



Increases in adolescent pregnancy during COVID-19: how CBOs and communities in Malawi responded and what we learned

About Firelight

Firelight is a multi-donor public charity fund that raises money from foundations, individuals, and institutions to support community-based organizations (CBOs) that are working with their communities to drive systems change for children and youth in eastern and southern Africa. Firelight believes in the power and right of African communities to create lasting change for their children and youth. We believe that relevant, impactful, and sustainable change at the community level comes when community members determine, own, and drive the change process and when actions address the underlying systems and root causes of concern rather than only reacting to symptoms.

Through a participatory system of grants, mentoring, convening, learning, and reflection, Firelight invests in CBOs so that they can work with their communities to map their shared areas of focus and priorities; determine their definitions of need, opportunity, action, change, impact, and success; and work with their communities to build and realize their shared visions of sustainable change and true potential for children, youth and community.

Firelight funds and supports CBOs because they:

- Earn the trust of their communities and intimately understand local needs and context, by being born of the community.
- Engage communities in their own short- and long-term change processes.
- Leverage both existing community resources and outside investments.
- Link to connecting networks such as families, schools, government, and the private sector.
- Engage with existing systems and services to strengthen them and/or challenge them.

Sharp and substantial increases in adolescent pregnancies in Malawi

Early in 2020, Firelight heard from current and former CBO grantee partners that the COVID-19 pandemic, as well as resulting government lockdowns and slowdowns in economic activities, had caused a range of negative pressures to be placed on their communities. Grantee partners raised concerns that their communities were suffering, whether from fear, economic hardship, lockdowns, or other downstream effects of the pandemic. Children were especially vulnerable to these shocks.

In Malawi, during the first four months of the COVID-19 pandemic (mid-2020), the Mangochi and Machinga districts reported a total of 12,721 cases of adolescent pregnancies. In the southern Phalombe district, Kondowe organization reported 5,447 cases of adolescent pregnancies, as well as over 500 early marriages since the onset of the pandemic. In the eastern district of Mangochi, at least 7,274 adolescent girls became pregnant from January to June 2020. That figure included at least 166 girls aged between 10 to 14 years old.

How we and our grantee-partners responded

Community-based organizations are a critical part of the ecosystem of many communities before, during, and after any crisis. They are often families' and communities' first resource when crisis strikes. At the same time, these organizations also look at social change on a longer timeframe, examining how immediate, short-term interventions can or should impact long-term change.

Thus, during these early days of the pandemic, Firelight maintained frequent communication with CBO partners individually and in groups to better understand the situation that was unfolding at the community level. A smaller group of CBOs served as an unofficial advisory group to Firelight to help us shape our response.

In response to emerging issues, and guided by our CBO advisors, Firelight assembled a COVID-19 Emergency Response Fund combined with new donations and reallocations of funding from existing philanthropic grants. These funds were granted to CBO grantee partners so they would have the financial resources to launch into emergency response, urgently supporting children and youth, their families, and their communities.

Responding specifically to concerns about the extreme increases in adolescent pregnancy, Firelight supported a special cluster of nine CBO grantee-partners in the Mangochi and Machinga districts of Malawi, who were already or wanting to take action. (For details on each CBO grantee-partner and the individual actions they took, see Annex 1.)

Firelight grants – ranging from \$3,000 to \$20,000 – were allocated for one year of activities (from 2020-2021) through a streamlined and simplified proposal and reporting process.

While financial resources were important to CBOs, Firelight also supported them through capacity support in the form of virtual meetings and peer support, so that grantee-partners could co-ordinate, provide emergency information to each other, engage with other stakeholders, and share best practices in emergency response. In some countries, CBOs themselves volunteered to lead the community of practice.

CBO grantee-partners looked to respond to adolescent pregnancies from two angles: 1) addressing the social, emotional, physical, and economic consequences of those pregnancies and 2) exploring the root causes and drivers of adolescent pregnancy. To better understand both of these elements, CBOs conducted meetings with stakeholders – including adolescent girls, their families, social welfare officers, teachers, parent-teacher association administrators, religious leaders, and traditional leaders – during which CBOs sought community perceptions not only about how communities could more effectively come together to support young mothers and their children but also about how adolescent pregnancies could be prevented. CBO grantee-partners then worked hand in hand with their communities, with families, and with adolescent girls themselves to analyze the challenges, the opportunities, and the immediate and long-term actions they wanted to take.

