

NATIONAL STRATEGY FOR ADOLESCENT GIRLS AND YOUNG WOMEN

2018 – 2022



Picture courtesy of ActionAid Malawi

The Government of Malawi



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ACRONYMS

AGYW	Adolescents Girls and Young Women
AIDS	Acquired immune deficiency syndrome
ALHIV	Adolescents living with HIV
ART	Anti-retroviral therapy
AYP	Adolescents and young people
CPO	Child Protection Officer
CPW	Child Protection Worker
CSO	Civil society organization
CVSU	Child Victim Support Unit
DAC	District AIDS Coordinator
DC	District Commissioner
DCDO	District Child Development Officer
DEM	District Education Manager
DEO	District Environment Officer
DDP	District Development Plan
DHO	District Health Officer
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DSW	District Social Welfare
DYO	District Youth Officer
GBV	Gender-based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GOM	Government of Malawi
IMS	Information Management System
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
M&E	Monitoring and evaluation
MCH	Maternal and child health
MHRC	Malawi Human Rights Commission
MoAFS	Ministry of Agriculture and Food Security
MoEST	Ministry of Education Science and Technology
MoF	Ministry of Finance
MoFEPD	Ministry of Finance, Economic Planning, and Development
MoGCDSW	Ministry of Gender, Children Disability and Social Welfare
MoHP	Ministry of Health and Population
MoJCA	Ministry of Justice and Constitutional Affairs
MoLYSMD	Ministry of Labour, Youth, Sports, and Manpower Development



MoLGRD	Ministry of Local Government and Rural Development
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NYCOM	National Youth Council of Malawi
PMTCT	Prevention of Mother-to-Child Transmission
PTA	Parent-Teacher Association
RHD	Reproductive Health Directorate
SBCC	Social and Behavior Change Communication
SMC	School Management Committee
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UBR	Unified Beneficiary Registry
VAC	Violence against Children
YFHS	Youth-friendly health services



Photo Credit: UNICEF Malawi

1. INTRODUCTION

Adolescence is a critical phase of human development during which the stage is set for later life.¹ Adolescents (10-19 years) experience rapid social, physical, and emotional changes. Appropriate support structures and skills can lead to increased independence and development of positive and healthy behaviors during this period of transition. But without these supports, adolescence can be a time of great risk for violence, abuse, and exploitation. The introduction of complicating factors such as changes in family structure and unsafe sexual relations can threaten progress toward healthy development and achieving key milestones on the pathway to adulthood. Further, inadequate access to sexual and reproductive health information and services and gender disparities in educational attainment and social and health status and outcomes among boys and girls intensify during adolescence, resulting in adolescent girls being one of the most vulnerable populations. Structural gender inequalities in the economic, social and political sphere coupled with

harmful gender norms limit the capacity of social and community institutions, and that of adolescent themselves, to advance the sexual and reproductive health and rights (SRHR) of adolescent girls, especially of those who are most marginalized. Identifying and investing in those vulnerable to these risks will ensure adolescents emerge from this period with the economic and social assets necessary for the future.²

Globally, there is increased recognition that Adolescent Girls and Young Women (AGYW) are particularly vulnerable. AGYW are more likely than their male peers to drop out of school, to marry at an early age, and to bear the brunt of poor sexual and reproductive health outcomes. AGYW are faced with distinct physical and social vulnerabilities that threaten their human rights and livelihoods for the rest of their life. Gender norms further limit girls' mobility, selection of peer groups, and access to important social capital and financial assets³. This adversely impacts their future quality

¹ United Nations Children's Fund (UNICEF) February 2011, *The State of the World's Children, Adolescents An Age of Opportunity*, New York, UNICEF/NYHQ2006-1326/Versiani.

² Amin, S., Austrian, A., Chau, M., Glazer, K., Green, E., Stewart, D., and Stoner, M. (2013). *Adolescent Girls Vulnerability Index: Guiding Strategic Investment in Uganda*. New York: Population Council.

³ Amin, S., Austrian, A., Chau, M., Glazer, K., Green, E., Stewart, D., and Stoner, M. (2013). *Adolescent Girls Vulnerability Index: Guiding Strategic Investment in Uganda*. New York: Population Council.

of life, participation in national development, and fulfilment of their full potential.

At the same time, a large amount of evidence also notes the strategic importance for national governments to invest in AGYW to ensure they become powerful agents for economic and social empowerment within their communities and nations. As AGYW face many diverse challenges, addressing their needs requires a multisectoral response and collective action of national stakeholders, guided by a common coordinating mechanism, an agreed-upon strategy and common monitoring and evaluation framework.

The Government of Malawi is committed to cross-sectoral coordination and collaboration, especially across the four core Ministries (“line ministries”) directing this strategy, with overarching support from the Ministry of Finance Economic Planning and Development (MoF-EP&D) and Ministry of Local Government. The four core ministries include the following:

- Ministry of Education Science and Technology (MoEST)
- Ministry of Health and Population (MoHP)
- Ministry of Gender, Children Disability and Social Welfare (MoGCDSW)
- Ministry of Labour Youth Sports and Manpower Development (MoLYSMD)

Each ministry has articulated the importance of a decentralised and inclusive multisectoral approach, and all four collectively share a common analysis of the importance of taking a holistic approach to improving adolescents’ outcomes in education, health and protection. They have collectively identified that **social and cultural gender norms and gender inequality are a significant barrier faced by girls in accessing education, healthcare, protection and support**. They have further identified the following groups of vulnerable adolescent youth as particularly affected by discrimination or marginalised from mainstream services: adolescents living with HIV (ALHIV), adolescents with disabilities, and adolescent mothers and orphans.

URGENT CALL TO ACTION

Adolescent girls comprise almost **a third of new HIV infections** in Malawi and a 25-year-old woman is **3 times more likely** to be HIV positive than her male peers

Only 36 % of girls who successfully complete primary school **enter secondary school** due to limited space and fees

Malawi has one of the highest rates of child marriage in the world with **approximately 1 in 2 girls** being married before the legal age of 18

One in five females are sexually abused before age 18

Roughly 30% of girls give birth before the gave birth before age 19

Given this vision and coordination, the National Strategy for AGYW is expected to strengthen multi-sectoral responses and streamline referrals and linkages across service delivery platforms to improve their health, well-being and economic potential. Comprehensive interventions that empower AGYW and address cross-sectoral barriers faced by AGYW will maximise investments to improve health, education, gender equality, and economic empowerment outcomes. To achieve these results, government, civil society, development partners, and other stakeholders are expected to coordinate their efforts to ensure cohesive planning, targeting the most vulnerable girls in the most deprived geographic areas.

The National Strategy for AGYW is expected to strengthen multi-sectoral responses and streamline referrals and linkages across service delivery platforms to improve their health, well-being and economic potential

2. PROBLEM STATEMENT

In developing the cross-sectoral opportunities to support AGYW through measurable and targeted interventions, a critical step involved sector-specific situational analysis⁴ (Annex 1). The need for **enhanced coordination, strengthened referral and linkage systems across sectors and addressing cultural barriers** was identified repeatedly as a critical factor to achieve these opportunities.

Improving development outcomes for adolescent girls and young women requires high-level. Government support for a cross-sectoral approach that integrates education, health, children, gender, and social and economic empowerment.

Within the Government of Malawi and across the development sector, there is currently a fragmented approach towards service delivery and limited harmonization of policies and programmes. This has resulted in government sectors and other partners such as donors and civil society organizations (CSOs) implementing programs in silos, with limited coordination, strategic planning, monitoring of interventions and data collection/data sharing. As a result, current programming tends to be siloed by sector, designed at the national level without adequate district/community context, disconnected from existing policies and strategic frameworks, and lacking a holistic and integrated AGYW focus. Current policies and strategic frameworks targeting AGYW remain sector-specific with limited linkages and referrals across program areas, leading to poor coordination and accountability of activities and lack of services designed specifically for and accessible to AGYW populations. An essential first step to improve this is to engage high-level government leadership for a coordination body mandated to respond to the unique needs of AGYW across multiple sectors.

AGYW are facing generational cycles of gender inequality, poverty and economic dependence, systemically limiting their opportunities, in adulthood.

Eighty-two percent of girls are not able to complete their education, and when they do, rarely leave school with the skills and knowledge necessary to lead healthy, productive and meaningful lives. Girls are less likely to go to school and are more likely to drop out early or repeat years because

⁴ These sector specific analysis and background on the situation of AGYW in Malawi include annexes on (i) Education; (ii) Vocational Training and Economic Opportunity (iii) Early Pregnancy, Sexual and Reproductive Health and HIV; (iv) Gender-based Violence and Child Marriage; (v) Child Rights, Protection and Access to Services; and (vi) Vulnerable and Marginalized Adolescents and Youth.





Photo Credit: UNICEF Malawi

of their disproportionate household responsibilities. Traditional gender roles which value submissiveness put girls at risk of violence and lead to low self-esteem and lower aspirations than for adolescent boys of the same age. This means that young women and adolescent girls in Malawi are generally fare worse than their male peers on most social and economic indicators including wage equality, political participation, secondary and tertiary education enrolment and literacy.

High levels of poverty and traditional gender inequality also contribute to the high rate of child marriage (below the legal age of 18) or forced marriages (to prevent ‘shame’ being passed on the family of the girl if she becomes pregnant outside of marriage). Rural girls are expected to transition directly from childhood into marriage, often not to a peer but to a man significantly older than her, and thus reach motherhood before fully maturing physically and cognitively. This constitutes physical, emotional, and sexual abuse against children and is encountered both in school and at home. This experience stunts girls’ holistic growth, usually cutting off their education, limiting them to domestic and economic dependence, and keeping them from vocational development and more formal wage-earning.

Child marriage further continues the negative cycle for girls, keeping them out of school and limiting their future life opportunities. It may also increase their vulnerability to violence. A married girl or woman, especially those from patrilineal communities, often leaves her maternal home to live with her husband and his family. Power and authority in the home is customarily held by men and older women, and this can place young married girls at greater risk of abuse and violence (‘I have never experienced happiness’, Child Marriage in Malawi, Human Rights Watch Report, 2014). The inter-relationship of the issues must be tackled collectively to improve opportunities for adolescent girls in the future. The solutions must be holistic, applied simultaneously, adolescent-focused, and centered around the development of the girl herself. This will require different service providers working collectively to fulfil the concept ‘the whole is greater than the sum of its parts’.

3. Vision of the Strategy

Adolescent girls and young women become powerful agents for social and economic development, contributing to the prosperity and stability of Malawi.

4 Goal of the Strategy

Ensure that Adolescent Girls and Young Women in Malawi are safe and protected and have equal opportunities to realize their rights and achieve their full potential through unlimited access to quality integrated education, health, employment and social protection services that are provided through a sustainable, coordinated governance framework and a comprehensive referral and linkage system.

5. Strategic Objectives

The overall goal of this Strategy is to provide a holistic and multi-sectoral governance framework to improve access and streamline services across sectors for AGYW. By doing so, it aims to ensure that AGYW in Malawi are safe and protected from all forms of violence and discrimination (including child-marriage), demand their sexual and reproductive rights and are educated and empowered to make their own informed life choices.

By establishing a strong coordinating body to oversee the implementation of this multi-sectoral framework under the strategy the following four inter-connected and reinforcing strategic objectives will be realized:



Health: Increase access to and uptake of a core package of comprehensive, integrated health services (nutrition, sexual and reproductive health and HIV) for adolescents and young people aged 10 to 24.



Gender Equality and Protection: Remove cultural barriers and negative gender stereotypes for men and women that contribute to gender-based violence (GBV) and discrimination against AGYW.



Education: Increase access to and completion of inclusive quality primary and secondary education and improve access to informal and formal learning for out of school adolescent girls and young women



Youth Development: Enhance opportunities and meaningful participation in social, economic and political processes for adolescents and youth (with a focus on AGYW).

6. Guiding Principles

To accomplish its goal and objectives, the following principles shall guide the implementation of this strategy:

- *Human Rights Based:* Ensure that all AGYW policy and programmes are human rights based and guarantee all adolescents equal rights to quality health, education and other economic and social services.
- *Harmonisation:* Harmonisation of existing policies, strategies and action plans for holistic programming for AGYW.
- *Alignment of systems across sectors:* Aligning systems across sectors for collective planning and systems strengthening.
- *Government leadership and ownership:* Demonstrated government leadership and ownership at national and district level in coordination and implementation of programmes.
- *Evidence-based:* Application of an evidence-based investment approach to maximize the benefits of interventions and support more rational resource allocation based on needs, context and proven effectiveness and efficiencies.
- *AGYW and Youth participation:* Involvement and participation of AGYW to in the planning, design, implementation and monitoring of interventions.
- *Inclusion:* Inclusion and reaching the most vulnerable and marginalized particularly AGYW in rural areas; orphaned adolescents; AGYW living with disabilities; adolescent and young mothers; and AGYW living with HIV.
- *Community Participation:* Inclusion and reaching adolescent boys and young men, traditional and community leaders, faith-based leaders, parents, and other civil society stakeholders is critical to ensure inclusive engagement of key influencers within interventions.



7. RESULTS FRAMEWORK AND IMPLEMENTATION STRUCTURE

The core focus of this strategy is to coordinate existing and future AGYW policies and programs in order to strengthen and streamline access to and uptake of services across sectors. As such, the focus of this Strategy will not be on starting from scratch, but will seek to build on recent achievements and lessons learned with a key focus on further strengthening the integration and links across those interventions that have demonstrated strong evidence of impact to ensure that the lives of the most marginalized girls and young women are improved.

As such, there are numerous outputs and outcomes that could be used to demonstrate improved access and increased uptake of AGYW services. The following logic framework highlights salient outcomes and outputs that could be used as proxy measures for improved integration

of services.

