MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN MALAWI

Phase 1 Report

firelight™

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EXECUTIVE SUMMARY

The Malawi Government has demonstrated commitment to protecting children from harm, violence, abuse, and neglect. Various national laws, policies, and strategic frameworks have since been in place in furtherance of child rights. Therefore, it was imperative to assess the country's status on child rights indicators.

It is in this regard that Firelight Foundation commissioned the child rights mapping study which sought to address the following objectives: i) The status of children on key indicators relating to child rights; ii) Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights; iii) Challenges/ barriers and strengths/ opportunities faced by community-based organisations and other community-level actors; and iv) Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs. The study mainly applied a qualitative design using a complementarity approach involving document analysis and Key Informant Interviews. Data were analysed using content analysis to generate emerging themes.

Overall, the mapping has revealed progress in the furtherance of child rights across the study indicators: improved child health and survival, as evident by the reduction in infant mortality rate from 135 deaths per 1000 live births to 40 deaths per 1000 live births in 1992 and 2020 respectively; a reduction in the stunting rate from 46% in 1992 to 35.5% in 2020; and the proportion of women who delivered at the health facility increased from 55% in 1992 to 97% in 2020. There is also an improvement in access to adolescent sexual reproductive health services. With respect to child development and education, increased access to ECD, primary, and secondary education was recorded. Various mechanisms were put in place with the aim of

eliminating harmful social and cultural practices and strengthening protection of the child in the family and community. Additionally, evidence on child participation in decision making was impressive, with highly decentralised platforms from national to community levels. Malawi had also scored, in so far as Birth Registration
was concerned, with about 67% of children reported to have their births registered by 2020.

Most importantly, Malawi is among a few countries in the region with a robust child rights-related legislative environment. This is demonstrated by the adoption of the African Charter on the Rights and Welfare of the Child through the enactment of the Child Care, Protection and Justice Act, which has strengthened the legal environment with the child rights lens. Malawi also has a sound policy environment adequately addressing various aspects of child rights. The formulation of the guide on how to assess the child-friendliness of the national government budgets is a demonstration of the Government's commitment to enhancing accountability mechanisms for the implementation of targeted interventions on child rights.

However, despite these achievements, gaps in child rights existed. Stunting levels for children under five remained high at 35.5%. The unmet need for sexual reproductive health services was relatively high. Regarding child development and education, available data shows that about 50% of eligible children lacked access to ECD, and children with disabilities were disproportionately represented. While the country has made significant progress in improving access to primary and secondary education, the low progression and completion rates presented a potential threat to the efficiency of service delivery. Equity gaps were visible in the education sector, with girls and children with disabilities having limited access. Factors hindering the progression of girls in school ranged from poverty, inadequate infrastructure, early marriage, and adolescent pregnancy. Furthermore, harmful social and cultural practices such as child labour and child marriage remain pervasive. Malawi ranked among countries in the world with the highest prevalence in child marriage. Child labour was also common, especially in the agriculture sector. Although child participation in decision-making was relatively impressive, more effort was needed to accelerate Birth Registration.

INTRODUCTION

1. Introduction

Child rights have become a global agenda. Child rights cover a range of developmental needs that children are entitled to by nature of being human. These developmental needs encompass the right to health, education, family life, recreation and play, and protection from any form of harm and abuse. The United Nations Convention on the Rights of the Child (CRC), alongside its Optional Protocol on the Child Rights, demonstrates a universal approach promoting children's rights and ensuring their protection from abuse and harm. Despite these global efforts, exposure of children to abuse, neglect, exploitation, and violence is widespread. WHO (2020) indicates that, 1 in every 5 women and 1 in every 13 men report having been exposed to sexual abuse as a child aged 0-17 years, whereas, and 120 million girls and women have suffered some form of sexual abuse.

The UNICEF Annual Results Report (2017) on Child Protection broadly highlights challenges in child protection across the globe. Particularly, around 7 in 10 (300 million) children aged 2-4 years were reported to have been exposed to physical discipline in the home; more than 1 in 3 (130 million) children aged 13-15 years have suffered bullying; and about 732 million school-age children aged 6-17 years were found in countries where there was no legal protection against corporal punishment. The report further projects that about 150 million girls are likely to marry before their 18th Birthday by 2030.

Furthermore, the 2017 UNICEF Annual Results Report indicates that an alarming 200 million girls and women have been subjected to Female Genital Mutilation; 168 million children aged 5-17 years are exposed to child labour with 5% found in the worst forms of child labour; and an estimated 650 million children under the age of 16 years have no birth records. Earlier evidence particularly shows that girls are more vulnerable to being victims of violence than boys, with an estimated global burden of 18% for girls compared to 8% for boys (World Health Organisation, 2016).

Evidence shows that exposing children to any form of adversity negatively impacts their cognitive, physical, emotional, and social development as well as their life-long health and well-being. Although outcomes for each child may vary widely, there is

consensus on long-term effects across developmental outcomes, including physical and health consequences; persistent psychological problems; and behavioural consequences. These developmental gaps are often manifested through poor mental and emotional well-being, attachment and social difficulties, diminished cognitive functioning, post-traumatic stress, toxic stress, and delinquency behaviour later in the child's life (Rocha, 2021). The global response to addressing issues of child protection has been demonstrated through various strategic guidelines, resolutions, and partnerships.[1][2][3][4][5][6] Of great significance is the integration of child protection in the Sustainable Development Goals (SDGs), also known as the UN Agenda 2030, which was adopted by the United Nations in 2015 as a universal call to action to end poverty. The 2030 Agenda is closely aligned with the universal nature of children's rights and are both mutually-reinforcing. Therefore, championing child rights can act as a catalyst for implementing Sustainable Development Goals.[7]

The 2030 Agenda for Sustainable Development represents the highest aspirations for a bright future for the world's children and is a crucial opportunity to realise the rights of the child worldwide. It provides a clear framework for implementation and aims to improve children's lives through a universal approach with clear goals and targets. Undeniably, fulfilling children's rights is a prerequisite for realising the 2030 Agenda.[8]

At the regional, the African Charter on the Rights and Welfare of the Child (therein referred to as the Charter) which came into force in 1999 provides the legal basis for a well-coordinated regional approach to ensuring the protection of children. While its provisions are aligned to the universal human rights principles enunciated in the

1. United Nations, Child, Early and Forced Marriage, General Assembly Resolution 69/156, 18 December 2014;
2. United Nations, Child, Early and Forced Marriage, General Assembly Resolution 69/156, 18 December 2014;
3. United Nations, Protecting Children from Bullying, General Assembly Resolution 69/158, 18 December 2014
4. Child Protection Planning, Monitoring and Evaluation Resource Pack
5. Call to Action on Protection from Gender-Based Violence in Emergencies: Road map 2016–2020
6. INSPIRE: Seven strategies for ending violence against children (global policy)
7. Committee on the Rights of the Child (CRC), "Contribution to the 2030 Agenda for Sustainable Development in response to a call for inputs by the High-Level Political Forum on Sustainable Development," March 2019, Committee on the Rights of the Child (CRC), "Contribution to the 2030 Agenda for Sustainable Development in response to a call for inputs by the High-Level Political Forum on Sustainable Development," March 2019, https://www.ohchr.org/Documents/HRBodies/CRC/HLPoliticalForumSustainableDevelopment.pdf; A/HRC/34/27, para. 18.
8. United Nations Human Rights, Child Rights and the 2030 Agenda for Sustainable Development. Available at: https://sustainabledevelopment.un.org/content/documents/26130Child_Rights_2030_Agenda_HLPF_2020.pdf or https://www.ohchr.org/en/children/childrens-rights-and-2030-agenda-sustainable-development
9. African Charter on the Rights and Welfare of the Child

Convention on the Rights of the Child, the Charter uniquely acknowledges the diversity in cultural practices that the African Child is exposed to. Particularly, the Charter and universal human rights principles bring to the fore challenging cultural practices that often act as bottlenecks to the advancement of child protection efforts. The Charter further highlights the need to ensure the protection of the child in the family thus, recognising the collective nature of African society. Built on four fundamental principles; i) non-discrimination; ii) best interest of the child; iii) survival and development, and iv) child participation, the Charter demonstrates a consensual act, goodwill, and commitment by the African leaders to the furtherance of child protection issues at the regional level. Presented below are the provisions of the charter.