Critical observations, actions, and learnings

Significant consequences can stem from adolescent pregnancies and these must be explored and addressed holistically with local resources to limit harm.

Consequence: shame, stigma, and lack of support from families and communities

Many girls who became pregnant suffered from ostracization, shame, and stigma, experiencing a lack of support from their families and communities. Mpeya CBO for example, recorded 527 adolescent pregnancies in their communities, and of the 120 selected as part of this initiative, about 40% of these girls (47) were chased out of their homes by their parents. This rejection not only resulted in the potential for physical and economic harm but the stigma also resulted in greater feelings of shame, hopelessness, and vulnerability.

Given the importance of family in supporting the girls, CBO grantee-partners worked with local stakeholders such as social welfare officers to assess the appropriateness of family reunification and then to conduct counseling sessions for the girls and their parents, helping a family to accept their daughter's situation, to help her plan for her and her child's future, and to increase her self-esteem. As a result of the counseling and reconciliation sessions, Mpeya CBO managed to reconcile all 47 girls who had been chased away from home with their families, with parents now providing support to the girls.

The support from CBOs helped to improve relations between parents and their young mothers. One girl shared:

“My mother is now more supportive and looks after my baby whilst I am doing my homework. Before attending the parenting sessions, she did not want to have anything to do with the baby. If the baby started crying and I was about to go to school, she would tell me to attend to the baby before I go to school. As a result, I would be late for school and get in trouble with the teacher.”

In terms of peer support to help with feelings of shame and stigma, some CBOs used youth clubs, many of which had already been established before the COVID-19 pandemic, to help young mothers meet each other, share their experiences, and support each other in strengthening themselves psychologically. One girl who attended the youth clubs said:

“Before I joined the youth club, I used to have feelings of shame and thought I was the only one in this situation. At the youth club, I met a lot of girls who had the same experience as me. I made friends with people who understood me well. Together with the other girls, we support one another and now have hope of changing our lives for the better.”

Another girl shared:

“Coming to the youth club allows me to experience childhood again. Even though I am now a mother, I still feel that I am a child and want to experience the joys of childhood again. I play with my friends and forget temporarily that I am a mother.”

Consequence: deepened poverty resulting in hunger, malnutrition, and other poor health outcomes for girls and babies

Adolescent pregnancies – which often came with the loss of family support – plunged girls further into poverty just when they were being saddled with new, child-related expenses. Falling into this deepened poverty resulted in health challenges for these mothers and their babies – without being able to pay for prenatal and postnatal care, mothers were more likely to experience health complications, especially given the high age-related risks of their pregnancies. At the same time, without financial resources, girls were unable to afford enough food, or enough nutritious food, to feed themselves and their babies, causing them to be at higher risk of hunger (undernutrition) and malnutrition.

In response, CBOs often provided girls with the essentials they needed to survive – including paying for their prenatal and postnatal care and delivering food packs to ensure that they and their babies would not be malnourished. For example, Mpeya CBO provided nutritious meals to 120 adolescent mothers for five consecutive months during the initiative to help transition the girls from a high risk of malnutrition for themselves and their babies. They also distributed fertilizer and maize seeds to all of these girls to ensure they would have a secure food supply during the next harvest. Similarly, Mpondasi CBO provided the families of 40 adolescent mothers with 5 kilograms of flour each to help support the girls and the girls' children.

Consequence: child marriage

To protect their “family name” or honor, and/or to ensure that they would have access to some financial security, some girls were forced by their families to marry their baby's father. Recognizing that the power dynamic of these marriages could easily result in abuse and poverty, many CBO grantee partners worked closely with teachers, chiefs, and parents to rescue girls from child marriages. For example, Lulanga CBO rescued five girls, Youth Impact CBO rescued 15 girls, and Machinga Women Forum rescued 6 girls, Mpeya CBO rescued 17 girls from child marriages.