M&E systems at all levels of service delivery and management will need to be strengthened to measure the impact of evidence-based and cost-effective service delivery approaches with limited resources. Central to this is the results framework, within which different sectors will link and work towards a common goal of improving opportunities for adolescent girls and young women. The comprehensive results framework, complete with indicators, data source documents and baselines (where applicable) is reflected in the last section of the strategy (see Annex 5). The goal of the M&E framework is to ensure that existing monitoring and evaluation systems are coordinated and respond to one common national results framework across the four key pillars highlighted in the Strategy.

Figure 1: Snapshot of the AGYW Thematic Objectives

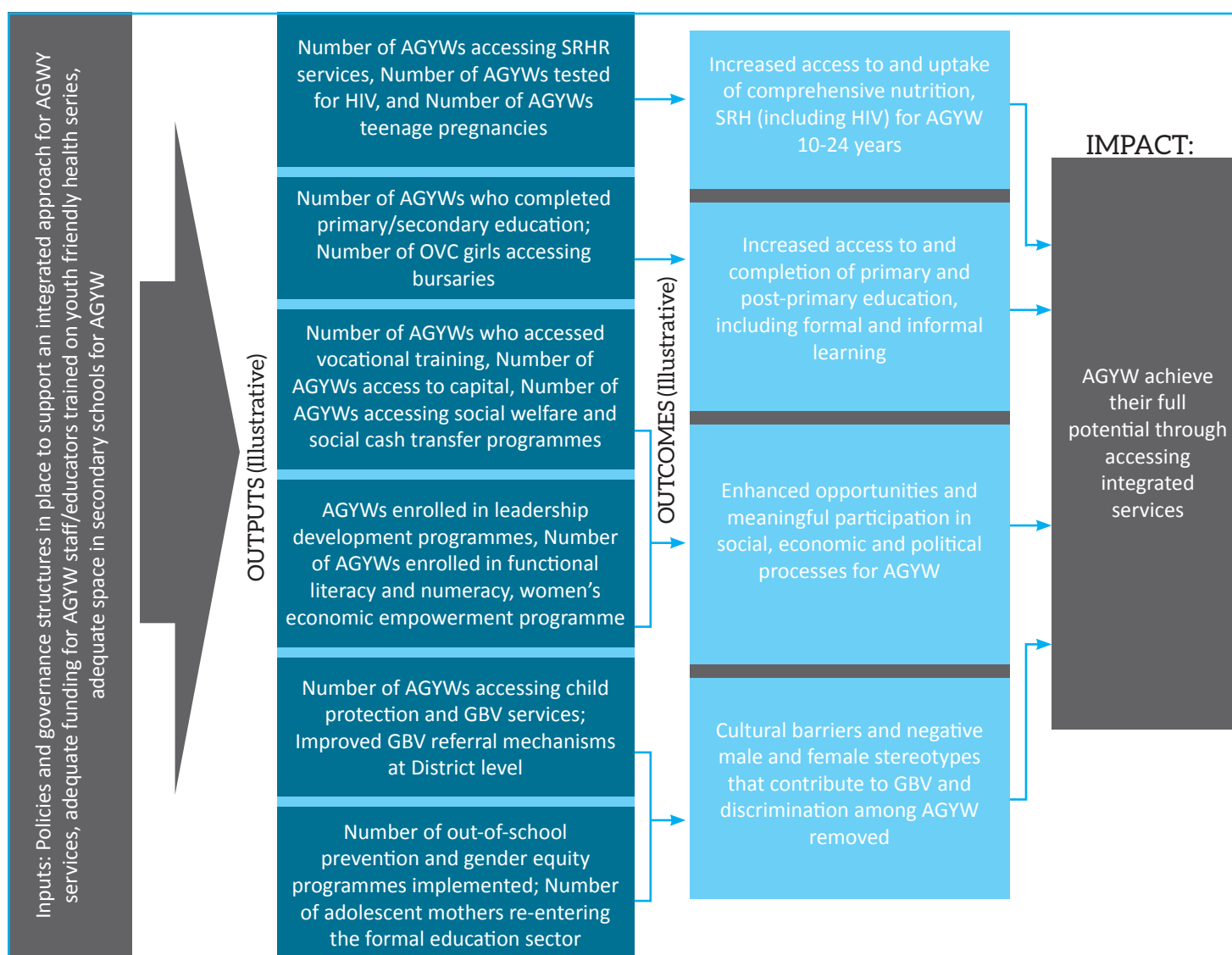




Photo Credit: UNICEF Malawi

The framework will be used to guide operationalization until a full implementation plan has been developed. This results framework provides a common monitoring structure that ensures the six key ministries (MoEST, MoH, MoGCDSW, MoLYSMD, MoF, MoLG), and other implementing partners work towards a common goal to provide an enabling environment for AGYW. Overall tracking on the progress of the AGYW Strategy will be conducted by the existing Inter-Ministerial Committee on Youth and Adolescents and the National AGYW Secretariat. This will include the collection, processing, analysis and utilization of disaggregated data at the facility and district levels.

Guidelines for Monitoring and Evaluation

- ❖ The M&E framework will be government-led, in line with Malawi's Sustainable Development Goal commitments, and (as much as possible) build upon relevant existing indicators currently being collected.
- ❖ The frequency of the different monitoring activities at each level of intervention and the responsible actors for each respective activity should be clearly identified.
- ❖ Current indicators should be reviewed in order to ensure a focus on improving the collection of gender- and age-disaggregated data in schools, health facilities, police stations and social service providers, and in particular the referral hubs i.e. Victim Support Unit, Youth Centers and One Stop Centres.
- ❖ Strategies for strengthening systems to improve the collection, analysis, and management of disaggregated data should be developed and included in the M&E plans of the relevant ministries, in consultation with stakeholders.
- ❖ The M&E framework will have a clear schedule and workplan, with clearly defined roles and responsibilities for all implementing partners, including non-governmental partners such as development partners, civil society, and other interest groups
- ❖ Community members, especially youth, should actively participate in monitoring and reporting on AGYW interventions and programmes, including data collection and evaluating the effectiveness of the integrated services.
- ❖ The M&E Framework should also include, where necessary, commissioned studies, special surveys, and reviews to monitor key indicators and national standards.
- ❖ Supportive supervision, monitoring, accreditation and evaluation of programme activities using existing IMS on the government network should be utilized, resourced, and strengthened to the extent possible at regular intervals at all levels as part of the M&E activities.

8. COORDINATION, OVERSIGHT AND MANAGEMENT



Photo Credit: UNICEF Malawi

To improve cross-sector collaboration and to ensure integration of AGYW services, a coordination mechanism shall be formalized.

The Government of Malawi (GOM), through the four line ministries, MoEST, MoH, MoGCDSW, MoLYSMD, in addition to the two supporting ministries, MoF-EP&D, MoLG, the National Youth Council of Malawi (NYCOM) and the National AIDS Commission (NAC) will lead the implementation of the AGYW strategy. The Government of Malawi and various civil

society and development partner stakeholders currently provide significant resources to implement sector-specific AGYW strategies.

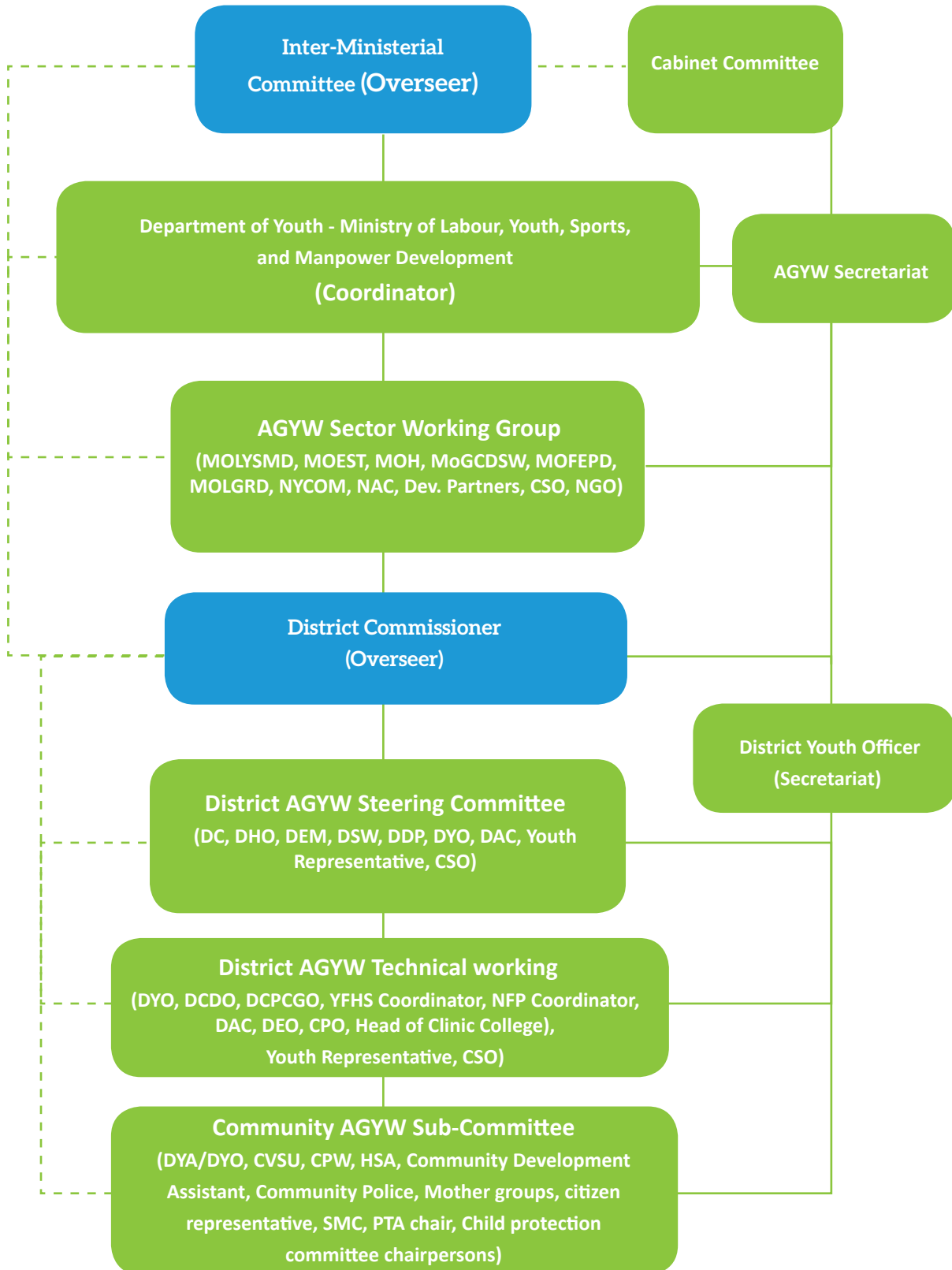
The adoption of multisectoral and holistic approaches to achieving comprehensive and high-impact programming on AGYW demands strengthened coordination and strategic partnerships with clear and explicit roles and responsibilities for all sectors and stakeholders to work together towards successful implementation of the strategy.

The adoption of a multi-sectoral and holistic approach to achieving comprehensive services that ensure impact and improve the lives of AGYW

8.1. Coordination Structure

The AGYW Strategy will be coordinated at both district and national levels, as shown in Figure 2.

Figure 2: Coordination Structure



8.2. National Coordination

The AGYW Strategy will be overseen by the Inter-ministerial Committee on Youth, which is chaired by the Chief Secretary⁵. Under this structure, a subcommittee shall be established to provide oversight coordination of this strategy.

The subcommittee shall consist of the six line ministries, NYCoM and NAC. It shall be responsible for ensuring policy support, funding for AGYW, and implementation and coordination of the National AGYW Strategy at all levels. It will also provide technical guidance and make recommendations on the implementation plan. The Ministry of Local Government and Rural Development (MOLGRD) will be responsible for instituting the AGYW sector working group as part of the governance structure under the MOLYSMD.

MOLYSMD shall be the coordinating ministry for the strategy and shall serve as the Secretariat to the subcommittee. The Department of Youth will establish an AGYW Secretariat within the department to assist with the coordination and implementation of the AGYW strategy. The AGYW Secretariat will serve as an interface between the national and district governance structures, as well as overseeing monitoring and evaluation of processes and systems, as stated within the results-based M&E framework. The Secretariat will coordinate joint programming, workplans, and budgets, ensuring that these are in adherence to the rules and procedures as agreed by financiers. The Secretariat will therefore serve as a liaison between all line Ministries and all parties contributing to the AGYW strategy design and implementation, and will coordinate all biannual, quarterly, and (as necessary) monthly meetings.

Participation in the AGYW inter-ministerial committee meetings shall be at the level of Principal Secretaries and/or assigned senior focal technical persons from the key ministries of Education, Health, Youth and Gender. The inter-ministerial committee shall conduct quarterly interface with implementing partners and other stakeholders through technical working group meetings and other existing coordination forums for implementing partners, development partners and interest networks.

An additional AGYW sector working group will also be established which shall include members of the inter-ministerial subcommittee on AGYW, development partners, civil society and key youth initiatives and other implementing partners. The purpose of this sector working group will be

to act as an accountability mechanism, allowing direct interface between the inter-ministerial committee and other key stakeholders. In addition, this AGYW sector working group will harmonize updates and reporting from already existing TWGs across the key outcome areas defined within this strategy.

8.2.1. District Coordination

At district level, the District Commissioner (DC) shall oversee the implementation of the AGYW strategy interventions. The DC shall act as liaison between the district and national level when called upon. The District Youth Officer (DYO) shall have the mandate to coordinate collaboration of the key sectors in implementation of AGYW activities through an established AGYW Technical Working Group and represent the AGYW at the Youth Technical Working Group and meetings of similar governance structures such as the district social support harmonised committees. The role that youth networks and initiatives play at district level will be strengthened and their participation and roles within TWGs on youth will be mandatory. This will increase youth and adolescent inclusion within decision-making processes while also ensuring increased accountability for reporting on access to services.

