from peers, teachers and the community. Because of self-stigma the AMLHIV are less likely to go back school compared to peers who have not been pregnant, leading to school dropout. These consequences result in lowering school outcomes for such mothers compared to their peers, who also experience stigma within the school environment. However, preparing such mothers psychologically and economically through STAR circle and home-visiting programme could assure return to school and health upbringing of the child through home-based cares support. (iii) Socio-Economic Status. Some studies (Elona Toska<sup>1</sup> et al., 2019) have shown that socio-economic factors that include high poverty levels, low household income, poor economic opportunities, among others, are key drivers for adolescent pregnancies and challenges exacerbate further once they become mothers. Parenting within the context of poverty and HIV brings numerous challenges, such as poor relationship with parents, sometimes subjected to harsh disciplinary measures. Lower socio-economic status (SES) has also been found to be associated with inadequate support for substantive nutrition for child development. Furthermore, they may be excluded from pursuing education, preventing them from future employment opportunities, and resources for survival, perpetuating the circle of poverty. To the child, the consequences become poor child nutrition and development for a future generation. Therefore, providing adequate food, household income, education opportunities and income generation activities, are important concerns for adolescent mothers living with HIV and may have a long-term impact at a societal level. (iv) Violence Experiences in Relationships. Where adolescent mother living with HIV lives with a partner there are also great risks of intimate partner violence (IPV) to the mother, which could be physical or verbal. The situation goes back to poverty, poor social support and caregiver-adolescent communication. To improve the situation there is need of social and psychosocial support to the adolescent mothers that will be provided under the project through

STAR circle interactive learning, which will also strengthen engagement with counsellors and health services providers. (v) Sexual and Reproductive Health. Repeat unintended pregnancy among AMLHIV is more likely to result in poor birth outcomes, like low birth weight, higher risk of infant mortality, preterm birth or abortion. Adolescent mothers living with HIV are less likely to uphold some health services such as ART adherence and continued engagement with PMTCT services because of lack of peer support. This requires support through interactive learning forums and home-visiting programmes by trained agents. (vi) Cognitive Health and Development. To those interested or returning to schools, due to motherhood and HIV related responsibilities there are some cognitive challenges they meet that include increased school absenteeism and delayed grade progression, in part due to missing school to attend clinic appointments. This requires health tailored support service to the mothers and psychosocial support through interactive STAR circle learning and home-visiting programmes by community trained agents.

Describe Empowering,  
Developing Resilience and  
Increasing Independence

Empowerment, independence and building of resilience of adolescent mothers and support them to care for their children in Karonga District will be achieved through implementation of an integrated approach of project interventions thus psychotherapy, economic-strengthening and empowerment to address the prevailing stigma and discrimination, poor socio-economic status, reduced education opportunities, violence experiences in relationships, sexual and reproductive health, cognitive health and development challenges. The three main interventions in integrated manner (mixed-methods intervention), will collectively target reaching out to each beneficiary, thus be subjected to all three interventions, using STAR Circle concept with support of trained agents, which also provides safe space for AMLHIV. However, each intervention will be deployed for a specific aspect of building resilience among the targeted beneficiaries.

Under economic-strengthening intervention, the project will: (i) establish schemes for savings such as village savings and loans (VSLs) among AMLHIV using STAR circle

forums in the communities, (ii) introduce income-generating activities that include facilitating establishment of small scale businesses such as livestock pass-on scheme (goat) for AMLHIV. The goat pass-on programme will target the AMLHIV during which primary beneficiaries will pass on offspring to next AMLHIV beneficiary within a STAR circle with projection of reaching to over 80% of AMLHIV in each STAR circle catchment area by third year of the project. This will be replicated in all 9 STAR circles in Karonga District. This will economically empower the target beneficiaries to have financial capability to acquire their basic needs hence bring back hope as most of such people have limited economic opportunities within the society.

