

LEARNING BRIEF: Lessons Learned From the Very Young Adolescence 2.0 Program in Malawi







For sexual and reproductive health and rights



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Acknowledgments:

This brief was written by Chewe Mulenga and Jane Kato-Wallace of Promundo-US, with contributions from Ruti Levtov. It would not have been possible without the participation and support from the technical team at the Centre for Alternatives for Victimized Women and Children (CAVWOC).

The authors would like to thank Judith Pangani, Tamara Chikopa, William Stones, Effie Chipeta, Maaikwe van Veen, and Miranda van Reeuwijk for their contributions to and feedback on this brief. We would also like to thank CAVWOC for arranging the logistics associated with the research. We would like to thank the Very Young Adolescence (VYA) 2.0 program facilitators and CAVWOC staff who participated in this research for their generosity with their time and insights.

Suggested Citation:

Mulenga, C., Kato-Wallace, J., & Levtov, R. (2020). *Learning Brief: Lessons Learned From the Very Young Adolescence 2.0 Program in Malawi*. Washington, DC: Promundo-US. ©Promundo-US. 2020.

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The Centre for Reproductive Health is a unit within the Malawi College of Medicine (COM), a constituent College of the University of Malawi. The Centre has undertaken research, training and policy engagement since 2002. Members of the Centre are affiliated with the College's Departments of Obstetrics and Gynaecology and Public Health so bring a range of scientific interests and disciplinary expertise to bear on key issues of sexual, reproductive, maternal, newborn and adolescent health and wellbeing. The Centre works with national and international partners and members participate actively in national policy fora to advance reproductive health in the country. For more information, see http://crh.medcol.mw/profile/

About CAVWOC:

The Centre for Alternatives for Victimized Women and Children (CAVWOC) is a social service Non-Governmental Organization legally operating in Malawi. It was founded in the year 1997, was registered under the Trustees Incorporation Act of Malawi government on 23 June 1998 and is a member of the Council for Non-Governmental Organizations in Malawi (CONGOMA). It is also affiliated to Non -Governmental Organization Gender Coordination Network (NGOGCN), NGO Board of Malawi and Human Rights Consultative Committee. Its vision is "to create a society free from Gender Based Violence and all other forms of abuse against children, women, and men". The organization exists to reduce gender-based violence cases by protecting and supporting women and children who have been victimized; and preventing future occurrences of the same through the provision and reinforcement of long-lasting solutions that deal with the causes of Gender Based Violence. For more information, visit our website at <u>www.cavwoc.org</u>

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Introduction

This brief summarizes important observations and lessons learned from the unfinished implementation of the Very Young Adolescence (VYA) 2.0 program, which was originally developed by Promundo-US in collaboration with the University of Malawi College of Medicine and implemented by the Centre for Alternawtives for Victimized Women and Children (CAVWOC). The intervention, cut short by the COVID-19 pandemic-related school closures, was developed with and for Malawian very young adolescents ages 10-14.

It originally aimed to engage 1,500 very young adolescent boys and girls in after-school clubs to improve their sexual, reproductive, and mental health and to prevent sexual and gender-based violence. Central to the intervention were:

- A gender-transformative approach engaging youth in challenging and transforming harmful norms of masculinities and femininities that perpetuate gender inequality and violence.
- The integration of social-emotional learning skills. Social-emotional learning is based on five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Similar to gender-transformative approaches, social-emotional learning aims to enhance youth's ability to learn, ask questions, and build positive relationships.