Apart from interfacing through the Youth TWG, a district subcommittee on adolescents and youth shall be established and report to the District Commissioner to strengthen leadership and coordination of key sectors. The subcommittee shall consist of technical leads and/or heads of departments of gender, social welfare, youth friendly health services, primary and secondary education, school health, planning and M&E in the local council.

An additional community-level structure will be established to ensure community participation as per the guiding principles as well as to document frontline experiences and issues for higher level policy actions. The Community AGYW subcommittee will meet quarterly before the other forum meetings to ensure that issues are discussed at the higher level TWGs and sector working groups. The District Commissioner will have access to all the district level structures at his/her discretion.

The Ministry of Local Government and Rural Development (MOLGRD) will be responsible for instituting the AGYW Technical Working Group as part of the governance structure within the district framework.

⁵ In total, there are thirteen Ministries reporting to the inter-ministerial committee on youth.

9. ACCOUNTABILITY FRAMEWORK

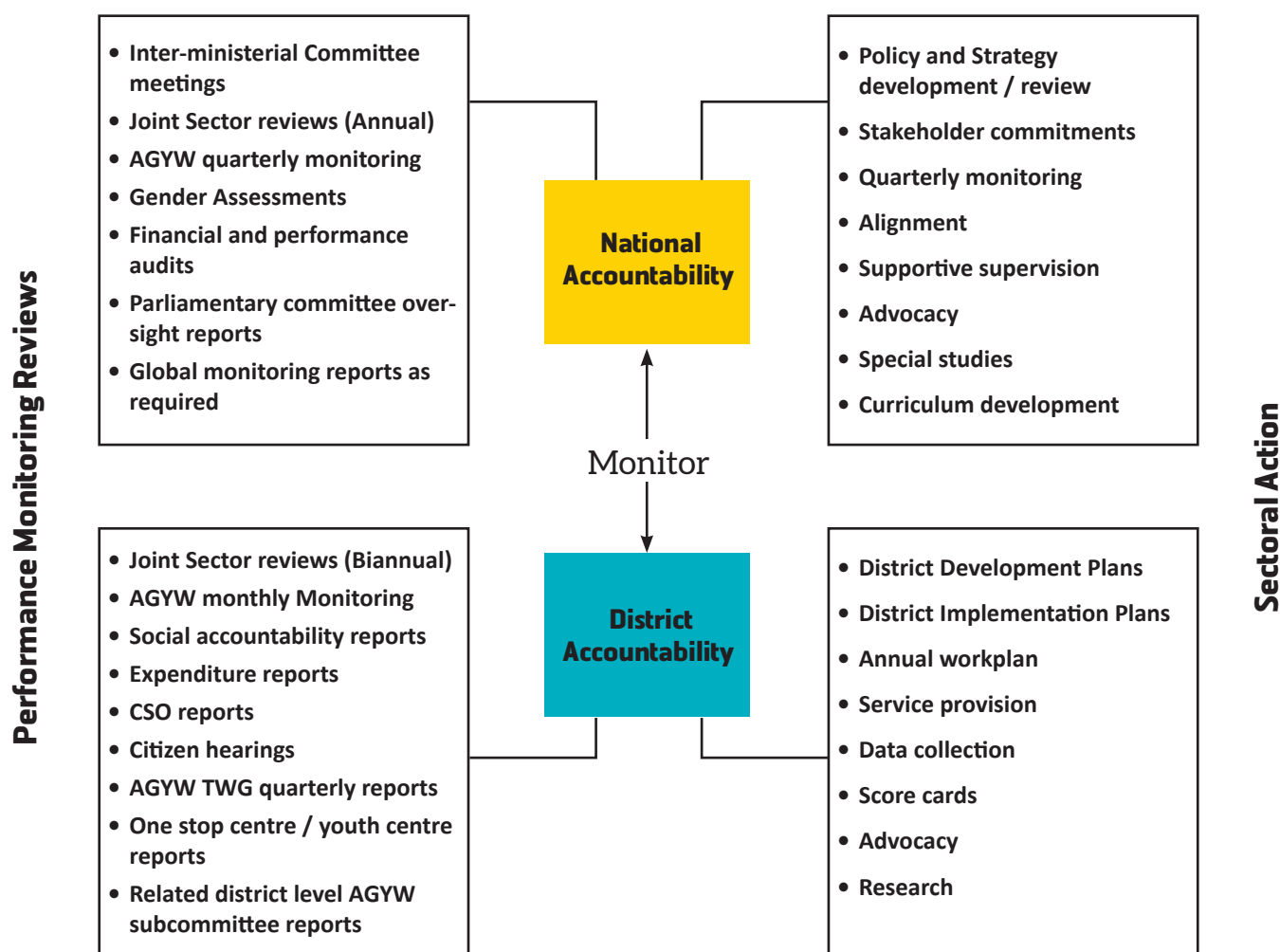
Accountability enables the tracking of resources and results to transparently disseminate information on gains made, areas needing strengthening, and showcasing successful interventions for scale-up. The AGYW accountability framework is adapted from the Global Strategy for Women and Children’s Health (2016-2030)⁶ and involves three principal stages: monitoring, review, and action. The framework acknowledges that accountability is the responsibility of all partners at all levels.

In addition to the accountability framework, the AGYW Strategy has identified a set of key interventions to be provided by each sector. This will provide guidance for services that should be accessible to AGYW and young men and boys. The list of interventions has been drawn from various sectoral policy and strategy documents but may be augmented by emerging interventions to be included in the packages outlined in Annex 7.

The AGYW Implementation Plan will further map the causal pathways, or entry points, across AGYW services provided by each of the line Ministries. This process will help identify the comprehensive network of referrals and linkages that will need to be either created or strengthened.

The framework will maximize harmonization of commitments, action, and monitoring. The performance-based reviews at both national and district level provide an opportunity and forum to identify progress as well as any challenging areas during the implementation of the AGYW strategy. The sectoral actions are intended to promote joint and harmonized planning, transparency, improved service delivery, and oversight by all partners, and ensure that the community’s voice is heard (Annex 3: Lead Institutions for Accountability).

Figure 3: AGYW Accountability Framework



⁶ Every Woman Every Child. 2015. Global Strategy for Women and Children’s Health (2016-2030) Child Rights, Protection and Access to Services; and (vi) Vulnerable and Marginalized Adolescents and Youth.



Photo Credit: UNICEF Malawi

10. SYSTEMS STRENGTHENING & LINKING SERVICES

To respond to the individual needs of AGYW at the district and community level, coordination and partnerships across the key outcome areas (defined in Figure 1: Snapshot of the AGYW Thematic Objectives) need to be designed holistically and strategically with an innovative mindset. Cross-sectoral links between existing strategies and interventions are rarely defined or considered by government and development partners during the planning of programmes and interventions. Furthermore, there is a lack of clarity as to how existing programmes align with national priorities, feed into existing coordination mechanisms and report progress to all stakeholders. Missed opportunities for collaboration arise as each Ministry has developed their own set of guidelines and standards for their strategies.

Ministries will increase their impact by collaborating across sectors and working with other stakeholders both to develop a sustainable coordination structure, inclusive of accompanying working groups (see *Figure 2. Coordination Structure*) and by harmonizing strategic priorities to ensure an integrated approach to service delivery. Existing government strategies have been analysed to improve coordination with one another, clearly articulating the roles of each line ministry to deliver services embedded within the remit of their line ministry (Annex 2). Collective planning should be promoted as much as possible to ensure interventions

are well coordinated, avoid duplication, and maximise use of resources. This harmonised approach should also extend to M&E through the revision of national indicators to ensure that data collected across all ministries are fed into the results framework and that indicators already being collected are disaggregated on gender and age.

A referral and linkage systems has been developed to enhance an integrated and case management approach to services and interventions for AGYW. The initial phase of establishing the referral system (Annex 8) hinges on building a coordination system/structure that can later absorb a robust automated service delivery system similar to that of the DREAMS project in the second iteration of the strategy. In addition to the referral system, the Unified Beneficiary Registry (UBR) database will be used as a targeting tool and an early warning system at district level. As an early warning system, the UBR, managed by the Ministry of Finance, Economic Planning and Development under the Social Protection Unit and supported by GIZ, will be used to flag vulnerable households at any given moment for implementer to mobilise suitable interventions.

As part of the AGYW Implementation Plan, a comprehensive network of referrals and linkages will be mapped across interventions to discern where existing referrals and linkages

may need to be strengthened and where new referral and linkage systems across interventions may need to be created. Ultimately, this referral and linkage system will help streamline access to and uptake of services for AGYW.

Table 1: Key National Development Strategies in Malawi

Malawi has made significant progress towards strengthening the legal and policy framework relating to gender equality and the protection of AGYW in recent years. It has ratified the majority of UN treaties and has made a number of fundamental changes such as the revision of the Constitution, aligning previously conflicting definitions of a child between the Constitution and the Marriage, Divorce and Family Relations Act, with the intention to end child marriages.

This strategy is informed by provisions that government has made for youth in national public sector policies and programs as well as other international standard setting instruments. Nationally, these include the Malawi Growth and Development Strategy III; Joint Sector Support Plan on Children Youth and Gender (2012-2017); National Girls' Education Strategy (2014); National Youth Friendly Health Ser-

vices Strategy (2015–2020); National HIV Prevention Strategy (2015–2020); National Plan of Action for Scaling Up SRH and HIV Prevention Initiatives for Young People; National Plan of Action to Combat Gender-Based Violence (2014); Gender, HIV and AIDS Implementation Plan (2016 -2020); National Plan of Action on Violence against Children (2015-2019); Child Protection Strategy; and Strategy for Ending Child Marriages in Malawi (2018-2023). These are but a few policies that specifically segment adolescents and youth as a special group that needs to be reached with an integrated package of youth friendly services that meet their needs. Within a global context, the Government of Malawi is committed to achieving the Sustainable Development Goals and several regional and global commitments.⁷

These are but a few policies that specifically segment adolescents and youth as a special group that needs to be reached with an integrated package of youth friendly services that meet their needs. Within a global context, the Government of Malawi is committed to achieving the Sustainable Development Goals and several regional and global commitments.

Development Strategy	Description
Agenda 2063	Reflects continent-wide aspirations towards prosperity and well-being for unity and integration, where the full potential of women and youth, boys and girls are realized, and with freedom from fear, disease and want. Aspiration number six recognizes the role of young people in development.
Vision 2020	Articulates Malawi’s long-term plan to be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and being a technologically driven middle-income economy.
The Malawi Growth and Development Strategy	This is the overarching medium-term strategy over five years. It includes Child and Youth Development and Empowerment as a priority. It focuses on: social support; early childhood development; child protection; child survival and development; child and youth participation; economic empowerment; youth health; HIV prevention among AGYW; institutional capacity development and infrastructure development. Further, it recognizes the need to empower girls and women through education, employment and delayed marriage.

... a few policies that specifically segment adolescents and youth as a special group that needs to be reached with an integrated package of youth friendly services...

⁷ This includes, 2006 African Youth Charter, African Youth Decade 2009–2018 Plan of Action, African Union Agenda 2063 – The Africa We Want, Malawi’s FP2020 Commitments 2012: FP2020, The ICPD (1994) Programme of Action, UNAIDS and Global Fund HIV prevention among AGYW, the US Global Strategy to Empower Adolescent Girls and the “Start Free, Stay Free, AIDS Free Framework.”

Table 2: Key National strategies inclusive of AGYWs

Ministry	Strategy	Goal	Inter-Ministerial Collaboration
Ministry of Education, Science & Technology	National Girls' Education Strategy, January 2014	Increase numbers of girls equitably accessing, participating in, excelling in and completing primary, secondary and tertiary education through the removal of obstacles to their education	MOEST, National Council of Higher Education
Ministry of Health and Population	National Youth Friendly Health Services Strategy 2015–2020	To increase knowledge and utilization of and improve access to YFHS for all YP aged 10 to 24 years.	MoHP, MoLG, MoGCDSW, MoYSD MoEST NAC, MoFEPD
Ministry of Labour, Youth, Manpower Development and Sports	National plan of action for scaling up SRH and HIV prevention interventions for young people	In the spirit of coordination and harmonization, the Ministry has agreed to work within the YFHS strategy; emphasis on creating employment opportunities, building skills and enhancing civic participation	MoHP
Ministry of Gender, Children, Disability and Social Welfare	National Plan of Action to Combat Gender- Based Violence 2014	To create an enabling environment for the elimination of GBV in a holistic, participatory and multisectoral manner	MoGCDSW, MoHP, MoEST, Home affairs, Ministry of Gender
	Gender, HIV and AIDS Implementation Plan 2016 -2020	To address the gender inequalities and harmful gender cultural norms and practices that drive the HIV strategies to meet the goals of the national strategic plan for HIV (2015 to 2020) thereby contributing towards a prosperous and healthy Malawi.	MoGCDSW, NAC, MoHP, MLGRD, MoFEPD, MoEST, DHRMD, MoJCA, MoYLMD, National Assembly, Development Partners, Academia, MHRC, Malawi Law Commission,
	Child Protection Strategy (2012-2016)	To establish an operational National Child Protection System that protects children from violence, abuse, exploitation and neglect and mitigates the impact of HIV and AIDS	MoGCDSW, NAC, MoHP, MLGRD, MoFEPD, MoEST, DHRMD, MoJCA, MoYLMD, National Assembly, Development Partners, Academia, MHRC, Malawi Law Commission,
	National Plan of Action for Vulnerable Children in Malawi (2015 – 2019)	To facilitate the care, protection and development of orphans and vulnerable children in a coordinated manner in order to provide them with an environment in which they realize their full rights and potentials	MoGCDSW, MoYS, MoHP, MoEST, MoAFS, MoJCA, NAC



Photo Credit: UNICEF Malawi

11. IMPROVED EVIDENCE AND LEARNING

Strategies and programmes are often developed in parallel to national priorities and policies, or without reference to available evidence. Stronger use of existing data will improve strategy and programme development and improve prioritisation of AGYW. Current interventions also often lack a stakeholder analysis, which takes into consideration the role that adolescent boys, young men, parents and other community leaders such as traditional authorities and faith

leaders play in reinforcing gender norms and inequality. Building capacity at every level in proper planning will be essential for research to be used for its proper purpose. The AGYW Strategy will incorporate multiple data sources to understand the role that all stakeholders play in removing cultural barriers and gender norms, including boys and young men in the community play in accessing to services.