Table 1: African Charter on the Rights and Welfare of the Child

Article 1: State obligation	Article 17: Administration and Juvenile Justice
Article 2: Definition of the Child	Article 18: Protection of the Family
Article 3: Non-discrimination	Article 19: Parental Care and Protection
Article 4: Best Interest of the Child	Article 20: Parental Responsibility
Article 5: Survival and Development	Article 21: Protection Against Harmful Social and Cultural practices
Article 6: Name and Nationality	Article 22: Armed Conflicts
Article 7: Freedom of Expression	Article 23: Refugee Children
Article 8: Freedom of Association	Article 24: Adoption
Article 9: Freedom of Thought, Conscience and Religion	Article 25: Separation from Parents
Article 10: Protection of Privacy	Article 26: Protection Against Apartheid and Discrimination
Article 11: Education	Article 27: Sexual exploitation
Article 12: Leisure, Recreation, and Cultural Activities	Article 28: Drug Abuse
Article 13: Handicapped Children	Article 29: Sale, Trafficking, and abduction
Article 14: Health and Health Services	Article 30: Children in Prison
Article 15: Child Labour	Article 31: Responsibility of the Child
Article 16: Protection Against Abuse and Torture	

It is worth noting that the African Charter on the Rights and Welfare of the Child reverberates the four universal principles that underpin child rights as articulated in the Convention on the Rights of the Child: non-discrimination; the best interest of the child; the views of the child; and the right to survival and development.

1.1 Contextual Background

The Government of Malawi is determined to promote social development of its citizenry. The vision 2020 outlined the long-term developmental agenda for the country. Furthermore, Malawi Growth and Development Strategy 2017-2022 identified health, education, gender, environment, and Governance as strategic areas to accelerate economic growth and social development.

Concerning child rights and protection issues, there is a national commitment, as evidenced by legislative and policy reform. Malawi as a party to international treaties such as the Universal Declaration on Human Rights (UDHR); United Nations Convention on the Rights of the Child (CRC); Convention on the Elimination of All forms of Discrimination Against Women (CEDAW); and the African Charter on the Rights and Welfare of the Child has taken a step to ratify the same. The Malawi Constitution recognizes the child as any person below the age of 18 years and emphasises the principle of equality before the law. Enactment of laws including the Prevention of Domestic Violence Act (2006); the National Registration Act (2009); and the Child Care, Protection and Justice Act (2010) has provided national-level normative standards for strengthening child protection.

The CRC alongside the Committee on the Rights of the child and the Optional Protocol provides a comprehensive universal framework on child rights that are central to the SDGs, including health, education, housing, an adequate standard of living, social security, non-discrimination, protection from violence and exploitation, participation, and the freedoms of expression, assembly, and information, among others. Within this framework therefore, the states obligation to fulfil, respect, protect, and promote children's rights also imply achieving universal sustainable development.[10]

10. A/HRC/34/27, para.7.

The UNICEF Child Protection report (2012) of Malawi, particularly notes that the Child Care, Protection and Justice Act (2010) has been a landmark legislation providing the overall regulatory framework for strengthening the national child protection system in Malawi. The Act provides among others: Child Protection, and Care (Part II); Determination of the age of the child (Part iv); Transitional provisions Part X. Enforcement of Child Care, Protection and Justice Act (2010) has stimulated demand for mapping of the existing child protection systems to generate national-level data on the status of child rights and triggered the need for the development of a costed implementation plan and resource mobilisation strategy; implementations of regulatory frameworks; and development of standard packages of services, training, and protocols.

The Government of Malawi further recognises that full realisation of child rights requires well-coordinated efforts across departments and partners through a systems approach. At inter-departmental level, strengthening the child protection system has been a policy priority with a focus on five key elements: i) structures, ii) functions; iii) process of care; iv) capacities; v) continuum of care; and vi) accountability mechanisms. Development Partners such as UNICEF, Save the Children, World Vision and the World Bank have also played a complementary role in strengthening child protection structures.

1.2 The Rationale for Child Rights Mapping

Malawi is a states party to international and regional child rights instruments. The Sustainable Development Goals (SGDs) further provide the bedrock for promoting children's rights. At the national level, various pieces of legislation and policy frameworks aimed at ensuring a supportive and enabling environment for children have been put in place.

Despite these milestones, however, efforts at protecting and promoting child rights remain under threat. Existing data shows particular risks, such as the vulnerability of adolescent girls to vices like child marriage, early pregnancy, child abuse, sexual violence, and child labour that may warrant closer attention. The World Vision Child Rights Barometer Malawi (2018) report indicates that an estimated 42% of the

children were married before the age of 18. USAID (2021) further notes that adolescent pregnancies account for 29% of all births and 15% of maternal deaths in Malawi. High levels of poverty, inadequate resources, and inadequate coordination mechanisms are among the key barriers. It is estimated that about 60.5% of the children in Malawi face poverty in different forms.

The aim of the mapping exercise was to take stock of the status of children in Malawi on child rights indicators within the provision of the African Charter on the Rights and Welfare of the Child alongside the Child Care, Protection and Justice Act (2010). Given the broad scope of child rights indicators, the review was limited to five child rights dimensions: i) Child Health and Survival; ii) Child Development and Education; iii) Protection of the Child in the Family; iv) Protection of Children from Harmful Social and Cultural Practices; v) Child Participation.

1.3 Objectives of the Child Rights Mapping

The overarching goal of the mapping exercise was to explore and assess, from a country-level perspective as well as from the perspectives of communities in selected districts:

1. The status of children on key indicators relating to child rights;
2. Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights;
3. Challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and
4. Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.

1.4 Evaluation Framework

The evaluation was guided by the World Health Organisation INSPIRE strategies for ending violence against children. Thus, our analysis was done within the themes of the INSPIRE strategies (albeit not comprehensively) as follows: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver

support; income and economic strengthening; response and support services; and education and life skills.

METHODOLOGY
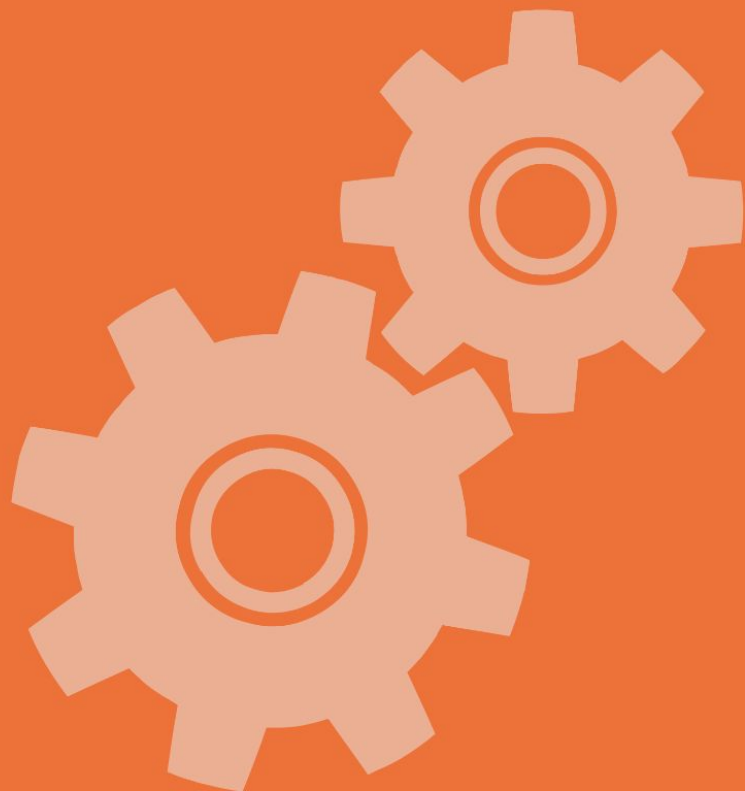
2. Methodology

This section presents the methodological approach that informed the mapping exercise as presented below.