Many partners were involved in this initiative. VYA 2.0 was originally developed and piloted in Malawi by Promundo-US in collaboration with the College of Medicine, with funding from UNICEF Malawi. It was part of a set of interventions being developed and tested as part of the Global Early Adolescent Study (GEAS); the College of Medicine leads the GEAS research in Malawi in collaboration with the Johns Hopkins Bloomberg School of Public Health. The GEAS is collecting longitudinal data around the world (11 countries on four continents) to improve understanding of the factors – particularly those surrounding roles, expectations, and norms around gender – in early adolescence that shape health trajectories later in life.¹ In 2019, VYA 2.0 was selected for full-scale implementation by CAVWOC as part of the Get Up, Speak Out program coordinated by Rutgers. Full-scale implementation planned to reach approximately 2,000 students attending four urban and two rural schools and was to be evaluated using a quasi-experimental research design at the urban sites using the GEAS survey, led by the College of Medicine. To evaluate the intervention's impact, this alliance of partners linked its efforts with the GEAS.

¹For more information on the Global Early Adolescent Study, visit <u>www.geastudy.org</u>

Unfortunately, the COVID-19 pandemic interrupted the program implementation of VYA 2.0. In Malawi, all schools were shut down on March 23, 2020; social distancing was required, and social gatherings were limited to fewer than 100 people. While the team was able to complete the GEAS baseline survey,² less than half of the intervention sessions had been implemented. Since the program was funded through Get Up, Speak Out (which concludes at the end of 2020), the program will remain incomplete until alternative financial resources are found to resume the work in 2021.

The goal of this brief is to describe the steps taken to implement the program and to share experiences and lessons learned from the incomplete implementation to inform future implementation of VYA 2.0, as well as similar gender-transformative programs for very young adolescents. This brief first provides a short overview of the lives of very young adolescents in Malawi, then describes the intervention itself, and finally details the lessons learned and reflections from implementation.

²Selected findings from the baseline survey are available in an analytical concept briefing paper at https://www.geastudy.org/blantyre



Malawi has achieved some notable successes in health and development in recent years. Total fertility has declined alongside a widespread adoption of modern contraceptive methods among married women. Programs to contain HIV transmission and extend treatment have been rolled out on a large scale. However, with a large adolescent population, Malawi faces challenges in comprehensively providing education, violence prevention, and sexual and reproductive health (SRH) services.

According to the February 2020 baseline data³ collected by the College of Medicine from 1,555 adolescents aged 10 to 14 in Malawi:

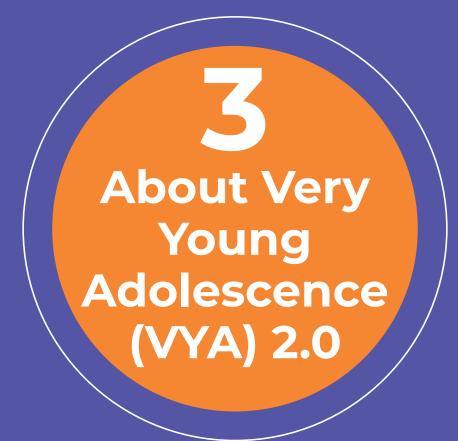
- 42 percent of boys and 32 percent of girls had experienced physical violence in the previous six months, and nearly 30 percent of boys and 21 percent of girls reported perpetrating violence against others.
- Boys were more knowledgeable about contraceptives than girls, but also more embarrassed to go to the clinic for contraception.
- Nearly two-thirds of adolescents said they worry about the way their bodies look (64 percent), with no significant difference between boys and girls.
- Nearly 29 percent of respondents reported a high number of depressive symptoms, with those who were older adolescents, who were experiencing puberty, and/or who reported experiencing adverse childhood experiences being more likely to report more depressive symptoms.

Overall, the study found significant discomfort among young adolescents regarding their bodies and the changes they experience during puberty; the extent to which this arises due to a lack of SRH knowledge, an inability to share and empathize over anxieties and uncertainties with peers and/or trusted adults, or other reasons remains to be established. There is currently much debate in Malawi about comprehensive sexuality education, especially when and how it should be delivered. In general, parents and community leaders are skeptical of comprehensive sexuality education and believe common misconceptions such as that early exposure to SRH knowledge will lead to early sexual debut, unwanted pregnancy, and/ or HIV infection. Others have voiced concerns in another direction: that medically accurate information and access to SRH services must start early given the high rates of school dropout and unwanted adolescent pregnancy throughout the country. The survey findings highlight opportunities to improve the lives of very young adolescents even within the current challenging political and social context. VYA 2.0 was designed to do just that.



had experienced physical violence victimization in the past 6 months, and nearly 30% of boys and 21% of girls reported perpetrating violence against others.