The AGYW Strategy will incorporate multiple data sources to understand the role that all stakeholders play in removing cultural barriers and gender norms



Photo Credit: UNICEF Malawi

12. FUNDING GUIDELINES & PRINCIPLES

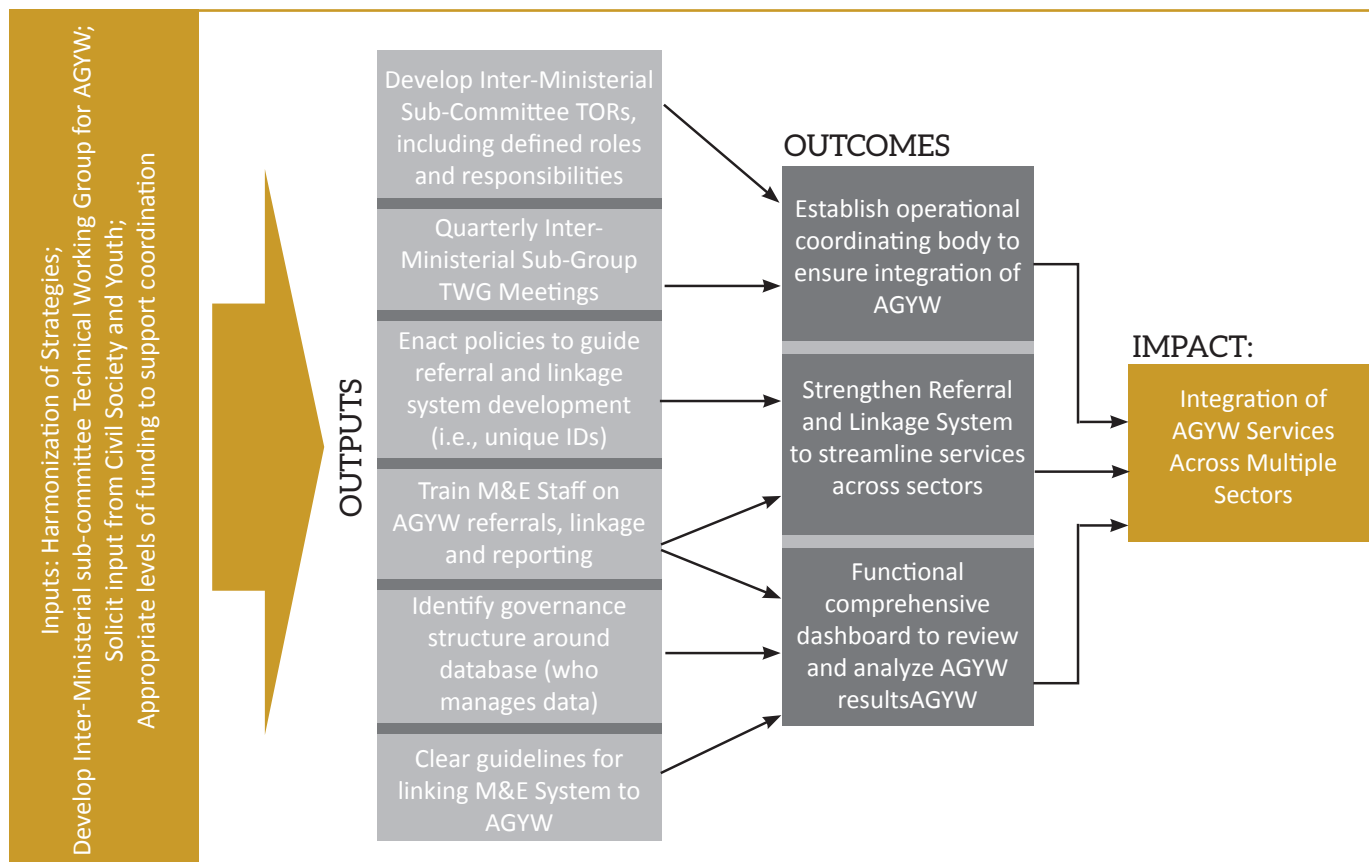
Both financial and non-financial resources will be required to support the implementation of the AGYW Strategy. As part of the AGYW implementation, comprehensive resource mapping information shall be collected and regularly updated to identify and analyze existing internal and external investments and resource gaps towards improved resource allocation, increased coordination and harmonization of funding for AGYW programmes in the country. The strategy shall strengthen coordination of funding for AGYW through the following principles:

1. Application of an evidence-based investment approach. Priority areas for funding should be evidence-based and aligned with national priorities, existing policies, strategies, and programmes;
2. Funding for AGYW should focus on strengthening systems, coordination, and improved allocation of national resources;
3. Prioritize alternative funding sources and resource mobilization through fundraising with private sector and external stakeholders (such as banks and financial institutions) to supplement the significant

proportion of the AGYW that will rely on already available national funds budgeted by government and donors;

4. Ensure transparency and accountability by making funding information available and accessible for key stakeholders, CSOs, youth and communities at the district level. Furthermore, coordination shall be prioritized to ensure frequent and collaborative monitoring and reporting of funds targeting AGYW.

Figure 3: Operational Priorities



The operationalization of the strategy will hinge on financing the necessary inputs and support to realize the outputs in the results framework. Overall tracking of progress of the AGYW Strategy will be conducted by the existing Interministerial Committee on Youth and Adolescents and by the AGYW sub-committee, through quarterly meetings including overseeing the mid-term and final review national meetings. This will include the collection, processing, analysis and utilization of disaggregated data at the facility and district levels.

Two interconnected pillars underpin the implementation of the AGYW strategy:

1. Country planning and implementation efforts drive the delivery of the AGYW Strategy. A key source of technical support for the implementation will come from bi- and multilateral partners, CSOs, and youth representatives. This support will be delivered through the existing country-level multi-stakeholder engagement platforms as identified by the AGYW sub-committee at national level.

2. Financing for country plans and implementation is primarily driven by domestic resources from governments, private sector, and civil society. To scale up financing, line Ministries will identify national opportunities such as the Global Fund (GF) to leverage funding for projects related to AGYW, as stated in the strategy.

ANNEXES

Annex 1: Sector-specific Situational Analysis and Context

Annex 2: Existing National Strategies and Policies

Annex 3: Lead Institutions for Accountability

Annex 4: AGYW Theory of Change

Annex 5: AGYW Results Framework

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Annex 7: AGYW Packages provided by Sector at District Level within the Coordination System

Annex 8: AGYW Passport

ANNEX 1: SECTOR-SPECIFIC SITUATIONAL ANALYSIS AND CONTEXT

The population of Malawi is young, with two in five Malawians between the ages of 10 and 24, mainly living in poor households in rural areas.⁸ The number of households living in extreme poverty is on the rise, from 22.4% in 2004 to 25% in 2011.⁹ Many inter-connected and overlapping factors influence how AGYW access and use services in their transition to adulthood:

➤ Education

Education is a problem for all children in Malawi. In 2014 only 35% of children who enrolled in primary school remained to the end, and less than 1 in 6 children (18%) progressed to secondary school, with less than half of this number graduating.¹⁰ However, girls are particularly badly affected and AGYW in Malawi are less likely to complete primary and secondary school than boys, have poorer examination results and lower basic numeracy and literacy skills than their male peers, which impacts their ability to make independent and informed decisions, and participate in economic, social and political life. In 2011, for example, only 62% of girls who sat for the Primary School Leaving Certificate Examination (PSLCE) passed compared to 75% of boys; and 58% of girls who sat the Secondary Junior Certificate Examination (JCE) passed compared to 73% of boys.¹¹ Furthermore, only 8% of Malawians attend tertiary education.¹²

The reasons for such poor performance of the education sector are complex, related to both the quality of educational services as well as demand for an education. A recent study found that 13% of adolescents are less educated than their fathers, and 3% are less educated than their mothers.¹³

The acute shortage of primary and secondary schools, particularly in rural areas, leads to overcrowded classrooms,¹⁴ and the lack of access to adequate sanitation facilities particularly affects girls during menstruation. The shortage of appropriately trained and motivated teachers, particularly in rural areas, where there is also a lack of quality teacher accommodation, compounds the problem of low-quality education. Overcrowded classrooms and under-trained teachers lead to significant use of harsh discipline, including corporal punishment and verbal abuse. Sexual abuse by teachers of children, especially girls, is a widely-recognised problem. Access to teaching and learning materials is uneven, particularly in remote rural areas, and inadequate for children with disabilities. Further, the relevance of the curriculum to vocational and economic opportunities is often unclear, and monitoring of education services is chronically under-funded, so most schools are rarely visited by District Education Officers.

All these issues affect the quality of education, particularly at secondary school level where children living in urban areas are four times as likely to be enrolled in secondary school compared to their rural counterparts (44% compared to 11%), and only 4% of those in secondary school are from the poorest households.¹⁵ The National Education Policy 2013 sought to address issues of the quality of education.

Performance within the education sector is not only related to the quality of education, but also to the demand for and uptake of education. Up to Year 5, gender parity is largely achieved, but then significantly drops for girls with the ratio of girls to boys at 0.84 at secondary school.¹⁶ The National Girls' Education

⁸ National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi and Calverton, Maryland, USA: NSO and ICF Macro.

⁹ Ministry of Finance, Economic Planning and Development (2016) Harnessing the Demographic Dividend to Accelerate Socio-economic Transformation and Economic Development in Malawi

¹⁰ EMIS (2014) MoEST statistics. Ministry of education and science and technology. Lilongwe.

¹¹ Ministry of Education, Science & Technology (2014) National Girls' Education Strategy, January 2014

¹² National Statistics Office 2015

¹³ Ministry of Finance, Economic Planning and Development (2016) Harnessing the Demographic Dividend to Accelerate Socio-economic Transformation and Economic Development in Malawi

¹⁴ Mensch BS, Hewett PC. (2012). Education and timing of sexual initiation and marriage: the effect of school attendance, attainment and repetition in rural Malawi.

¹⁵ Ministry of Finance, Economic Planning and Development (2016) Harnessing the Demographic Dividend to Accelerate Socio-economic Transformation and Economic Development in Malawi

¹⁶ Ministry of Education, Science & Technology (2014) National Girls' Education Strategy, January 2014

Strategy 2014 articulates how gender inequality particularly affects girls' ability to access and remain in school. Fifty percent of girls drop out of school early due to pregnancy, gender-based violence, including child marriage, and lack of school fees.¹⁷ Child labour, either within the household or commercially, plays a particularly negative role on the performance of both boys and girls in school. Girls and other vulnerable groups must work long hours within the household which reduces their ability to go to school, perform well, and have the time and support for after school studying.¹⁸ Orphans are likely to be taken out of school to undertake unpaid domestic work. Options such as cash transfers have been successful in reducing transactional sex for adolescent girls by 63% when combined with care and support interventions, such as life skills, peer education programmes, and teacher support.¹⁹

The low retention of girls in education has long term implications. For every year spent in primary school, a girl's earnings can increase by 10 percent, and each additional year of secondary education can increase her earnings by up to 25 percent each year.²⁰

➤ Vocational Training and Economic Opportunity

Challenges within the labour force reflect the poor outcomes of the education sector, with 81.8% of youth underqualified for the workplace.²¹ Currently, 74.2% of adolescents have no qualifications, approximately 80% of adolescent girls and 70% of adolescent boys. Adolescents are the least likely to be in any form of secure, contracted work, with the majority employed as 'contributing family workers' – working in a family business or farm without pay.²² Some studies suggest that 15-20% of children started work by 15 years of age, largely as agricultural labourers or domestic workers, either unpaid or informally paid. The more hours adolescents work, the more likely they are to drop out of school²³ creating a vicious cycle of limited employment options and poverty. This particularly affects girls, who tend to face the extra hazard of low pay and insecurity of informal sector

work. One in four young women are unemployed or underemployed in the informal sector, compared to one in eight young men.

Young people face an acute lack of apprenticeship or internship opportunities, vocational courses, training in small enterprise development, access to capital and finance, or strategies to address these gaps. . The Ministry of Labour, Trade and Industry and the Employers' Associations are working together to enhance youth enterprise-related projects, introducing a 'work integrated learning' programme which aims to address the skills mismatch currently reflected in the educational curricula. However, lack of funding for such initiatives is affecting progress, and it is not clear how or if gender inequality is being addressed by these types of programmes²⁴

➤ Health

There are high numbers of unwanted pregnancies among AGYW, and high rates of girls dropping out of school. Malawi has one of the earliest age of first sex in the world with 20.3% of boys and 5.3% of girls having had consensual sex by age 15.²⁵ Further, Malawi's adolescent fertility rate is one of the highest in the Southern African Development Community (SADC) at 177 births per 1,000 girls aged 15-19 years,²⁶ with 29% of adolescent girls (15-19 years) having begun child bearing.²⁷ Twenty-six percent of all pregnancies reported through the formal health system are among 15-19 year olds, and 26% of sexually active adolescent girls have an unmet need of contraception. Twenty-five percent of all unsafe abortions are performed among AGYW, with 7.4% performed on girls aged 12-17 years.²⁸ There are regional differences within Malawi, with higher levels of school dropout, teenage pregnancies and early marriage in the southern region. It is important to note that while the National Girl's Education Strategy encourages reintegration of girls back into school, only 10% are returning after child birth.²⁹ Child marriage is one of the most common responses to adolescent pregnancy, even if that pregnancy was unwanted or a result of rape or sexual violence.