Consequence: punishment per community bylaws

In many communities, bylaws stigmatize pregnancy and punish girls, forcing them to pay fines for their pregnancies. Mpeya CBO reported that 27 girls were ordered to pay fines by traditional leaders, while none of the fathers, mostly boys of a similar age to the girls, were asked to pay similar fines. In response, Mpeya CBO brought together 42 traditional leaders and other community stakeholders to review these bylaws. As a result of this review, the clause forcing girls who had premarital pregnancies to pay fines was removed from the bylaws.

Consequence: removal or drop out from school

Many pregnant girls were removed from school or were simply unable to return – due to stigma and lack of financial means and childcare support – when schools opened again after pandemic shutdowns. The girls' lack of access to education led to continued feelings of isolation and helplessness in addition to loss of learning. For example, Lulanga CBO reported

29 pregnancies in their community, with 7 dropping out of school in 2020. Pemphero Children's Foundation reported 47 girls who dropped out of school as a result of their pregnancies.

In response, CBOs often facilitated girls' re-enrollment in school, providing direct psychosocial support and counseling before the girls re-entered school where possible, as well as practical support including learning materials, funds for transportation, and school fees. For example, Mpeya CBO was able to ensure 98 girls returned to school by paying their school and exam fees, and Nyambi Youth Organization helped 130 girls gain readmission to school and provided school necessities to 100 of them. Mpondasi CBO supported 15 girls to re-enter school and were provided mentorship and counseling to do so. Pemphero Children's Foundation supported 138 girls to return to school (some who had dropped out even before COVID-19), provided 75 girls with school fees and/or uniforms, and ensured 55 girls had access to counseling. Re-entry into school often gave the girls hope for the future. A 16-year-old girl who received this support noted that:

"When I got pregnant, I lost all hope that I would ever go back to school. This hope was restored when I was given the opportunity to go back to school. Even though it is difficult balancing being a mother and being a student, I am persevering because I want a better future for myself and my baby."

As a result of their efforts, CBOs began to see results. For instance, Lulanga CBO reported no school dropouts by girls in 2021 (as compared to 7 in 2020), as well as an overall reduction of pregnant girls from 29 in 2020 to 3 in 2021.

To ensure that the girls stayed in school, CBO grantee-partners facilitated linkages to existing Village Savings and Loan (VSL) groups and "mother support groups," community-based structures that identify and support mothers from vulnerable backgrounds with linkages to community-based or public financial support systems that could pay for their school fees. For example, the Pemphero Children's Foundation, together with the local office of the Ministry of Education, conducted a capacity session for 103 members of mother support groups. These groups gained the ability to advise, report, and refer issues to relevant government offices such as the Ministries of Health, Education, Youth, and Social Welfare. Youth Impact CBO provided similar training to mother support groups and noticed an improvement in the coordination of activities between the support groups and teachers as a result of the training.

To support mothers emotionally when they re-entered school, some CBO grantee partners conducted psychosocial support activities. For example, Youth Response for Social Change facilitated peer-to-peer mentoring sessions for 20 young mothers who returned to school. Mentors often served as essential role models, motivating the girls to continue their education.

While communities witnessed a COVID-related spike in adolescent pregnancies, this is unfortunately not a "one-time" challenge. As such, the community needs to continue to engage in a deeper and more sustained community-driven process of unpacking and addressing root causes for lasting change.

To genuinely make sustainable, lasting, and impactful changes to challenges such as adolescent pregnancy, underlying root causes need to be explored and addressed by the community before, during, and after a crisis.

Root cause: poverty

At the core of the root causes of adolescent pregnancy in Malawi is poverty – the lack of financial resources to provide for basic needs. In Malawi, communities have struggled for generations, suffering from a failing economy, repeated droughts, and small harvests. Financial strife often affects young girls most acutely, as food, school fees, and other resources are often reserved for the family’s male members. In response, young girls often look to transactional relationships (i.e., money/resources for sex), and/or their families seek to marry them off to men who have greater means than their own (i.e., child/early marriage). Because of the financial “necessity” of these activities, these behaviors have often become normalized within communities.