2.1 Study Design

Based on the Terms of Reference (ToRs), the study was structured to be conducted in two phases. Phase 1 focused on gathering, reviewing, and analysing secondary data at the country level. Phase 1 further involved the administration of surveys to a sample of key government and civil society stakeholders at the national level to generate data on the status of children, implementation and enforcement of laws, response and support services at the institutional and or organisational level, challenges, and opportunities.

With key learnings from Phase 1, Phase 2 will be implemented in selected districts where Firelight Foundation has existing programmes. This will allow the research team to conduct in-depth interviews with Key Informants and Focus Group Discussions with Government officials, CBO representatives, Community Leaders, parents, children, and the youth to explore challenges facing the community in the realisation of children's and youth's rights; and assets/ opportunities/ protective mechanisms in the community supporting and promoting the realisation of children's and youth's rights

2.2 Sampling

The reference points for the selection of the study were the national, regional, and district levels. At the national level, key informants were selected from relevant institutions implementing child rights-related programmes. These were: the Ministry of Health; Ministry of Gender, Children, Disability, and Social Welfare; and Ministry of Education, Science, and Technology. At the district levels, officials from implementing departments were selected to participate in key informant interviews. The same

selection approach will be applied in Phase 2 of data collection. Similarly, participants in focus group discussions in Phase 2 will be selected at the district and community levels.

2.3 Sample Size

The sample comprised 21 participants distributed as follows: a total of 9 national-level officials drawn from the Ministry of Education, Science and Technology, 1 from the National Registration Bureau, 2 from the Ministry of Youth, 2 from the Ministry of Labour, 1 from the Ministry of Gender, Children Development, 1 from the Ministry of Health. At the district level a total of 7 officials were interviewed from three districts; Mangochi, Machinga, and Zomba. In addition, four officials from three Civil Society Organisation.

2.4 Inception Meeting with the Client

Before the commencement of the study, inception meetings were held with Firelight Foundation to review the study implementation approach: study design; sampling strategy; data collection methods; work schedule; stakeholders to be consulted; budgeting; any relevant or emerging issues that may have had a bearing on the study outcomes.

2.5 Data Collection Methods

To ensure that the data collected adequately addressed key objectives, triangulation of data sources was applied as presented below:

2.5.1 Desk review

The research team conducted document analysis. This stage involved a literature review and desk review of relevant documents. The purpose was to provide a contextual understanding of child rights-related laws, policies, strategies, and

programmes. Thus, relevant laws, policies, strategic plans, sector performance reports, national survey reports, project and programme operational documents, and financial reports (where available) were reviewed.

2.5.2 Key informant interviews

Key informant interviews were an integral part of the mapping exercise. A semi-structured questionnaire was applied to collect detailed data from the key informants. Data generated from KII included: i) information on existing laws and policies on categories of children's rights; ii) what are the response and support services for children on various categories of rights at different levels; iii) what are the barriers and facilitators in promoting children's rights. This strategy was applied in Phase 1 and will be replicated in Phase 2 of the study.

2.5.3 Focus group discussion

Focus Group Discussion will be applied in Phase 2 of the study to facilitate a participatory approach to collecting comprehensive data. Each FGD will comprise at least 10 participants. A sample frame for the FGDs will be developed in consultation with Firelight Foundation to determine the number of FGDs and communities from which participants will be drawn.

Table 2: Data collection matrix

Objectives	Data Source	Data collection method	Data collection tools
The status of children on key indicators relating to child rights	Document analysis, Interview	Desk Review	Documents
Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights	Stakeholder analysis, and Community dialogues	KII & FGDs	Semi-structured questionnaire and FGD guidelines
Challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and	Community dialogues and interviews	KII & FGDs	Semi-structured questionnaire and FGD guidelines

| Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.	Community dialogues and Interviews	KII & FGDs	Semi-structured questionnaire and FGD guidelines

FGDs will be conducted in close collaboration with CBOs. The research team will comprise at least one person from each of the participating CBOs to facilitate mobilisation of community members.

2.6 Data Collection Procedure

Data collection took a participatory approach which allowed the engagement of key stakeholders from relevant Ministries and other stakeholders. Training of Research Assistants for Phase 1 was done to ensure data quality. This will apply to Research Assistants for Phase 2.

2.7 Analysis

Data for Phase 1 was transcribed and a framework analysis was used to categorise data into the following study themes: Child Health and Survival; Child Development and Education; Child Protection in the family and Community; Protection of Harmful Social and Cultural Practices; and Child Participation.

FINDINGS

PRESENTATION AND DISCUSSION OF FINDINGS

This section presents the findings of the study based on the study objectives. The overall objective was to assess the status of children on key indicators relating to child rights. The study further explored areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights; Challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs. The presentation of findings will, therefore, be informed by these themes.

3.1 Objective 1: Status of Children on Key Indicators Relating to Child Rights

Objective 1 examined the status of children with a focus on the following themes: child health and survival; child development and education; protection of the child in the family; protection from harmful social and cultural practices; and child participation.

3.1.1 Child health and survival

The Malawi Government has identified health as an essential aspect of increased national productivity, accelerated economic development, and reduced poverty (MGDS, 2017-2022). Child health encompasses the state of mental, physical, and social-emotional well-being. In Malawi, the Ministry of Health is the primary provider of the health care system, covering 63% of health care delivery. The Christian Association of Malawi accounts for 26% and private-profit providers account for 11%. Institutional provision and management of health services are at the national, regional, and district levels. The health system is organised at three levels: primary, secondary, and tertiary. Primary health services are mainly provided at the community level by the Health Surveillance Assistants. The type of services at this level are mainly promotive and preventive health interventions through door-to-door visitations, mobile clinics, and village clinics (MoH, 2017). The secondary level

provides referral services whereas the tertiary level provides specialist services.

3.1.2 Legislative and policy environment

The primary legislation is the Constitution of Malawi, which is the Supreme Law that recognises fundamental human rights on an equitable basis. This is enshrined in Chapter III (c) of the Constitution which acknowledges the right to life as a fundamental human right. The Public Health Act is another paramount legislative framework that provides for public health provisions. Other notable policy documents covering child health and protection include the MGDS 2017-2022 and the Vision 2020, which outlines the long-term vision of the country in respect of child rights and protection. The Malawian Government has also formulated The National Health Policy and the Health Sector Strategic Plan that guides the implementation, monitoring, and evaluation of health care interventions with a focus on increased national coverage.

The Constitution of Malawi, which is the Supreme Law of the land, guarantees equitable access to quality health care. The MGDS 2017-2022 and the Vision 2020 outline the long-term vision The Public Health Act provides for the preservation of public health. The National Health Policy and the Health Sector Strategic Plan provide a guide on the implementation of health care interventions with a focus on increased national coverage.

3.1.3 Funding and resource allocation

The Government is the major funder of health services in Malawi. Additionally, the various cooperating partners, including international Non-Governmental Organisations and other Faith-Based Organisations, provide financial and technical support to the health sector. This resulted in Malawi gaining a competitive advantage in respect of funding health interventions as evidenced in the overall reduction of infant mortality, child mortality, mother-to-child HIV transmissions, maternal mortality, and other maternal-related illnesses and deaths. Furthermore, the provision of sustainable and quality under-5 services will provide an assurance that children have higher chances of realising their full potential at all levels of child development. Consequently, living a full, quality, long, healthy, and fulfilled life.[11]

11. Interview with a Government official, Lilongwe, 21 March 2022

3.1.4 Response and programme interventions on child health and survival

Child health and survival areas of focus in this study included: reduced morbidity and mortality due to malnutrition; improved hygienic and sanitation practices; increased maternal, neonatal, infant, and child survival; and adolescent sexual and reproductive health. Malawi has made steady progress in the health sector. Gains on key indicators are highlighted in this section.