¹⁷ U EMIS (2015) MoEST statistics. Ministry of education and science and technology. Lilongwe.

¹⁸ NSO, Ministry of Labour and Vocational Training & ILO (2004). Malawi Child Labour Survey 2002 Report

¹⁹ Op Cit. Cluver L, Boyes M, Orkin M, et al. (2013)

²⁰ Ministry of Health (2015) National Youth Friendly Health Services Strategy 2015–2020

²¹ Mussa R. (2013). Op cit.

²² Mussa R. (2013). Op cit.

²³ Guarcello L, Lyon S, Rosati F, et al. Child labour and out-of-school children: evidence from 25 developing countries.

²⁴ Ministry of Health (2015) National Youth Friendly Health Services Strategy 2015–2020

²⁵ YFHS evaluation 2015

²⁶ UNICEF (2012). Op cit.

²⁷ Ministry of Gender, Children, Disability and Social Welfare (2014) National Plan of Action to Combat Gender-Based Violence in Malawi

²⁸ Ministry of Health (2015) National Youth Friendly Health Services Strategy 2015–2020

²⁹ Ministry of Education, Science & Technology (2014) National Girls' Education Strategy, January 2014

One reason behind such high numbers of unwanted pregnancies relates to adolescents' limited access to sexual and reproductive health (SRH) services, including HIV services, with differences in access between rural and urban areas. An evaluation of Youth Friendly Health Services (YFHS) in 2014 found that only 31.7 percent of adolescent girls had heard of YFHS and only 13 percent had actually used them.³⁰ Whilst Malawi has made international pledges to increase access to family planning with a focus on the 15-24 age group, progress has been limited. For instance, the government allocation for family planning services was only \$80,000 in 2012, which is less than 1 percent of the projected \$94.6 million USD required.³¹

Lack of access to quality SRH services among adolescents extends to HIV-related services. Thirty-four percent of new HIV infections occur among adolescents and young people aged 15-24, 6,700 being young women.³² Less than half (42%) of young women and (45%) of young men have comprehensive knowledge of HIV and AIDS. For instance, only 32% of adolescent girls and 42% of adolescent youth are aware that consistent and correct use of condoms can prevent exposure to HIV or other sexually transmitted infections (STIs) as well as prevent pregnancy. Only 40% of sexually active 15-19-year-old boys are using condoms, and less than 30% of unmarried, and 25% of married girls age 15-19 using modern contraception.³³ While HIV testing and counselling guidelines allow access to services for minors aged 13 or over without parental consent, and HIV treatment guidelines give health workers the authority to conduct provider initiated testing and counselling if deemed in the best interests of the child, there are implementation challenges at health service delivery levels.³⁴ However, health clubs at school are accepted by adolescents as a good method of accessing information, as well as a potential opportunity to increase parental involvement.³⁵

➤ Child Marriage

Child marriage is a major problem in Malawi, which has one of the highest rates of child marriages in the world. By age 18, about one in every two girls is mar-

ried. Child marriage is most common in the southern region.³⁶ Despite many adolescent girls' preference to remain in school, child marriage is preferred by the family both to collect *lobola* and to save the family reputation from having an unmarried pregnant child. Child marriage not only reduces girls' opportunities to attend school, but affects their future economic opportunities and the health of their children.³⁷ Recent campaigns in Malawi to highlight the negative long-term impacts of child marriage have raised the profile of the issue, but have not fully embraced the reality that for disempowered girls, marriage may be their route out of immediate poverty, or may be the only way they can survive without stigma in their community.³⁸ Notably, there are many forms of child marriage and Malawi lacks robust evidence on the social and cultural drivers and factors of the practice. Addressing child marriage therefore requires addressing the reality of the situation as defined by families and children and tackling underlying causes through targeted interventions to improve the lives of girls, boys, and their families.

Adolescent girls and young women's inability to make their own decisions related to education, sexual and reproductive health, and/or marriage can increase their exposure to different forms of violence. Gender-based violence against adolescent girls and young women is common, with 18.6% of girls' first sexual experiences being forced, and violence during pregnancy most commonly experienced by girls aged 15-19 years. Violence continues within intimate partner relationships with impunity. One contributing factor is that women, including AGYW, are economically dependent on men, with 73% of women earning less than their husbands, and therefore have little recourse to escape such violence and support themselves.

➤ Child Rights and Child Protection

While laws exist to protect the rights of children, poor implementation and lack of capacity within the justice system inhibits their implementation. Nearly one in five females and one in eight males 13-17

³⁰ Ministry of Health (2015) National Youth Friendly Health Services Strategy 2015–2020

³¹ Ministry of Finance, Economic Planning and Development (2016) Harnessing the Demographic Dividend to Accelerate

³² Socio-economic Transformation and Economic Development in Malawi Ministry of Finance, Economic Planning and Development (2016) Harnessing the Demographic Dividend to Accelerate Socio-economic Transformation and Economic Development in Malawi

³³ UNAIDS 2016

³⁴ Ministry of Health (2015) National Youth Friendly Health Services Strategy 2015–2020

³⁵ Information provided by UNICEF HIV Chief, August 2015.

³⁶ Population Council. 2009. 'Despite Laws, Too Many Girls Marry Early'. Population Briefs 15(3)

³⁷ MDGES 2014

³⁸ Ministry of Gender, Children, Disability and Social Welfare (2014) National Plan of Action to Combat Gender-Based Violence in Malawi

years has experienced at least one incident of sexual abuse. Violence is common, with 65% of girls and 35% of boys experiencing some form of violence in their lifetime.³⁹ Rarely is such violence reported as it is not recognised as a rights violation by the child; girls will see the violence as their own fault whilst boys see it as normal. The 2013 violence against children (VAC) study demonstrated widespread community acceptance of violence against children, reflected by the fact that 40% of young women believed it was acceptable for a husband to beat his wife, and 40.8% believed a woman should tolerate violence to keep the family together. Perpetrators of violence, including gender-based violence, are usually known to the survivor. While 60% of children tell someone about their experience of abuse, typically confiding in a friend or family member, less than 10% of survivors ever receive professional support.⁴⁰

The 2011 Welfare Monitoring Survey found that a sizeable number of young people are using children's corners (alternative spaces in communities for children to gather and read or play) as a platform for life-skills and child rights awareness and there is growing investment in a resourced child protection case management system. Community-based service delivery is increasing through Police and Community Victim Support Units (VSUs) which assist victims of violence through provision of counselling, mediation and referral to appropriate services such as hospitals, social welfare and justice services. But there remains a large proportion of victims who do not receive coordinated multisectoral services. One Stop Centres, which provide integrated services to survivors of gender-based violence, are located in the major urban areas and will require greater investment and awareness around the services they offer to reach those in need.⁴¹ Mother's Groups (which operate through schools) are a good starting point to improve family relations. Community Child Protection Workers are the main liaison between the community and the district level. They work at the Traditional Authority level, but only 40 percent of them are on the government payroll, while 60 percent work as volunteers or rely on aid-funded stipends or other incentives.

➤ Participation

In general, opportunities for adolescents to voice their own concerns are heavily influenced by gender inequality and traditional values. Girls are raised to be docile, which reduces their confidence overall, but especially in speaking up to access their rights to education, health, safer sex with an intimate partner,

and fending off or reporting violence, including rape. Parents need to be more involved with their children's options and the risks they face, and to look at age-appropriate sex education and empowerment as the best strategy to keep girls safe.⁴² Youth Clubs at the district level, overseen by District Youth Officers, are well attended, but investment in youth participation in general is extremely limited, and the potential for fully engaging the energy and enthusiasm of AGYW is yet to be realised. There is also an opportunity for faith-based groups to more actively engage with young people in general, and girls in particular.

➤ Vulnerable and Marginalised Adolescents and Young People

Three groups of adolescents have emerged as particularly vulnerable to discrimination and marginalisation from mainstream services: Adolescents living with HIV (ALHIV), adolescents and young people (AYP) with disabilities, and orphans.

ALHIV face discrimination at home, in healthcare facilities, and in school, all of which affect their life opportunities. Compounding this issue, HIV policy for ALHIV primarily focuses on ART adherence or prevention of HIV transmission, not on their other sexual health rights or sexuality.

Adolescents with disabilities face physical barriers to education and healthcare related to their disability, experience prejudice and discrimination within the household and community, and girls with disabilities face disproportionate risk of gender-based violence, including rape. These challenges are exacerbated by a lack of inclusion and visibility in national strategies or interventions.

As of 2014, there were 1.2 million orphans in Malawi. Orphans face higher household workloads, poorer access to continued education, denial of inheritance rights, and higher levels of violence and abuse. At the policy or strategy level, support has focused on access to education, but does not consider how orphans can transition into meaningful work or how their lack of family guidance and support restricts their social and economic aspirations. This is particularly challenging for orphans in institutions; however, substantive investment by USAID through the reintegration model is making strides to reintegrate children in institutional care into family-based care.

³⁹ AYP consultations 2015

⁴⁰ Ministry of Gender, Children, Disability and Social Welfare (2014) National Plan of Action to Combat Gender-Based Violence in Malawi

⁴¹ Child Protection mapping report

⁴² AYW consultations 2015



Photo Credit: UNICEF Malawi

➤ Leadership and Coordination

There has been a lack of clear leadership on AGYW leading to a fragmented approach to their needs, a lack of clarity in direction and fragmented and at times conflicting policy and strategy direction. Some development partners who work with civil society organizations have worked in silos, without coordinating with government or supporting national or district level efforts. Current policies and strategic frameworks targeting AGYW remain sector-specific, with limited linkages and referrals across programme areas, leading to poor coordination and accountability for activities, and lack of services accessible to AGYW populations.

Progress remains patchy and difficult to demonstrate through robust monitoring systems, due to weak planning and joint coordination as well as acute and chronic lack of financial resources available for implementing strategies. This is compounded by the high number of development partners, INGOs or CBOs working outside national strategic frameworks that do not report to existing government coordination mechanisms at district or national levels. This lack of government ownership of the development process in Malawi, coupled with lack of government funding for implementing strategies, leads to a negative spiral.

Annex 2: Existing National Strategies and Policies

STRATEGIC OBJECTIVES	STRATEGIES
<p>Ministry of Health Increase access to and uptake of comprehensive nutrition, sexual and reproductive health (including HIV) services through scale-up of the Youth Friendly Health Services initiative for adolescents 10-24 with a focus on adolescent girls and young women.</p>	
<p>Strategic Objective 1: Ensure all existing policies, strategies and government action plans comply with YFHS guidelines</p>	<ul style="list-style-type: none"> • Ensure nutrition is fully included in the life skills education package provided to adolescents in and out of school • Harmonize guidance on YFHS across all line Ministries to ensure Ministry of Education and Ministry of Youth provide consistent information relevant to different age groups which conforms with international best practice. • Provide pre-service and in-service training of trainers to key staff with Ministry of Education and Ministry of Youth to roll out harmonized life skills and sex and sexuality education to AYP both in and out of school
<p>Strategic Objective 2: Increase adherence to national standards on YFHS at service delivery and expand access to YFHS nationwide</p>	<ul style="list-style-type: none"> • Include nutrition within the national YFHS package to roll out at health facility level • Roll out pre-service and in-service training of trainers' package at health facility level to improve the adherence of health care staff to YFHS • Monitor and mentor health facilities after training to ensure compliance with national standards of provision of YFHS • Develop standardized TORs for teen clubs plus MoGCDSW children's corners and services for ALHIV and AGYW and roll them out • Expand access to YFHS by providing mobile clinics and other outreach methods • Ensure YFHS services are properly integrated with other relevant health services such as MCH, PMTCT, ART for adolescents • Ensure health facilities are appropriately upgraded and resourced to provide all SRH services including HCT, contraceptives, advice and support
<p>Strategic Objective 3: Increase uptake of SRH services through AGYW and community mobilization</p>	<ul style="list-style-type: none"> • Scale-up awareness-raising activities among adolescents, in particular raising awareness of AGYW of existing YFHS and their relevance to young people's SRH, HIV, life skills • Mobilize parents, community leaders and young people to actively advocate for and support YFHS uptake • Identify and mentor AGYW role models to promote uptake of YFHS • Conduct SBCC on HIV/SRH services and nutrition at community level • Advocate for greater involvement of traditional and religious leaders in promotion of girls' rights, including access to SRH • Enroll traditional and religious leaders as community change agents for girls' rights and access to health and education

Programme	Goals	Key intervention areas	Districts	Implementers
National Youth Friendly Health Services 2015–2020	To increase knowledge and improve awareness, access and utilization of YFHS for all young people aged 10 to 24 years.	-Increase access to information through health promotion, social and behavioral change communications (SBCC), and formal learning -Service delivery through existing health centers and outreach sites -Strengthen referrals through social services, district and central hospitals, community, and police	Nationwide	Ministry of Health (MoH), Reproductive Health Directorate (RHD) No funding
Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) 2016 – 2018	To reduce new HIV infections among AGYW (15-24)	-School HIV and violence prevention interventions -School clubs for mothers 15-19 - Linkages to HTC /YFHS -Community based Interventions for out of school AGYW such as couples counselling, Girl clubs, Young Mum Clubs (10-14), Parenting Groups	Machinga Zomba	Various NGOs Funders: PEPFAR, Bill & Melinda Gates Foundation

STRATEGIC OBJECTIVES

STRATEGIES

Ministry of Gender, Children, Disability and Social Welfare

Remove cultural barriers such as gender inequality, negative female stereotypes and discrimination against adolescent girls to eliminate gender-based violence against AGYW which reduces uptake of existing services.