As was well-documented, COVID-19 – and the movement restrictions and school closures that governments enacted in response – resulted in severe economic costs for Malawian families, many of whom were plunged further into poverty from already precarious financial positions. In other words, a family who relied on selling maize at the local market was no longer able to do so and thus had less family income to afford food and other necessities. As noted already, financial strife affects girls most acutely, and thus risky behaviors (such as transactional sex) have become more and more common.

Many CBOs posited that by supporting families to improve their economic situations, they could prevent these risky behaviors, and thus prevent adolescent pregnancies. Some interventions to improve families’ economic situations included forming Village Savings and Loans (VSL) groups, training parents and girls with business skills, and directly providing agricultural inputs.

Some examples of these interventions are outlined below:

- **Youth Impact CBO** trained 60 parents/guardians in business management and formed two savings groups where they pool together small amounts of money monthly. They then linked the groups to a local bank to open a bank account and they are now working closely with the Community Development Officer on village savings, loans, and business management. At the same time, they trained 30 parents/guardians on entrepreneurship to support their girls to return to school. After the training, parents and guardians started small businesses, such as selling vegetables at local markets.
- **Youth Response for Social Change**, in response to girls’ interest in training in tailoring, purchased sewing machines and recruited a trainer to teach 20 girls tailoring skills.
- **Lulanga CBO** worked with 17 adolescent mothers to develop their business skills and provided them with 25,000 Malawi Kwacha (MWK) each as capital to start small businesses as they waited for school admission.

- **Mpeya CBO** bought fertilizer and seeds and distributed these to 98 families of girls to support long-term food security.
- **Machinga Women's Forum** mobilized 20 mothers and 20 girls to take part in village savings and lending schemes.

Root cause: lack of education & intergenerational communication about sexual and reproductive health (SRH)

Many parents felt that they did not have the necessary skills to communicate with their children about sexual and reproductive health issues, feeling that their children were too young to engage in these discussions, only to realize too late (i.e., when pregnancy occurred) that their girls were already engaged in sexual activity.

At the same time, adolescent girls often did not have access to reliable sexual and reproductive health information and education from other sources. While health facilities and schools were potential resources, during the COVID-19 pandemic, many of these facilities were closed. As a result, misconceptions about sexual and reproductive health became even more prevalent.

In response, many CBOs organized “positive parenting” sessions for parents and adolescent mothers in their communities. For example, Chingwenya CBO conducted parenting sessions with 20 young mothers and their parents to improve improving comfort for parents in discussing these issues with their children and to strengthen families’ confidence in seeking help from the CBOs.

After attending a parenting session, a mother one of the young mothers noted:

“I had my daughter when I was only 13 years of age. I have never thought about talking to her about issues of sexual and reproductive health. How would I even bring this subject up with her? My mother never talked to me about such things. But after attending the parenting sessions, I now know how to communicate with my daughter on sensitive issues. I wish I had gotten this knowledge before it was too late.”

Recognizing that peer education is often the best way to educate adolescents about sensitive issues, many CBOs relied on youth clubs. During these youth clubs, adolescents met, engaged in age-appropriate and fun activities (e.g. dancing, sports), and learned about sexual and reproductive health. For example, CBO Youth Response for Social Change coordinated weekly meetings for 20 youth to provide information on sexual and reproductive health so that they could make informed decisions in the future. Similarly, Youth Impact CBO trained 40 girls and 20 boys on sexual and reproductive health.

Root cause: norms around adolescent pregnancy and child marriage

Traditionally, many community members do not realize how deeply rooted the causes of adolescent pregnancy are, as they experience this challenge generation after generation. Many adolescent mothers were the daughters of adolescent mothers themselves –

reinforcing norms of adolescent pregnancy in their families and communities. Because so many families see adolescent pregnancy as a routine occurrence, they are sometimes unconcerned by a daughter's pregnancy, so long as she would marry her baby's father, regardless of the age of the girl or the unequal power relations created by such marriages. At the same time, many families were very concerned about adolescent pregnancies, reacting oppositely: stigma and shame (this will be discussed in a section below).