³For more information on the baseline findings, see the full brief at <u>https://www.geastudy.org/blantyre</u>



VYA 2.0 is a 12-week program for Standard 6 students adapted for this age group from Promundo's existing programmatic tools. The program was informed by early adolescent development findings from the GEAS and by a round of pilot testing in Malawi conducted in 2017.

VYA 2.0 aims to engage very young adolescent boys and girls in questioning, recognizing, and challenging harmful gender norms and unequal power dynamics, with the target of promoting gender equality and improving SRH. Its goal is that by participating in the 12-session curriculum, boys and girls will be able to:

- Recognize and question unequal relations of power and privilege that undermine very young adolescents' well-being;
- Recognize and challenge harmful gender norms to promote girls' agency and empowerment and boys' care and connection to others;
- Learn to appreciate the sexual and reproductive changes happening to their bodies in age-appropriate and "body-positive" ways; and

 Recognize violence 	and develop th	ne skills to challer	nge and prevent it.

Section 1	Understanding and Challenging Harmful Gender Roles and Stereotypes					
Session 1	The Welcome Session					
Session 2	Who Am I? Who Are You?					
Session 3	All at the Same Time					
Section 2	From Violence to Peaceful Coexistence					
Session 4	Exploring Power					
Session 5	What Is Violence?					
Session 6	Understanding My Emotions					
Section 3	Appreciating My Body					
Session 7	Caring for My Body (boys only/girls only)					
Session 8	The Female Body/The Male Body (boys only/girls only)					
Session 9	Stories About Puberty					
Session 10	New Emotions, Changing Relationships (boys only/girls only)					
Session 10 Session 11	New Emotions, Changing Relationships (boys only/girls only)Adolescent Pregnancy Role-Plays					

Each session lasts one to two hours and is centered on the following core themes:

The curriculum comprises interactive activities, including group discussions, roleplays, debates, and fun games that promote dialogue about gender norms and how these norms impact very young adolescents' well-being. VYA 2.0 was designed for implementation in mixed- and single-gender groups (depending on the session) as an after-school program using trained facilitators.

VYA 2.0 was originally envisioned as being accompanied by an intervention designed for parents and guardians, as well as including activities for teachers and school administrators. While these elements were not yet formally developed for VYA 2.0, CAVWOC conducted several activities in the schools' surrounding communities to strengthen support for the program, including:

- A training of 30 health service providers, police, and teachers on gender-based violence case management and referral;
- A training of 40 mothers' group members on adolescent sexual and reproductive health and rights and on gender-based violence;
- A training of 40 parent-teacher association members and school management committees on adolescent sexual and reproductive health and rights and on gender equality in Blantyre and Chikwawa;
- Establishing and orienting six gender-based violence committees on how to manage "suggestion boxes," a tool for students to anonymously report genderbased violence (such as how to handle anonymous complaints);
- Raising community awareness about COVID-19, gender-based violence, and gender equality through the use of vehicle announcements;
- Conducting sensitization meetings with Standard 6 parents, chiefs, and teachers on the GEAS project and VYA 2.0; and
- Conducting District Executive Committee meetings in Chikwawa and Blantyre to orient the committee on the GEAS project and VYA 2.0.

30 health service providers, police, and teachers on gender-based violence case management and referral

A training of

A training of parent-teacher association members and school management committees on adolescent sexual and reproductive health and rights and on gender equality in Blantyre and Chikwawa



VYA 2.0 was implemented in six schools in Malawi's Blantyre and Chikwawa districts. The Blantyre schools are large, mixed-gender public facilities located in low-income urban areas. Similarly, Chikwawa schools are large, mixed-gender public facilities located in rural areas. The schools' physical infrastructure is stressed, with large class sizes (up to 120 students in one classroom), wide age ranges in a single class due to challenges in passing annual examinations that allow students to go on to the next grade level, and challenges in providing adequate learning materials.

