

**N'ZATONSE PHASE 4 FINAL REPORT (APRIL 2021-MARCH 2024)**

**Name of Organisation:**                **Livingstonia Synod Health Department (LSHD)**

**Name of Project:**                    **Program for Reproductive Health – N'zatonse Project Phase 4**

**Grant Agreement Number:**        **ID:972007-LSHD-01 April 2021**

**Project Period:**                      **1/04/2021- 31/04/2024**

**Date of Report:**                      **15/04/2024**

**Abbreviations and Acronyms**

CBRA	Community-Based Referral Agents
ACT	Action by Churches Together
ADC	Area Development Committee
CSC	Community Score Card
CSE	Comprehensive Sexuality Education
DEC	District Executive Committee
DSWO	District Social Welfare Office
DYO	District Youth Office/Officer
FP	Family Planning
GVH	Group Village Headman
KfW	German Government Development Bank
LSHD	Livingstonia Synod Health and Development
PSI	Population Services International
SPPP	Strengthening Public-Private Partnerships
SRHR	Sexual Reproductive Health and Rights
STAR	Societies Taking Action for Rights
T/A	Traditional Authority
YRC	Youth Resource Centre

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## **1. Executive Summary**

Livingstonia Synod Health Department (LSHD) is a faith-led organisation under the charge of the C.C.A.P Synod of Livingstonia. Its mandate within the Synod is to coordinate all health-related works through the coordination of the 3 Synod Hospitals at Khondowe in Rumphi, Ekwendeni and Embangweni in Mzimba. In addition, the office has a history of successfully implementing development projects related to health such as Sexual Reproductive Health and Rights, Maternal and Neonatal, and Malaria programmes.

Livingstonia Synod Health Department is one of the ACT Alliance consortium partners that implemented a Program for Reproductive Health Project – N'zatonse phase 4 in Mzimba District under the guidance of NCA/DCA - Joint Country Programme. With funding from KFW, N'zatonse phase 4 was built on the successes of the previous phases 1, 2 and 3 which led to the creation of safe spaces for discussion of Sexual Reproductive Health and Rights (SRHR) messages and issues for the targeted youths of ages 10-24 within the churches and communities. N'zatonse phase 4 strived to support the Ministry of Health through the office of Director of Health and Social Services (DHSS) at the District level by bringing forth quality knowledge on SRHR, and eventual access to modern family planning methods to those in need of hard-to-reach areas. As such, LSHD's entry point was both through the Church structures (Presbyteries) and Traditional Authorities (Area Development Committee). Despite being developed in 2016, LSHD made sure it still used its Sexual Reproductive Health Policy to guide its operations and that of other religious leaders within the community it worked in towards sexual reproductive health issues.

The project reached out to the youthful population with quality information on topics that matter such as teenage pregnancies, child marriages, STIs including HIV/AIDS, gender-based violence including exploitation and sexual abuse, mental health, and drug and substance abuse through Comprehensive Sexuality Education (CSE) manuals that were developed in the previous phases. The project mainstreamed messages of COVID-19 and Cholera prevention alongside implementation of the core N'zatonse project activities as these outbreaks did not spare Mzimba and its neighbouring districts. LSHD interacted with communities through forums such as Community Referral Agents, Peer Educators, Star Circle group facilitators, and Faith and Community leaders. The youths who were primary beneficiaries of the project were encouraged through their clubs to engage in viable economic activities aside from CSE lessons which in a way cemented their association and deterred them from engaging in health-risky behaviours. To this effect, some youth clubs embraced a wide range of farming-related activities not only as a way of generating income but also to improve their dietary nutrition.

The 5 youth resource centres (Katolonji, Mabiri Champhira, Kafukule and Mpherembe) built in phase II of the project have been a plus as the youths utilised them by organising various youth-led events such as open days and exchange visits that formed part of edutainment for the participants surrounding them. Looking at the importance of these centres, LSHD has received an overwhelming outcry to consider renovating more places in hard-to-reach areas to help other youths as well.

LSHD, through COVAX funds, had interventions that raised awareness of the COVID-19 vaccine so that faith and community leaders advocate for its uptake within their areas. It was evident that myths and misconceptions were jeopardising the government's efforts to vaccinate citizens but through the initiatives, Mzimba vaccine uptake statistics rose compared to other districts by December 2022.

N’zatonse phase 4 had a total resource envelope of 282,003 Euro for the 3 years of implementation (April 2021 – June 2023) but 46,121.77 Euro was added in the final year of implementation to cover activity costs for the outbreaks of COVID-19 and Cholera that hit the nation as already alluded to but with the extension from September to December an addition 27,000 Euros was added, furthermore in 2024 LSHD also received 3,340.27 Euros to cover another extension of the same phase for February and March 2024.

This report therefore highlights the project interventions and results for the April 2021 – 31<sup>st</sup> March 2024 period

## **2. Background and general project environment**

Mzimba district is the largest district in Malawi and has a total of 10 TAs (Jalavikuwa, Mtwalo, Mpherembe and Kapingo Sibande in Mzimba North; and Chindi, M’mbelwa, Mzukuzuku, Mzikubola, Mabulabo and Khosolo in Mzimba South) in which LSHD rolled out the implementation of the phase IV of the N’zatonse project. According to one community leader, Mzimba, just like other deserving districts has a youthful population who engage in various behaviours which have the potential of exposing the youths to SRHR-related problems if un-informed. At the beginning of the project in 2021, the community leader, who is the Area Development Committee Chairperson for TA Chindi cited an example of night parties that were a common activity across some areas in the district to fuelling some health-threatening behaviours such as drug and substance abuse, unprotected sexual intercourse, rape and violence.

Generally, Mzimba did not experience any political mayhem to disrupt planned project activities during the period. However, the shortage of fuel towards the end of the project made operations somewhat of a tall order. Nevertheless, The devaluation of the Malawi Kwacha affected the prices of most commodities on the market ranging from fuel pump prices, stationery, refreshments and public transport costs. Suffice it to say, that LSHD pulled through and successfully implemented as per the plan.

As a partner for Mzimba District as far as SRH is concerned, the program for reproductive health was a key SRHR project implemented within the district that brought quality information to all stakeholders involved ranging from the youths themselves as primary beneficiaries to community and religious leaders who offered support and conducive environment for implementation of the project activities.

Just like in previous phases, LSHD’s work centred on creating demand for modern Family Planning services for the youths and all people of reproductive age group in hard-to-reach areas within the district after the provision of quality information on the same. Different cadres were targeted with a wide range of mentorships that touched on comprehensive sexuality education, family planning, gender-based violence, youth resource centre management, and resource mobilization just to mention but a few.

As already mentioned, under N’zatonse Project phase 4, LSHD implemented its interventions in all 10 T/As within Mzimba as follows:

- Mzimba south T/As Khonsolo, Mabulabo, Mzukuzuku, Mzikubola and M’mbelwa.
- Mzimba north T/As Mtwalo, Mpherembe, Chindi, Jaravikuwa and KapingoSibande

Note that geographically, TA Chindi is in Mzimba South but for easy implementation of the project it was being covered under Mzimba North.

ACT Alliance, where LSHD fell under contributed to the overall goal of “Access to and use of high-quality Essential Health Package (EHP) services is improved, in particular in the area of sexual and reproductive health”.

**Outcome:** Informed demand for and access to high-quality sexual and reproductive health and rights (SRHR) information, products and services is strengthened, with a special focus on sustainable behaviour change and access gains for youth and rural populations.

The following were the outputs that the ACT alliance aims to achieve under Phase IV:

**Output 1:** Access to quality affordable SRHR services in rural areas is improved

**Output 2:** The target population is informed and sensitised about SRHR issues and can adopt health-promoting behaviours regarding SRHR

**Output 3:** Improved favourable policy environment for SRHR at national, district and community levels.

This final report highlights the activity implemented and subsequent results (based on project indicators) realised by LSHD from April 2021 to March 31<sup>st</sup> 2024.

LSHD achieved the following results:

1. Project volunteers i.e., CRAs, Door-to-door and faithful houses facilitators managed to refer **44,874** clients for different SRHR services against a project target of **28,300** for the entire period representing **158 %** achievement.
2. LSHD graduated **3,865** students in CSE using the Muslim and Christian SRHR Teaching Guide for the entire period against a project target of **3,100** representing **125%** achievement.
3. STAR circle groups and community dialogue were vibrant and implemented **342** out of **433** (**79%**) agreed-on actions against a project target of **95%** for the entire period of the project.
4. Community and religious leaders conducted **8,656** sessions with youths reaching them with SRHR messages in the communities against a project target of **3,000** for the entire project period representing **272%** achievement.
5. **1,497** out of **1,562** (**96%**) reported GBV cases were resolved through courts and traditional forums against a project target of **100%**, for the entire project period.
6. LSHD also managed to reach **35,374** people with direct communication measures against the project target of **12,500** for the entire period of the project representing **283%** achievement.
7. LSHD also managed to reach **72,330** people via mass media communication measures against the project target of **62,500** for the entire period of the project representing **153%** achievement.
8. **908** members were formally trained on COVID-19-related topics with BMZ support against the project target of **625** for the specified period of initiative representing **145%** achievement

Throughout the 4 years of the implementation period, LSHD has implemented N'zatonse activities mainly focusing on community capacity building, M&E and advocacy interventions as follows:

**Output 1: Access to quality affordable SRHR services in rural areas is improved**

**1:** Support Mentorship of community health workers (CBDAs and NFPs Door to Door Counsellors, Youth Initiators, Marriage Counsellors) in the provision of comprehensive counselling and family planning methods

**Output 2: The target population is informed and sensitised about SRHR issues and can adopt health-promoting behaviours about SRHR.**

**1:** Provide mentorship on the provision of Comprehensive Sexuality Education

- 2: Provide mentorship for life skills, leadership skills, and group dynamic skills
- 3: Conduct youth resource centre management mentorship
- 4: Mentorship for church-based and community initiators
- 5: Conduct SRHR and Family Planning Open days
- 6: BCC for Faith
- 7: Produce and disseminate documentaries, posters and radio programs on GBV and SRHR violations to influence positive behaviour
- 8: Mentor traditional, and religious leaders, law enforcers and male champions to fight against GBV and SRHR violations
- 9: Mentorship of CVSUs and Law enforcers to strengthen SRHR violations community reporting mechanisms
- 10: Strengthening GBV case management and reporting system through the YONECO GBV Crisis Helpline
- 11: Mentor STAR circle facilitators in VCA approach to facilitate mindset change sessions for unmarried youths towards SRHR and GBV
- 12: Conduct village-based workshops on unmarried youths using the VCA approach in communities surrounding the STAR circles
- 13: Youth Resource Centre Management Committee Support

**Output 3: Improved favourable policy environment for SRHR at national, district and community level**

- 1: Mentorship of clergy/church leaders on church sermons on SGBV/human trafficking Act/Gender Act
- 2: Interface at the community level aims at reducing harmful cultural practices that inhibit people from attaining their SRHR including access to family planning products
- 3: Youth symposium
- 4: Mentor religious leaders in interactive communication with youth on SRHR
- 5: Support religious leaders' interactive session communication with youth on SRHR
- 6: Support Pastor's fraternal interactive sessions with the parents

**Output 0**

- 1: Results-based M and E training
- 2: Actalliance Quarterly Review Meetings
- 3: LSHD Quarterly Review meetings/program planning meetings
- 4: District entry meetings DEC
- 5: Community entry meetings ADC
- 6: District exit meetings DEC
- 7: Community exit meetings ADC
- 8: Field monitoring
- 9: Area Development Committee monitoring

LSHD also implemented the following activities under COVAX funds

- 1: Capacity building on covid 19 prevention and to address myths and misconceptions and promote vaccination targeting CHW, Youth in clubs/Youth Resource centres Religious and community leaders
- 2: Conduct orientation of church and community leaders in COVID-19
- 3: Conduct quarterly church and community awareness campaigns on the importance of COVID-19 vaccination & and address myths surrounding the pandemic
- 4: Conduct Scorecard and STAR circle sessions on the COVID-19 vaccine
- 5: Interface meeting with influential leaders on COVID-19 vaccine

- 6: Conduct orientation of faith and community leaders' mother groups in oral and personal hygiene
- 7: Conduct community triggering sessions and support community hygiene behaviour change through the PHAST approach
- 8: Support DHO on COVID-19 vaccinations and cholera OVC
- 9: Conduct roadshows on covid 19 and cholera prevention and end with a sports bonanza where messages on prevention shall be
- 10: Orientation of VHC/HAC to carry out WASH mapping in selected areas
- 11: Promotion of health talks in schools on cholera

### **3. General project environment**

Generally, Mzimba did not experience any political mayhem to disrupt planned project activities during the period. However, the shortage of fuel towards the end of the project made operations somewhat of a tall order. Nevertheless, The devaluation of the Malawi Kwacha affected prices of most commodities on the market ranging from fuel pump prices, to stationery, refreshments and public transport costs. Suffice it to say, that LSHD pulled through and successfully implemented as per the plan.

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#### **Output 1: Access to quality affordable SRHR services in rural areas is improved**

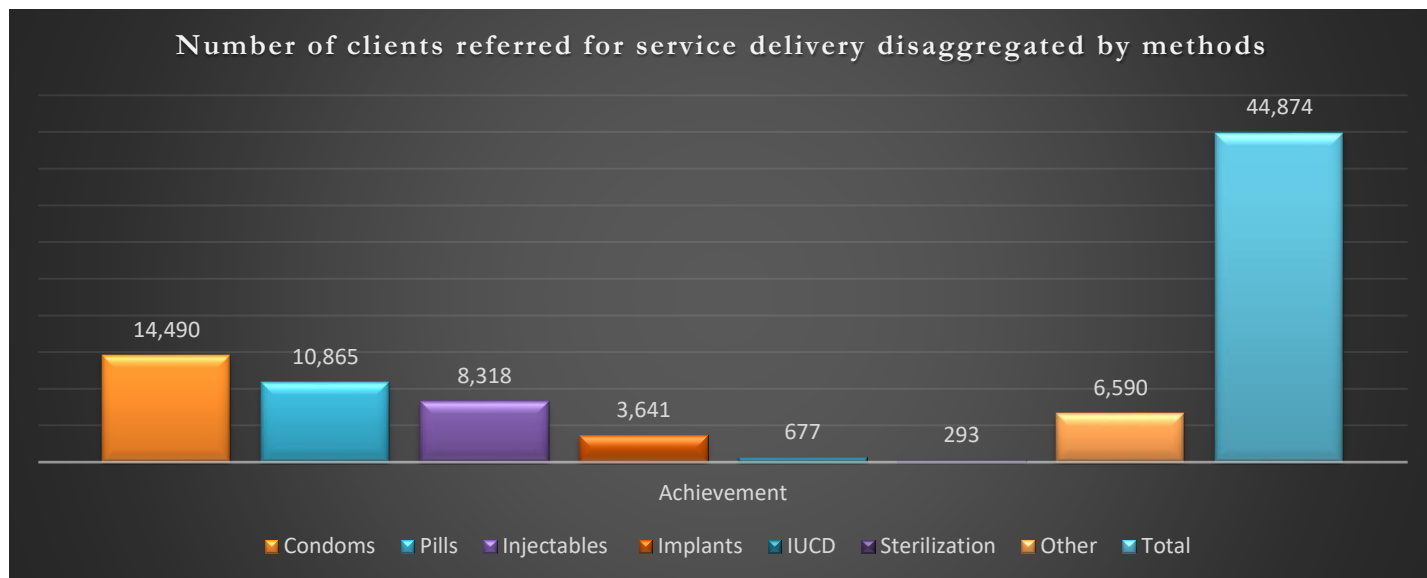
**Context:** LSHD's work revolved around creating demand for sexual reproductive health services including modern family planning methods. As a way of ensuring that people access these services, community-based referral agents under the Ekwendeni and Embangweni mission hospitals, faithful house couples across the entire district sensitize the communities on a range of services through church sessions and door-to-door counselling. Through this, some community members get referred for services of their choice.