To begin to change community norms around adolescent pregnancy, each one of the CBO grantee partners worked on awareness raising and engagement. For more details, see Annex 1 below.

Root cause: lack of secondary education access and school closures

Even before the pandemic, youth in Malawi experienced challenges in transitioning from primary to secondary school. While primary schools are plentiful, there are fewer secondary schools, meaning that girls often miss out. Scarcity of available schooling means that they must walk long distances to and from school, or that their male siblings' educations are prioritized. When this scarcity is combined with poverty, secondary education is simply seen as too much of an investment for little return in the face of immediate financial pressure. This phenomenon was further compounded by the COVID-19 pandemic, during which schools were closed.

Addressing issues as complex as adolescent pregnancy requires the involvement of multiple stakeholders.

These ongoing efforts will involve continuing to work with families, community members, parent-teacher associations, religious leaders, community leaders, and policy leaders, as well as directly with girls and boys to combat adolescent pregnancy. Ongoing investment in this issue by all members of the community at large is critical to lasting support and a shift in norms going forward. For example, community chiefs and traditional leaders can help catalyze normative change and lead the revision of local policies and bylaws, government officials can help ensure that young mothers can access a full range of social services, and parents can help prevent the cycle from repeating for their younger children.

At the same time, the education sector needs to be deeply engaged in this issue. Since staying in school and receiving an education is the intended pathway for girls, education leaders can explore how constructing more schools (whether standard or vocational) in areas where the risk of adolescent pregnancy is high can reduce the incidence of this challenge. Alternatively, existing schools can explore peer-to-peer mentorship models so that youth can see the value of an education, and that staying in school will lead to positive life outcomes.

Long-term change must be guided by communities with the support of their own embedded organizations.

In emergency contexts like COVID-19, a connection to the community proved to be especially vital, with CBOs continually proving themselves to be best placed for immediate response to emergencies. The effectiveness of our grantee-partners' work demonstrates the benefits of

deep collaboration with communities, who understand their contexts best and are best placed to address not only the surface level but also the root causes. But CBOs must be valued and supported – whether through funds or basic legitimacy in social change systems – before a crisis hits.

And the action cannot be one-time or piecemeal. Work on the dynamics that impact adolescent pregnancies needs to be guided by communities who are supported to address root causes and systems, both as a means of identifying problems and of building lasting and community-led solutions and systems shifts.

Trust-based, flexible grantmaking is critical to support organizations and communities to shift systems before challenges arise and to build the assets and resilience necessary to face and withstand crises when they come.

As climate change creates bigger shocks for communities in eastern and southern Africa, we anticipate that emergency grantmaking will become increasingly common. Investing in long-term, sustainable change rooted in communities with a broader grantmaking program that is driven by values of solidarity and mutual respect, before the emergency strikes, gives communities and their organizations the best possibility of success with or without a crisis. This work requires time, money, trust, and support.

Trust and flexibility need to be augmented when crises strike.

As a funder, our goal was to provide resources that allow for swift action to prevent harm and provide support for communities via our CBO partners. Some of our critical grantmaking lessons include the following:

- During emergencies, it is important to have grantmaking systems that are not rigid and bureaucratic, but rather, that allow for support to reach the intended communities expeditiously.
- Participatory approaches are important, even during emergency interventions, to allow for genuine listening – giving the intended beneficiaries and the communities space to identify their needs and the support they need.
- Emergency interventions need to be anchored on existing community structures so that they are sustainable.

ANNEX 1 - CBO grantee-partners

The nine CBO grantee partners that Firelight supported are listed below, along with a brief description of why they were funded by Firelight:

District	CBO name	Grant amount	CBO description
Mangochi District	Chingwenya CBO	\$3,500	Chingwenya CBO, established in 2005 by community members, works with 21 villages in Namwera to identify and address the root causes of child marriage and adolescent pregnancy. The CBO used the funding from Firelight to conduct COVID-19 and adolescent pregnancy awareness campaigns, hold interfaith meetings with local leaders, sponsor dialogue sessions with adolescent mothers, and provide loans and school fees to adolescent mothers.
	Mpeya CBO	\$8,500	Mpeya CBO works with 98 villages in the Chilipa area of Mangochi, and during COVID-19, identified 120 vulnerable adolescent mothers with whom to work as part of this initiative. They donated emergency maternity supplies, rescued many girls from child marriages, reunited girls with their families, ensured mothers and their babies had nutritious food during a high-risk period, supported girls to return to school, encouraged girls to visit health centers to access sexual and reproductive health services, and facilitated the review of unfair community bylaws that punished girls for becoming pregnant. As part of this review, Mpeya CBO collaborated with village heads, government officials, social workers, police officers, teachers, health workers, and mother groups. Notably, Mpeya CBO also mobilized community members to mold and donate bricks to construct a new skills development center, which could be used by both the girls and the wider community to create space for trainings on economic improvement.
	Lulanga CBO	\$5,000	Lulanga CBO, founded in 2007, works to realize the rights of children and other vulnerable groups in the Makanjira area of Mangochi. With the grant from Firelight, the CBO held meetings with government officials and other local leaders, conducted community awareness meetings about COVID-19 and adolescent pregnancy, formed mother support groups and trained them on business skills, supported adolescent mothers with direct financial capital to start/scale businesses, trained girls in youth clubs at school and support them with scholastic materials, and trained child protection volunteers.
	Pemphero Children's Foundation	\$10,000	Pemphero Children's Foundation was founded in 2003 to mitigate the impact of HIV and AIDS by providing accurate information and economic empowerment to their community. With funding from Firelight, Pemphero raised community awareness about adolescent pregnancy, supported girls with school fees and scholastic materials to return to school, trained mother support groups, counseled girls, and collaborated with youth clubs. As part of this initiative, the CBO worked with community leaders, both national and district-level officials, teachers, and even police officers.

	Mpondasi CBO	\$3,000	Mpondasi CBO was founded in 2013 with the aim of reducing gender-based violence through improvements in child protection systems. With funding from Firelight, Mpondasi rescued girls from child marriages, ensured adolescent mothers could re-enter school, and supported adolescent mothers with nutritious food to feed themselves and their babies. As part of larger community change efforts, Mpondasi CBO conducted meetings with various community members and leaders – chiefs, faith leaders, parents, village development committees, and government officials – as well as with girls themselves.
Machinga District	Youth Impact CBO	\$10,000	A long-time CBO grantee-partner of Firelight, Youth Impact was founded in 2005 to support children, youth, women, the elderly, and people living with disabilities to improve their lives. With funding from Firelight, Youth Impact conducted community awareness meetings about adolescent pregnancy, trained girls and boys in sexual and reproductive health, trained parents/guardians in business management and provided them with start-up capital, and provided psychosocial support and counseling to adolescent mothers.
	Nyambi Youth Organization	\$20,000	Founded in 1999 as a youth club, Nyambi Youth Organization works to create an enabling environment for communities to analyze and address their own challenges using a participatory approach. With support from Firelight, Nyambi Youth Organization readmitted girls in schools, helped with vulnerable girls' school and examination fees, provided school materials, conducted meetings with local government officials, and trained youth clubs and child protection case managers.
	Youth Response for Social Change (YRSC)	\$15,000	Founded in 2010 as a youth club, Youth Response for Social Change aims to unleash the social and economic leadership of youth, girls, and women through human-centered approaches. With funding from Firelight, YRSC empowered adolescent mothers with training in vocational skills and microfinance, helped them return to school, trained mother support groups in psychosocial counseling, conducted mentorship sessions for girls rescued from child marriage, raised awareness on gender-based violence, and raised community awareness about adolescent pregnancy.
	Machinga Women Forum (MWF)	\$12,000	Machinga Women Forum, founded in 2008 by women in the community, aims to eradicate poverty by challenging gender-based injustices, especially sexual violence against women. With funding from Firelight, MWF built the capacity of girls and numerous community leaders on topics ranging from child protection to financial literacy, coordinated meetings with district child protection working groups, established a village savings and loan program for pregnant girls, withdrew six girls from child marriages, and ensured seven adolescent mothers were readmitted in school.