4.1. SELECTION OF FACILITATORS

Skilled facilitators are essential to the success of gender-transformative programs. The ideal facilitator can create a safe environment for critical reflection on harmful gender norms, is energetic and a good listener, and is able to encourage open dialogue rather than relying on didactic teaching methods. In addition, the facilitator should understand the group's background beforehand in order to be aware of, and thoughtful about, the participants' diverse experiences and challenges pertaining to young adolescence. While they are expected and trained to have accurate, basic knowledge of puberty and SRH, the VYA 2.0 facilitators are not meant to serve as experts on these topics; their role is to encourage discussion and support students in seeking the information they need and how to have more equitable relationships.

CAVWOC and the College of Medicine conducted a rigorous selection process for VYA 2.0 facilitators. Interviewees were drawn from a pool of young people (volunteers) who were already working with local organizations in Malawi and had experience working with adolescents. The two-day interview process incorporated role-plays and debates to identify the interpersonal skills and qualities required of a facilitator:

- Active listening skills;
- Emotional maturity;
- Authenticity and sincerity;
- Responsiveness and sensitivity;
- Enthusiasm; and
- Ability to make others feel safe.

In the end, 21 facilitators (11 men and ten women) were selected to deliver the VYA 2.0 sessions to very young adolescents.

4.2. INTRODUCTORY TRAINING ON GENDER-TRANSFORMATIVE APPROACHES

To effectively implement a gender-transformative program, facilitators must have a solid foundational knowledge of gender and power concepts and of the different social and health issues to be addressed during the sessions. They must also engage in reflections on gender, violence, and power. However, CAVWOC observed during the interview process that some of the selected facilitators had not previously undergone gender training. Therefore, CAVWOC conducted a three-day training on gender-transformative approaches in February 2020 to provide facilitators with the relevant knowledge, values, and gender-transformative approaches needed for effective program implementation. The training covered:

- What gender is and what it has to do with adolescence and health;
- How gender is internalized and expressed in the context of Malawi;
- Promoting empathy and understanding how gender is conceptualized differently based on the setting, socioeconomic status, etc.; and
- Masculinities and the role of men and boys in supporting gender equality.

4.3. PROMUNDO-LED TRAINING ON VYA 2.0 IMPLEMENTATION

Also in February 2020, Promundo-US conducted a five-day training for facilitators on the VYA 2.0 curriculum. The training aimed to increase facilitators' knowledge of and ability to effectively implement VYA 2.0. It incorporated role-plays, debates, discussions, and feedback sessions, allowing the facilitators to undergo a process of reflection on their own experiences and concerns on gender, masculinity, and SRH, in addition to building their skills and knowledge around the curriculum itself. Throughout the training, facilitators were encouraged to discuss these issues in a calm and open manner.

4.4. DEVELOPMENT OF MONITORING PLAN

As a follow-up to its training on VYA 2.0 implementation, Promundo-US produced monitoring tools and facilitated the development of a monitoring plan to help the College of Medicine and CAVWOC oversee the quality of VYA 2.0 implementation. The tools included:



• Attendance Register: Every facilitator was given an attendance register (a booklet) containing the names of all students in the five groups they were leading. The facilitator filled out the register at every session with the participant names and session number, date, and time. Attendance data were collected and collated by CAVWOC staff weekly.



Session Observation Form: CAVWOC staff used this tool to observe two sessions every week across the schools, using the information gathered to quickly address facilitation issues and provide support as needed.



Debriefing Guide: Facilitators in the same school debriefed at the end of every week using the debriefing guide. A lead facilitator took notes at each meeting and then shared brief feedback with CAVWOC staff.