Under psychotherapy intervention the project will: (i) provide psychosocial support e.g. counselling services, self-stigma behavioral reduction strategies and meditation through STAR circle forum interaction, (ii) establishing forum for sharing vivid personal experiences of HIV and AIDS self-stigma, (iii) conducting motivational talks, social skills training, and goal attainment and (iv) training AMLHIV on the importance of treatment adherence. These activities will be facilitated by trained health community agents with support from health centres under STAR circle forums. The Psychotherapy interventions will ensure that AMLHIV accept their HIV sero-status and have increased self-confidence to live a focused life.

Under empowerment interventions the project will: (i) through counselling, motivational talk and learning, to encourage AMLHIV to go back to school for future survival and linking them up with district educational supportive programmes or institutions such as churches, (ii) build family capacity in child care support through home nutrition programmes, thus preparation of balanced diets from local available food stuffs.

To achieve safe space for children, through the STAR circle, initiatives will be developed to support children of AMLHIV such as creating day-care support systems within AMLHIV interactive gatherings with support from trained volunteer community health agents, who shall be provided with bicycles as incentives to their service.

Furthermore, the home-visiting programme will initiate proper support to children of mothers willing to go back to school through family engagement initiatives in the child care.

Describe Creating Safe and Supportive Communities

The project interventions will support adolescent mothers and their children to thrive within their context in the following ways: (i) STAR Circles will assist in identifying sources of gender based violence, HIV related or self-stigma and discrimination and other challenges encountered by adolescent mothers living with HIV and AIDS, through the process of sharing lived experiences and narratives within the groups. Once such issues are raised and identified, government officials and relevant stakeholders will be engaged to address issues with involvement of community members. Some of issues may include long distances to travel for adolescent mothers to access free Antiretroviral Drugs, negative attitudes of health workers towards adolescent mothers living with HIV as identified in the consultations. The project will thus organize multisectoral interface meetings with government officials and stakeholders to respond to such issues, (ii) engage adolescent fathers, care givers and their families through gender action learning system concept and HIV prevention training sessions, to be supportive to adolescent mothers living with HIV in assisting them to do unpaid household work which is 'culturally' viewed as women's work for in project area, and promote use of condoms, having single partner or abstinence as a way of HIV prevention (iii) organize He for She campaigns, an effort to engage men and boys in removing socio-cultural barriers that prevent women and girls from achieving their potential by enlisting men and boys as equal partners in development process and society. The project will identify local leaders as He for She champion standing up for adolescent mothers to spearhead the campaign. The He for She campaign meetings will take place in every STAR Circle, twice in a year, targeting the larger communities in the project areas. The ultimate benefits for such efforts is that incidences of violence against adolescent mothers living with HIV will be reduced as they will be reported by adolescent fathers and adolescent fathers or men will

view mothers as partners, (iv) support adolescent mothers living with HIV through tailored home visit programmes by village health agents. These visits will be part of outreach programmes to be implemented by trained village health agents. These community health agents will be responsible for providing training on food nutrition and care giving support such encouraging AMLHIV on importance of adherence to Antiretroviral Therapy, (vi) facilitate HIV mobile clinics/camp sites in hard to reach areas or areas agreed upon with the community and to provide opportunity for adolescent mothers to get testing and counselling, this will help adolescent mothers who are HIV positive and have not tested to get tested and have to access psycho-social support needed, through counselling and not to drop out in ART, (v) Organise community awareness meeting on HIV prevention, stigma and discrimination. This will help the larger community to open up on HIV topics and not to talk about it as a secret disease, which perpetuates externalized stigma and discrimination

Describe Sustaining provision of quality integrated HIV/sexual and reproductive services