#### **Performance against Indicators**

##### **Indicator: Number of clients referred for service delivery**

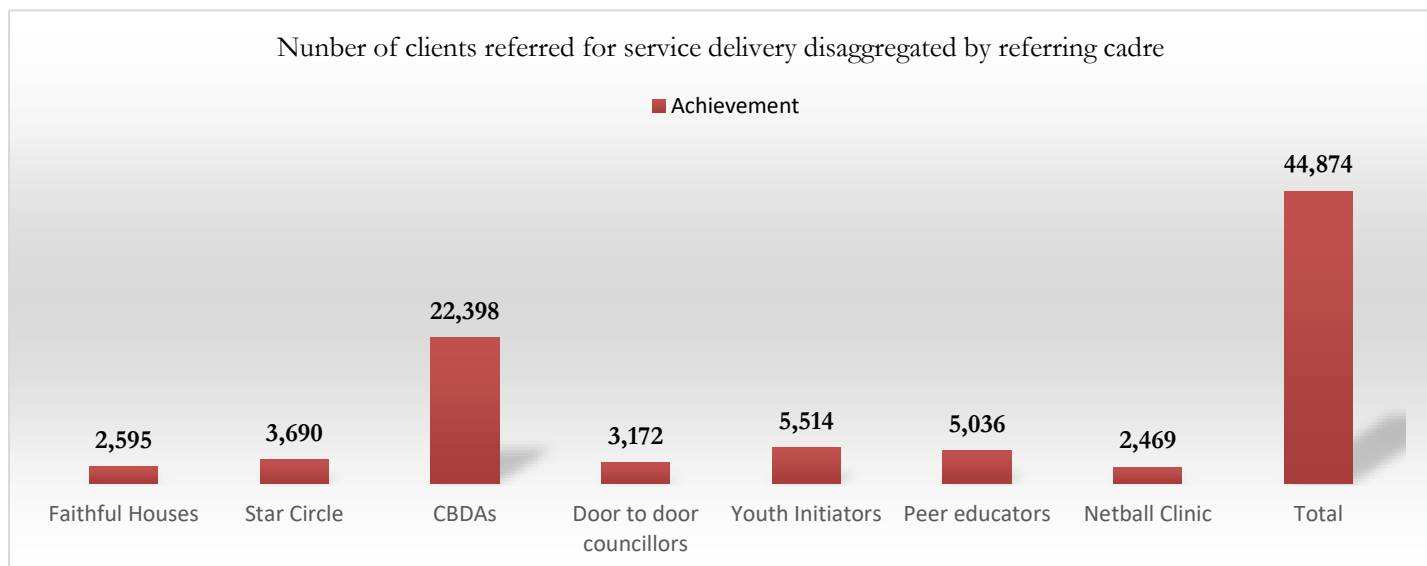
For the 4 years, LSHD through the different cadres shown in the graph below referred a total of **44,874** clients for modern family planning services against a project target of **28,300** representing **159%** achievement.





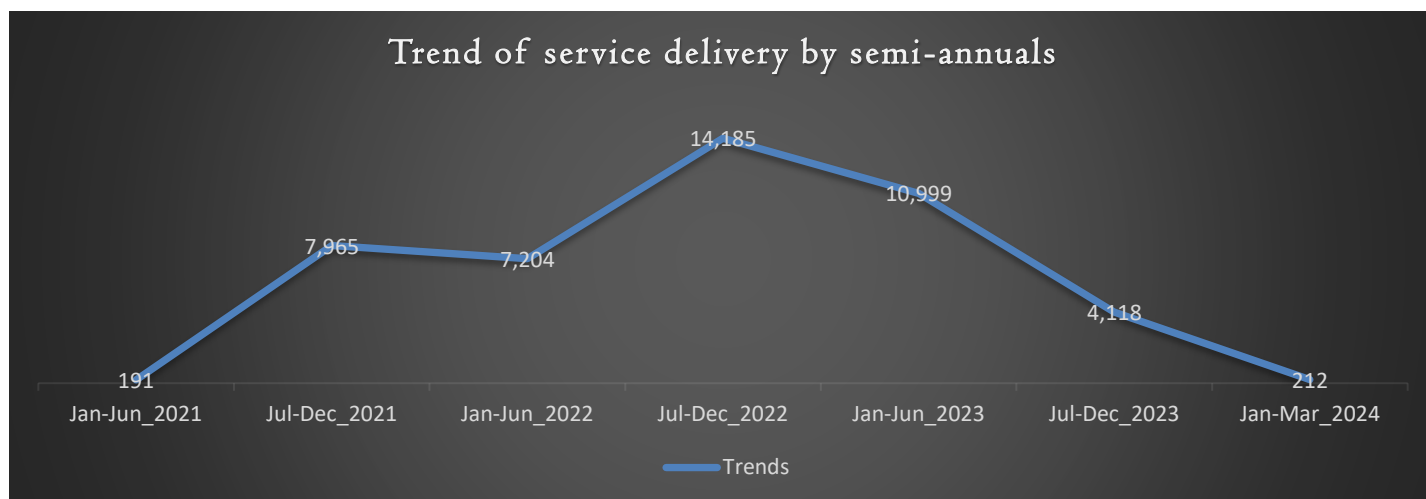
**Figure 1: Number of clients referred for service delivery disaggregated by the method from April 2021 to March 2024.**

As per the graph above, clients referred for condoms were the highest with **14,490** and those referred for sterilization were the lowest with **293**. Condoms, pills and injectables were generally highly demanded among the youths due to the belief of less visible side effects and increased effort by peers, netball clinics and STAR circles who took part in referring clients as the graph below shows.



**Figure 2: Number of clients referred for service delivery disaggregated by referring cadre from April 2021 to March 2024.**

As per the graph above, CBDAs/CRAs referred the most clients among the cadres seconded by youth initiators, while netball clinic facilitators referred the least in phase 4 of the N'zatonse project.



**Figure 3: Trends for service delivery by semi-annuals from April 2021 to March 2024.**

As the graph for semiannual periods above shows, the trend for referrals made over time since 2021 tremendously improved from 191 clients in Q2-2021 to 7,965 clients in Jul-Dec 2021, making a total of 8,156 clients in year 1 alone. Although LSHD dropped in the number of clients referred in Jan-Jun 2022 with 7,204 clients, the results doubled Jul-Dec with 14,185 clients; bringing the highest total record achievement for the year to 21,389 clients. Finally, the Jan-Jun 2023 achievement was 10,999 clients and 4,118 clients were recorded in the last semiannual of Jul-Dec 2023, but with the extension of two months February and March 2024, LSHD reported extra referrals amounting to 212. LSHD surpassed the project target of 28,300 clients with an additional 16,574 clients bringing the total reach to 44,874 for the entire project period. A project closure overall achievement stood at 159%.

#### Summary of Achievement against a target on Output 1:

Performance Indicator	April 2021; December 2023	Project target	% Overall Achievement
	Achievement		
Number of clients referred for service delivery	44,874	28,300	159%

#### **Reasons behind low/ Overachievement on specific indicators**

##### Indicator: Number of clients referred for service delivery

LSHD through the cadres shown on the graph above (figure 2) referred a total of **44,874** clients for services against a project target of **28,300** representing **159%** achievement under phase 4. The overachievement is a result of the efforts made especially in year 2 of the project where every cadre was being followed by Community Based Facilitators (CBF) to check the progress of their various mentored works within the catchment area. Where necessary, CBFs reached the volunteers' houses to collect all data if the volunteers missed submitting them. More importantly, LSHD encouraged all volunteers to note the outreach clinic schedules, and in turn,

capitalized on going through the community to sensitize the potential clients beforehand and subsequently made referrals for the outreach teams. Clients who were referred on the other hand were given priority status at the health facilities and outreach clinics hence energising them to seek the referral form from the volunteers. Additionally, the extension period from February to March 2024 also added an extra 212 which further increased the achievement of the target.

#### Capacity Development for Community Health Workers

#### **Support Mentorship of community health workers (CBDAs and NFPs Door to Door Counsellors, Youth Initiators, Marriage Counsellors) in the provision of comprehensive counselling and family planning methods**

Considering the fact the whole essence of the project lies beyond creating demand for services, LSHD planned and implemented a mentorship session for community health workers and mentored a total of 337 (M185 F152) volunteers that included CRAs, faithful house couples, peer educators, netball clinic mentors and star circle facilitators. These were equipped with the knowledge of handling clients and emphasis was made by Family Planning Coordinators of Ekwendeni and Embangweni in Mzimba North and South respectively that their work would be seen through the number of people that sought services. The mentees exposed the knowledge and skills shared through various engagements that followed for specific cadres. As data in the foregoing graphs show, the most preferred methods were short-term, especially condoms. Confirming the same, the raw data that LSHD has collected over time indicated that many youths were the ones preferring short-term methods.

Bearing in mind that most health facilities are not within reach in hard-to-reach areas, referrals were made even to youthful CBDAs and other HSAs that are stationed in clinics, and for outreach clinics where necessary. For other villages that are close to health facilities, the challenging issue was that the structures do not offer youth-friendly space concerning privacy hence defeating accessibility. For instance, youths under TA Mtwalo in Zigodo Hlema Village prefer to access services from community-based Distributor Agents and Peer Educators when referred for a service. Case in point, Jacq Godosha, aged 23 (not real name) in the village has assisted over 100 youths including girls to access condoms and pills from her. Jacq has been easily accessible during the day and night as she operates a salon where the youths easily go, and without anyone suspecting, she gladly provides the service and some counselling to her clients. Where necessary, she also made referrals for other services. LSHD remains upbeat that Jacq shall continue providing the services to clients right at her salon and or at home discreetly, offering the best privacy a client can ever have. *(see a picture below as an object that was captured providing a service)*



Jacq providing a service after a referral.jpg

In TA M'mbelwa, a Mtendere youth club in Custom Village reported that they have noticed a change in school dropouts that were a result of teenage pregnancies. The Chairperson of the club, John Ziba (not real name) reported that the village has had within Jan-June 2023 period 0 teenage pregnancies compared to a similar period in 2021 in which they had a record of 9 teenage pregnancies; hence 0 dropouts compared to a similar period respectively. He cited great awareness interventions that the club undertook on quality information on SRHR through peer educators. 'A lot of youths here in our village are now accessing condoms and pills easily through CBDAs and outreach clinics. This is because the youths are being targeted with materials that help

them make informed decisions.' Said John. Confirming the same, the YFHS Coordinator for Mzimba South expressed joy with the rising number of referrals and services that youths have accessed in the Jan – June 2023 period compared to a similar period in 2021. He attributed the rise to the efforts by SRHR partners including LSHDs efforts in striving to give quality information to the youths that has brought this change. *(see images of the data attached below as images for the periods)*



### **Challenges and solutions:**

In the 3 years of implementing the project, LSHD registered the following challenges under output 1

#### **Challenges**

- CRAs reported that there was a huge challenge with commodity stock out especially condoms and pills which they provided as short-term methods to their clients
- Drop out of some CRAs in the course of implementation
- Long distances for some CRAs within the community they serve
- CRAs were missing some crucial information when writing referrals for clients

#### **Solutions/Recommendations**

- Engaged the DHSS in the timely provision of these commodities. Suffice it to say, that the challenge has been outstanding
- Lobbied the DHSS to consider providing training for other CBDAs as replacements whenever there is a chance
- Consider having more CBDAs within an area to reduce the distances one has to walk within the community
- CRAs were being reminded of how they were to be filling the forms regularly

### **Output 2: The target population is informed and sensitised about SRHR issues and can adopt health-promoting behaviours regarding SRHR**

**Context:** Behaviour change for the project beneficiaries cannot be overemphasized. The youths between the ages of 10-24 face pressure that would force them to engage in other behaviours that are considered immoral. The coming of N'zatonse necessitated comprehensive sexuality education sessions in youth clubs through which the youths were informed and sensitized about sexual reproductive health using the Christian/Muslim SRHR teaching guides.

#### **Indicator: Number of students reached with a complete series of CSE**

Comprehensive Sexuality Education (CSE) is a module in SRHR circles that picks and brings relevant sexuality topics to light targeting youths in the community. LSHD, as already alluded to, uses SRHR teaching guides to teach the youths what they need to know. The Peer Educators and the Religious leaders are provided with the guide so that they can follow through the topics and provide the necessary and age-appropriate information to youth club members. As such, in the 3 years of the project, 175 PEs managed to reach **3,865** youths who in turn, graduated in CSE out of the project target of **3,100** for phase 4, representing **125%** achievement. As the graph below shows, youths within the age range of 20-24 were the most participating group in the youth clubs

where males were the highest at 689 members. Overall, LSHD recorded a slight margin of difference between males and females with the former being 1,911 and the latter at 1,954 members respectively during the 4 years.

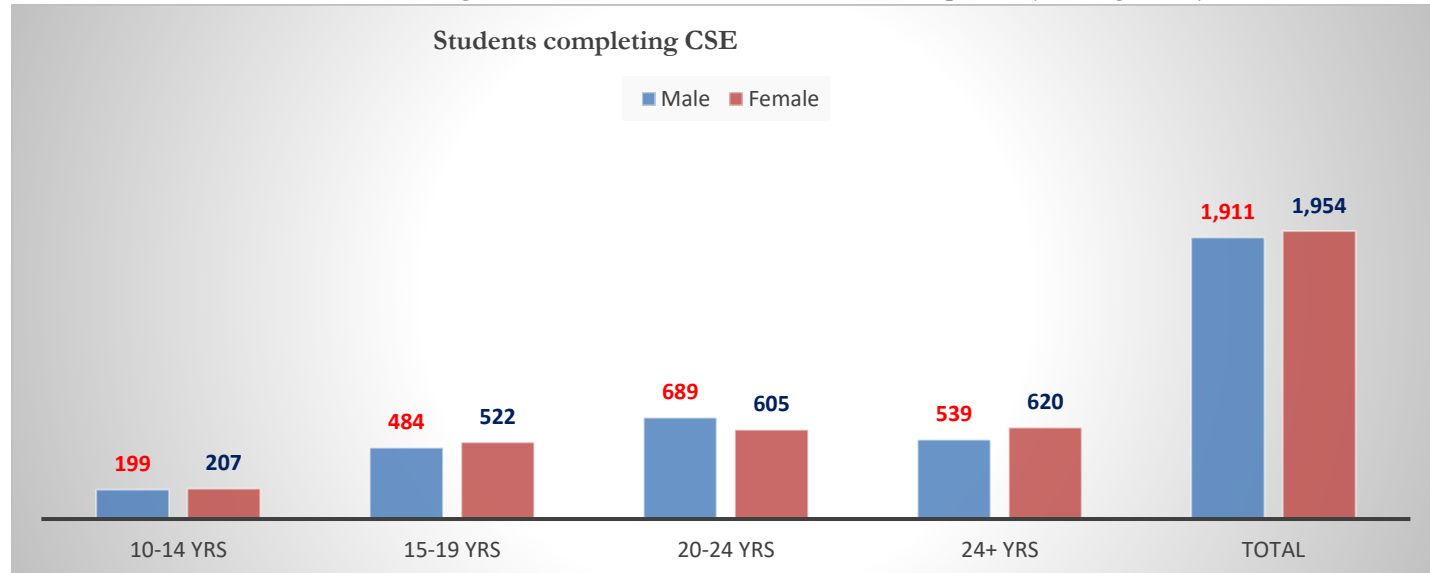


Figure 4: Students completing the CSE guide from April 2021 to March 2024.