3.1.4.1 Maternal, neonatal, infant, and child survival

To promote high-impact interventions targeting children, the Malawi Government adopted the Integrated Management of Childhood Illness Strategy in 1998 through technical support from the WHO and UNICEF. This has since been scaled up to almost all health facilities across the country. Furthermore, an Accelerated Child Survival and Development Strategic Plan (2014-2020) was developed to address the following objectives: achieve universal coverage of selected high impact interventions for maternal, new-born, and child survival and development; strengthen interventions that promote uptake of high impact interventions; and strengthen the capacity of systems for leading, managing and providing high-impact and low-cost priority interventions for women and children. Additionally, a community approach to child health service provision has been promoted. Notably, the Community-Integrated Management of Childhood Illness (C-IMCI) Framework aims at enhancing community participation in the delivery of child health services with a focus on four elements: (1) improving partnerships between health facilities and the communities they serve; (2) increasing appropriate and accessible health care and information from community-based providers; and (3) integrating promotion of key family practices critical for child health and nutrition, and a multi-sectoral platform. Through these interventions, notable gains have been achieved over the years as presented below.

3.1.4.2 Infant and child mortality

In light of SDG target (3.2) on ending child mortality, the goal of the global community is to reduce neonatal mortality to 12 deaths per 1000 live births. As for the under-5 mortality rate, the goal is the reduction to 25 deaths per 1000 live births. The 2015-2016 Demographic Health Survey reports a decline in under-5 mortality from

234 deaths per 1,000 live births in 1992 to 63 deaths per 1,000 live births in 2015-16. Further, infant mortality declined from 135 deaths per 1,000 live births in 1992 to 42 deaths per 1000 births in 2015-16. (See details in figure 1)

Figure 1: Early Childhood mortality rates
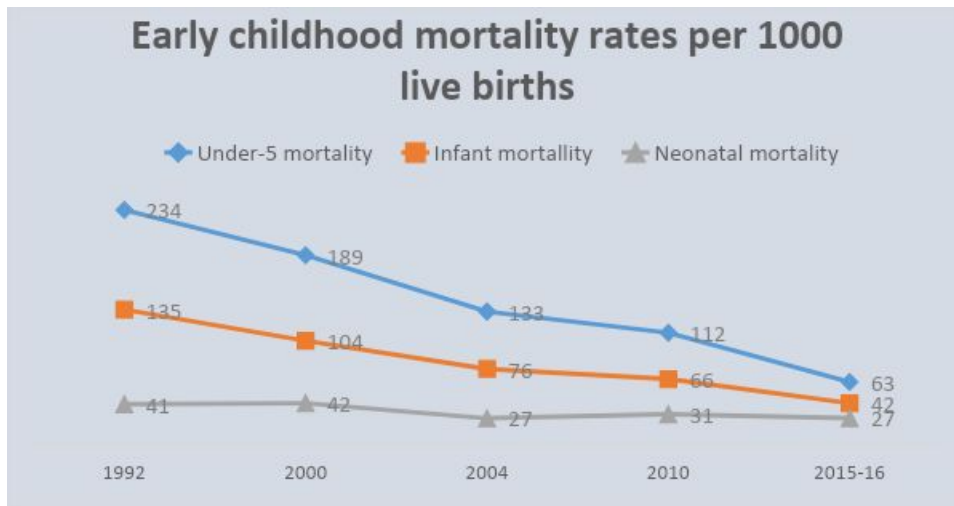
Source: Malawi Demographic and Health Survey 2015-16

The Multiple Indicators Cluster Survey (2019-2020) shows further reductions as follows: neonatal mortality rate at 26 deaths per 1000 live births; infant mortality at 40 deaths per 1000 live births; and under-five mortality at 56 deaths per 1000 live births.

Several factors have been attributed to this achievement, including an improved health care system, increased funding, sustainable donor support, and system strengthening through a well-coordinated integrated approach. Strengthening community-based intervention efforts through the enhancement of frontline workers (Health Surveillance Assistants) and community structures such as care groups has also contributed to child survival. Positive trends such as improved child birth have been recorded through measures at the community level that encourage mothers to deliver from health facilities. This has been achieved through the active engagement of the Ministry of Health and traditional leaders. Officials who participated in the Key Informant Interview acknowledged the role of traditional leaders in child health

services. They reported that some traditional leaders have been proactive in raising community awareness of child health to the extent of enforcing by-laws that impose a penalty on mothers who deliver (give birth) at home. All these complementary efforts have seen a reduction in the number of mothers delivering at home (see figure 2 for details).

Figure 2: Trends in place of birth
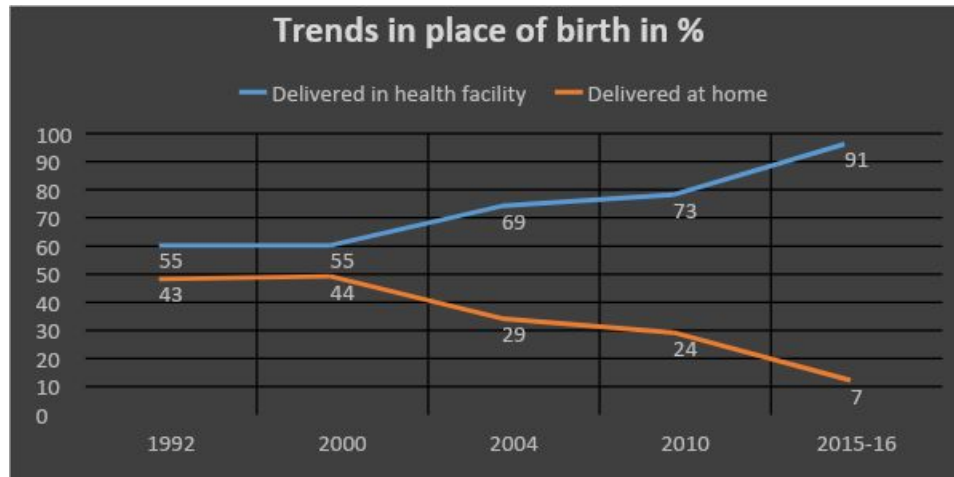
Source: Malawi Demographic and Health Survey 2015-16

According to the MICS (2019-2020), the proportion of deliveries at the health facilities had increased to 97 % with only 3 % of non-institutional deliveries. Further, Malawi has made steady progress on antenatal coverage for women aged 15- 49 years. Data from the MICS (2019-2020) estimates antenatal at 96.8%. Specifically, 26.7% reported having been attended to by a medical doctor, 70% by a nurse/midwife, 0.1% by traditional birth attendants, and 1% by a community health worker.

3.1.4.3 Access to clean water in Malawi

Access to clean water forms the foundation upon which a modern community or society survives and thrives to prevent water-borne diseases. Thus, lack of access to clean water and sanitation may predispose children to childhood illnesses such as diarrhoea and other waterborne diseases (United Nations Report, 2018). Malawi has recorded improved access to safe clean water and sanitation. The 2015-2015 DHS

provided a detailed description of water sources by the residence as shown in Figure 3 below.