To sustain provision of quality integrated HIV/sexual and reproductive services in Karonga District the project through STAR circle approach, will carry out the following activities: (i) train 12 government health surveillance assistants and 18 village/community health agents on HIV and sexual and reproductive health (SHR) products, these agents will be responsible for conducting outreach programmes like providing training to AMLHIV on nutritious food preparation and utilization using locally food available materials, providing care giving services, and availing a variety of SRH products to adolescent mothers to choose from. This will ensure that adolescent mothers will make informed choices on the type of contraceptive methods to use. Whilst the training on preparation of nutritious food will ensure that adolescent mothers are well nourished including their children and spouses. The village agents will be supported by project field officers and government health officials in the outreach programs, who shall operate as volunteers. The project however, will provide bicycles to 18 trained agents for mobility and as incentives to them. (ii) Advocate and promote multi-sectoral linkages for integrated intervention by linking adolescent mothers and fathers to

various stakeholders providing HIV and SRH services in the district, and through conducting of periodic stakeholders' meetings to discuss on district effective strategies of reaching out adolescent mothers who are HIV positive, (iii) organize periodic joint multi-sectoral supportive supervision to health facilities and SRH service providers to assess adherence to provision of youth friendly health services (YFHS) according to YFHS standards in service provision (National YFHS standards, 2011; National YFHS Strategy, 2016), (iv) engage with policymakers such as ward councilors, member of parliament, and traditional leaders, faith based leaders for HIV and SRH related policy and legal reforms to eliminate social cultural barriers like such as denying use of contraceptives by adolescent youths including mothers due to associated myths such as becoming sterile as a result of use of birth control pills, (v) within the 9 health centres, establish safe spaces such as private rooms for adolescent mothers to access HIV and AIDS, and SRH information services, (vi) organize specialized on HIV and use of contraceptives, in health centres training sessions , during under five clinics targeting adolescent mothers with their spouses.

**\* Measuring the effectiveness of your project**

The project will carry out baseline study to establish the current situation in the impact areas. Through baseline study, the project will design a data collecting instrument which will be able to capture quantitative and qualitative data to establish the current prevalence levels of adolescent mothers living with HIV and its associated effects on the individuals, families and communities in Karonga District. The exercise will involve health service delivery system in the district following government protocol. Once the present situation is established, the project implementing team will tailor their interventions to adequately address the issues identified in the baseline. Interview guides, semi structured questionnaire and health records from 9 health centres will be used in data collection in the district. Some data will be collected using focusing group discussions, key informant interviews and community interviews and household survey. To ensure that there is objectivity in the collection and analysis of the data, an external consultant will be engaged on a competitive basis to carry out the baseline

study. At the end of project, an end line study will be carried out to assess psychosocial and economic changes on adolescent mothers living with HIV and wellbeing of the infants as a result of implementing the project interventions. The parameters that were established at baseline will be compared to the end line study results and identify the changes that the interventions have effected. The end line evaluation study will also be carried out by an external evaluator (consultant). Between project inception activities and project phase out, a monitoring tool will be developed to track the changes made over time as a result of implementing project activities. The monitoring will be based on the Position Action Logic Model and its theory of change clearly outlining the following: (i) project activities to be implemented; (ii) outputs (immediate outcomes) which are concrete deliverables to be realized (iii) project outcomes (these are long term changes) to be achieved; and (iv) impact to be achieved by the project. This will be achieved in ascending order, thus from project activities to the project impact.

- \* Describe Success The success of implementing the proposed project will be translated in the following ways: (i) at least 3,500 adolescent mothers living with HIV (AMLHIV) and their children and those most at risk enjoy greater health and well-being as a result of reduced stigma and discrimination; (ii) it is expected that over 80% of adolescent mothers living with HIV will have improved relationship with family relatives including parents, and access and adhere to treatment and care support in relation to their HIV status; (iii) individuals, families and wider society such as local leaders or gate keepers will respect the rights of adolescent mothers living with HIV as they will have been informed through project interventions on the rights of adolescent mothers to access better health services and care for their children; (iv) continued provision of social services and opportunities to at least 3,500 HIV adolescent mothers living with HIV in Karonga district to improve food and economic security through establishment of village savings and loan groups, smaller scale business and pursuing other income generating activities such as rearing of livestock (v) and at least 30% of adolescent

mothers living with HIV go back to school through motivation and stakeholder support.