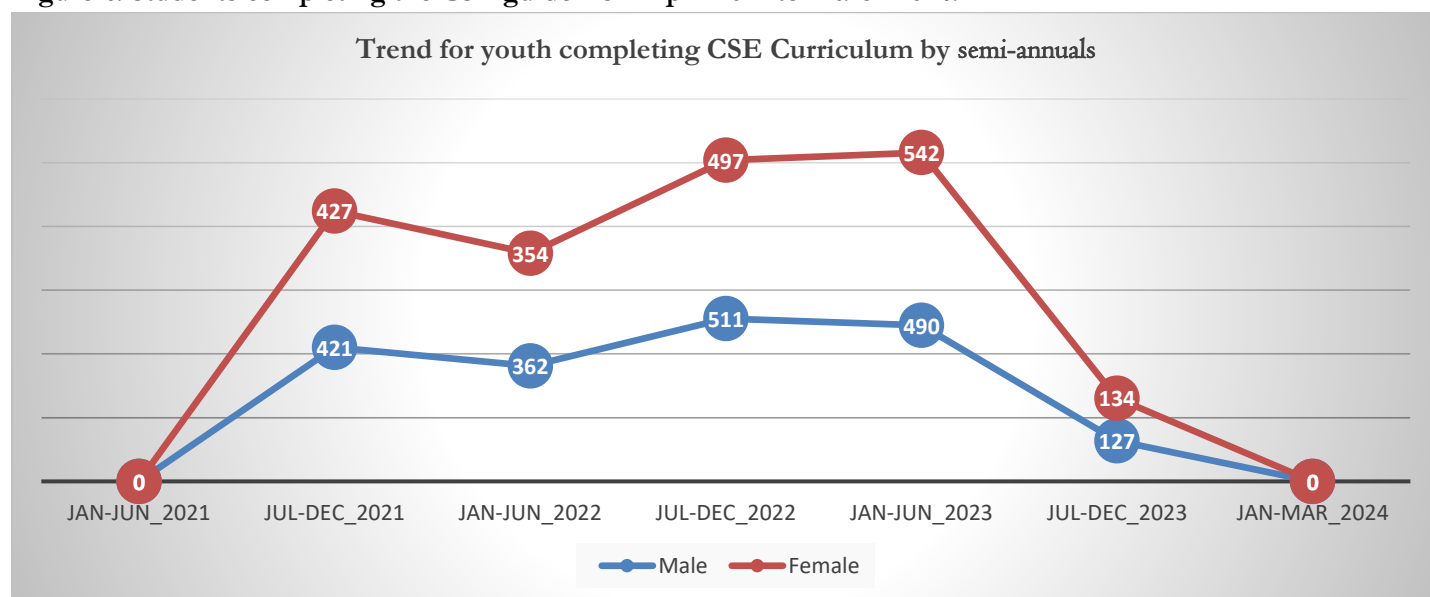
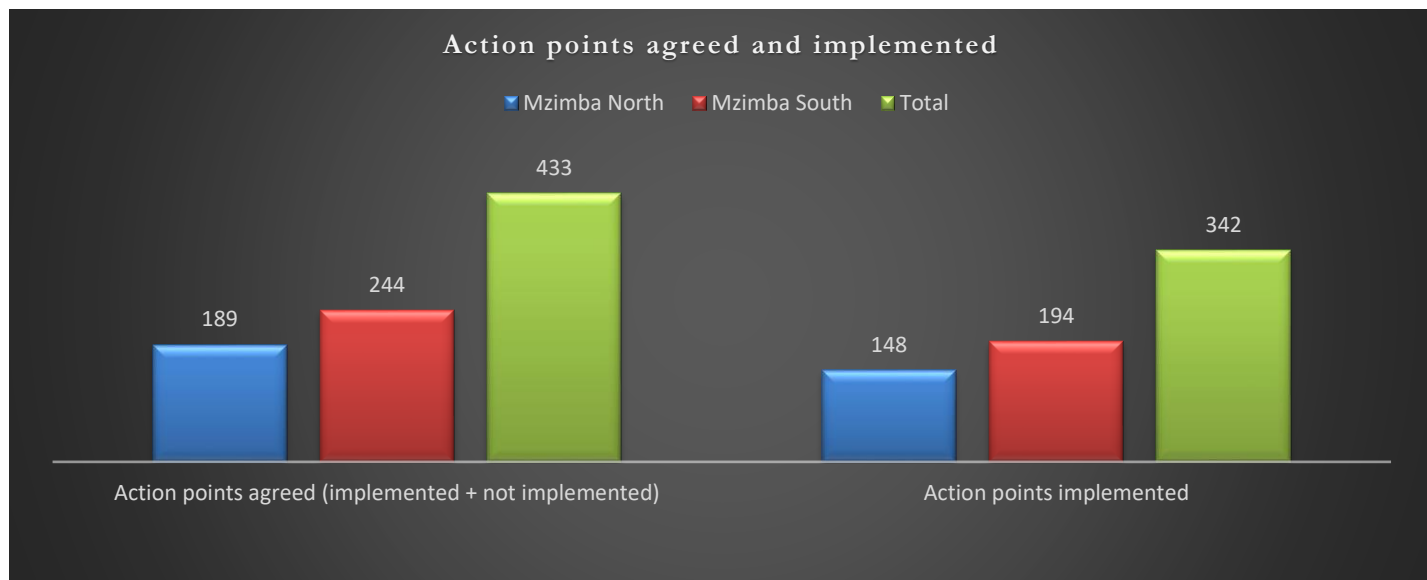


Figure 5: Trends of youth completing CSE guide by semi-annuals from April 2021 to March 2024.

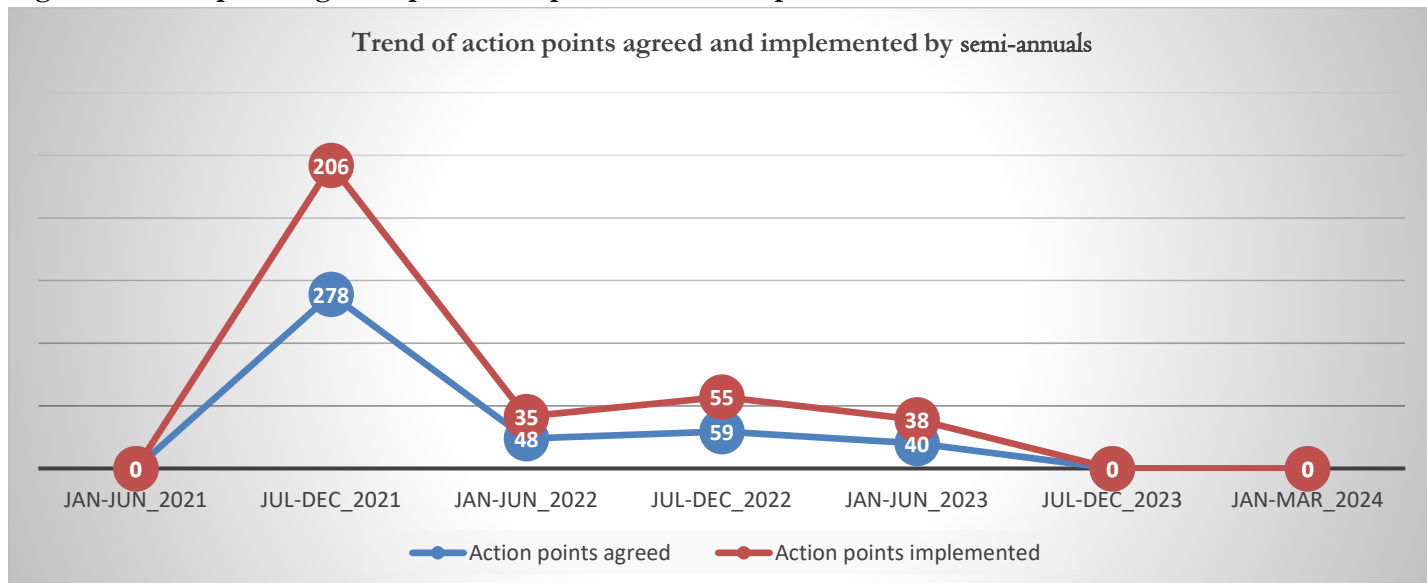
LSHD was working with CSE mentors/facilitators to fast-track the pace by which the delivery of CSE is done. Despite the slight decrease in achievement in the semi-annual period of Jan-Jun 2022 to 716 compared to the preceding period in 2021 at 848, LSHD managed to pick up in the period of Jul-Dec 2022 at 1,008 graduates. This trend also increased in the period of Jan-Jun 2023 with achievement of 1,032 but the trend dropped in the last semiannual period with a record of 261 graduates.

#### **Indicator: Percentage of action points implemented after dialogue and STAR circle meetings**

342 actions against the 433 were implemented in phase 4 due to STAR circle groups' vibrancy within Mzimba. This represents **79% overall** achievement against the project target of **90%**.



**Figure 6: Action points agreed upon and implemented from April 2021 to March 2024.**



**Figure 7: Trends of action points agreed upon and implemented semi-annually from April 2021 to March 2024.**

As the graph above shows, LSHD started on a lower note from Jan-Jun 2021. Achievements were first recorded semi-annual period of Jul-Dec 2021 with 206 actions implemented against the 278 that were agreed upon. After a learning and sharing session at the N'zatonse review meeting, LSHD started to sieve and group the points reported by the STAR circle facilitators to only capture those that sounded tangible. This led to a somewhat decrease in the recorded achievement in the Jan-Jun 2022 period with 35 actions implemented against the 48 that were agreed upon. The last two semiannual periods had 55 and 38 implemented actions against the agreed 59 and 40 respectively, however, during the last semiannual reporting period of 2023 LSHD registered a drop by 8 against 8 implemented actions during the rainy period as the number of meetings is always minimal.

#### **STAR circle Actions agreed upon and implemented**

The STAR circle facilitators, who are also youths believed in contact and dialogue as a plausible way for bringing about the desired change where youths shall be recognised and their views taken into consideration. STAR circle facilitators continued to initiate dialogue on certain issues and pushed for the implementation of the actions agreed upon during their meetings and the following table provides a glimpse into the actions for issues identified.

Action Points agreed	Action Points acted upon
Kakululu STAR circle agreed to mobilize resources for the construction of an HSA house	House for an HSA constructed
Kanyankhunde STAR circle to help needy girls with school necessities	Provision of school materials to the needy girls
Chanyama and Chibangalala STAR circles to embark on IGA to support some initiatives within the community	Tomato farming and beekeeping were started by Chanyama and Chibangalala respectively
Mkwangwali STAR circle to advocate for the end-of-night parties and dances	Interface with local leaders on strengthening the use of bylaws
Ending of GBV at Chibangalala	Sensitization of the dangers of the vice
Mbelwa STAR Circle agreed to bring back fellow youths to school	Five girls has gone to school in T/A Mbelwa from Shaba village, msazi and kalikumbi
Jenda Youth Clubs to have an open day on SRHR	Self-initiated open day conducted where information on SRHR and subsequent services were provided
Champhira Youth Club to have an exchange visit to Mchinji to learn issues on SRHR	Youths at Champhira to visit their friends
To lobby DHO to supply commodities at Youth Resource centres (for easy access to FP)	HSAs tried to stock some commodities and made them available to clients and CBDAs
Mbelwa STAR Circle agreed to bring back fellow youths to school	Five girls have gone to school in T/A Mbelwa from Shaba village, msazi and kalikumbi
Jenda Youth Clubs to have an open day on SRHR	Self-initiated open day conducted where information on SRHR and subsequent services were provided
Champhira Youth Club to have an exchange visit to Mchinji to learn issues on SRHR	Youths at Champhira to visit their friends

**Indicator: Percentage of target audience able to recall SRHR key messages shared in the last six months, disaggregated by youth and the general population**

According to the survey report by NCA/DCA, Mzimba contributed 27.64% of the respondents towards the research that was geared toward assessing the knowledge gained by youths through SRHR sessions with Religious leaders. The assessment targeted youths that were from the youth clubs, netball clinics and star circles that are reached out to by religious leaders through various forums. In general, the youths acknowledged their knowledge of SRHR and we are aware of their rights to health and participation as these came out clearly from most of them. What was important to note from the findings was that Religious leaders were open to the youths despite some challenges here and there but the space is always made available for the youths to freely interact and share ideas.

**Summary of Achievement against a target on Output 2:**

Performance Indicator	April 2021; December 2023	Project target	% Overall Achievement
	Achievement		
Number of students reached with a complete series of CSE	3,865	3,100	125%
Percentage of action points implemented after dialogue and STAR circle meetings	79% (342/433)	95%	79% (342/433)

### Reasons behind low/ Overachievement on specific indicators

#### Indicator: Number of students reached with a complete series of CSE

For the 3 years of the project, LSHD underachieved with 307. This is besides the fact that a great number of youths were enrolled on CSE sessions in youth clubs. However, tracking the progress of the sessions, some youths only attended 2 or 3 topics against the required minimum of 5 in the SRHR teaching guide provided. For some youth clubs, sessions could be stalled because the PEs had migrated and carried with them the teaching guide hence not completing the sessions as required. Efforts to have other guides provided were not fruitful as the project has kickstarted the review of the guide process to accommodate emerging issues, hence not reprinting the older versions.

#### Indicator: Percentage of action points implemented after dialogue and STAR circle meetings

LSHD has underachieved on this indicator by a minimal margin of 16% owing to the STAR circles' zeal to contribute positively to society concerning the challenges that rocked their respective communities. The constant checks by CBFs necessitated enthusiasm and hence the achievement of 79%. The overall underachievement is a result of some lack of political will from community leaders on some raised issues that needed collaboration which prolonged the implementation of the agreed points

### Key Activities

#### **Provide mentorship on the provision of Comprehensive Sexuality Education**

The project has for the 3 years mentored a total of 175 (M93 F82) Peer Educators from a total of 150 youth clubs that the project worked with. These PEs, in turn, led youth club CSE sessions where the core business was to enlighten one another on issues of SRHR to have quality information through the SRHR teaching guide which was provided. LSHD was supported with Christian and Muslim SRHR teaching guides some of which it distributed to these clubs. LSHD also provided the youth clubs with reporting forms to track the attendance of the youth club members, but also another one to check who had completed the required number of topics to be considered to be a CSE graduate. The information shared went a long way to help the youthful participants not only to make informed decisions about their sexuality but also to be assertive and decisive in their goals. All youth clubs, having realised their rights, played a crucial role in making sure that their fellow youths' rights were not infringed.