Strategic Objective 1: Increase access to improved nutrition for vulnerable AGYW

- Improve access to fortified foods for ALHIV and linkages with social cash transfer initiatives
- Raise awareness of nutrition and diet among communities (and tackle gender-based food taboos)
- Develop nutrition guidelines to improve understanding of importance of nutrition
- Conduct community outreach on linkages between diet, hygiene, disease control
- Build capacity of District level officers to deliver support on nutrition

<p>Strategic Objective 2: Challenge harmful traditional or cultural practices which preserve gender inequity: early and forced marriage; GBV and VAC;</p>	<ul style="list-style-type: none"> • Harmonize the laws to align with the Constitutional amendment on the age of the child • Enforce different laws including law on legal age of marriage, Child Care Protection and Justice Act and implement regulations around these laws • Increase knowledge levels in communities of child and adolescent rights to tackle GBV, VAC, forced child marriage and discrimination against girls • Advocate within communities on benefits of keeping girls in school • Promote positive parenting interventions in communication with the girl and boy child • Improve access to AGYW refuge services for victims of abuse including forced marriage • Train probation officers, child magistrates, child prosecutors, police child protection officers and other child justice practitioners in child protection laws and policies including child marriage and VAC (including sexual abuse, violation and rape of girls and boys) • Strengthen linkages with District Education Officers, District Social Welfare Officers and schools, including health facilities to report cases of abuses and rights' violations • Promote referral system that identifies and reports abuses and train teachers, community leaders, and health professionals to recognize signs of violence • Reprint and disseminate 10,000 copies of the child protection laws and policies 								
<p>Strategic Objective 3: Community mobilization of traditional and religious leaders to reduce barriers to keeping girls in school and tackle gender inequality perpetuated by traditional and cultural practices</p>	<ul style="list-style-type: none"> • Raise awareness of gender inequality and women's rights to land, property, and business opportunities • Tackle gender bias in household chores • Advocate for community bylaws to improve retention of girls in school • Link vulnerable girls identified through child protection case management to existing social cash transfer programmes • Mobilize communities to advocate for and recognize the importance of gender equality and equity • Advocate for formation of Village Savings and Loans groups to promote economic empowerment for AGYW, including out-of-school AYW • Lobby for gender equality in loan acquisition procedures and access to banking facilities • Train law enforcement professionals to improve enactment of laws and policies on women's economic empowerment 								
<p>Programme</p> <p>Gender Equality and Women Empowerment (GEWE) – (2012-2016)</p>	<table border="1"> <thead> <tr> <th data-bbox="1032 1701 1081 2107">Goals</th> <th data-bbox="1032 1409 1081 1701">Key intervention areas</th> <th data-bbox="1032 691 1081 1409">Districts</th> <th data-bbox="1032 140 1081 691">Implementers</th> </tr> </thead> <tbody> <tr> <td data-bbox="1081 1701 1419 2107"> <p>Promote gender equality and women's empowerment to accelerate attainment of national development</p> </td> <td data-bbox="1081 1409 1419 1701"> <ul style="list-style-type: none"> -Strengthen institutional capacity of the national gender machinery -Build capacity of NAC in gender -Expand women's access to violence savings and loan (VSL) clubs, - Expand access to One Stop Centres for victims of violence - Build capacity of law enforcement (police, magistrate's courts) </td> <td data-bbox="1081 691 1419 1409"> <p>Chitipa, Karonga, Nkhata Bay, Mzimba, Dedza, Dowa, Mchinji, Salima, Chikwawa, Chiradzulu, Machinga, Mangochi, Nsanje</p> </td> <td data-bbox="1081 140 1419 691"> <p>Implementer: Ministry of Gender and the sector working groups on gender, children youth and sports</p> <p>Funders: UNFPA and European Union.</p> </td> </tr> </tbody> </table>	Goals	Key intervention areas	Districts	Implementers	<p>Promote gender equality and women's empowerment to accelerate attainment of national development</p>	<ul style="list-style-type: none"> -Strengthen institutional capacity of the national gender machinery -Build capacity of NAC in gender -Expand women's access to violence savings and loan (VSL) clubs, - Expand access to One Stop Centres for victims of violence - Build capacity of law enforcement (police, magistrate's courts) 	<p>Chitipa, Karonga, Nkhata Bay, Mzimba, Dedza, Dowa, Mchinji, Salima, Chikwawa, Chiradzulu, Machinga, Mangochi, Nsanje</p>	<p>Implementer: Ministry of Gender and the sector working groups on gender, children youth and sports</p> <p>Funders: UNFPA and European Union.</p>
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STRATEGIC OBJECTIVES	STRATEGIES
<p>Ministry of Education, Science & Technology Ensure AGYW can make informed decisions related to their own lives, claim their rights to education</p>	
<p>Strategic Objective 1: Improve policy environment to encourage girls to stay in school</p>	<ul style="list-style-type: none"> • Implement policy of zero tolerance to abuse of girls in school • Decentralize management of education sector to improve monitoring of school performance • Increase access to technical education, vocational and entrepreneurship training (TEVET) institutions for youth who are not in school
<p>Strategic Objective 2: Improve access to quality education for adolescent girls</p>	<ul style="list-style-type: none"> • Expand access to bursary schemes for girls at secondary school level, focusing on those most in need such as ALHIV, orphans, and adolescent girls with disabilities • Provide scholarships to needy female students in public universities • Upgrade and construct appropriate bathroom facilities, including promotion of menstrual hygiene • Liaise with Ministry of Gender to ensure teachers are trained in issues of verbal, physical and sexual violence against adolescents, especially girls, ALHIV, adolescents with disabilities and orphans, and know how to identify and refer cases appropriately • Develop proper procedures for disciplining teachers / referring to police • Build boarding hostels for boys and girls in appropriate ratios • Liaise with Ministry of Health to strengthen SRH education in schools through the life skills curricula • Train teachers in positive discipline to replace corporal punishment as a form of discipline in school. • Build capacity in SMCs and PTAs on understanding and addressing GBV and VAC.
<p>Strategic Objective 3: Increase girls' enrolment at school</p>	<ul style="list-style-type: none"> • Campaign to identify role models to encourage girls to perform well in school • Placement of new schools in appropriate locations with access to roads, power, water. (Link with EU project on school building upgrade). • Construction of girls' hostels at secondary and higher education level • Upgrade or construct safe and secure housing for teachers in rural areas • Encourage female teachers as role models in rural areas • Support the enforcement of the school's re-admission policy for child-bearing adolescent girls • Advocate with traditional leaders to encourage girls to stay in school
<p>Strategic Objective 4: Encourage parents and communities to allow girls to go to school</p>	<ul style="list-style-type: none"> • Challenge community discrimination against girls' education • Identify local leaders to advocate for girls' education
<p>Strategic Objective 5: Increase access to YFHS at university level</p>	<ul style="list-style-type: none"> • Train youth peer educators on SRH and HIV in universities, tech colleges, teacher training, community colleges • Promote zero tolerance policy of discrimination against ALHIV and abuse • Develop a referral system between education facilities, health services, protection services and the police. • Liaise with Ministry of Health to establish YFHS within university campuses

Programme	Goals	Key intervention areas	Districts	Implementers
Keeping Girls in School (2012-2018)	To ensure more girls complete primary school and progress to secondary school	<ul style="list-style-type: none"> -15,000 bursaries for girls to attend secondary school -Provision of pit latrines in 200 Community Day Secondary Schools -Drilling of boreholes in schools - Sanitation and hygiene education -development of girls' education institutional framework - expand number of female teachers -strengthen teacher training college commitment to female teachers -Cash transfers to 100,000 girls to complete primary school. - train 3,000 Mother Groups in VAC - train 11,600 female teachers to act as role models to girls in school. 	Unknown districts	MoEST, UNICEF and various NGOs Funder: DfID
UN Joint Programme for Girls' Education (2014-2017)	To improve access and quality of education for girls	<ul style="list-style-type: none"> -cash transfers -school feeding -Comprehensive Sexuality Education - reintegration for out of school girls -providing incentives, social mobilization, advocacy and empowering programmes in for commitment, action and accountability for girls' education - Teacher training and mentoring programmes to promote life skills based- and gender responsive methodologies, school leadership and management skills 	Salima, Mangochi, Dedza (79 schools)	UNICEF, WFP, UNFPA supported by District Planning Officers, District Education Officers, District School Health and Nutrition Coordinators, District Social Welfare Funders: NORAD, UNICEF, WFP, UNFPA, UNDP

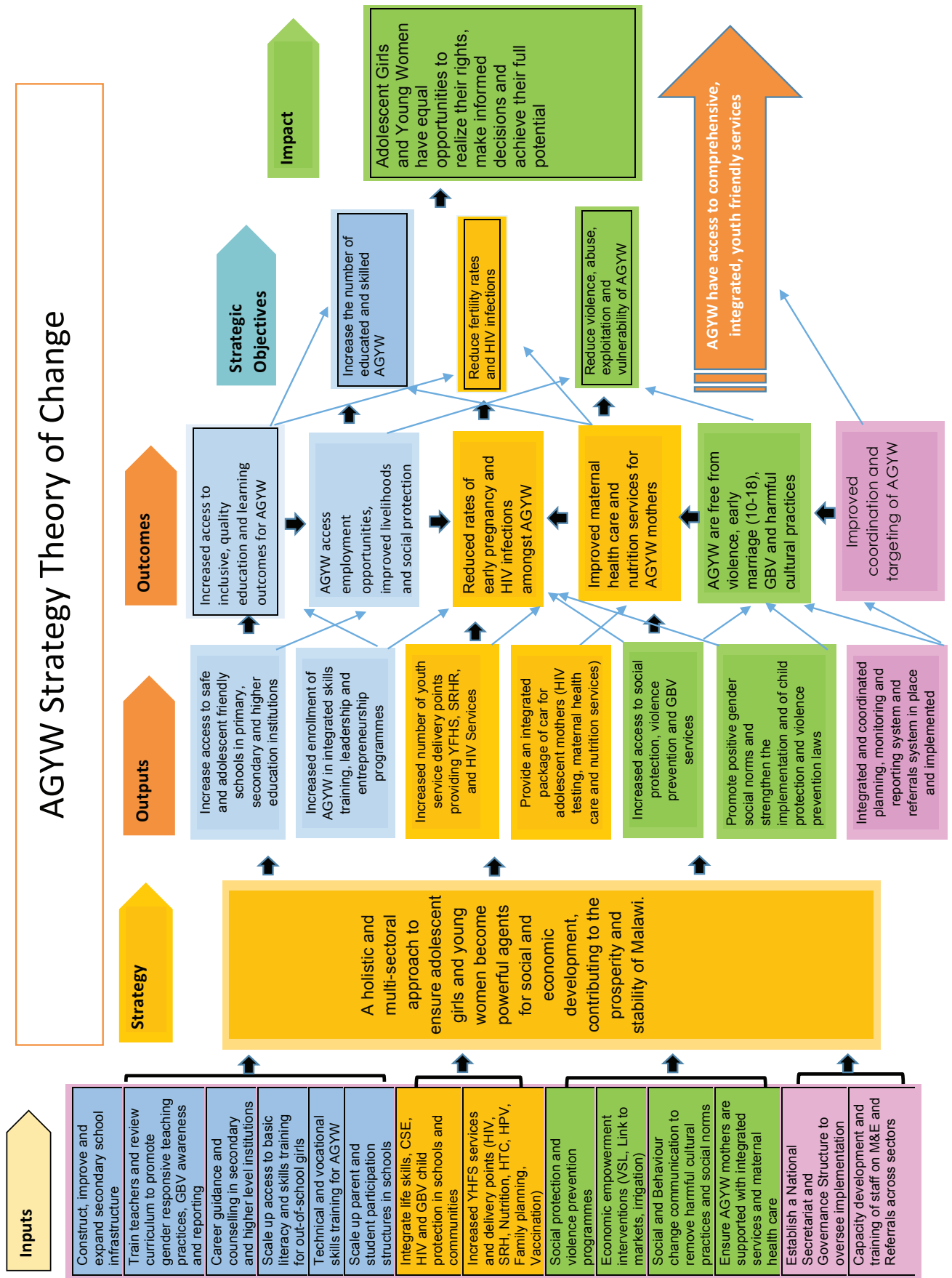
Let Girls Learn AMAA (Give Girls a Chance to Learn) 2015-	To transform gender norms and reduce school-related gender-based violence	-secondary school construction - bursaries for girls - girls assertiveness training	Balaka, Machinga, Phalombe, Mizimba Chikwawa, 321 schools	MoEST Funder: USAID
STRATEGIC OBJECTIVES				
STRATEGIES				
Ministry of Labour, Youth, Manpower Development and Sports and NYCOM				
To protect and empower children, youth, athletes and women economically, socially and politically				
Strategic Objective 1: Enhance creation of decent employment, income generation, and pro-poor private sector growth, and improve equitable access, control and utilization of social and economic services by women, youth, people with disability, children and households	<ul style="list-style-type: none"> Enhance the national capacity for TEVET(A) Technical Entrepreneurial and Vocational Education and Training (Authority) Enhance youth skills through training Enhance youth skills development through support to implementing institutions Increase access to business services for young people Provide entrepreneurship training for youth Improve national capacity for access to finance Roll out the National Youth Service 			
Strategic Objective 2: Provide basic literacy and numeracy to the most vulnerable out-of-school non-literate adolescents and young people	<ul style="list-style-type: none"> Improve literacy and numeracy levels among out-of-school youth through 9-month functional literacy course Implement the Back to School campaign Enhance complimentary basic education 			
Strategic Objective 3: National institutions, effectively support transparency, accountability, participatory democracy and human rights	<ul style="list-style-type: none"> Enhance girls' and boys' participation in community development activities Organize youth groups to participate in development activities Youth Centers established and functional 			
Strategic Objective 4: The youth population in selected districts has increased access to equitable and quality essential health services	<ul style="list-style-type: none"> Increase access to and utilization of quality, integrated, comprehensive youth friendly health services (SRHR, HIV, mental health, nutrition) Comprehensive Sexuality Education institutionalized 			
Strategic Objective 5: Strengthen capacity for public sector management to improve effective service delivery for children, youth, and women	<ul style="list-style-type: none"> Establish functional national and district level coordination structures 			