Figure 3: Access to drinking water at the household level
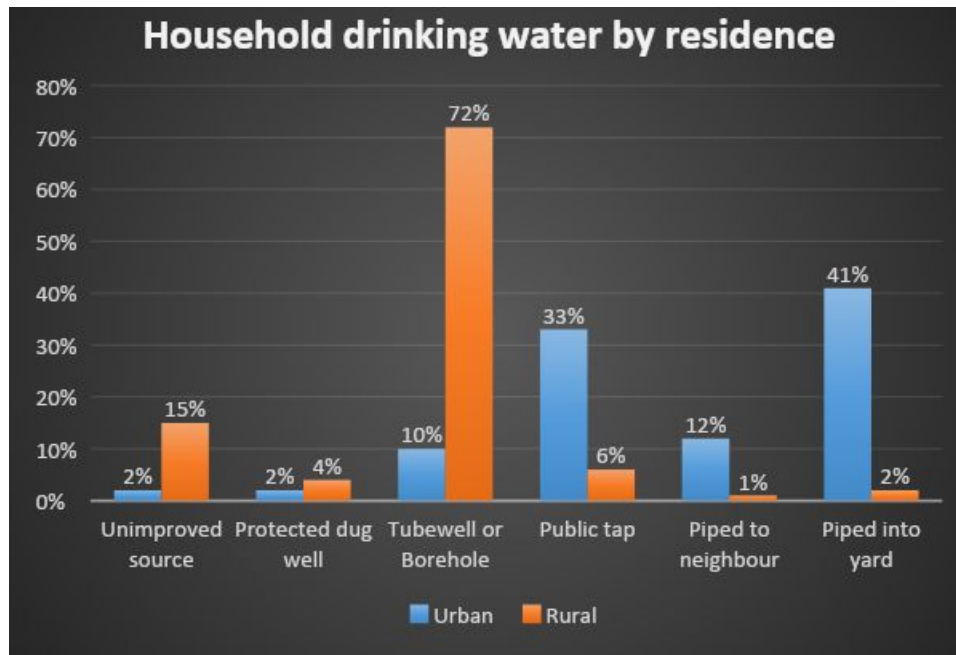
Source: Malawi Demographic and Health Survey 2015-16

USAID's (2021) report further confirmed that about 80% of Malawians had access to an improved source of drinking water, while the rest are still struggling to have access to water.

3.1.4.4 Malaria

Malaria continues to be a public health burden accounting for 30% of outpatient visits. However, the Government of Malawi had made efforts to scale-up malaria preventive mechanisms such as the distribution of Long-Lasting Insecticide Nets (LLNs) to pregnant mothers and children. Thus, 99.1% of children aged 0-59 months were reported to be sleeping under a mosquito net, whereas the use of mosquito nets among pregnant mothers stood at 98.1% (MICs 2019-2020). The percentage of women who received at least one dosage of recommended medicine to prevent malaria increased from 60.4% in 2010 to 92.7% in 2020 (MICs 2019-2020). These

preventive measures and interventions have contributed to reduced cases of malaria among children and pregnant mothers.

3.1.4.5 Child nutrition

Good nutrition is important for child development and survival. Nutritional deficiencies may cause cognitive deficits and overall developmental delays (Prado & Dewey, 2014) impacting their ability to learn later in life. Unfortunately, global estimates seem to indicate that about 144 million children are stunted, 47 million are wasting, and 38 million are overweight. In Malawi, child malnutrition remains a big challenge affecting child outcomes. Various interventions aimed at preventing stunting with a focus on children, adolescent girls, pregnant girls, and women were being implemented nationally using Community Based Care Groups as service delivery platforms. Malawi is also among the Scale Up Nutrition (SUN) movement countries implementing 13 evidence-based interventions both nutrition-specific and nutrition-sensitive interventions with an emphasis on the First 1000 Most Critical Days. Positive trends in the reduction of malnutrition rates have been recorded with a decrease in stunting rates from 47% in 1992 to 35.5% in 2020 (MIC 2019-2020). The Malawian Government remained committed to further reducing the stunting rate among children under five years of age.

3.1.4.6 Sexual reproductive health

Access to Sexual Reproductive Health (SRH) services for adolescents and young people is a child rights issue. The African Union Maputo Plan of Action 2016-2030 advocated for integrated SRH services. The 2015-16 Malawi Demographic and Health Survey shows adolescents are active as early as 15 years and below. Specifically, data shows that 13% of women had their first sexual encounter before the age of 15 as compared to 22% of men. On the other hand, 4% of women were married off before the age of 15 and 1% gave birth before the age of 15, compared to men who were reported not to have been married off or fathered a child before the age of 15 years (See details in 4).

Figure 4: Sexual and Reproductive Health Behaviours before age 15
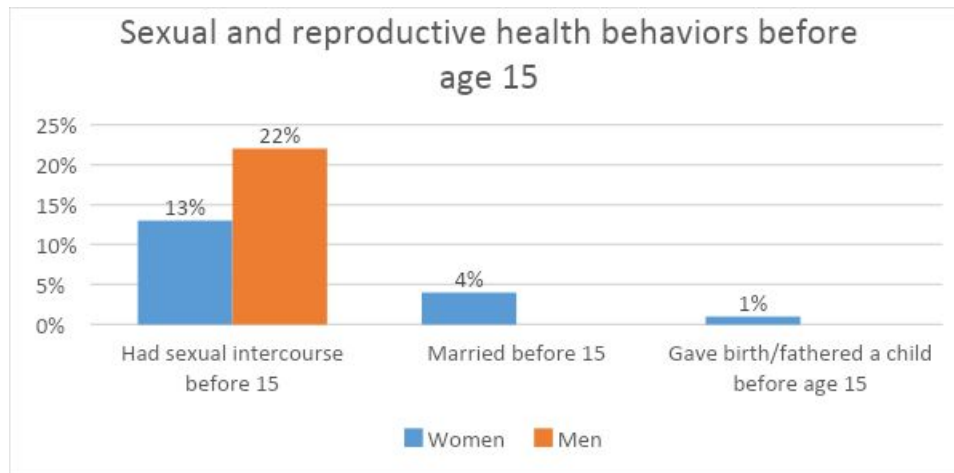
Source: Malawi Demographic and Health Survey 2015-16

Similarly, the MICS (2019-2020) reports that about 22% of women aged 15-19 already had one birth, 6% were pregnant with their first child, and 27% had begun childbearing. Early childbearing was reported to be common among girls from rural communities and young women with no education. Regrettably, unmet needs for married women aged 15-49 years stood at 16%.

Thus, to enhance the effectiveness of the health care system, the Malawi Government was implementing integrated and comprehensive SRH services. In this respect, the National Sexual and Reproductive Health and Rights (SRHR) Policy (2017-2022) was developed and implemented. Recognising the high levels of risks faced by adolescents and youths such as unwanted pregnancies, STI, and HIV/AIDS, Sexual Reproductive Health interventions targeting adolescents and young people were among the policy priority areas. The policy seeks to ensure among others that all young people had access to quality youth-friendly health services; youth-friendly health services were provided at all levels of care; improved availability of and access to youth-friendly health services; strengthened behavioural change interventions; and strengthened research on SRHR knowledge, and attitudes among young people. Implementation of SRH interventions contributed to behavioural change. The DHS 2015-16 showed that unmarried sexually active women between the ages of 15-and 49 used different types of contraceptives. The chart below shows that 43% of women were using modern contraceptives such as injectable 15%, male condoms 14%, pills 2%, implants 6%, IUD 1%, female sterilisation 5%, while 1% use traditional methods.