WhatsApp Facilitators' Chat Group: CAVWOC created a WhatsApp group for facilitators to share lessons learned, tips, and challenges they faced. Promundo-US and CAVWOC staff were part of this group, responding to facilitator challenges and providing ongoing support through this mechanism.



Group Debrief Meetings: The monitoring plan included scheduling two group debriefs for all facilitators to come together and debrief as a large group, with one at mid-program and one toward the end of the program. The purpose of these meetings was both to share across schools and sites and to reflect at a broader level about what was being learned. However, neither of these meetings took place due to the program being halted.

4.5. RECRUITMENT AND RETENTION

Teams of facilitators implemented school-based sessions with groups of youth in classrooms and other available spaces. Each facilitator (or a team of two facilitators) ran five groups in their respective schools, and each school had 13 to 20 groups, for a total of 101 groups across all six schools. For the schools in Blantyre with 300 or more learners, each group included an average of 16 students and had an average boy-to-girl ratio of 1:1. The other two schools in Blantyre had an average of 14 learners per group, also with roughly equal numbers of boys and girls. In Chikwawa, however, the average number of learners per group was 17, with a 2:1 boy-to-girl ratio. Participant selection in Blantyre schools was linked to participation in the baseline survey. Selection was by Standard 6 class: Registers were used to identify eligible learners aged 10 to 14 in a particular class, up to the planned total of 1,100 participants. An adverse events and referral protocol was developed to ensure disclosures of violence or abuse were appropriately handled.

Methodology for This Learning Brief

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The following findings are based on the monitoring data collected before implementation was halted, as well as on semi-structured focus group discussions with program facilitators and CAVWOC staff. The semi-structured focus group interview guide was adapted from the aforementioned monitoring tools to better understand the data detailed in the monitoring reports. Promundo-US conducted focus group discussions with six facilitators and four CAVWOC staff. The discussions involved two Promundo-US facilitators per group and were video- or audio-recorded via Skype with participants' verbal consent; WhatsApp was also used when the Internet connection was poor. The authors reviewed the discussion notes or recordings and grouped them under key themes or areas for consideration.



This section details the findings from the monitoring reports and from the focus group discussions held with facilitators and CAVWOC staff participating in VYA 2.0 implementation.

6.1. SUMMARY OF RESULTS FROM MONITORING REPORTS

According to the monitoring reports collected by College of Medicine and CAVWOC until the halt of program activities, most schools implemented five of the 12 planned sessions. Though generally high, attendance for each session was uneven due to a number of factors, such as unclear communication about VYA 2.0 between the program teams and the schools, external factors such as weather, and a lack of teachers' and parents' support for or awareness of the program. However, once participants and their guardians were engaged, there was a reported high degree of youth interest and excitement about the program.

Session/Week No.	# of youth enrolled	School #1	School# 2	School# 3	School# 4	School# 5
Session 1	140	134	117	96	87	119
Session 2	301	289	285	265	276	276
Session 3	200	200	200	187	178	165
Session 4	300	300	294	290	293	282
Session 5	364	322	285	291	307	
Session 6	260	184	169	197	89	

Table 1. VYA Youth Attendance by Location

During the early sessions (generally between sessions 1 and 2), there was poor communication between the project team and the schools, and a lack of support from the schools to mobilize students-and hence poor attendance during the first few sessions. In addition, some of the participants' names did not appear on the facilitators' lists. Bad weather also contributed to low attendance for the first few sessions, as students that lived far from school needed to get home earlier; in Chikwawa, roads were nearly impassable due to bad weather and flash flooding.

One school experienced particularly acute attendance challenges. After engaging with the head teacher, CAVWOC met with parents whose children were enrolled in VYA 2.0 to address these attrition-related challenges. The meeting aimed to:

- Reorient parents on the purpose and logistics of VYA 2.0 and the broader GEAS study, including the role of the students, teachers, facilitators, and parents;
- Give space for parents to express any concerns about the program; and
- Create an action plan with parents on what should happen if their children do not make it to the sessions.