\* **Intervention Background** The background of this intervention originates from 2012 to 2017 when Find Your Feet (FYF) implemented a five-year project in Mzimba and Nkhata Bay Districts in partnership with MACRO with financial support from Big Lottery Fund. It was a food security and an HIV response project. During that time FYF implemented HIV and AIDS intervention targeting women and men using support groups. However most of the interventions were direct service delivery with no emphasis on rights based approach limiting the beneficiaries to hold the duty bearers to account for their services. However, in 2018, FYF implemented right based approach program focusing on active citizenship engagement by empowering the citizen to demand their rights from duty bearers in Mzuzu sub-urban to improve service delivery. This was a source of inspiration to the STAR Circle approach. Besides, FYF Malawi draw lessons from Action AID Organisation, USAID and UN Women have all already employed STAR Circle approach especially in the Central and Southern Region of Malawi to tackle issues of HIV and AIDS and water, hygiene and sanitation. There is no organisation that has implemented this approach in the northern region of Malawi.

Currently, Find Your Feet Malawi is implementing biodiversity conservation fresh water project in Karonga to restore natural fisheries productivity, which largely underpins the food and nutrition security of the rural and urban populations. Through interactions with the local community FYF Malawi has observed that Karonga District which has a population of 365,025, is one of the district in northern region of Malawi with highest prevalence rate which is at 10.6%. However, 30% of the population comprises youths aged 10 to 24, and more than half of these youths, are adolescent girls and young women. This shows that the majority of youths in Karonga District are adolescent and young women. Child marriage are very common, and in 2019 only, a total of 48,241 of girls and young women were married before legal age of 18, representing proportion of 69% and most of pregnancies among the adolescent girls are unplanned (Government of Malawi- National and District-Level



Factsheets,2019). Yet over 30% of adolescent, aged 15-24, who had visited a health facility in 2019 were not informed about family planning. There are also high incidences of violence against women and girls as 50% of women in 2019, experienced physical violence since the age of 15, and over 5000 adolescent girls and young women are living with HIV in highly male dominated society characterized by wider gender inequities, conservative sociocultural norms, and harmful traditional practices (ibid:10) resulting into adolescent mothers encountering multiple society exclusions. Through community interviews and focus group discussions, it was revealed that the negative consequences of these multiple oppressions which adolescent mothers encounter include deteriorating mental health, limited opportunities to diversified sources of income, malnutrition among their children, repentance of pregnancies within the same adolescent age, increased incidences of self-stigma resulting into abandoning the Antiretroviral Therapy. It is against this background that has developed this project, which has widely consulted the local community in Karonga to urgently address challenges which adolescent mothers encounter through peer group support model, STAR Circle to improve the mental health and well-being of the adolescent mothers and their children.

\* Fit into Existing Programmes/Interventions? Yes

Describe Fit into Existing Programmes/Interventions? This project fits into national existing programmes through the following ways: (i) it addresses the Malawi Growth and Development Strategy III, a medium term development plan, especially section 7.6; HIV and AIDS Management which emphasizes reduction in new infections, HIV and AIDS related deaths, and stigma and discrimination through upscaling of the number of people receiving HIV and AIDS management services which is part of this intervention, (ii) intervention is well aligned with the 2017 to 2022 Sexual and Reproductive Health Rights Policy which is being implemented through various ministries such as ministry of health, ministry of finance and ministry of gender and community development which promote informed choices, safer reproductive health practices by women, men and youth

including use of quality and accessible reproductive health services. This intervention will actualize the implementation of the provisions in this policy and therefore supporting government on-going programme on sexual and reproductive health rights and HIV prevention, (iii) the project activities are also in line with National Strategies on Youth Friendly Health Services (YFHS) which seeks to create an enabling environment for YFHS delivery, guarantee strict adherence to YFHS standards, strengthen synergies between and across sectors, increase youth and community participation, and identify opportunities for funding for creating a generation free of all chronic conditions.