For instance, Chololo youth clubs made sure that 14 children (B5 G9) who had dropped out of school for various reasons be readmitted. What is more, Ben who was 16 years old in the previous phases when he first started attending SCE sessions made it to college and remained focused on his goal. He thus graduated in 2022 from the Malawi College of Accountancy in Mzuzu. As of 2023, Ben is still looking for a job but remains in his home village (Mziba under TA Jalavikuwa) and helping youngsters to remain focused. In addition, the increased numbers of youths accessing various services as shared under **Output 1** is also an indication of behaviour



change for the youths despite the challenges of commodity stock out. For instance, the HSA under TA Mpherembe reported that youths who accessed Family Planning methods were 348 in Jan-June 2021 while in the same period in 2023, they recorded 651.

### **Provide mentorship for life skills, leadership skills, and group dynamic skills**

The life skills, leadership skills and group dynamics mentorship were organized within the project period. The mentorship drew youths of ages between 10 and 24 from the surrounding youth clubs. As the youths grow up, they need a person in their lives who can be a friend; who cannot judge them on their choices but can be there just to counsel them and provide them the support they need to make informed decisions. Counseling is an important part of helping clients make an informed choice, the youths were taken through some ethics for counseling which are confidentiality, fidelity and informed consent to mention a few. The mentorship had been very relevant considering that, communication, assertiveness and decisiveness were the most important skills for the youths to patronize youth clubs and health facilities, and or CBDA for services.

### **Conduct youth resource centre management mentorship**

In the previous phases of the N'zatonse project, Mzimba was privileged to have constructed 5 Youth Resource Centres at Kafukule, Mpherembe, Katolonji, Mabiri and Champhira. The aim was to provide space for the youths in the communities where they can access SRHR services that are both affordable and accessible in a manner that is friendly to the youths. These YRCs are managed by teams of community members, YRC management committees comprising of the youths themselves and other notable stakeholders within the community such as the Chief and any other person of influence. A single committee has a total number of 15 people and these need capacity on how to run the affairs of the centre. During this phase, a total of 75 (M42 F33) members were capacitated in the youth centre concept, youth centre establishment process, youth leadership and roles and responsibilities, youth centre activities, the role of the community on the resource centre, strategies to make youth centre friendly, organizing field visits, youth centre management conflict management and resolution and family planning methods and SRHR concept topics which were taken from youth leadership and management manual and youth-friendly health services manual.

### **Mentorship for church-based and community initiators**

LSHD had initiators in the previous phases who mainly interacted with youths to join youth clubs and discuss SRHR issues. These initiators included faithful house couples, peer educators, and CRAs. Initiators reported that work was going well –i.e. clients access services through them rather than going to the hospitals directly. Even youths were able to access services. Referrals were also being made for the clients from clubs and elsewhere to access the services of their choice. They collectively noticed child spacing among community members so that births are planned and controlled, unlike in the past when childbearing was seen as an issue of prowess. Initiators lamented of low commodity supply of condoms in almost all places citing it as a challenge as youths and others rely on them for their availability. Initiators were reminded of referral form preparation in duplicate – one to be sent with the client and one retained by them.

### **Conduct SRHR and Family Planning Open days**

Youth clubs were able to organize and carry out open days to raise awareness of their rights to their fellow youths and community members and LSHD supported the initiatives. Youth clubs have various talents such as dancing, singing and acting that are entertaining and educative. The activities made during open days carried different messages ranging from neglect, child abuse, family planning and the need for getting the right information on the services available for the youths. The youths were extensively encouraged to abstain from

sexual activity at their tender ages and concentrate on education. Youths needed support on their initiatives and the presence of stakeholders who would also help sensitize the community on child rights. The Chiefs, who also participated encouraged the youths to be meeting in large numbers so that they learn and share from experiences, and use the teaching guide provided to get more insight from the topics under coverage. The Pastors also commended the initiatives as one of the best ways to disseminate the required information on SRHR as the youths and parents do not always open up to one another on such matters. The members of the CBO and Community Police also participated and advised the youths to check incidences of abuse and report them to the relevant authorities such as chiefs, themselves and social welfare.

### **BCC for Faith**

In phase 4 of the Nzatonse project, religious leaders continued to work within the project as focal people concerning behaviour change communication. Both SRHR and gender-based violence if not properly managed, result in loss of lives, injuries, loss of properties and breaking up of marriages because people are affected either emotionally, sexually or physically. LSHD recognized faith leaders as key people in providing counselling to survivors of GBV and perpetrators of GBV because they are trusted by people and their voice brings about hope in many people's lives. Similarly, these leaders were opening up to the youths on issues of SRHR and were able to have sessions with them. It is in the same spirit that LSHD mobilized and worked with 13 pastors' fraternal within the Mzimba district, drawing members from different denominations who led the behaviour change and communication initiatives amongst their followers. There has been a great desire among faith leaders to help address GBV issues and support GBV survivors.

### **Produce and disseminate documentaries, posters and radio programs on GBV and SRHR violations to influence positive behaviour**

LSHD in this period mobilized some community members to take part in disseminating information to the public through radio programs. As such, Radio Tigabane was chosen as a community radio that aired the documentaries for the project.

### **Mentor traditional, and religious leaders, law enforcers and male champions to fight against GBV and SRHR violations**

Traditional and Religious leaders observed that there is an increased number of GBV and SRHR especially in women and girls which are not reported due to family issues. Suffice it to say, men also continued to be survivors of GBV but most of them do not report for fear of being laughed at. During sessions with them, Pastors and Sheiks were able to mention the common GBV against both women and men happening in the communities and families. For men, the common violence they faced from women is being denied sex, and being shouted at. On the other hand, women complained that men abused them economically by not showing them the money after sales from the farm produce, beating them up and not buying them their basic needs. The project worked with faith leaders who would help address GBV cases as they always interacted with people. Working with faith leaders from different denominations helps to reach out to many people in a short period.

### **Mentorship of CVSUs and Law enforcers to strengthen SRHR violations community reporting mechanisms**

LSHD mobilized Community Victim Support Unit (CVSU) members at the TA level. These members comprised community police, Sexual and Gender-Based Violence (SGBV) facilitators, and Malawi Police Officers. The CVSU membership boasts of men and women who have been trained by several projects

including N'zatonse. The purpose of the mentorship exercises was to bring them together to mentor them in their usual work as law enforcers. The CVSUs reported that people are aware of the need to report GBV cases and thus explained the huge reports made from Mzimba. However, CVSUs still faced challenges from other community members who opposed or challenged the works of the CVSU. They were encouraged to make follow-ups on the cases so that they would be completed and applauded the police for taking up cases reported to them.

### **Strengthening GBV case management and reporting system through the YONECO GBV Crisis Helpline**

#### **Mentor STAR circle facilitators in VCA approach to facilitate mindset change sessions for unmarried youths towards SRHR and GBV**

LSHD Conducted village workshops on unmarried youth using the VCA approach in the community surrounding the STAR Circles youths these youths in conjunction with STAR circles were who were able to organize advocacy meetings within their localities and enhance the spirit of dialogues on issues affecting the youths. Despite their many challenges, they reported that some youths were accessing the services at the nearby health facilities. Many youth clubs need playing materials like footballs and netballs so that they attract more youth to join the clubs

#### **Conduct village-based workshops on unmarried youths using the VCA approach in communities surrounding the STAR circles**

Star circles remained an important tool in advocating for SRH rights for the youths, women and men in the communities so that they fully enjoy their rights by accessing services that are accessible, friendly and affordable. Livingstonia Synod continued to monitor and mentor star circle groups which were established in phase the previous phases and in this project period organised a mentorship to equip them with the necessary skills for advocacy. They were reminded that issues in the community required collaboration and commitment from the mentored leaders. They were also made aware that they needed to be as truthful as possible when handling issues and giving feedback to the community that awaited the results of the discussions that were facilitated by them. The facilitators stressed the need for timing advocacy activities citing examples as funerals, farming activities, and church gatherings as they make other people fail to show up for STAR circle activities as per plan. One STAR circle at Kakululu in TA Mpherembe mobilized resources and managed to construct a house for an HSA who was on the verge of moving out of the area in 2021 due to the unavailability of a house in the community. *(see success story attached)*

### **Challenges**

LSHD experienced several challenges under this output and the following were the notable ones

- Inadequate recreation materials that mobilized and energised peers during SRHR sessions in youth clubs
- Shortage of SRHR teaching guides
- Long distances to YRCs and limited YRCs
- Distances from where other facilitators were coming from were just very far 10 to 15 kilometres only one way
- The two villages of Mlindasengwe and Gideon Moyo had many youths who got married early and parents from these villages refused to discuss with facilitators

- Some chiefs refused to call their people to attend meetings organised by STAR Circle facilitators due to misconceptions about Family planning services
- Many of the stakeholders who were supposed to be part of the STAR circle group expected some money from the STAR circle facilitators

### **Solutions/Recommendations**

- Linked to the Youth Network Committee and the office of the DYO for support and insight in accessing the needed materials for respective clubs
- Lobbied NCA/DCA for provision of SRHR teaching guides to clubs that do not have upon availability
- Lobbied for the construction of YRCs in places that do not have these so that youths could easily walk and participate freely
- Where possible, LSHD helped with transportation for some STAR circle facilitators through CBF motorcycles
- Exchange visits among the STAR Circle groups for facilitators in their various places and conducted open days helped touch on the issues
- STAR circle facilitators were encouraged to involve top leaders such as GVHs to help them organise meetings
- LSHD through its project team engaged the various stakeholders through ADC forums to participate even without expecting anything

### **LSHD work with schools**

The initial plan was that LSHD would be working with School-based clubs for in-school youths to reach them with the CSE curriculum. However, the continuation of COVID-19 cases into phase 4 made it hard to concentrate on school clubs as youths were going to school in shifts. Despite maintaining visits for some in-school youth clubs, LSHD was working with all the clubs that were available within the community. What was encouraging was that even school-going children were part and parcel of the community clubs.

### **STAR Circle activities**

As already mentioned above, LSHD continued to work with 27 STAR circle groups that were active from 2021 to 2023. These STAR circles continued to do various advocacy work in their respective places. Notable works included those that centred on ensuring that youths within the community were being provided with the best environment to continue with education and access health services. To this effect, over 45 children have gone back to school due to the efforts of these STAR circles.

### **LSHD work with Clubs and YRC**

LSHD has to this end worked with 150 youth clubs with an average membership of 25 youths per club across Mzimba. As the primary target audience for the project, youths were encouraged to be members of clubs within their respective areas to participate in the CSE sessions and other activities to which they agreed. Youth clubs surrounding YRCs of Kafukule, Mpherembe, Katolonji, Mabiri and Champhira were encouraged to patronise YRC activities with YRC management teams. More so, the management teams drew their leadership from the same hence being represented. Throughout the project phase, almost half of these youth clubs embarked on

economic generating activities especially related to farming which in turn cemented their union and collaboration. (see case story attached). In this phase, LSHD supported 3 YRCs (Mphherembe, Katolonji and Champhira) with vocational skills training in tailoring that saw a total of 32 (M12 F20) youths completing the task over 90 days. Youths were trained in face mask making, skirts, shorts, blouses and Jim dresses just to mention a few. At the end of the training, LSHD left the 2 sewing machines at each centre for continued use.

### **Netball Clinic Activities**

LSHD mentored netball clinic mentors in phase III of the project and out of these, 9 netball clinic teams were formed and continued to do their daily activities for the benefit of the girls. Netball clinics are an initiative that provides girls with an opportunity to interact on issues of SRHR and life skills using the netball sports jargon. As the girls play, the moves and passes are translated to real-life situations and skills that girls learn from and are asked to apply in real life. Netball clinics also took part in providing referrals for girls who needed services and counselling. 4 of the netball clinic mentees (all below the age of 24) in Kafukule set a good example to their peers by remaining focused on their goals and striving to achieve them. 2 of them pursued a Primary School Teaching course at Loudan College of Education while 1 pursued Community Nursing at Ekwendeni College of Health Sciences, and the other who was dropped out of school went back to school and has since finished form 4 and doing some piece work at Kafukule CDSS.

### **Challenges**

- Inadequate play materials for the netball clinics, youth clubs and YRCs
- Long distances to YRCs for youth clubs not close to these
- Health outbreaks disrupting school club meeting trends

### **Recommendation/Action Point**

- Lobbied for play materials through youth symposiums and other engagements
- Lobbied the District Youth Office and Area Development Committees to consider planning for YRCs

### **Capacity development for various stakeholders**

As already explained above under key activities for output, all activities conducted targeted community stakeholders ranging from youths, community leaders and religious leaders from various structures within the community. The knowledge and skills gained are aimed at ensuring that there is positive behaviour and attitude change towards SRHR messages and services to increase service uptake.

### **3.1. Output 3: Improved favourable policy environment for SRHR at national, district and community levels.**

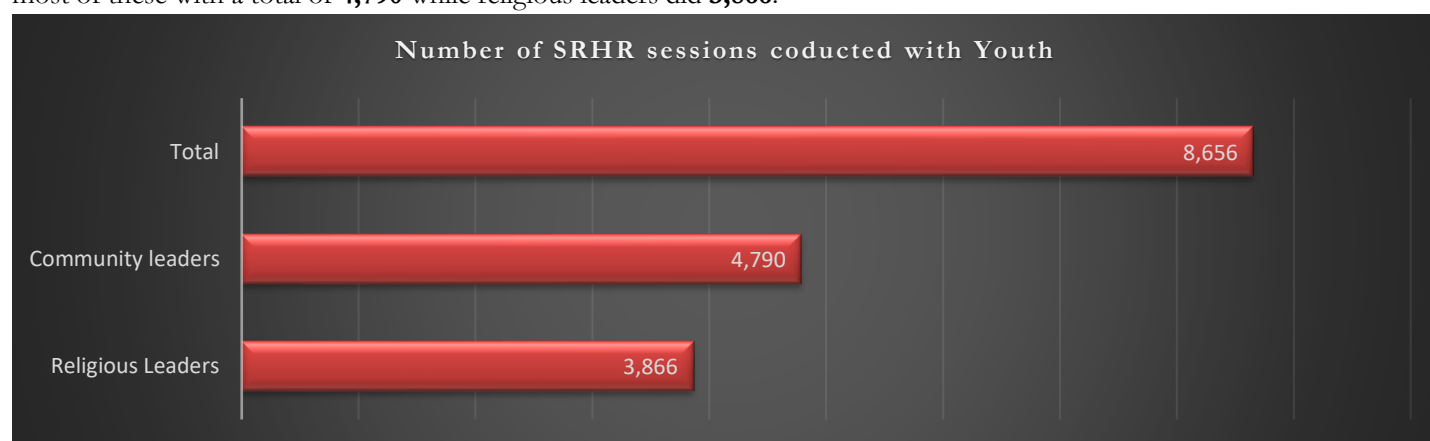
**Context:** LSHD strived to ensure a favourable policy environment that allows for discussion of sexuality education in churches, schools and the community. Through interaction with community leaders, safe space is enhanced and dialogue is initiated to allow the youths to access quality information and services.