Figure 5: Contraceptive use for unmarried sexually active women aged 15-49 years

Contraceptive use for unmarried sexually active women aged 15-49
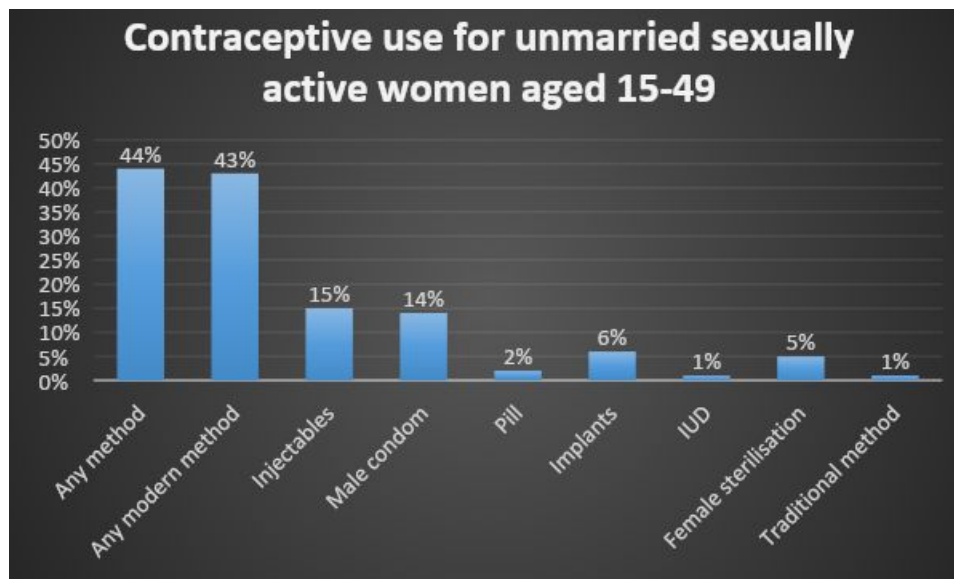
Source: Malawi Demographic and Health Survey 2015-16

3.1.4.7 Financing – child health and survival

Health financing in Malawi is drawn from various sources including general revenue, donor funding, and household expenditure (Health Sector Strategic Plan II 2017-2022). The recent years saw a downward trend in budgetary allocation to the health sector from US$565 million in 2017/18 to US$432 million in 2018/19, and $423 million in 2019/20). The Health Sector received a total of 9.4% of the national budget in the year 2021/2022. While this is remarkable, the allocation fell below the 15% Abuja Declaration benchmark which African Leaders pledged.

Summary on child health and survival

Progress has been made in improving child and maternal health care services which have enhanced child survival. There is a reduction in the child mortality rate from 234 deaths per 1000 live births to 26 deaths per 1000 live births in 1992 and 2020 respectively. The health sector has also recorded increased antenatal coverage for women aged 15 to 49 years with more than 90% of women reported to have delivered at the health facility. There is improved access to safe and clean water. Additionally, Malawi has recorded a reduction in stunting from 47% in 1992 to 35.5%

in 2020. Access to Sexual Reproductive Health services has also improved. However, the sector is constrained by inadequate resources and health financing is heavily reliant on donor funding.

3.2 Child Development and Education

In this section of the report, we present the status of children regarding child development and education. Related indicators will encompass ECD and primary and secondary education. Aspects of inclusion of children with disabilities will also be highlighted.

3.2.1 Overview of Child Development and Education in Malawi

The education system in Malawi consists of both formal and non-formal education streams. The formal education stream includes early childhood education, primary education, and secondary and tertiary education while the non-formal stream includes adult literacy which targets out-of-school youths to equip them with relevant skills for life and work. In terms of structure, the Malawian education system follows a three-tier structure 8-4-4 comprising primary, secondary, and university education. The primary education level runs for eight years from standard 1 through to 8, after which learners sit for Primary Education Leaving examinations Certificate, and those who pass the examination transition into secondary education, which is provided for four years after which students sit for the examination to allow them entry to tertiary education institutions such as teacher training college, technical and vocational education training level as well as a university for specialised training in different disciplines.

3.2.2 Legislative and policy environment

The implementation of education in Malawi is in alignment with the global, regional, and country-specific policy and legal frameworks. At the global level, the CRC provides the right to education for all. The Sustainable Development Goals (SDG 4) have also been a driving force in promoting inclusive and equitable quality education

and promoting lifelong learning opportunities for all. At the regional level, the African Union Agenda 2063 provides the continent strategy benchmarking provision of education. The African Charter on the Rights and Welfare of the Child particularly implores States Parties to enforce legislative and policy measures aimed at promoting the rights and welfare of children including the right to education. In this regard, various laws, policies, and strategic plans support child development and education. Presented below is a summary of relevant laws, policies, and strategic plans.

Table 3: List of legal acts and policies

- Constitution of Malawi
- Malawi Education Act, 2013
- Employment Act, 2000
- Integrated Early Childhood Development Policy 2017
- National Education sector and Investment Plan 2020-2030
- National Education Policy
- National Policies on Health, Population, HIV, and AIDS
- National Policies on Youth, Sports, Labor, and Culture
- National Policy on Gender
- National Policies on Nutrition and Food Security
- National Policies on Equalization of Opportunities for Persons with Disabilities, Special Needs Education, and Inclusion:

At programming level, the National Education Sector Investment Plan (NESIP, 2020-2030) highlights the overall goal of the education sector which is to promote equitable access to education and improve relevance, governance, and management of the education sector. This goal is thus, translated into the following thematic objectives: i) Increase access to equitable education programs at all levels of the education system; ii) Enhance the quality of learning outcomes that are relevant to Malawi's socio-economic development; and iii) Strengthen effective, efficient and accountable governance and management of the education system.

3.2.3 Early Childhood Development Sector

Malawi has identified ECD as a foundational pillar for human capital development and as such, an integrated policy mechanism has been put in place to support and guide the provision of ECD. The launch of the National Integrated Early Childhood Development Policy in 2017 demonstrates the Government's commitment to ensuring the provision of an integrated ECD. The objectives of the National ECD Policy are to i) enhance the provision of quality child care, survival, growth, stimulation, and early learning services; ii) strengthen leadership, management, coordination, and capacity building for ECD workers; iii) promote child rights; iv) provide parenting education and support; v) strengthen research, monitoring and evaluation; and vi) enhance resource mobilisation and leveraging.

The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) holds the regulatory responsibility to inform a standardised service provision of ECD through policy and curriculum, development of teaching and learning materials, training of caregivers, and monitoring of service delivery. Trends in budgetary allocation to the ECD sector were progressive. For instance, in the financial year 2018/2019, more than 160 million Malawian Kwacha were allocated to the ECE sector with a focus on infrastructure expansion. This was an upward adjustment from 21% in 2016 to 24% in 2018 of the MoGCDSW budget allocation to ECD. Additionally, an estimated 2.85 billion Malawian Kwacha was committed to ECD in the 2018/2019 fiscal year through the World Bank Investing in Early Years project (IEYP). At the operational level, service provision was done through the Community Based Child Care Centres (CBCCS) model with community-driven initiatives taking a central role while the government retained the regulatory mandate, provision of teaching and materials, and training of caregivers; and regulation of teacher training.

Notable achievements have been recorded in the ECD sector. For instance, the UNICEF report (2019) indicated quantitative improvements in access to ECD from 34% in 2010 to 46% in 2017. Overall, a total of 1,636,777 eligible children were reported to be accessing ECD services. While this has been a milestone, however, access rates remain low as more than 50% of children had no access to ECD services. Presented below, Table 4 indicates enrolments at the ECD level.

Table 4: Enrolments at ECD

YEAR	ECD Centres	Enrolments	% Accessing ECD
2009	8,917	771,666	**32.13%**
2010	9,340	820,918	33.87%
2011	9,780	895,818	33.87%
2012	9,783	1,057,553	36.74%
2013	9,874	1,255,373	38.04%
2014	10,209	1,344,723	39.61%
2015	11,105	1,400,965	40.03%
2016	11,469	1,400,000	42.5%
2017	11,897	1,600,000	45.3%
2018	12,002	2,022,000	45.5%
2020/21	12,200	2,240,000	46.5%

Source: GOM; ECD annual report, 2021

Further, the 2021 Education Sector Performance Report, indicated that efforts were being made to improve the quality of ECD services including infrastructure development and training caregivers. Scalable interventions such as the Interactive Radio Instruction were being implemented as a cost-effective strategy to accelerate access. Other partners such as UNICEF, and Roger Federer Foundation through Action Aid were central in the provision of ECD in Malawi.