- \* Describe Scale Up In up scaling the proven intervention, the project will (i) train community health agents to serve Karonga and have potential of propelling the interventions to other districts upon movements, (ii) the costs on documenting of the lessons learnt in the project will also facilitate out scaling of the interventions (iii) engagement of stakeholders including government departments in the project implementation through directorates is also another cost related up scaling window of the intervention. Periodically, the project will be engaging District Executive Committee which comprises all stakeholders working in different sectors within the district, to share the results with these stakeholders who may be interested to adopt or adapt the approach and implement in other districts. Specifically, the project will work in close collaboration with District AIDS Committee (DAC), to share lessons and feedback on the project interventions. The DAC has the capacity to adopt the approach and share it with other stakeholders beyond Karonga District, (iv) Holding an annual linking and learning event, conducting baseline and end of project evaluation brings lessons to the stakeholders at a cost and with potential of up scaling the interventions.

CSI Budget File

- \* Request Type No Research

- \* Disseminating Results To In-Country Stakeholders Only  
At Conferences

Via Other Media (e.g. blogs, newspapers, articles, etc.)

|  |  |
|--|--|
| Additional Comments                    | Using decentralized governance system of Malawi's local government where success at Karonga district level will be shared through head office of local government in Lilongwe. This will be through in-country stakeholder engagement for learning and lessons sharing under annual linking and learning. The project will organize several dissemination methods which include radio programmes, newspaper articles on success stories and lessons. |
| Reference Organisation 1 Name          | Development Fund of Norway/Utviklingsfondet  |
| Reference Organisation 1 Contact Name  | Victor Katchika-Jere   |
| Reference Organisation 1 Phone Number  | +265 888 349 855   |
| Reference Organisation 1 Email Address | victor@utviklingsfondet.no   |
| Reference Organisation 2 Name          | World Food Programme   |
| Reference Organisation 2 Contact Name  | Samson Sisay Teka  |
| Reference Organisation 2 Phone Number  | +265999984430  |
| Reference Organisation 2 Email Address | samson.teka@wfp.org  |
| Reference Attachments                  | <ul style="list-style-type: none"> <li>• Declaration Letter Find Your Feet.pdf (586.15 K), uploaded by Raphael Msyali on 2020-10-02</li> <li>• Names of Board of Trustees.doc (28 K), uploaded by Raphael Msyali on 2020-10-02</li> <li>• Names of Board of Trustees.doc (28 K), uploaded by Raphael Msyali on 2020-10-02</li> <li>• Certificate of Incorporation.pdf (427.75 K), uploaded by Raphael Msyali on 2020-10-02</li> </ul>                |

- Proof of Bank Account.jpg (92.6 K), uploaded by Raphael Msyali on 2020-10-02
- 2019 Find Your Feet Audit Report 08 2020 documents.pdf (1.08 MB), uploaded by Raphael Msyali on 2020-10-02
- FYF Annual Accounts 2019\_Revised\_2.xlsx (156.56 K), uploaded by Raphael Msyali on 2020-10-02
- FYF -Constitution (002) 25 08 16 submitted.pdf (266.49 K), uploaded by Raphael Msyali on 2020-10-02

## Vetting/Eligibility

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\* Payment Currency GBP - British Pound

\* Confirm Organisation Bank Account I confirm

\* Confirm Valid Banking Details I confirm

\* Governing Document Yes

Confirm Governing Document Availability I confirm

\* NPO/NGO? Yes

Proof of Tax Exemption/Registration I acknowledge

\* Assets/Income Distributed to Non-Charitable Beneficiaries? No

\* Owned Organisation Income No

\* Benefits? No

\* Influencing Legislation? No

\* Participation in Politics? No

\* Organisation Control No

\* Re-Granting Involved? No

Need Support?

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