### **Summary of Achievement against the Target for Output 3:**

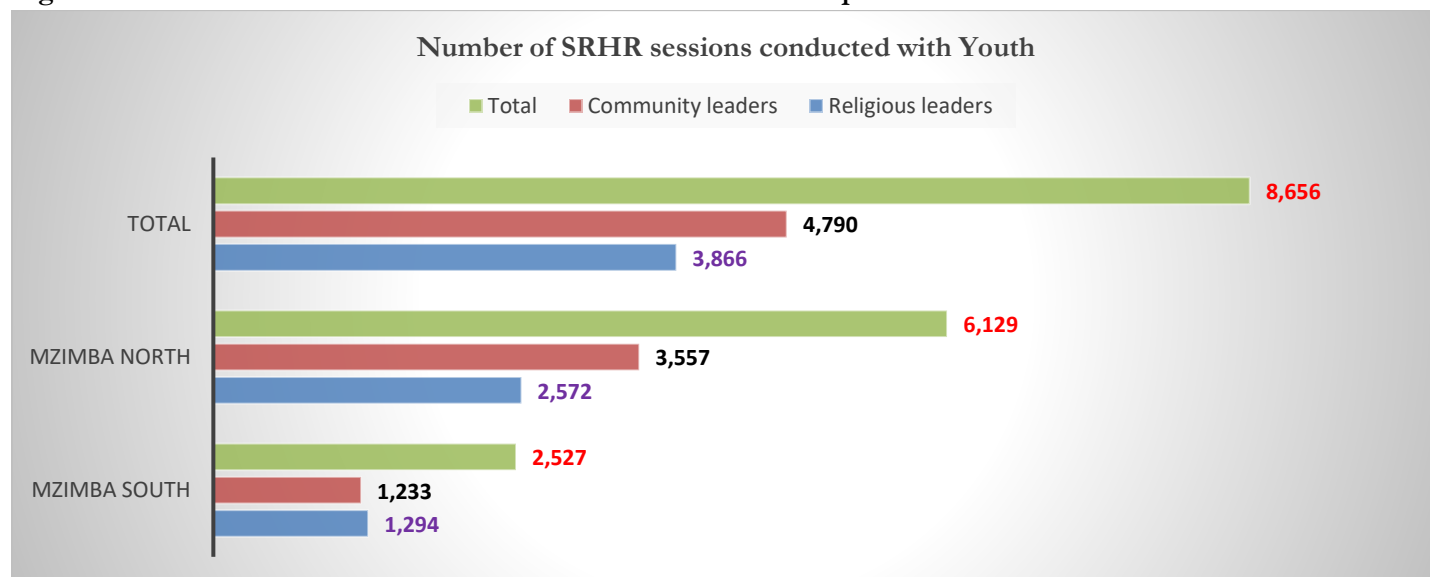
Performance Indicator	April 2021; December 2023	Project target	% Overall Achievement
	Achievement		
Number of sessions or meetings conducted by religious and community leaders with youth on SRHR issues	8,656	3,000	289%
Percentage of reported GBV/SRHR-related cases that have been resolved through traditional means or court cases	96% (1,497/1,562)	100%	96% (1,497/1,562)

### SRHR sessions conducted by Religious and Community leaders with Youth

A total of **8,656** sessions were conducted in phase 4 by religious and community leaders on GBV/SRHR with the youths against the project target of **3,000** representing **289%** achievement. Community leaders conducted most of these with a total of **4,790** while religious leaders did **3,866**.

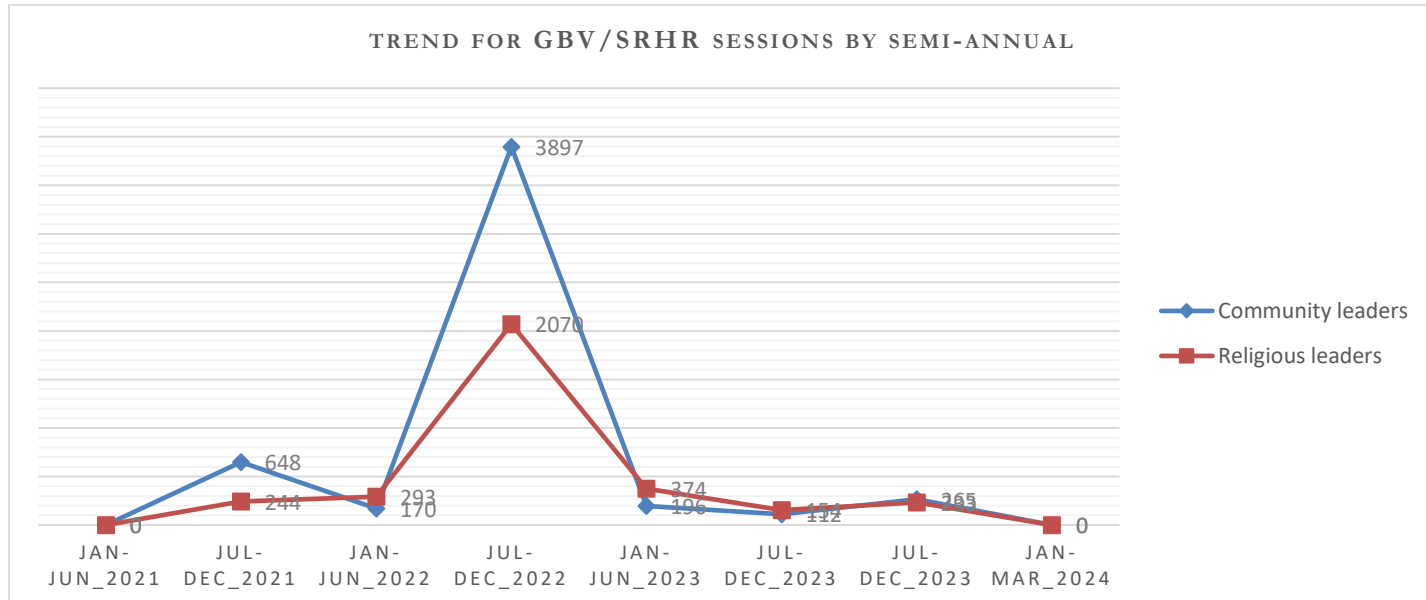


**Figure 8: Number of SRHR sessions conducted with Youth from April 2021 to March 2024.**



**Figure 9: Number of SRHR sessions conducted with Youth from April 2021 to March 2024 period disaggregated by district**

According to the graph above, Mzimba North had the most sessions for the youth by the leaders than Mzimba South.



**Figure 10: Trends of SRHR sessions conducted with Youth semi-annually from April 2021 to March 2024.**

As the graph above shows, LSHD has had a smooth trend throughout the implementation of sessions in all semi-annual periods beginning from the Jul-Dec 2021 with 892 sessions; 463 sessions in the Jan-Jun 2022 period; 5,967 sessions in the Jul-Dec 2022 period; and 570 sessions in the Jan-Jun 2023 semi-annual period, although LSHD has dropped in the last semiannual reporting period of Jul-Dec 2023 with 266 sessions, with extension period for February and March LSHD added another 498 session to 8,158 achievement of 2021-2023. As such LSHD have achieved the project target exceedingly.

### **GBV/SRHR cases resolved**

The highest number of reported cases involved those in the age band of 15-20 who by being young adults face several challenges and ably report their issues. Overall, the highest number of cases were physical abuse cases with a total of **516**, while the age group between 15-20 were the most affected group with a total of **731**.

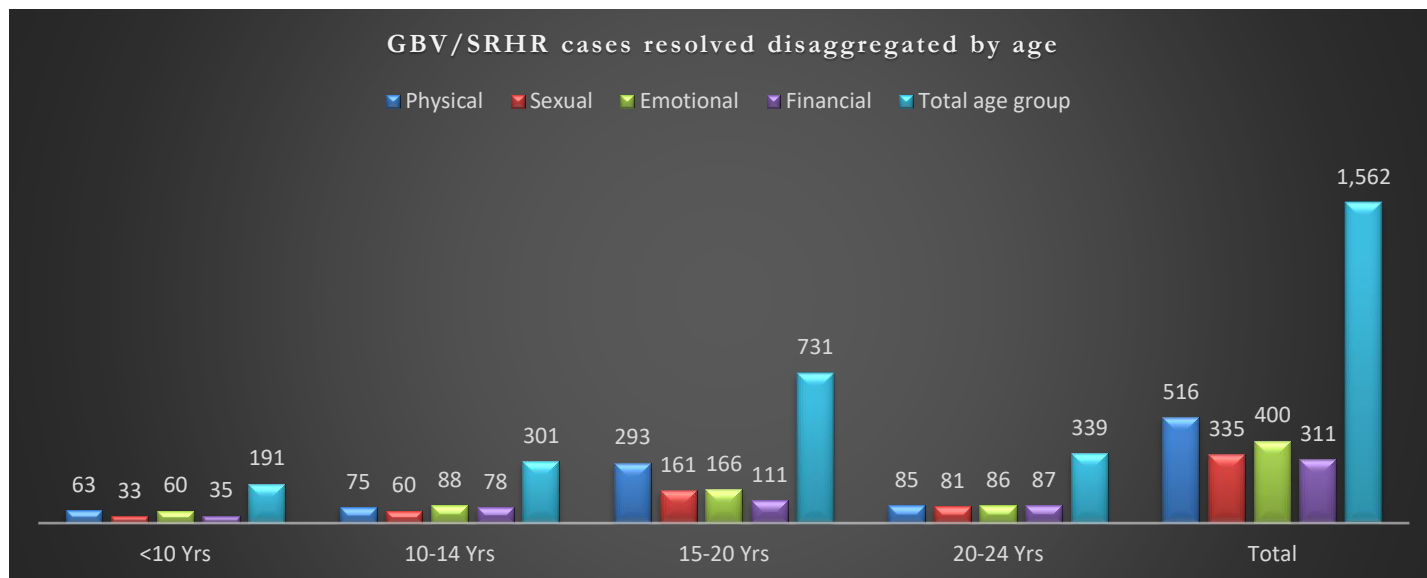


Figure 11: GBV/SRHR cases reported disaggregated by age from April 2021 to March 2024.

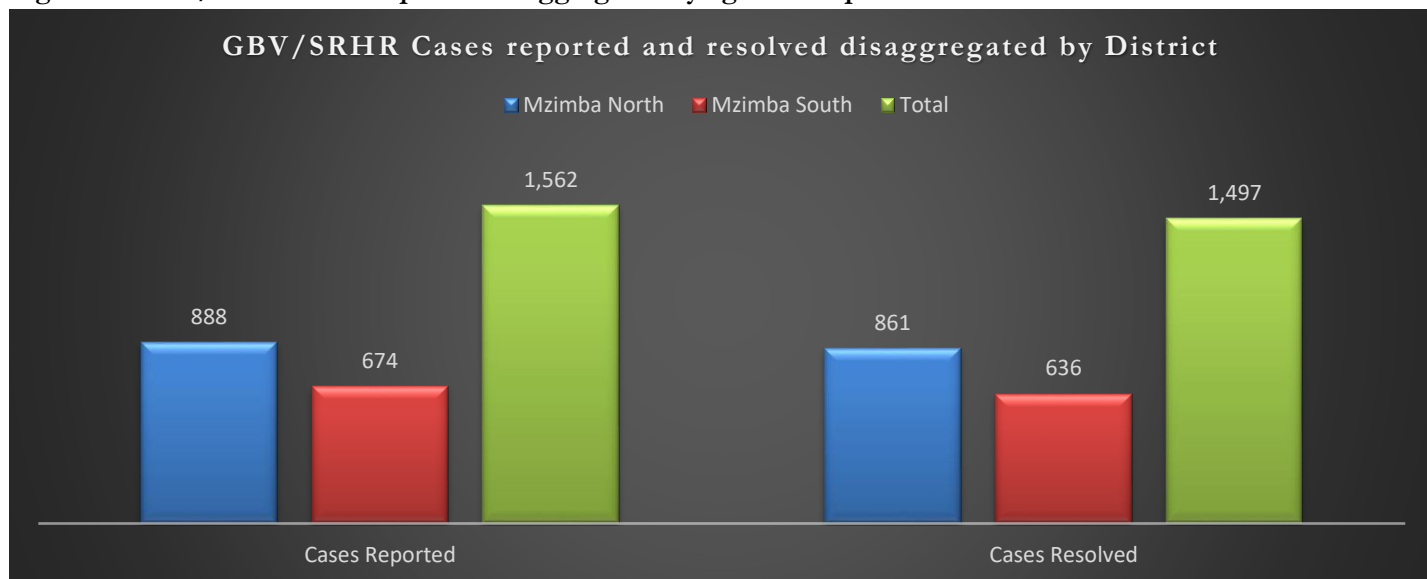
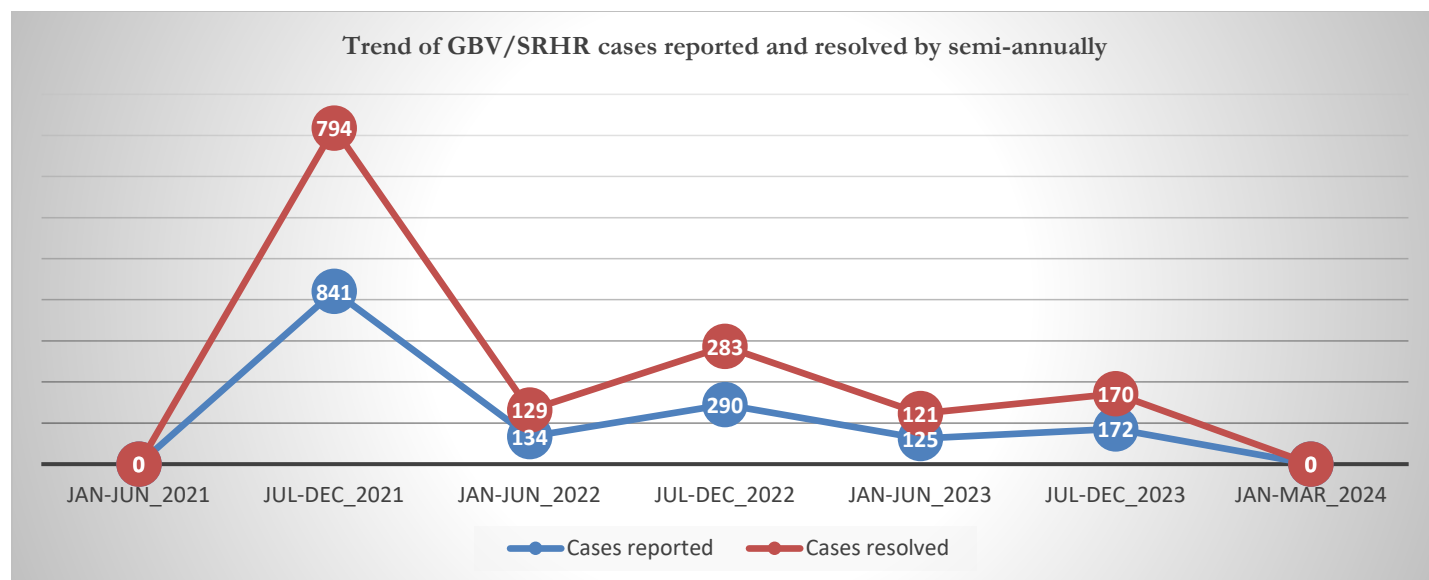


Figure 12: Reported and Resolved GBV/SRHR cases disaggregated by the district from April 2021 to March 2024.