Despite these achievements, however, the MICS (2019-2020) reported limited opportunities for early stimulation and responsive care for children 0-3 years. Involvement of adults in early stimulation and responsive care such as reading

books to the child, telling stories to the child, singing to the child, and playing with the child was relatively low. For instance, the involvement of fathers was reported at 2%, mothers at 12%, and any other household member at 35%. Regrettably, the MICS report further shows a decrease in the proportion of children aged 3-4 years in early childhood programmes from 46% in 2017 to 34% in 2019 -2020 with children in urban areas more likely to attend ECE than those in rural areas at 51% and 31% respectively. Likewise, the MICS (2019-2020) shows that about 15,457 children under the age of 5 were left with inadequate supervision, that is; 24.7% were left alone, 33.3% were left under the care of another child, and 44% were left with inadequate supervision.

The ECD sector also had several challenges. Inadequate infrastructure, limited resources, inadequate age-appropriate teacher and learning materials, inadequate qualified personnel, and low caregiver motivation were the major factors limiting access to ECD. The lack of incentives for caregivers was another gap in the ECD workforce (National Education Sector Investment Plan, 2020-2030). An official from the Ministry of Gender who was interviewed indicated that ECD caregivers were mainly community volunteers who usually work without a salary and about 50% of them were not trained.

3.2.4 Primary education sector

The Primary education sector in Malawi is made up of eight years of schooling referred to as Standard 1 to Standard 8. The official primary school age group is between 6 and 13 years. However, students of varying ages attend primary school due to several reasons such as distances to school and general lack of access to primary schools in some areas. At the end of 8 years, students must gain a Primary School Leaving Certificate based on their Standard 8 final exam results to progress to secondary school.

3.2.4.1 Progress in primary education

Increasing access to education is a key government priority area of focus as demonstrated by the introduction of the free primary education policy in 1994. The

country has thus recorded an increase in the number of children accessing primary education. However, the year 2020/2021 witnessed a slight decline in enrolments which could be attributed to the impact of COVID-19 on the education sector. (See table 5 below).

Table 5: Enrolment at the primary school level

	2018/2019	**2019/2020**	**2020/2021**
Total Primary Enrollment	**5,298,324**	**5,419,637**	**4,956,667**
Boys	2,623,019	2,676,575	2,418,869
Girls	2,675,305	2,743,062	2,537,798
Total Primary Public-School Enrolment	**5,168,161**	**5,274,819**	**4,815,286**
Boys	2,558,743	2,605,128	2,349,130
Girls	2,609,426	2,669,691	2,446,138
Total Primary Private School Enrolment	**130,155**	**144,818**	**141,399**
Boys	64,276	71,447	69,739
Girls	65,879	73,371	71,660
New Entrants into Primary (standard 1)	**693,312**	**653,406**	**586,258**
Boys	346074	326,150	293,466
Girls	347248	327,256	292,792

Source: GOM; ECD annual report, 2021

The education sector analysis of 2019 indicated that nearly 90% of all the school-going eligible children attend primary education (ESA, 2019).

3.2.4.2 Challenges and opportunities in the primary education sector

Although Malawi has made steady progress in the provision of primary education, the sector also experiences challenges including but not limited to infrastructure and

inadequate qualified teachers leading to a high teacher-pupil ratio. The Education Situation Analysis report (2019) reported a total of 6,468 primary schools out of which 5,770 were public schools whereas 698 were private schools. Other challenges include limited funding to the education sector.

Additionally, most of the schools lack necessary resources, including textbooks and other teaching and learning materials. On average, three to four students have to share one desk and there are instances where desks may not be available. Similarly, most primary schools have no access to electricity and although the government provides government-paid teachers, there are rarely enough teachers for each primary school, and often not even enough teachers for each school year class which further compromises the quality of education. Limited access to learning institutions is also common especially in the rainy season causing disruptions in school attendance, especially for children in hard-to-reach districts. The 2020 education Statistical Bulletin showed that about 21% of schools were inaccessible during the rainy season. These gaps on the supply side of education delivery might impact transition and completion rates. Table 6 below shows trends in transition at the primary school level.

Table 6: Completion and Drop-out rates at Primary school

Indicators	2018/2019	2019/2020	2020/2021
Primary Completion Rate	51.2	51.2	50
Boys	52.1	52.2	50
Girls	50.5	50.5	50
	2018/2019	2019/2020	
Drop-out proportion primary	3.4	4.0	4.4
Boys	3.3	3.9	4.2
Girls	3.5	4.1	4.6

Source: GOM; ECD annual report, 2021
Data presented above shows low completion rates for both boys and girls albeit slightly lower for girls.

Policy mechanisms such as the free primary education policy and the "Out of School Functional Literacy" classes and "Complementary Basic Education" are some of the promising interventions to boost access to primary education. For instance, it was reported that a total of 14,895 youth (all females) aged 15 to 21 years had enrolled in the Out of School Functional Literacy classes between 2015 and 2018/19 in 3 districts, with 11,674 graduating from the classes.

3.2.5 Secondary education sector in Malawi

Secondary education in Malawi runs for 4 years and it is largely provided by the government, other players are religious organisations and the private sector.

3.2.5.1 Progress in the secondary education sector

Secondary education in Malawi is not free and students are required to pay school fees, which may vary from one school to the other. Nonetheless, access, quality, equity, and efficiency are among policy priorities. In response to the growing demand for secondary education, quantitative improvement in infrastructure expansion were recorded. Table 7 below shows the number of schools as well as enrolments from 2018 to 2020.

Table 7: Number of Secondary Schools and enrolments

	2018/2019	2019/2020	2020/2021
Total Number of Secondary schools	1452	1494	1524
Public (government and religious)	838	878	1177
Private	308	313	347
Open day Sec Schools	306	303	287
Enrolments in Secondary schools			
	2018/2019	**2019/2020**	**2020/2021**
Total Secondary enrolment	398,672	415, 013	392,229
Boys	205,699	213,431	197,193
Girls	192,973	201,582	195,043

Notwithstanding these positive trends, equity gaps were visible. Table 7 above shows that enrolments for boys in secondary schools were higher than that of girls despite the 50-50 selection policy that the Government used when selecting students in public schools. Similarly, transition to secondary school was lower for girls than boys. The girls recorded a higher dropout rate compared to boys as shown in table 8 below.

Table 8: Transition and Dropout rate 2018-2020

	2018/2019	2019/2020
Transition rate to secondary	38.9	37.6
Boys	38.1	37.3
Girls	39.3	37.8
	2018/2019	**2019/2020**
Secondary completion rate	19.0	22.1
Boys	21.0	24.1
Girls	17.0	20.3
	2018/2019	**2019/2020**
Drop-out proportion Secondary	9.7	10.2
Boys	7.3	8.0
Girls	12.1	12.4

Source: GOM: MoE annual report, 2021

3.2.5.2 Challenges and opportunities at the secondary school level

There were several challenges related to the demand and supply of services at the secondary education level that surfaced during the Key Informant Interviews. Firstly, it was reported that the limited number of secondary schools had created inequalities in access. Secondly, rural and urban

disparities in terms of the number of secondary schools did not only constrain access to education but also posed a challenge for learners in rural areas who among several factors had to walk long distances to attend school in overcrowded classes. Thirdly, secondary schools were confronted with gaps in the supply side including inadequate teaching and learning materials; inadequate desks; and an inadequate number of teachers contributing to the poor student-to-teacher ratios. Above all, limited resources impacted the quality-of-service delivery.

3.2.6 Equity in education provision

Ensuring equitable access to education remained a priority on the policy agenda. The National Education and Investment Plan 2020-2030 identified gender and inclusion of children with disabilities as cross-cutting issues. In line with the global agenda enshrined in SDG 4, and the rights-based principle of non-discrimination articulated in article 2 of the CRC; and Article 3 of the African Charter of the Rights and Welfare of the Child, gender and inclusion of children with disabilities were equity indicators of interest in the present mapping.