After this meeting, facilitators noticed a significant increase in student attendance.

Despite attendance challenges, reports from the session observations highlighted many positive aspects of the program and its implementation:

- Facilitators were quick to adapt to youth participants' needs as they facilitated additional sessions to help those who missed earlier sessions to catch up with their peers.
- Facilitators innovated with fun energizers to create better energy in the group.
- Facilitators were able to organize make-up sessions for those who missed the welcome session.
- Youth felt free enough to express their thoughts in the session.
- There was significant active participation and interaction during the sessions, and the facilitators' enthusiasm was observed as being good and encouraging for the youth.
- Youth were observed as being mostly enthusiastic about the program.

6.2. SUMMARY OF RESULTS FROM FOCUS GROUP INTERVIEWS

6.2.1. Student engagement with VYA 2.0

According to the focus group discussions, it was difficult at first to motivate youth to participate and open up in the discussions. One facilitator noted:

We kept having scenarios where participants kept referring to us as teachers, and we had to constantly remind them we weren't their teachers. The first sessions were all about trying to make them comfortable and feel free to express themselves and have a peer-to-peer relationship.

Another facilitator said that youth were afraid of the facilitators and thought that they would be hit if they gave an "incorrect" answer, as corporal punishment in schools is common. Schools' final exam time also posed a significant challenge to attendance, reinforcing observations made in the monitoring reports. Many facilitators noticed a significant drop-off during this period and recommended that program activities (if they restart) should not overlap with the exam period.

However, engagement did improve over time. One facilitator noted that Session 4 was a turning point for her group in that youth were willing to "open up and even came up after the session" to talk to her more about what they had discussed in that day's session. Facilitators pointed out the session on power (Session 4) allowed youth to make connections between how unequal power dynamics impact their lives and the lives of those around them. In general, facilitators and those observing the sessions noted that time was required to build trust within the group and that most youth had grown comfortable with one another by Sessions 3 and 4. Facilitators reported using additional energizers and interactive games that were not in the manual to create a more dynamic and relaxed atmosphere; one facilitator noted that energizers "help you to be like them."

6.2.2. Observed changes in youth participants

Many facilitators noticed changes in youth's comfort and confidence over time in the sessions. As one said:

They opened up a lot, and they could talk about [the issues] and voice their opinions. It was a big change that I noticed. It was different in different groups in terms of when it happened.

Facilitators also saw that boys and girls, while initially shy, were eager to sit near each other and interact in mixed groups over time. As the youth discussed and debated gender roles, facilitators saw a change in how young male participants defended the importance of equality between men and women and how the youth learned to question gendered statements (e.g., "It is a girl's responsibility to do X"). This was a remarkable shift, one facilitator noted, because it showed that boys could question gender inequality in the future if they were ever confronted with such absolute statements in their personal lives. Facilitators also noticed an increase in confidence to speak up on the part of girls, with one facilitator saying:

Our culture usually says boys are supposed to be more active than girls, [but] you could see in these groups that their perception or values changed.

In one school that implemented VYA 2.0 until Session 5 (on violence), facilitators observed an increase in the number of gender-based violence cases being brought by youth participants, which facilitators were largely able to address by helping (in some cases) report these cases to local authorities. In addition, facilitators had hoped to launch a school-wide gender-based violence awareness campaign with youth by the end of sessions, but unfortunately could not due to COVID-19-related school closures. A facilitator noted:

When we talked to learners about violence, they were able to identify scenarios in their own daily lives where they would not have been aware that they were violated. It touched their personal lives, some very directly.

Many facilitators also observed changes in how youth interacted at home. According to the facilitators, parents said that their sons were asking to help wash dishes and sharing other household chores with their siblings; one facilitator noticed that girls were playing football/soccer. A facilitator said:

[Session 3] caused one student to say he was a boy, he can carry his baby sister on his back.