A total of **1,497** cases were resolved in phase 4 against **1,562** representing an overall achievement of **96%**. CVSU members reiterated that the high case reporting throughout the project was a result of the awareness that the community has and they remained compelled to report such cases. With the collaboration of other initiatives championed by other partners within Mzimba, CVSUs managed to resolve **1,497** issues right in the community so that the judiciary only handles those that have failed to resolve and indeed other criminal offences.





**Figure 13: Trend of GBV/SRHR cases reported and resolved semi-annually from April 2021 to March 2024.**

As the trend shows LSHD has had inconsistent performance, for instance, it started low in Jan-Jun 2021, but it tremendously picked up in the semi-annual reporting period of Ju-Dec 2021 with 841 cases reported and 794 resolved, however, there was a decrease in the case reported and resolved in Jan-Jun 2022 with 134 reported and 129 resolved. However, the figures also slightly increased in Jul-Dec 2022, but not as alarming as in Jul-Dec 2021, this was attributed to the increased sensitization and drummed up support from different stakeholders to fight the vice, it should also be mentioned that the decrease in GBV cases is also owed to SASA initiatives currently being implemented in Mzimba south, although we have seen an increase in cases at the last semiannual period of Jul-Dec 2023 generally the trend has been decreasing as time pass by due to the reasons eluded earlier on.

### Reasons for under or overachievement

Indicator: Number of sessions or meetings conducted by religious and community leaders with youth on SRHR issues.

A total of **8,158** sessions were conducted in phase IV by religious and community leaders on SRHR issues with the youths. Community leaders conducted most of these with a total of **4,557** while religious leaders did **3,601**. LSHD has managed to achieve this indicator, thanks to the concerted efforts by CBF in engaging religious and community leaders in engaging youth in various meetings and sessions.

Indicator: Percentage of the target group who report that they are aware of their community SRHR by-laws

This indicator has not been documented yet by PSI

Indicator: Percentage of reported GBV/SRHR-related cases that have been resolved through traditional means or court cases

The highest number of reported cases involved those aged 15-20 who by being young adults face several challenges and ably report their issues. Overall, the highest number of cases were physical abuse cases with a total of **516**. A total of **1,497** cases were resolved in phase 4 against **1,562** reported, representing **96%**, this just

shows that people can report GBV cases at the same time CVSUs and traditional courts can address most of these cases.

### **Key activities**

#### **Mentorship of clergy/church leaders on church sermons on SGBV/human trafficking Act/Gender Act**

Religious leaders observed that there is an increase number of GBV and SRHR especially in women and girls which are not reported due to family issues. Suffice it to say, men also continued to be survivors of GBV but most of them do not report for fear of being laughed at. During sessions with them, Pastors and Sheiks were able to mention the common GBV against both women and men happening in the communities and families. For men, the common violence they faced from women is being denied sex, and being shouted at. On the other hand, women complained that men abused them economically by not showing them the money after sales from the farm produce, beating them up and not buying them their basic needs. The project worked with faith leaders who would help address GBV cases as they always interacted with people.

#### **Interface at the community level aims at reducing harmful cultural practices that inhibit people from attaining their SRHR including access to family planning products**

LSHD engaged the youths in interface meetings at the community level with their leaders and other stakeholders at the TA level to appreciate the issues that the youths faced and make resolutions on how they could be addressed going forward beyond the phase IV period. The interface meetings followed Youth Symposium meetings that were carried out in the first year of implementation (2021) and also touched on the issues that youths faced. The District Youth Office was key and led these interface meetings and as such, clusters were made as per TA to increase the level of participation from each TA. The following were some of the issues that were presented:

- Youths and other people of reproductive age group still face the challenge of long distances to health posts (4 KM – 12 KM one way) for other services such as long-term acting methods, cancer screening, and HTS as peer educators refer them to CRAs (CBDAs) that only provide short term methods such as condoms and pills.
- Youths lamented the inadequate youth resource centre structures within their reach to make access to SRHR information and services easier. N'zatonse project managed to construct 2 in Mzimba North – at Mpherembe in TA Mpherembe and at Kafukule in TA Mtwalo where other partners had also built some halls for the youths/community. Erukweni, under TA Mtwalo, has also been supported by another partner. TA Jalavikuwa has none despite lobbying for it in 2019 through the ADC and council. The youths had feedback that it got approved but has not been constructed to date. Luckily, TA Kampinga Sibande had support from elsewhere and has a hall that youths are using for some of their activities. Nevertheless, these are not enough as other youths from the peripherals have to cover a distance of 2 – 18 kilometres to visit the next Youth resource centre for information and services. What is more, some of these have inadequate materials such as balls and indoor games to keep the centres busy and attractive. This challenge then makes it almost impossible for youths to interact freely due to the lack of space within their localities.
- Some harmful cultural practices and beliefs practised secretly fuel GBV and hinder the promotion of SRHR messages and services among unmarried youths.

- Some youths fail to continue with education due to neglect and or lack of fees for those in secondary or tertiary education. This forces youths to engage in immoral behaviour and or enter marriages especially girls who are vulnerable.
- The youths complained of a lack of economic empowerment opportunities designed specifically for the youths.

### **Youth symposium**

In the course of implementing phase IV of the project, LSHD conducted Youth Symposiums at the TA level where a representation of the youths from the TAs in Mzimba would come together to discuss social issues that have a bearing on their lives. The symposiums were in a way forums where the youths expressed themselves fully and prepared to advance their grievances to the duty bearers within the community and those at the District level through interface meetings. Concerning the issues concerning Sexual Reproductive Health, the youths provided tremendous insights with the highlight of them all being feeling motivated to use family planning methods to protect themselves from sexually transmitted diseases and to prevent unwanted pregnancies. They noticed that barriers to youth accessing family planning methods included contraception misconceptions, negative provider and community attitudes, limited youth-friendly space to enable the access of the services, conflicting educational and YFHS policies on access to services and information by school-going children inter alia. Participants said involving community leaders in family planning discussions, improving counselling services, integrating family planning services and education within school curricula, and utilizing youth clubs could improve family planning services. One of the religious leaders in TA Mtwalo was at the forefront in handling a trafficking case of a boy aged 17. The boy was being ill-treated by the stepmother and chanced upon a farmer from Kapando who lured him to follow him. Upon realising this, the pastor involved the Police and followed up with the survivor where he was returned to Luhomero.

### **Mentor religious leaders in interactive communication with youth on SRHR**

As part of the extension of the project, LSHD also involves religious leaders on the community level in training for interactive communication with youth on SRHR. To address Sexual and Reproductive Health and Rights (SRHR) among youth, an extensive initiative was undertaken across all districts of Mzimba North and South. This program focused on engaging and mentoring religious leaders to effectively communicate with the youth interactively regarding SRHR matters.

A total of 200 (Male=175 Female=25) religious leaders participated in this comprehensive effort, receiving guidance and training on how to engage with the younger generation on sensitive topics related to sexual health, reproductive rights, and responsible decision-making. The program aimed to bridge the gap between traditional religious teachings and the evolving challenges faced by youth in today's society. Through interactive sessions, these leaders were equipped with the necessary skills and knowledge to engage in constructive and non-judgmental conversations with young individuals. Emphasis was placed on fostering an open dialogue, understanding diverse perspectives, and providing accurate information on SRHR, empowering the youth to make informed choices.

The initiative not only sought to educate and empower religious leaders but also aimed to create a supportive environment within communities that encourages open discussions around SRHR topics. By engaging religious leaders as influential figures, the program aimed to positively impact the attitudes, behaviours, and awareness of the youth, thereby promoting a healthier and more informed generation. This initiative successfully reached

200 religious leaders across Mzimba North and South districts (South=100; North 100), fostering a foundation for ongoing dialogue and support concerning SRHR matters within these communities. The hope is that the knowledge and skills acquired will continue to positively influence the interactions and guidance provided by these leaders to the youth, promoting a more inclusive and informed approach to SRHR.

#### 4. Output 0: Cross-cutting issues/Monitoring and evaluation

LSHD in April 2022, roll out the SASA Together approach on GBV in Mzimba South the objective of this SASA approach was to engage leaders in the mapping of assets to be engaged as Cas in preparation for the SASA Start phase special objective come up with Community Activist & Local Activists' as SASA together get rolled out. This project is being implemented in T/A Khosolo at Kanjuchi and we are working in 13 villages this area is one of the hard-to-reach areas where issues of GBV cases are high because the area has no police where the community can report cases of GBV but this SASA the community advocated for police and now the area has a police unit but the police are not yet on function.

The SASA approach has four stages Start, Awareness, Support and Action normally these stages take 5 years to be implemented and during the start phase, we managed to train Community Activist, Local Activist, Community Allies and community Action groups in total 24 people by gender 13 females and 11 men.



*Participants listening to the presentation during Asset Mapping SASA Together*

In the same year in 2022 we trained the in-START phase we egged all the 24 members who were identified during Asset mapping below are the figures on how these Cas are working

Indicator	Target	Achievement		
		Men	Women	Total
Number of women and men who participated in GBV talks		987	1,341	2,328

Number of women and men who participated in GBV trainings		0	0	0
Number of sessions conducted by local activists on the prevention of violence against women		108	139	247
Number of community activists who take part in awareness of GBV		0	0	0

The figures of men are on the lower side because this program is targeting women and Girls so they have that feeling that they are being sidelined that's the reason they are not fully taking part

The number of GBV cases reported disaggregated against GBV

Type of Cases	Number of Cases	referred	Resolved
Psychological	68	38	18
sexual	47	9	13
Physical	28	7	10
Economic	94	12	20

Since the introduction of SASA Together at Kanjuchi now men and women can discuss issues of economic in their families unlike previously when men were just doing what they could do with the resources in their families now they can share issues and budgets however not all have the positive change as this cannot be changed once

The following have been implemented since the START Phase

- Community activists engage family, friends, neighbours and others in personal and informal SASA! Together activities that spark self-reflection, critical thinking, discussion and positive change (LOCAL ACTIVISM)
- Community leaders engage fellow leaders, groups and community members reinforcing SASA! Together ideas privately and publicly, leveraging their roles, visibility and influence to give shape to new norms. (COMMUNITY ACTIVISM)
- Institutional allies engage their fellow employees and leaders to analyze and strengthen how their institution prevents and responds to violence against women (INSTITUTIONAL ACTIVISM)

#### **Challenges and the way forward (how are we planning to address the challenges)**

- Kanjuchi now has a police unit but the police are not functioning they want to construct houses for the police staff
- LSHD did not have funds to cover this SASA Together project
- We have not yet started the awareness phase because of limited funds our next step in awareness will be done when phase 5 comes in 2023

**For the success stories see the case stories**

#### **4.1. Training, Monitoring and Meetings**

#### **4.2. Media and Documentation**

In phase IV, LSHD has distributed various visibility items (t-shirts, golf shirts, wrist bands, wrappers and posters) since project inception to the project beneficiaries These carried different educative messages for the youths and adults alike including the clergy. All of the beneficiaries were delighted to receive these and use them during project functions and other places. LSHD has at different times also engaged media houses to cover activity functions. For example, at GVH Kaphika, LSHD invited a correspondent for the Nation Newspaper who carried out a story of what the N'zatonse project is doing through LSHD (*See pic as inserted as object below*). At Erukweni, LSHD invited a Malawi24(online news) contributor to cover activity in 2021(<https://malawi24/2021/09/23/livingstonia-synod-promotes-sexual-reproductive-health-for-youths/>).



The recorded programs that were made in Q3 started airing in this quarter on radio Tigabane and they are aired every Tuesday at 6:30 pm and every Saturday at 7:00 pm (*Sample radio program as inserted as object below*)



Towards the end of this quarter, LSHD received additional leaflets, T-shirts and signposts as part of IEC materials for the project that will be distributed next quarter

### **COVAX**

LSHD received separate support for the implementation of COVID-19 and Cholera activities to enhance the uptake of the COVID-19 vaccine oral OVC. To this effect, LSHD started implementing COVID-19 vaccine /Cholera awareness campaign meetings within all the TAs in the district. In general, the awareness meeting was relevant considering that since the outbreak of the COVID-19 pandemic, a lot of myths and misconceptions jeopardised the government's efforts to arrest the situation. To this effect, LSHD lined up several activities as listed below to capacitate the communities with the right knowledge from which actions implemented would go a long way to protect them from various health diseases such as cholera COVID-19, and other related infectious diseases.

#### **Community Triggering Sessions and Support Community Hygiene Behaviour Change**

LSHD planned and implemented this activity noting that inadequate sanitation is a major cause of infectious diseases such as cholera, typhoid and dysentery worldwide. It also contributes to stunting and impaired

cognitive function and impacts the well-being of youths and young women through school attendance, anxiety and safety with lifelong consequences. It is common knowledge that unsafe water and poor sanitation and hygiene account for approximately 1.9 million annual deaths and 4.2% of the global burden of disease. Where water and sanitation facilities are inadequate, faecal contamination of drinking water and soil permits transmission of diarrheal pathogens and, according to prior estimates, diarrhoea accounts for the largest fraction (> 90%) of the global burden of disease attributable to unsafe water and poor sanitation. The recent Cholera situation in Malawi is one of the rare cases that started in the summer of 2022 but with devastating effects. People were hospitalized and others lost their lives. It is against this background N'zatonse project organized a community triggering session and hygiene behaviour change orientation for selected community members within Mzimba North to avert the reoccurrence of the situation in the future.

- A total of 110 people participated in the orientation
- The community was first taken through general knowledge of the Cholera incubation period which is between 12 hours and five days after ingestion of contaminated food or water.
- They were also told that most people infected with cholera do not develop any symptoms, although the bacteria are present in their faeces for 1-10 days after infection and are shed back into the environment, potentially infecting other people. Most people who develop symptoms have mild or moderate symptoms, while a minority develop severe forms of the disease with acute watery diarrhoea and vomiting leading to severe dehydration.
- The community members were reminded that Cholera is an easily treatable and preventive disease. Most people can be treated successfully through prompt administration of oral rehydration solution (ORS) – which can be bought or made by mixing the right amounts of salt and sugar as below
  - Six (6) level teaspoons of Sugar.
  - Half (1/2) level teaspoon of Salt.
  - One litre of clean drinking or boiled water and then cooled - 5 cupfuls (each cup about 200 ml.)
- It was explained to them that Oral rehydration solution (ORS) is an oral powder—containing a mixture of glucose sodium chloride, potassium chloride, and sodium citrate. After being dissolved in the requisite volume of water they are intended for the prevention and treatment of dehydration due to diarrhoea, including maintenance therapy.
- The community members were taught to be on the lookout for consequences of a humanitarian crisis – such as disruption of water and sanitation systems, or the displacement of populations towards inadequate and overcrowded camps – all of which have the potential to increase the risk of cholera transmission, should the bacteria be present or introduced.
- At the national and community, a multi-sectoral approach including a combination of surveillance, water, sanitation and hygiene (WASH), social mobilization, treatment, and oral cholera vaccines is essential to control cholera outbreaks and reduce deaths, hence encouraging community leaders to make sure that the people they lead receive the vaccines the government is making available to save lives.

- Participants were reminded that ensuring proper household and community hygiene practices goes a long way to prevent people from being infected.