Programme	Goals	Key intervention areas	Districts	Implementers
Jobs for Youth Program (J4Y) 2017-2020	Create 17,000 jobs for youth in Malawi	<ul style="list-style-type: none"> - Entrepreneurship and sustainable business enterprise development - Skills development for employability - Institutional support and project management 	National	<p>Implementer: Ministry of Labour, Youth, Manpower Development and Sports</p> <p>Funder: African Development Bank (ADB)</p>
National Youth Service 2017	To bring together diverse youth programmes currently being implemented, and promote patriotism and discipline (for ages 18-35)	<ul style="list-style-type: none"> - Skills Development and Youth Economic Empowerment - Youth Health - Youth Participation - Youth Re-socialization 	National	<p>Implementer: Ministry of Defense and Ministry of Labour, Youth, Manpower Development and Sports</p> <p>No funding</p>
Action for Adolescents (2014-2017)	Adolescents have the core skills and abilities they need to lead productive and fulfilling lives	<ul style="list-style-type: none"> - Create intersectoral linkages to deliver effective adolescent interventions through existing structures: schools, youth clubs and youth-friendly spaces. - Use data to improve policy integration and interventions. 	Unknown districts	<p>Ministry of Youth and Sports, NYCOM, MoEST</p> <p>Funders: UNICEF, UNFPA</p>

Annex 3: Lead Institutions for Accountability

	Action	Lead Institution	Frequency
National Level	<input type="checkbox"/> Interministerial Committee meetings	MOLYSMD	Quarterly
	<input type="checkbox"/> Joint Sector reviews	MOLYSMD	Annual
	<input type="checkbox"/> AGYW monitoring	MOLYSMD Secretariat, MOHP, MOG, MOEST	Quarterly
	<input type="checkbox"/> Gender Assessments	MOG	As required
	<input type="checkbox"/> Financial and performance audits	MOFEPD, MOLYSMD	Annual
	<input type="checkbox"/> Parliamentary committee oversight reports	MOLYSMD	Annual
	<input type="checkbox"/> Global monitoring reports	MOLYSMD	As required
	<input type="checkbox"/> Policy and Strategy development / review	MOLYSMD, MOHP, MOG, MOEST, MOFEPD, MOLG	As required
	<input type="checkbox"/> Stakeholder commitments	MOLYSMD (AGYW Secretariat)	As required
	<input type="checkbox"/> Quarterly monitoring	MOLYSMD, MOHP, MOG, MOEST, MOFEPD, MOLG	Quarterly
	<input type="checkbox"/> Alignment	MOLYSMD (AGYW Secretariat)	As required
	<input type="checkbox"/> Supportive supervision	MOLYSMD, MOHP, MOG, MOEST, MOFEPD, MOLG	Quarterly
	<input type="checkbox"/> Curriculum development	MOEST	As required
	<input type="checkbox"/> Advocacy	Partners	As required
	<input type="checkbox"/> Special studies	MOLYSMD, MOHP, MOG, MOEST, MOFEPD, MOLG	As required
District Level	<input type="checkbox"/> Joint Sector reviews	District Commissioner (MOLYMD)	Bi-Annual
	<input type="checkbox"/> AGYW Monitoring	MOLYSMD, MOHP, MOG, MOEST, MOFEPD, MOLG	Monthly
	<input type="checkbox"/> Social accountability report	MOG	Quarterly
	<input type="checkbox"/> Expenditure reports	MOFEPD	Monthly
	<input type="checkbox"/> CSO reports	CSO District Chairperson	Quarterly
	<input type="checkbox"/> Citizen hearings	MOG; MOHP	Quarterly
	<input type="checkbox"/> AGYW TWG reports	Chairperson AGYW	Quarterly
	<input type="checkbox"/> One stop centre / youth centre reports	Managers	Monthly
	<input type="checkbox"/> Related district level AGYW sub-committee reports	Chairpersons	Quarterly
	<input type="checkbox"/> District Development Plans	District Commissioner	As required
	<input type="checkbox"/> District Implementation Plans	District Commissioner	Annual
	<input type="checkbox"/> Annual workplan	District Commissioner; Partners	Annual
	<input type="checkbox"/> Service provision	MOLYSMD, MOHP, MOG, MOEST, MOFEPD; MOLG	Continuous
	<input type="checkbox"/> Data collection	MOLYSMD AGYW Secretariat	Monthly
	<input type="checkbox"/> Score cards	MOHP, MOG	Monthly/Quarterly
	<input type="checkbox"/> Advocacy	Partners	As required
	<input type="checkbox"/> Research	MOLYSMD, MOHP, MOG, MOEST, MOFEPD; MOLG	As required

Annex 4. Theory of Change



Annex 5. Results Framework

IMPACT

Adolescent Girls and Young Women have equal opportunities to realize their rights, make informed decisions and achieve their full potential

Outcome

Increased access to inclusive, quality education and learning outcomes for AGYW	AGYW access employment opportunities, improved livelihoods and social protection	Reduced rates of early pregnancy and HIV infections amongst AGYW	Improved maternal health care and nutrition services for AGYW mothers	AGYW are free from violence, early marriage (10-18), GBV and harmful cultural practices	Improved coordination and targeting of AGYW
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STRATEGIC OBJECTIVES

Increase the number of educated and skilled AGYW

Reduce fertility rates and HIV infections

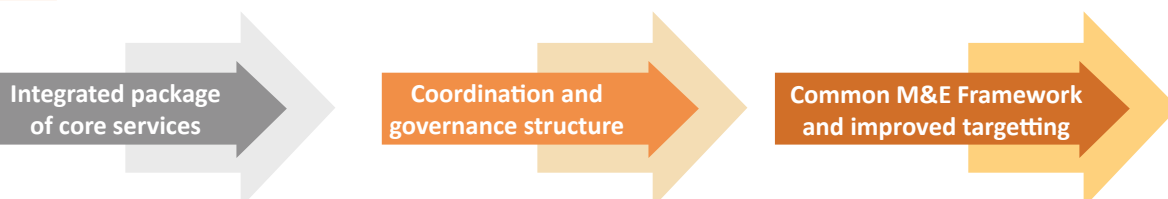
Reduce violence, abuse, exploitation and vulnerability of AGYW

A coordinated and holistic framework for integration of services

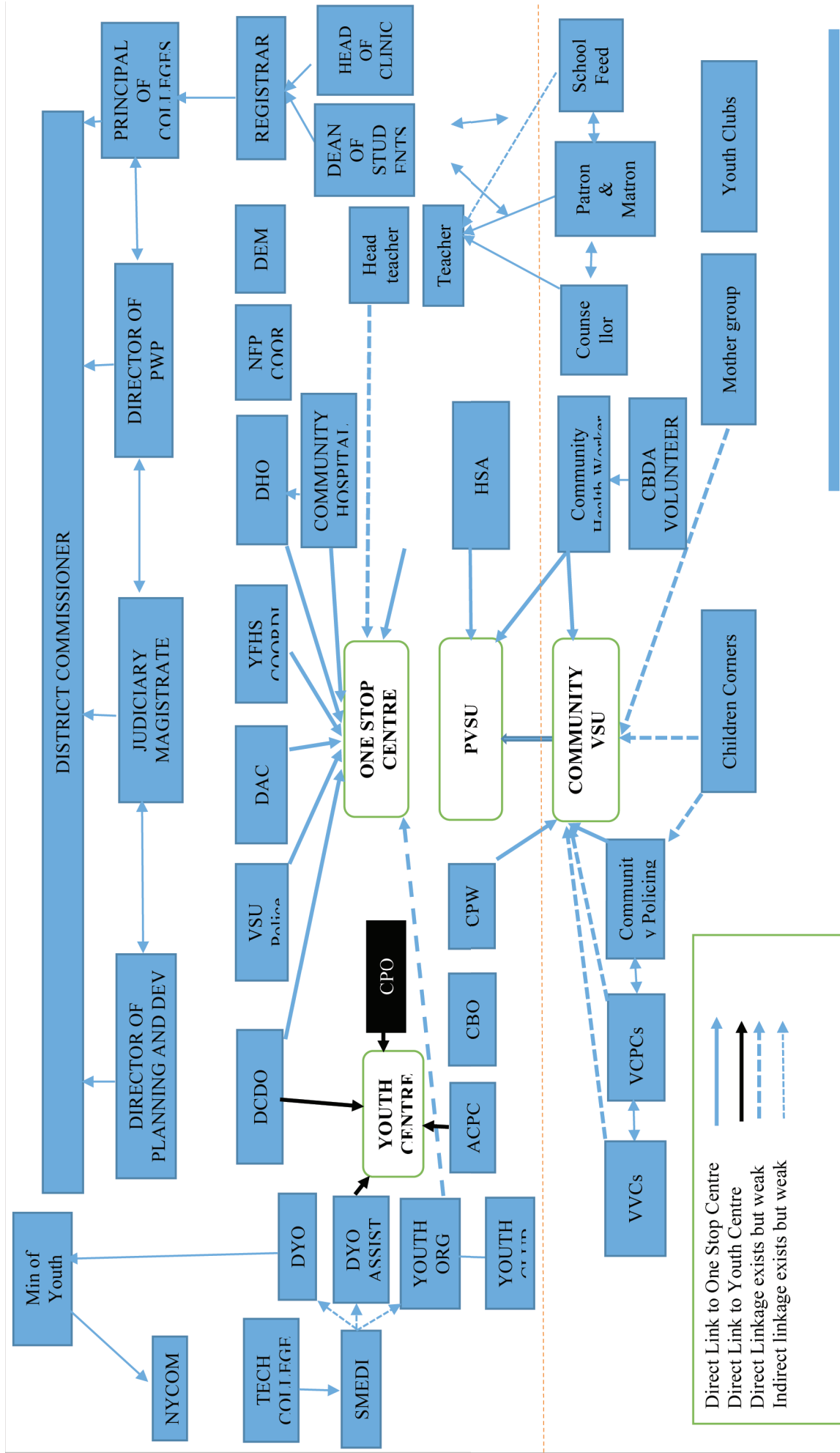
Outputs

Increase access to safe and adolescent friendly schools in primary, secondary and higher education institutions	Increase enrollment of AGYW in integrated skills training, leadership and entrepreneurship programmes	Increased number of youth service delivery points providing YFHS, SRHR, Nutrition and HIV Services	Provide an integrated package of care for adolescent mothers (HIV testing, maternal health care and nutrition services)	Increased access to social protection, violence prevention and GBV services	Promote positive gender social norms and strengthen the implementation and of child protection and violence prevention laws	Integrated and coordinated planning, monitoring and reporting system and referrals system in place and implemented
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KEY



Annex 6: Coordination Referral System



Summary of the Referral System

The referral system is anchored by the two repository hubs, the One Stop Centre (OSC) and the Youth Centres. Police Victim Support Units (PVSUs) and the Community Victim Support Units (CVSUs) will also be first points of service depending on the location of the client. The One Stop Centre and the Youth Centres will act as the data core for the referral system and record all clients coming and going. The One Stop Centres are jointly hosted by Ministry of Health and Population and the Ministry of Gender. The Youth Centres fall largely under the Ministry of Labour, Youth, Sports, and Manpower Development and the Ministry of Health and Population. Building on the needs assessment and existing investment in data collection systems for OSC, further investments in computers and associated hardware and software to readily capture the data will need to be made. Any

AGYW and young boy seeking health, social protection, or skills development related services can report directly to the One Stop Centres/ Youth Centres (and PSVU, CVSU) or can be referred by any of the Ministries. These centres will refer the client to the next level of support.

At each level, the AGYW and boys will be provided with the appropriate corresponding package (Annex 7) of care and/or support on a case-by-case basis. All details of the referral will be recorded in a health passport (Annex 8) and full details will be passed onto the One Stop Centres or Youth Centre for data capturing. These will form the basis of the monthly reports. The AGYW Secretariat will provide overall technical and oversight of the referral system, working through the AGYW Steering Committee/team at the district.

Any AGYW and young boy seeking health, social protection, or skills development related services can report directly to the One Stop Centres/ Youth Centres...