6.2.3. Need for a "whole school approach"

Reinforcing learning from the monitoring reports, several focus group participants indicated the need for a "whole school approach," meaning engaging the parents, guardians, and the wider school administration to play a more active role throughout the program, especially at start-up. For example, a CAVWOC staff member said:

In this project, we only targeted Standard 6 parents and learners, but we should engage everyone and then implement it only with Standard 6. We highlighted a number of activities we'd like to do with all learners to get their attention, such as [gender-based violence] and that they should report any abuse. This approach would make parents more involved and have them encourage their children.

Another said:

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There was an issue of how parents were not as motivated to let their child take part in sessions. There were issues that parents were sending them to do chores during the sessions.

To address the lack of support for VYA 2.0, CAVWOC conducted several activities with schools' surrounding communities (as highlighted in Section 3). The activities resulted in the following:

- Teachers included addressing gender-based violence as a priority in their "school improvement plans" to be implemented using funds to be granted by CAVWOC as a way to incentivize school participation in VYA 2.0.⁴
- Head teachers planned to conduct awareness-raising sessions with teachers in all six schools on gender-based violence (including referral mechanisms) and violence against children after receiving their school improvement grants from CAVWOC.
- Service providers (e.g., teachers, health providers, and police) reported that the trainings enhanced their knowledge of gender-based violence (including referral mechanisms) and adolescent SRH.
- Teachers were able to guide youth on how to report cases of gender-based violence in schools and provide appropriate referrals. Four rape cases were reported by teachers during VYA 2.0 and were later referred to the local One Stop Centre and police.
- Mothers' group members are now providing guidance and counseling to youth on a range of issues, including hygiene, sexual health, personal safety, and genderbased violence in schools.

However, CAVWOC staff and facilitators indicated that there is a need for additional engagement in the future. They said VYA 2.0 interventions could benefit from elements of a "whole school approach," explained in greater detail in guidelines developed by Rutgers.⁵

6.2.4. Challenges in urban versus rural schools

One of the challenges detailed in the monitoring reports was reduced attendance in some of the schools, particularly in Blantyre, where the general consensus among focus group participants was that youth in urban areas faced more distractions than the ones in rural areas.

Focus group participants were asked to describe in greater detail what happened to better understand the dynamics behind the participant drop-off. Participants attributed attendance challenges to many factors, including youth preparing for exams and therefore opting to use after-school time to study, youth not going to school due to bad weather, and some choosing to use the time after school for recreational activities such as games and sports.

⁴Due to financial regulations that partners were unaware of when they put the grants in the program budget, it was later discovered that it would not be possible to give these grants to the schools. It is hypothesized that these challenges may have also contributed to the misunderstanding between program teams and the schools.

⁵See <u>https://www.rutgers.international/what-we-do/comprehensive-sexuality-education/whole-school-approach-sexuality-educa-tion-step-step</u>

6.2.5. Budgeting challenges

Another challenge during VYA 2.0 implementation was inadequate budgeting for materials needed to implement certain sessions, such as stationery (e.g., pencils and paper), and for incentives to engage other important stakeholders needed to support youth attendance. For example, a focus group participant shared:

In session #3, 'All at the Same Time,' all the learners need to have pencils, et cetera, and we did not give them [copies of the] handouts [provided in the manual]. In that session, we had to make use of markers and flipcharts.

Another said:

On stationery, (it should) be taken seriously so that we have all the necessary materials. They also need handouts.

Focus group participants recommended that in the future, there should be enough resources allocated to implement the session as written, which includes items such as flipcharts, handouts, pens, and pencils.

In addition, teachers and other school staff – key people needed to mobilize youth to attend the VYA 2.0 sessions – were not given food or other refreshments that were provided to youth because they were not included in the original program budget. For this reason, many were not willing to hold youth accountable to attend the sessions. A facilitator mentioned:

We had challenges with teachers. We were told refreshments were only for learners, and the teachers were angry and stopped mobilizing learners for us. At least those things can be considered in other schools.