### **Support DHO's COVID-19 Vaccinations and Cholera OVC Admission**

The COVID-19 pandemic greatly impacted communities within Mzimba. Due to the myths surrounding the pandemic, these remote communities have seen less benefit from COVID-19 vaccines and have lower vaccination rates compared to other places. The target of vaccinating 60% of the population by December 2022 remained a challenge, in part due to vaccine hesitancy, but also because of the limited quantities of vaccines and slow uptake by the eligible population due to misinformation. Vaccine hesitancy is mainly driven by misinformation, including the myth that the vaccines will lead to infertility.

LSHD therefore supported DHOs with biannual COVID-19/Cholera vaccination outreaches which in a way were one of the recommendations of the interface meetings done in Q1 of this reporting period despite already. HSAs were encouraged to go around the communities with support from LSHD to vaccinate people who were willing and whom the leaders had reached out to. For both Mzimba North and South, the total number of vaccinated against COVID-19 through the exercise came to 8,565 people (F5,379 and M3,186), and 797 people (F565 M232) for Cholera. In essence, LSHD noted the following

- Coronavirus and Cholera Vaccines Outreach can be used to communicate vaccination plans, increase public confidence in COVID-19, Cholera, measles, TB and many other vaccinations, and ensure the public knows when, and where, they can be vaccinated.
- Public opinion is mixed on the safety and efficacy of any vaccine, and misinformation has a direct impact on vaccine coverage.
- Achieving high vaccination rates requires a robust and transparent public education campaign that provides accurate vaccine information, progress on the distribution plan, and guidance needed to access a vaccination.
- The Coronavirus and Cholera Vaccine Outreach solution delivers a set of capabilities that help you to launch a vaccine distribution web destination, provide the public with critical information that helps them understand when, and where, they can be vaccinated, and engage medical volunteers that may be needed to support widespread administration of the vaccine.

### **Road Shows**

To maximize the number of people who know about health issues, especially COVID-19 and Cholera, LSHD organized community road shows where it engaged the community through a public address system during mobile market days across Mzimba. The roadshows in themselves serve the purpose of pulling crowds towards the message as they use art (music, freestyle music, games questions and answers, competitions, dancing, poetry and many others) to provide the required message to the community. In this regard, LSHD noted the following:

- It was noted that many people were aware of the availability of vaccines; however, fears of the unknown still stood in their way to get vaccinated for both the outbreaks
- Myths regarding the Covid 19 and Cholera continued to spread through social media which the project team discredited with the help of HSAs



- Youth clubs and Youth networks will be at the forefront of sensitizing the community on COVID-19 and Cholera vaccines
- Youths and community to take part in encouraging people to go and vaccinated

### **Promotion of Sanitation, Hygiene and Health Talks in Schools**

WASH in Schools' is concerned with water supply, provision of sanitation and washing facilities along with hygiene education and promotion in schools. A school with adequate WASH services has a functional and reliable water system that provides safe, sufficient water for all needs of the school, especially for toilet use, hand-washing and drinking. It has a sufficient number of toilets for pupils and teachers and the toilets are private, safe, accessible, clean and separate for boys and girls. Adequate WASH in schools service caters for the needs of the entire school population, including small children, girls of menstruation age, children with disabilities and staff. Further, it includes hygiene education in the school curriculum to impart basic knowledge. Finally, a complete WASH in schools package includes supplementary activities that aid the translation of knowledge into lifelong practices, promote responsible use of facilities and pass on sound behaviours to families and communities.

Children were taken through the value of wash in schools as follows:

- WASH in schools is primarily a means of preventing the spread of diseases and promoting health
- Poor WASH in schools affects children's ability to learn in several ways. Worm (helminth) infections, which affect some school-age children, impair children's physical development and reduce their cognitive development, through pain and discomfort, competition for nutrients, anaemia, and damage to tissues and organs. Diarrhoeal diseases, malaria and helminth infections force many schoolchildren to be absent from school.
- Poor environmental conditions in the classroom also make both teaching and learning difficult. The effect of disease on teachers – impairing performance and increasing absenteeism – also has a direct impact on learning, and teachers' work is made harder by the learning difficulties faced by schoolchildren. Dehydration caused by failure to drink sufficient amounts of water and increased physical activity, such as walking to school, reduces a child's ability to learn.
- Children who have adequate water, sanitation and hygiene conditions at school are more able to integrate hygiene education into their daily lives and are effective messengers and agents of change within their families and the wider community.
- The hygiene behaviours that children learn at school – made possible through a combination of hygiene education and suitable water, sanitation and hygiene-enabling facilities – are skills that they are likely to maintain as adults and pass on to their children. What children learn and practice today in schools will be a norm in society when these children become adults.

Wash challenges in most of the schools

- Inadequate toilets in the schools especially for learners
- Inadequate hand washing facilities

- Lack of reliable and sufficient water supply to keep the facilities working is one of the main reasons for poor WASH conditions in schools.
- The capacity to promote, sustain and entrench sound hygiene practices and to sustain physical WASH facilities is low in the country in general and in schools in particular. Capacity gaps exist at all levels, particularly in the district and lower levels. At the school level, orientation is required for head teachers, teachers, school guards, PTAs and pupils to understand, plan, and run the Operation and maintenance of their facilities.

Children were encouraged to do the following among other things:

- Drink and use safe water
- Wash hands with soap and safe water after caring for the patients, especially after handling poop
- Remove and wash any bedding or clothing that may have had contact with diarrhoea, preferably in a washing machine using warm or hot water. Usual machine detergents are sufficient; bleach is not necessary.

### **Orientation of HAC/VHC to carry out wash mapping in selected areas**

It was also important that LSHD-oriented members of Health Advisory Committees and Village Health Committees see to it that wash mapping was one of their core duties within their community as they strive to provide great checks on health service provision and the following were key takeaways:

- Community-Led Total Sanitation is based on stimulating a collective sense of disgust and shame among community members as they confront the crude facts about mass open defecation and its negative impacts on the entire community.
- The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people's faeces.
- Generally communities react strongly and immediately try to find ways to change this through their effort
- The aim is to ignite and encourage a self-motivated desire to change behaviour. Certain sections of the community will have particular motivations for wanting to change the status quo. For example:
  - Families who own toilets discover that they are just as prone to faecal-oral contamination due to the actions of those who don't.
  - Landless people are often criticized and abused for defecating on other people's land.
  - Women and young girls suffer the most from the lack of privacy in open defecation.
  - Religious leaders realize the meaninglessness of wearing clean clothes as they are dirtied by human excreta.

- A transect walk was done to appreciate the severity of open places that usually lead to bleeding ground for bacteria and how they can watch out and control sanitation issues
- The participants were encouraged to do the following to prevent Cholera and ensure personal hygiene:
  - Cook food thoroughly
  - Wash hands with soap and safe water after caring for the patients, especially after handling poop
  - Remove and wash any bedding or clothing that may have had contact with diarrhoea, preferably in a washing machine using warm or hot water. Usual machine detergents are sufficient; bleach is not necessary.
  - Use a flush toilet or approved septic system; double bag soiled materials (items contaminated with poop) when throwing them away.
  - Use any household disinfectant or a bleach solution made up of 1 part bleach to 9 parts water to clean any area that may have contact with poop, including the patient's bathroom, bedpan, as soon as possible after being soiled.
  - When possible, use rubber gloves when cleaning any room or surface that may have had contact with the patient's poop.
  - Patients with cholera should not swim until their symptoms have been gone for 2 weeks.
  - If another household member starts having diarrhoea, give them an oral rehydration solution (ORS) and go to a healthcare provider immediately.
  - While caring for persons who are sick with cholera, do not serve food or drink to anyone outside of the household.
  - Any visitors should be very careful to avoid touching contaminated surfaces and should wash their hands thoroughly before leaving and again when they arrive at their next destination.

**Summary of Achievement against the target for Output 4:**

**COVAX Achievement**

Performance Indicator	April 2021; August 2023	Project target	% Overall Achievement
	Achievement		
Number # of people reached through BMZ-supported direct communication and/or mass communication media and social media, print media etc. with COVID-19-related messaging			
a) # reached via direct communication measures	35,374	12,500	283%

b) # reached via mass media communication measures	72,330	62,500	153%
Number of people formally trained on COVID-19-related topics with BMZ support.	908	625	145%

## 5. Flow of Funds.

To be updated together with the finance report

## 6. Procurement

To be updated together with the finance report

## 7. Success Story / Lessons Learnt/Best Practices

### Success Stories

### RETURN OF ROMANCE

In 2015, Mercy Banda was aged 20 and was in a love relationship with Yamikani Mwale who was 21 at that time. The two are from the same village of Robert Nkhata, Kanjuchi in the area of Traditional Authority Khosolo.

Banda had high expectations that her fiancée would continue loving her when they got married. In the same year of 2015, the two did get married but the tone of their love changed drastically within a space of a few months.

Mwale the husband developed a norm of harassing his wife Banda by assaulting and insulting her day and night. At this point, the love that Mwale was showing before marriage had vanished.

"Honestly my husband changed soon after getting married, he was beating me at will as a way of showing his superiority as head of the family," Banda said.

Mwale concedes that he did not find it wrong to beat his wife saying he thought it was cultural that a man must have absolute powers to discipline the wife physically.

But what is the current situation for this family? Well, the wife to Mwale was still the victim of wife battering from 2015 to March 2022 but in April this year, the moon rose at last. A program known as Start Awareness's Support and Action SASA was introduced in the area of Traditional Authority Khosolo in Mzimba South.

Through the program, over 24 Community leaders at Kanjuchi were trained to follow up, handle and report gender-based violence cases in the area. Soon after hearing that SASA had been introduced in her area, Banda did not hesitate to consult one of the Community leaders Chikondi Chisale for immediate intervention in her family troubles.

"After hearing about SASA, we met the community leader who counselled me and my husband on rights our rights and how to be tolerant. My husband has since stopped beating me," She narrates.

The husband, Mwale says he now understands women's rights, and that he no longer subscribes to cultural belief that gives absolute powers to husbands which led to him harassing his wife in the past.

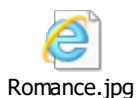
"I now protect and defend the rights of my wife. We live happily as it was the case before marriage," he adds.

One of the twenty-four Community leaders that SASA has trained, Chikondi Chisale says they are determined to spread further GBV counter-responsive messages to many people despite the Khosolo area being the hard-to-reach place.

Project Officer for Livingstonia Health Department ChawanangwaKwaule says it is the dream of their organisation to continue with the good work they have started so that gender-based violence cases are greatly reduced in Mzimba South.

The program is a component of the N'zatonse program which is being supported by KFW through Norwegian Church Aid and Danish Church Aid.

As for the family of YamikaniMwale now 27 and his wife Mercy Banda 26, *(See pic attached as object below)* the love has returned after years in the wilderness.



## LIGHTING COMMUNITY ON GBV

For several years, many people in the Traditional Authority Khosolo in Mzimba never knew that wife/ husband battering, and husband denying women the right to join savings and loan associations are forms of gender-based violence.

It was not until April 2022 that the Livingstonia Synod Health Department started enlightening the Community on mechanisms of tackling Gender-Based Violence in the area through a program called Start Awareness Support Action-SASA.

Wachi Divayson Mvula 65 and his wife Inglet Lowole aged 54 both from Robert Nkhata Village at Kanjuchi narrate how their family was before SASA came in.

Lowole( wife): " I got married to him in 1988. We have four children together but the marriage has not been enjoyable all these years. My husband would beat me for preparing his food late by an hour. He used also to beat me if I kept the money for milling my maize. He was telling me that women do not make decisions on financial matters only husbands do. This led to a lack of prosperity in our family as he was using the money to drink alcohol thereby neglecting our four children. I was trying to fight back, but I was always on the losing end."

Mvula( Husband):" I used to beat my wife, I did not want to be questioned by my wife I thought I had all the powers to dictate family matters. I used to keep money for myself, I cared less about my children. She was the one taking care of the children, not me,"

What has changed now to this Family so far?

Lowell ( wife): " I met a Community leader who was trained by the SASA program to handle GBV cases here. The Community leader enlightened us that what I was facing was the GBV and together with my husband we were civilly educated to change our mindset. I and my husband understood and we realized many rights. Now my husband is responsible and caring again. He allows me to budget our finances together, I am allowed to join the Village Savings and Loans Association, and as I speak we do tomato farming together and through that, I have built a house Whenever we have an argument my husband does not beat me up, instead, we handle our matters peacefully,"

Mvula(Husband): " Yes our family has been transformed through SASA. I do not beat my wife anymore. I budget agriculture earnings together with my wife. I drink responsibly now knowing as a parent I need to be providing necessities to my children. We are the ones now tipping Community leaders if there is a GBV case in our area."*(see pic inserted as object blon)*



ChikondiChisale who is a Community Leader in the Kanjuchi area says through the SASA program they are working tirelessly to reach as many people as possible with messages of unveiling gender-based Violence for the continued transformation of her area.

“We aim to meet as many people as possible so that the change is not only made here but in the Khosolo area. Distances are long because we walk we hope if there is any help from SASA in terms of provision of transport, we would appreciate," Chisale says.

Village Headman Robert Nkhata tells us that as a chief he has taken a leading role in abolishing harmful cultural beliefs that are impinging the rights of women or fueling gender-based Violence

"Those who are battering their wives are fined by chiefs and cases are reported to the police depending on their gravity so that justice is done. We have also abolished the cultural norm of locking a girl in a house for a week after experiencing a menstrual period for the first time. This is no longer the case as we encourage parents to provide menstrual hygiene pads so that girls do not miss classes in that period," Nkhata explains.

Reduction of Gender-Based Violence in the Kanjuchi area within a short period is seen through the fact that figures of registered GBV cases at the nearby Mkoma Health Centre have dropped.

Mkoma Health Centre Medical Assistant Charles Moyenda says the facility registered 33 cases of GBV between April to October 2021 while only 11 cases have been registered between April to October 2022.

He attributes that the drop in GBV cases is a result of interventions that the SASA program has introduced in Kanjuchi area.

SASA might have made a tremendous transformation in people's lives within a short period, but a continuation of the same would make it even better because Khosolo remains a hard-to-reach area as many people need to be reached with such services. They say change is gradual but one step is done.

## **YOUTH NETWORK DRUMS UP FOR NUTRITION SUPPORT**

Chikumukumu Youth Network in the area of Traditional Authority Mzikubola in Mzimba has committed to uplifting nutrition levels for the under-five children in the district.

Currently, the network which is made up of 23 youth clubs is producing soya beans which are being given to Chimukumuku Community Based Care Centres (CBCC) where nutritious porridge is being served to under-fives.

Chairperson of Network, Richard Mahamba said the development is aimed at ensuring that children are fed so that their brain functions properly to prosper academically.

"We want to lay a good Foundation for the children. This will lead to improvement of their health as well as eradicating mental deficiencies," Mahamba said.

Mahamba added that, they dream to be producing not only soya beans but also other crops such as maize and that they are looking for financial support for the purchase of farm inputs.

"Fertiliser is expensive but we dream of maize production as well as rearing chickens for our children," He added.

An organisation that has been helping the Network with technical expertise, Livingstonia Synod Health Department through its N'zatonse Project officer ChawanangwaKwaule said they are geared to empower more youth clubs on nutrition interventions.

Chikumukumu Youth Network started in 2005.

Statistics from the office of Principal Nutrition and HIV Officer at M'mbelwa District Council indicate that stunting in Mzimba stands at 38.9%.