Annex 7: AGYW Packages provided by Sector at District Level within the Coordination System

Priority population	Education	Health	Gender	Youth
Girls 10 – 14 years	<ol style="list-style-type: none"> 1. Life-skills/CSE 2. Alternative spaces 3. Clubs 4. Information/education on Menstrual Hygiene 5. Social Amenities 6. Classroom space 7. Psychosocial support and related services for adolescent mental health and well-being 8. Gender transformative curricular 9. Links with SCT programmes 10. Community advocacy/mobilization 11. Implementation of the readmission policy 12. Integration with CBCC's and ECD services for young mothers 13. Bursaries 14. Referral 	<ol style="list-style-type: none"> 1. YFHs packages as prescribed for each level 2. Delayed sexual debut 3. Male condoms 4. HTC, STI and (HPV screening) 5. STI treatment 6. ART regardless of CD4 count 7. PrEP and PEP 8. HPV vaccination 9. Reduction of number of partners 10. Demand creation for consistent use of condoms 11. Targeted Campaigns on testing, risk reduction, adherence 12. Alcohol and Substance abuse programmes 13. Positive Health, and Dignity Prevention 14. Routine vaccinations (e.g. human papillomavirus, hepatitis B, diphtheria-tetanus, rubella, measles) 15. Promotion of healthy behaviour (e.g. nutrition, physical activity, no tobacco, alcohol, or drugs) 16. Prevention, detection and management of anaemia, especially for adolescent girls 17. Comprehensive sexuality education information, counselling and services for comprehensive SRH including contraception 18. Post-rape care 19. Psychosocial support and related services for adolescent mental health and well-being 20. Prevention of and response to sexual and other forms of gender-based violence 21. Prevention, detection and treatment of communicable and non-communicable diseases and sexually transmitted and reproductive tract infections, including HIV, TB and syphilis 22. Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury 23. Prevention of suicide and management of self-harm/ suicide risks 	<ol style="list-style-type: none"> 1. Child protection case management 2. Social support – (community awareness/sensitization) 3. Psycho social support mechanisms 4. GBV prevention programmes - Stigma 5. Police sensitivity trainings 6. Social cash transfer programmes 7. Social protection programmes 8. Gender transformative programmes 9. Delayed sexual debut information 10. SBCC on harmful cultural practices 11. Stop Violence against Children and Early marriage campaigns 12. Community Protection mobilization for legal action against sexual offenders. 13. Address harmful cultural practices 14. Referral 	<ol style="list-style-type: none"> 1. Create and scale-up safe spaces/drop-in centres 2. Socio-economic empowerment 3. Psycho social support mechanisms 4. Coordination, situational analysis, improved and more access to youth centred programmes 5. Promote “Stay-in-School” campaigns 6. Youth participation

Priority population	Education	Health	Gender	Youth
Boys 10-14 years	<ol style="list-style-type: none"> 1. Life-skills/CSE 2. Alternative spaces 3. Clubs 4. Social Amenities 5. Classroom space 6. Psychosocial support and related services for adolescent mental health and well-being 7. Gender transformative curricular 8. Links with SCT programmes 9. Referral 	<ol style="list-style-type: none"> 1. YFHS packages as prescribed for each level 2. Delayed sexual debut 3. Male condoms 4. HTC, STI screening 5. STI treatment 6. ART regardless of CD4 count 7. PrEP and PEP 8. Reduction of number of partners 9. Targeted Campaigns on testing, risk reduction, adherence 10. Alcohol and Substance abuse programmes 11. Positive Health, and Dignity Prevention 12. Routine vaccinations (e.g. hepatitis B, diphtheria-tetanus, rubella, measles) 13. Promotion of healthy behaviour (e.g. nutrition, physical activity, no tobacco, alcohol, or drugs) 14. Comprehensive sexuality education Information, counselling and services for comprehensive SRH 15. Psychosocial support and related services for adolescent mental health and well-being 16. Prevention, detection and treatment of communicable and non-communicable diseases and sexually transmitted and reproductive tract infections, including HIV, TB and syphilis 17. Voluntary medical male circumcision 18. Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury 19. Prevention of suicide and management of self-harm/ suicide risks 20. Post-rape care 21. Referral 	<ol style="list-style-type: none"> 7. Child protection case management 8. Social support – (community awareness/sensitization) 9. Psycho social support mechanisms 10. GBV prevention programmes - Stigma 11. Police sensitivity trainings 12. Social cash transfer programmes 13. Social protection programmes 14. Gender transformative programmes 15. Delayed sexual debut information 16. SBCC on harmful cultural practices 17. Campaigns to stop violence against children and early marriage 18. Community protection mobilization for legal action against sexual offenders. 19. Address harmful cultural practices 20. Referral 	<ol style="list-style-type: none"> 1. Create and scale-up safe spaces/drop-in centres 2. Socio-economic empowerment 3. Psycho social support mechanisms 4. Coordination, situational analysis, improved and more access to youth centred programmes 5. Promote “Stay-in-School” campaigns 6. Youth participation 7. Referral

Priority population	Education	Health	Gender	Youth
Girls 15-19 years	<ol style="list-style-type: none"> 1. Life-skills/CSE 2. Alternative spaces 3. Clubs 4. Information/education on Menstrual Hygiene 5. Social Amenities 6. Classroom space 7. Psychosocial support and related services for adolescent mental health and well-being 8. Gender transformative curricular 9. Links with SCT programmes 10. Referral 	<ol style="list-style-type: none"> 1. YFHS packages as prescribed for each level 2. Delayed sexual debut 3. Male condoms 4. HTC, STI and (HPV screening) 5. STI treatment 6. ART regardless of CD4 count 7. PrEP and PEP 8. HPV vaccination 9. Reduction of number of partners 10. Demand creation for consistent use of condoms 11. Targeted Campaigns on testing, risk reduction, adherence 12. Alcohol and Substance abuse programmes 13. Positive Health, and Dignity Prevention 14. Routine vaccinations (e.g. human papillomavirus, hepatitis B, diphtheria-tetanus, rubella, measles) 15. Promotion of healthy behaviour (e.g. nutrition, physical activity, no tobacco, alcohol, or drugs) 16. Prevention, detection and management of anaemia, especially for adolescent girls 17. Comprehensive sexuality education information, counselling and services for comprehensive SRH including contraception 18. Access to voluntary contraception 19. Psychosocial support and related services for adolescent mental health and well-being 20. Prevention of and response to sexual and other forms of gender-based violence 21. Prevention of and response to harmful practices such as female genital mutilation and early and forced marriage 22. Prevention, detection and treatment of communicable and non-communicable diseases and sexually transmitted and reproductive tract infections, including HIV, TB and syphilis 23. Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury 24. Post-rape care 25. Prevention of suicide and management of self-harm/ suicide risks 	<ol style="list-style-type: none"> 26. Child protection case management 27. Social support – (community awareness/sensitization) 28. Psycho social support mechanisms 29. GBV prevention programmes - Stigma 30. Police sensitivity trainings 31. Social cash transfer programmes 32. Social protection programmes 33. Gender transformative programmes 34. Delayed sexual debut information 35. SBCC on harmful cultural practices 36. Stop Violence against Children and Early marriage campaigns 37. Community Protection mobilization for legal action against sexual offenders. 38. Address harmful cultural practices 39. Referral 	<ol style="list-style-type: none"> 1. Create and scale-up safe spaces/drop-in centres 2. Socio-economic empowerment 3. Job creation 4. Psycho social support mechanisms 5. Coordination, situational analysis, improved and more access to youth centred programmes 6. Stop Early marriage campaigns 7. Promote “Stay-in-School” campaigns 8. Youth participation

Priority population	Education	Health	Gender	Youth
Boys 15-19 years	<ol style="list-style-type: none"> 1. Life-skills/CSE 2. Alternative spaces 3. Life-skills/CSE 4. Clubs 5. Social Amenities 6. Classroom space 7. Psychosocial support and related services for adolescent mental health and well-being 8. Gender transformative curricular 9. Links with SCT programmes 10. Referral 	<ol style="list-style-type: none"> 1. YFHS packages as prescribed for each level 2. Delayed sexual debut 3. Male condoms 4. HTC, STI screening 5. STI treatment 6. ART regardless of CD4 count 7. PrEP and PEP 8. HPV vaccination 9. Reduction of number of partners 10. Demand creation for consistent use of condoms 11. Targeted Campaigns on testing, risk reduction, adherence 12. Alcohol and Substance abuse programmes 13. Positive Health, and Dignity Prevention 14. Routine vaccinations (e.g. hepatitis B, diphtheria-tetanus, rubella, measles) 15. Promotion of healthy behaviour (e.g. nutrition, physical activity, no tobacco, alcohol, or drugs) 16. Comprehensive sexuality education information, counselling and services for comprehensive SRH including contraception 17. Voluntary medical male circumcision 18. Psychosocial support and related services for adolescent mental health and well-being 19. Prevention of and response to sexual and other forms of gender-based violence 20. Prevention of and response to harmful practices 21. Prevention, detection and treatment of communicable and non-communicable diseases and sexually transmitted and reproductive tract infections, including HIV, TB and syphilis 22. Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury 23. Post-rape care 24. Prevention of suicide and management of self-harm/ suicide risks 	<ol style="list-style-type: none"> 25. Child protection case management 26. Social support – (community awareness/sensitization) 27. Psycho social support mechanisms 28. GBV prevention programmes - Stigma 29. Police sensitivity trainings 30. Social cash transfer programmes 31. Social protection programmes 32. Gender transformative programmes 33. Delayed sexual debut information 34. SBCC on harmful cultural practices 35. Stop Violence against Children and Early marriage campaigns 36. Community Protection mobilization for legal action against sexual offenders. 37. Address harmful cultural practices 38. Referral 	<ol style="list-style-type: none"> 1. Create and scale-up safe spaces/drop-in centres 2. Socio-economic empowerment 3. Job creation 4. Psycho social support mechanisms 5. Coordination, situational analysis, improved and more access to youth centred programmes 6. Stop Early marriage campaigns 7. Promote “Stay-in-School” campaigns 8. Youth participation

Priority population	Education	Health	Gender	Youth
Teen Mothers	<ol style="list-style-type: none"> 1. Implement readmission policy 2. Links with SCT programmes 3. Referral 	<ol style="list-style-type: none"> 1. Early and appropriate antenatal care (four visits), including identification and management of gender-based violence 2. Iron and folic acid supplementation 3. Counselling on family planning, birth and emergency preparedness 4. Prevention of mother-to-child transmission of HIV, including with ART 5. Dietary counselling for healthy weight gain and adequate nutrition 6. Facility-based childbirth with a skilled birth attendant 7. Management of post-partum haemorrhage 8. Prevention and management of eclampsia; treatment for anaemia 9. Detection and management of post-partum sepsis 10. Family planning advice and contraceptives 11. Assisted Partner notification for ALHIV (where consented) 	<ol style="list-style-type: none"> 12. Child protection case management 13. Social support – (community awareness/sensitization) 14. Psycho social support mechanisms 15. GBV prevention programmes - Stigma 16. Police sensitivity trainings 17. Social cash transfer programmes 18. Social protection programmes 19. Gender transformative programmes 20. Delayed sexual debut information 21. SBCC on harmful cultural practices 22. Stop Violence against Children and Early marriage campaigns 23. Community Protection mobilization for legal action against sexual offenders. 24. Address harmful cultural practices 25. Referral 	<ol style="list-style-type: none"> 1. Create and scale-up safe spaces/drop-in centres 2. Socio-economic empowerment 3. Job creation 4. Psycho social support mechanisms 5. Coordination, situational analysis, improved and more access to youth centred programmes 6. Stop Early marriage campaigns 7. Promote “Back-to-School” campaigns 8. Youth participation
Adolescents living with HIV 10-19 years	<ol style="list-style-type: none"> 1. Education on HIV and AIDS 2. Education nutrition 3. World AIDS day campaigns 4. Confidentiality 5. Links with SCT programmes 6. Referral 	<ol style="list-style-type: none"> 1. Universal access to HIV and sexual and reproductive health services 2. Linkage to care and treatment 3. Adherence to treatment 4. Condoms ART regardless of CD4 count 5. Viral load monitoring Positive Health, Dignity and Prevention, condom use 6. Couple HTC and disclosure; and partner prevention 7. Evidence based intervention (adapted to MW) 8. Confidentiality 	<ol style="list-style-type: none"> 1. Establish support groups 	<ol style="list-style-type: none"> 2. Establish support groups 3. Support youth networks for ALHIV 4. Campaigns on stigma reduction of ALHIV

Annex 8: AGYW Passport

REFERRAL PASSPORT BOOK

Region (Central/South/North)
District Code (BT, ZA, CK)

Reference Number (Pre-Printed/ Unique identifier issued through NRIS)
Sex: Male/ Female
Year of Birth
Name of Village or Area of Residence
Name of Traditional Authority

REFERRAL POINT OF ENTRY

CASE NUMBER _____																																									
Date: _____																																									
	Organization Name																																								
	Village Name																																								
	Traditional Authority																																								
Referred from	Name & Position																																								
Referred by	Contact																																								
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Signature: _____																																									

INCOMING REFERRAL – RECEIVING POINT

CASE NUMBER _____

Date of receiving: _____

Received by	Position	Contact
	1 GBV Services	11 School Re-Enrolment
	2 SRHR	12 Bursaries
	3 Family planning	13 Vocational training
	4 SRHR	14 Business capital
	5 HIV testing	15 Leadership Development
	6 Counselling	16
	7 ART	17
	8 Post Exposure Prophylaxis	18
	9 Emergency contraceptives	19
	10 Nutritional services	20 No service provided
	1 One Stop Centre	3 Community VSU
	2 Youth Centre	4 (Specify if other)
	3 PVSU	5 (Specify if other)
<p>Name of service provided</p>		
<p>Name of place where further referral is being made to (if further referral is required)</p>		
<p>Reason for Further Referral:</p>		
<p>Signature</p>		

REGISTER AT THE ONE STOP CENTRE, YOUTH CENTRE, PVSU OR COMMUNITY VSU (Applies for in and out referrals)

Date	Client Referral Number	Year of Birth	Village	Traditional Authority	Marital Status 1= Male 2= Female	Referred from	Service Referred for ¹	Service Provided 1= Yes 2= No	Further Referred to ² (if service not provided)	Need for Follow up 1= Yes 2= No
3/8/18										
3/8/18										
3/8/18										
3/8/18										
3/8/18										

1 We will assign codes to different services

2 We will assign codes to different referral points

**NATIONAL STRATEGY
FOR ADOLESCENT GIRLS
AND YOUNG WOMEN**

2018 – 2022