The interviewees indicated that teachers were also interested in participating in the VYA 2.0 sessions. However, this was not feasible since they would need to go home for lunch, as the sessions were mainly conducted in the afternoon. An interviewee said:

Financial constraints were one of the challenges of implementing the program... They would want to stick around and not just drop learners off but make sure they stayed for the entire session. Facilitators recommended expanding the program budget to provide food, drinks, and/ or other incentives for teachers since their support is needed to motivate youth to attend the program.



AUTHORS' NOTE

Teachers played a key role in supporting facilitators to logistically organize implementation and to motivate and engage youth in VYA 2.0. This explains facilitators' repeated recommendation to do more to engage teachers in program implementation. However, the authors strongly recommend that teachers should not be present during the VYA 2.0 sessions, as it would change the dynamic of the group. In the future, program implementers should aim to engage with teachers separately but more consistently and throughout the program to both manage expectations and engage them as supporters of the program.

6.2.6. Issues with manual translation

Some of the challenges that facilitators experienced were due to the English-to-Chichewa translation of the VYA 2.0 manual. Focus group discussions revealed that some of the words in the English manual were inconsistent with – or did not translate easily into words in – the Chichewa manual. For example, a participant shared:

There was a word in English that appeared in the Chichewa manual and because it wasn't translated, the learners had difficulty grasping [it] even though we tried to translate. The questions were too 'deep' or better if they were broken down.

Another shared:

Questions like 'How does that make you feel?' Words like 'treat others' or 'feel' were also not translated into Chichewa and have different meanings in Chichewa.

It must be noted that these challenges do not mean that the Chichewa manual was incorrectly translated but rather that certain words do not have a good translation in Chichewa and, as such, additional contextualization would be needed in the future.

6.2.7. Facilitator recommendations

When asked about the additional support they would need to strengthen VYA 2.0 when it begins again, facilitators said the program should:

- Pay attention to hygiene and public health and safety in the context of COVID-19; it would be good to have resources to purchase buckets and soap or hand sanitizer.
- Allocate additional financial support to provide food for teachers (in addition to students) to help motivate teachers to support youth attendance.
- Have more sessions with parents to sensitize them to the issues being discussed in VYA 2.0.
- Provide more training on SRH so that facilitators can feel more confident on how to answer youth's questions on these issues.
- Include more discussion in the curriculum on gender equity to complement discussions about equality so youth can see how they can make small changes in their own lives.
- Rewrite certain sessions such as "Who Am I? Who Are You?" to be more concrete by including more examples about where gender norms are learned (e.g., from siblings, peers, and other people around them).
- Provide more guidance on what to do once a youth has experienced some form of violence and include a list of procedures that facilitators should follow once a case is disclosed. (*Note:* A protocol was created by CAVWOC and shared with facilitators, but perhaps facilitators need additional training on how to use it. The protocol may also need to be revised to better fit this context [e.g., provide supportive alternatives if youth do not feel comfortable to report or take immediate action].)



Though it was unfortunate that VYA 2.0 implementation was interrupted due to COVID-19, the pandemic also presented a unique opportunity to reflect on and learn about implementation successes and challenges, as well as what changes in gender attitudes and practices might be possible in a shortened implementation cycle. It was clear that that building trust to engage in thoughtful and critical discussion takes time. Youth needed at least three or four sessions to warm up to facilitators and feel comfortable with one another; when they did feel comfortable, they were more willing to engage and shift certain gender attitudes and perspectives. Facilitators also needed time to understand their group and, as a result, make remarkable efforts and achieve notable success to make the group a safe, fun, and dynamic space for very young adolescents.

If the program does continue in this new pandemic era, there are many valuable lessons learned on how to better engage key stakeholders such as parents and teachers, budget realistically, prepare facilitators, and adjust program content to implement an effective intervention for young people. As policymakers and education managers in Malawi and the wider region struggle to find models of provision that are age-appropriate and effectively enable learning, stimulate personal development, and protect young adolescents from harm, the approach tested here remains highly relevant and resuming its development is a high priority.







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