## **COMMUNITIES EMPOWERED TO FIGHT GBV**

The CCAP Synod of Livingstonia Health Department organized a partner field visit in Mzimba South during this visit Monitoring & Evaluation Manager Chisomo Salangwa said there is a need to empower communities to lead the fight against gender-based violence(GBV)

He said during GBV awareness through the SASA program they conducted with community leaders, religious leaders, youth and women at Kaphika the area of Traditional Authority (T/A KhosoloatKanjuchi in Mzimba

Salangwa said empowering the people at the grassroots level is crucial because it will enable them to fight different forms that happen within their localities

He said we are implementing the N'zatonseproject here in the Mzimba district which among others seeks to raise awareness on issues of sexual reproductive health and rights, Family planning and gender-based violence in the communities

On our part, we have seen that cases of GBV are still rising and the best approach is to work with AGYW groups and women and traditional leaders to empower them to lead the fight against the vice in the form of reporting and tracking the cases happening in the communities

Group Village Head GVH Kaphika Banda of the area said the project has empowered them to raise awareness about the dangers of gender-based violence in the area

As traditional leaders, we are working with AGYW, Youth and Women groups in championing issues of GBV by telling people to stop the malpractice

We have been fighting issues of early marriage defilement and violence against women and of late we have seen improvement as cases are decreasing.



On his part, in charge of Kanjuchi Health Center said from April 2021 cases reported were 32. 26 were females and 6 males in April since Livingstonia Synod Health Department started SASA to October 2022 11 cases were reported by gender 9 were females and 2 males

On her part, Chikondi Chisale from Kaphika Youth Club said the project has helped people in the area including AGYW and women to open up about various abuses that happen to them.

She said we are recording more cases of GBV now because people are now able to open up and speak about these issues which is good. We need to continue raising awareness and empowering community people

SASA Program is the brainchild under the N'zatonse project implemented in Mzimba district with funding from KFW of Germany through Norwegian Church Aid and DanChurch Aid as Act Alliance leaders

### **Youth bemoan lack of resource centre**

Youths in Emfeni area under Traditional Authority Mabilabo in Mzimba district have bemoaned the lack of youth resource centres in their area as a serious challenge that is affecting their active participation in the activities the N'zatonse project is implementing. Speaking during an exit meeting of the fourth phase of the project, the chairperson of Mabilabo Youth Network, Francis Joab Nkhoma, said at the moment there is no youth resource centre in their area, and this is affecting their participation in different activities which N'zatonse project is advocating in the area. Nkhoma said the youths are holding their meetings at Emfeni Health Centre, a situation that affects their programs as this place is meant for sick people seeking medical attention.

"We are requesting a youth resource centre; not only here at Emfeni, but at Luwerezi as well because our area is too big for only one centre. It is at the youth centre where we can train our members in different skills for their economic livelihood. At present, most youths seem not to be interested in our programs simply because we have no one centre where we meet as youths for our daily activities," said Nkhoma.

While concurring with Nkhoma, the Area Development Committee (ADC) chairperson, for Mabilabo, Grace Matundu, said the N'zatonse project is impacting so many youths in the area but in the absence of youth resource centres their outreach programs are limited.

Matundu said: "We need a youth resource centre because it will benefit our youths in so many ways. It will also benefit them economically as they will be drilled in some skills that will bring them financial resources for their day-to-day well-being. Even the centre itself will bring them income through holding activities such as entertainment which will be paid afterwards and the money will have an impact on the youth groups." N'zatonse project will be closing its fourth phase in August this year having spanned from March 2021.

### **Chiefs appeal for continuation of N'zatonse project**

Chiefs under Traditional Authority Mzikubola in Mzimba district have asked for the continuation of the N'zatonse project to enable development to continue in their areas.

Speaking during a review meeting held at Champhira Youth Centre in the district, the chiefs said both youths and adults in the communities have now adequate information on access to sexual reproductive health services (SRHS), family planning (FP) and income-generating activities (IGA); thanks to N'zatonse project which is now coming to the end of its fourth phase in December.

"When this project came into this area, we turned it down because its objectives seemed to counter our cultural values and traditions. But after being properly highlighted by its officials, we discovered that we had missed vital information regarding the development of our youths so we allowed the project to start its operations today we are so proud of the outcomes of the services it renders that we do not want to part ways with it," said Fostina Nkhata, one the chiefs.

Nkhata revealed that in the past, parents used to force their children into early marriages; a situation which made the young ones drop out of school and start giving birth at a tender age. But the N'zatonse project enlightened them on the dangers of such a retrogressive tradition.

In his response, the Head of Programs at Act Alliance, Paul M'manjamwada said now that the fourth phase of the project has come to an end, they will need to evaluate their successes and failures and strategize more on the success stories.

M'manjamwada said: "In the next strategy for Norwegian Church Aid and Danish Church Aid as I said we are certainly going to have a good reflection; looking at our strengths as we have quite several experiences in the past strategy; what is it that we are taking forward? What are the challenges? And what is it that we can learn from the challenges in the last five years?" With support from the KfW Bank of Germany through Norwegian Church Aid and Danish Church Aid, the N'zatonse project has been changing the lives of the youths through the provision of health services and income-generating activities; among other areas.

### **Champhira youth hail N'zatonse project for skills**

Youth in Champhira area in Mzimba district have hailed the N'zatonse project for equipping them with income-generating skills.

Speaking during a review meeting at Champhira Youth Centre, the youth said the project, which trained them in tailoring, sports and other income-generating activities (IGA) came at a time when they needed it most.

One of the youth, Angela Chaula, who is the chairperson for Kamterwe Youth Club, said through the N'zatonse project, members in her club are growing different crops that do not require chemical fertilizers such as sunflower, soybeans and sweet potatoes. And are realising a lot of money after selling the crops.

"We have benefited a lot through this project as we growing different crops at both club and individual levels. And after selling the crops we are realising so much money that is helping us alleviate our day-to-day economic challenges," said Chaula.

While concurring with Chaula, chairperson for Kaufipa Youth Club, whose members have honed tailoring skills, said youth in the community are all in smiles because the N'zantonse project has bailed them out of their economic plights.

On his part, the Head of Programs for Norwegian Church Aid and Danish Church Aid in Malawi, Paul M'manjamwada, said that Act Alliance, they are satisfied with the successes the project is registering in various districts in the country where Nzatonse project is being implemented.

M'manjamwada said: "If you look at the level of information that has been provided to the youth, we are satisfied that we have created a lot of demand; so much so that young people are aware of the methods that are available and where to get them.

"And if you look at statistics for early child marriages, we can be proud to say that something is happening in the communities through the interventions that N'zatonse has had over the years that the project has been there."

N'zatonse project, which has been in the fourth phase since March 2021, has been empowering the youth with information on sexual and reproductive health rights (SRHR) and family planning (FP) methods in the youth in Mzimba district

### **Lessons Learnt**

- LSHD has learnt that follow-ups are vital in collecting data for the project
- SASA activities remained one of the best options for reducing GBV issues among couples in the community. LSHD has since utilized these interventions in combating the vice.
- Scorecard as an initiative helps the community find lasting solutions to issues that the community faces. LSHD embraced this and shall always ensure it is part of the many activities that get implemented in many of its interventions

### **Best practices**

#### **YOUTHS AND LEADERS PLANT 100 TREES AT EMFENI POLICE UNIT**

In a bid to endure the bad environment youths and community leaders have planted 100 trees at the Emfeni police unit which is situated in the area of Traditional Authority Mabilabo through the help of the N'zatonse project and Total Land Care.

Speaking in an interview in the absence of Traditional Authority Malibabo, Group village Headman, Daniel Jere said they are on a mission to plant trees in the entire Emfeni area.

"Trees were mostly planted during the era of former President Kamuzu Banda in what was called Tree Planting Day and we have decided to follow suit," Jere said.

The Chairperson of Tikonde youth club, Zondiwe Jere said they decided to plant trees at the police for the police to look smart.

"We decided to plant trees at the police after the N'zatonse project taught us the benefits of developing our community as youths," he said.

Isaac Shaba, Area Development Committee (ADC), chairperson of Traditional Authority Mabilabo echoed that they decided to plant the trees at the police after seeing that it was bare.

“The government is urging us to plant trees where there are no trees and I urge other communities to emulate us,” he said.

Commenting on the development, Sargent Alfred Lusiyo Public Relations officer of Jenda police station said, what people from Traditional Authority Mabilabo have done is what the government is asking communities to do.

He said: “I do not see any problem to see communities taking part in tree planting at the police and it is vital for the community to work hand in hand with the community to develop the area.”

He further added that the Livingstonia Synod Health department through the N'zatonse project should proceed with mobilising the youths to take part in planting since trees are essential to health.

“N'zatonse project should also even bring in activities which will help the police to interact with the youths to remove the intention planted in their minds concerning the police,” said Lusiyo.

Prior, the government announced last year that they would construct six houses at the Emfeni police unit.



*Pic 1: Youth that took part in planting trees around Emfeni Police unit*

Youths can do many initiatives and improve their welfare such as tailoring, beekeeping and other economic activities to sustain their livelihood and support club activities. If these activities can be integrated on a full scale, youths will become self-reliant.

## **YOUTH CLUB FINDS HOPE IN FARMING**

Kamatawo youth club came to light through Livingstonia Synod N'zatonse project mentorship. N'zatonse is funded by KFW and Act Alliance. N'zatonse has acted as a silver lining for the club as the training done has made them start engaging in Income-generating activities. Kamatawo youth club started with 10 members but it has grown to 23 members because of capacity building instilled by N'zatonse. As one way of generating income, the club has harvested the sorghum which they planted last year. Half bread is better than none, with 3 acres Kamatowo have managed to yield 8 bags of sorghum. The club says they will sell the sorghum to find money to buy fertilizer. They plan to divert to beans this year. Kamatowo youth club is situated in Traditional Authority Mzikubola, in Zaya village.

The vision will not stop until they find the hope, N'zatonse community-based facilitator for Mzimba South, Vega Kaunga says. The youth club is doing a lot of activities such as tree planting, Sensitizations on COVID-19 and Sexual Reproductive Health. In a bid to protect the environment, recently the club has planted 10,000 Kesha trees in Zaya village. Prior, the club had a series of meetings on sexual reproductive health and COVID-19 with the help of the N'zatonse project. Malawi needs to change hence the youth are on a mission and journey to change their country.



## **Youth centre empowering young people with skills in Mzimba District**

When Khetwayo Tembo from Kandodo Chisi village, T/A Mbelwa in Mzimba dropped out of secondary school in 2008, he was rather pessimistic about how he was going to carry on with his life. To support himself, he began farming- depressingly, it was not sustainable. “It was tough, I reached a point where I was just staying idle,” he recalled.

However, he found a silver lining in the clouds of despair after realising his skills in carpentry. Katolonji Youth Resource Centre in Mzimba is a place where Tembo is sharpening his skills, surprisingly at a zero cost. “I decided to start learning carpentry last year, after recognising that I have skills and passion for the art,” said Tembo.

Katolonji Youth Resource Centre was established in 2013 by the Church of Central Africa Presbyterian (CCAP) Synod of Livingstonia 2013 through the N'zatonse Project which mobilised people in the area of Germany Mahowe, T/A Mbelwa in Mzimba to mould bricks for the construction of the youth resource centre. The project received funding from KFW and Act Alliance.

Ever since its inception, the centre has had a seemingly pleasing side effect on the people in Mzimba as it has played an instrumental role in empowering the lives of youths in particular -such is the case for Tembo.

Stuart Chisi is another beneficiary of the centre and just like Tembo, he dropped out of school when he was in Standard 7. "I saw tailoring as the only way for me to make ends meet," he said. "Tailoring will help me a lot, and I thank my father for encouraging me to go and start school at Katolonji Youth Centre."

The youth centre is partly a vocational training site. There are several courses which are offered, for instance, tailoring, plumbing, bricklaying, and carpentry.

According to Lyson Banda, Sports Director of the centre, the vocational training started in November last year with the help of TEVETA, after witnessing some young people staying idle.

As with any initiative, challenges are inevitable, the centre has a shortfall of machinery when it comes to vocational training. For instance, there are only three tailoring machines which ultimately makes it harder to cater to all students.

For instance, Chisi is well versed in all kinds of styles in tailoring but he faces a challenge due to the shortage of tailoring machines. "It is difficult for me to advance my skills because I rely on the school's tailoring machines which are few."

Katolonji Youth Resource Centre started with six clubs but now has grown much bigger. Publicity Secretary for the centre, Loyce Nyirenda opines that the place was meant for young people to be discussing sexual reproductive health as instructed by Livingstonia Synod Health Department but it turned into a home of everything.

Moreover, the centre also makes sense in economic terms. Nyirenda reports that the centre has a tuckshop, barbershop, soccer showroom, a popcorn machine and a printer and photocopier machine. "We thought it wise to think outside the box hence, we came up with ideas on how to generate income," she said.

The soccer showroom does not rest in the essence that every day people watch soccer. "We make a lot of money with the soccer showroom, per day, sometimes, we manage to hit 5000 Kwacha, and the generated money is kept in our bank account." Said Banda

According to Community Advisor, Village Headman Gilbert Chinula, over 16 villages go to Katolonji Youth Centre. “We thank, the Livingstonia Synod Health Department through the N'zatonse project for building the youth centre because before this, young people in our area were misbehaving,” he said.

As Katolonji Youth Resource Centre is on a mission to transform lives, Tembo hopes to start his carpentry shop as soon as he graduates in May this year at the youth centre.

## Management issues

### 7.1. Programming

LSHD as the Health Coordination unit of the Synod of Livingstonia still has an interest in working in SRHR and thus finds the N'zatonse project a beacon of light for the youths within the Mzimba district who need to be made aware of their rights and responsibilities and the consequences of making uninformed decisions. More importantly, LSHD uses the rights-based approach to implement its activities.

### 7.2. Staffing

LSHD has luckily maintained all the staff that were employed for N'zatonse phase 4 hence ensuring some continuity, and all of them have finalized project implementation together.

### 7.3. Finance

To be updated together with the finance report

### 7.4. District-level coordination

Project Officers under the guidance of the M&E Manager remain focal persons for district-level implementation for both Mzimba North and South. These have been encouraged to follow through with all implementation within their areas and provide real-time feedback to management for any support and intervention. Under phase 4 LSHD is still working with PSI district coordinators in all districts to coordinate the implementation of activities and guidance, suffice also to say that LSHD is also working with other stakeholders in ensuring the realisation of set targets such as DYO, Social welfare, DHO and Police.

## Risks and Measures

Risk	Probability of happening	Mitigation measures
Escalating COVID-19 cases in the country	Low	Controlled number of people and time per session of an activity
		Followed preventive guidelines as provided by MoH
		Encouraged vaccination for staff and beneficiaries
Escalating Cholera cases in the country	Imminent	Followed preventive measures as provided by MoH

		Encouraged vaccination for staff and beneficiaries
		Ensured good sanitation in all meeting places
Cultural beliefs and practices toward sexuality education	Low	Continued interface meetings and advocacy on the elimination of such cultural practices
Inflation in the face of COVID-19 and the devaluation of the Malawi Kwacha against the other foreign currencies.	Low	Monitored exchange rates and costs of products for use and where possible bought in advance

#### 8. Head/ Regional Office Monitoring

LSHD has had its Management team through the M&E office monitored all project interventions and checking the quality of captured data through DQAs