3.2.6.1 Gender equity

Although gender parity has been attained at the primary school level, the secondary education sector is characterised by inequalities as evidenced by girls having limited opportunities for both progression and completion (see table 8). Several factors contributed to gender gaps in education notably, adolescent pregnancies and early marriages which when combined contribute to about 43.5% of the total girl's dropout rates followed by lack of fees 24.9%, general lack of interest 9%, and long distances to school 7%. (See table 9).

Table 9: Factors that contribute to drop-out rates among girls

Reasons for girl's drop-out	Form 1	Form 2	Form 3	Form 4	Total	Percentage
Violence	17	30	24	17	88	**0.4%**
Inadequate Teachers	38	35	37	26	136	**0.6%**
Poor Facilities	39	36	36	38	149	**0.7%**
Employment	16	42	39	54	151	**0.7%**
Sickness	42	50	75	57	224	**1.0%**
Family responsibilities	236	281	260	233	1010	**4.5%**
General lack of interest	291	299	279	235	1104	**5.0%**
Long distances	394	310	245	185	1134	**5.1%**
Marriage	682	1235	1253	953	4123	**18.5%**
School Fees (unable to pay)	1211	1335	1131	902	4579	**20.6%**
Pregnancy	1063	1621	1552	1315	5551	**24.9%**

Source: GOM; MoE annual report, 2021

Interventions such as the Re-admission Policy, Safer School Construction Guidelines, the integration of Sexual Reproductive Health in the curriculum, and establishment of mother groups and social protection interventions such as Keeping Girls in school, Women Empowerment programmes, and Social Cash Transfer demonstrated Government efforts to promote gender equality in education and increasing opportunities for girl child education. For instance, the MICS report (2019-2020) indicated that about 56.3% of children aged 18 were benefiting from Social Cash Transfer. The report further indicated that 41.9% received support in the form of tuition and 15.5% in the form of other school-related support.

3.2.6.2 Inclusion of children with disabilities

Globally, it is estimated that 15% (1 billion) of the world's population encounter some form of disability. Unfortunately, children with disabilities constitute a reasonable proportion (53 million) of the global population. National-level data

from the Malawi 2018 National Statistical Office (NSO) Housing and Population Census estimates the population with disabilities to range from 227,814 and 105,176 among children aged 5-14 and 15-19 respectively. To promote equitable access to education, the Government of Malawi developed the National Inclusion Strategy 2017-2021 to address inequalities in the education system. The strategy identified eight key priority areas: i) Capacity for inclusion; ii) Governance and Management of Inclusion; iii) Learner identification and assessment; iv) Inclusive Education Management Information system; v) Teacher Education and Motivation; vi) Partnerships for inclusive education; vii) Enabling environment for teaching and learning; and viii) Financing inclusive education (MoE 2017-2021).

Although the EMIS report (2018) showed an increase in the number of learners with disabilities attending primary education from 1.9% in 2008 to 3.35% in 2018, this only translated into 174,544 children implying that the majority of the children lack access to education. Similarly, learners with disabilities only constituted 2.3% of enrolments at the secondary school level. Arguably, trends at both primary and secondary school levels confirmed the disproportionate representation of children with disabilities in education. Various factors that contributed to exclusion were highlighted: inaccessible school infrastructure; lack of specialised teachers; inadequate teaching and learning materials; long distance to schools; lack of assistive devices; limited services for early identification, assessment, and intervention; and negative cultural practices and attitudes (MoE, 2017-2021).

3.2.7 Financing – child development and education

Financing of education in Malawi follows the principles of the Malawi Development Assistance Strategy that focus on the following elements: support and procedures for a single sector policy expenditure programme; donor commitment of funds; mutual accountability and management for results; and exchange of information. These principles operationalized the declaration adopted at the high-level forum on Aid Harmonisation in Rome, the Paris Declaration, the Accra Agenda for Action (National Education Sector Investment Plan 2020-2030), and the agenda 2063 of the African Union.

The financing of education is mainly done by the Government with supplementary funding from the Development partners. Religious Organisations and the private sector have also played a central role in complementing government efforts. The education sector in Malawi enjoyed a reasonable share of the national budget with a consistent upward trend in budgetary allocation. According to the Education Sector Performance report (2020), the Government of Malawi has since 2011 allocated above 23% of its annual budget. It is encouraging to note that in the 2019/20 financial year, the allocation to the education sector went as high as 26% with basic education getting the highest share at 63%, whereas Secondary education, higher education, and management and administration fort 12%, 22%, and 3% respectively (JICA Sector Paper Position, 2021). For instance, the education sector received MK440 billion in the 2019/2020 financial year as compared to MK367 billion in the 2018/2019 financial year. The increase in the budget allocation for the education sector is a clear testament to government commitment. Other than direct funding from the Government, key developmental partners' support to the education sector has been instrumental as shown in the table below.

Donor	ECD	Primary	Secondary	Higher Ed	TEVET/Skills Dev	Teacher's training	Cross-sectoral /sub-sectoral
AFD:2017-2020 (3 years)					$12,278,099		
DFID:2015-2023 (8 years)	$10,063,779						$71,000,000
EU:2016-2021(5 years)					$35,900,000		$59,357,142.86
GIZ:2016-2021 (5 years)							$23,987,357.14
KfW:2016-2023(7 years)							$54,301,074

GPE:2016-2020 (4 years)		$44,900,000					
JICA:2019-2021 (2 years)						$19,000,000	
RNE:2016-2024 (8 years)		$3,000,000		$1,800,000			$46,000,000
UNICEF:2019-2023(4 years)							$100,500,000
USAID:2015-2023 (8 years)		$4,500,000	$13,900,000	$10,700,000			$93,800,000
World Bank:2014-2023 (9 years)	$60,000,000		$90,000,000	$12,000,000			$50,000,000
Total	$70,063,779	$52,400,000	$103,900,000	$24,500,000	$48,178,099	$19,000,000	$498,945,574

Source: MoE (2019)

Despite increased budgetary allocation, however, a higher percentage of the national budget is allocated to recurrent costs, which leaves limited resources for programming and infrastructure development. For example, in the 2020/21 Financial Year (FY), the overall revised budget for the education sector was MK395.9 billion of which MK341.3 billion was for recurrent expenditure and MK54.6 billion was for development projects. During the Mid-year Review, Development Budget Part I had a revised budget provision of MK41.5 billion and Development Budget Part II remained at MK5.4 billion.

3.2.8 Summary of child development and education

Malawi has made progress in child development and education. The development of an integrated Early Childhood Development policy has been a major milestone. Various child development initiatives have been implemented

which have resulted in increased access to ECD which currently stands at 46.5%. Out of the total number of children accessing ECD, 50% are girls and 3% are children with disabilities. The role of Development Partners, Civil Society Organisations, and Local NGOs has been central in expanding ECD services. About Primary and Secondary Education, progress has been recorded as evident by infrastructure expansion, improved enrolments, and increased budgetary allocation. Despite these developments, however, challenges related to access, quality, equity, and effectiveness remain pervasive.

3.3 Protection of Children from Undesirable Practices

In this section, the country's status on practices such as abuse, neglect, violence, child marriage, and child labour will be explored. The review will further highlight the legal and policy frameworks that seek to promote the protection of children in Malawi. According to the Joint General Comment of the African Commission on Human and People's and the African Committee of Experts on the Rights and Welfare of the Child on Ending Child Marriage, harmful practices are defined as all behaviour, attitudes, and/or practices that negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education, and physical integrity. Malawi has demonstrated commitment to ensuring the protection of children from all forms of abuse, violence, neglect, as well as undesirable cultural practices. However, high levels of poverty expose children to various adversities.

3.3.1 Exposure to abuse, neglect, and violence

Ending violence, abuse, and exploitation against children remain a government priority. however, existing that showed that a proportion of children in Malawi were exposed to various forms of abuse including physical violence, sexual abuse, and emotional abuse.

Child Sexual Exploitation

Child sexual exploitation is quite prevalent in Malawi. Ross et al. (2015)[12]

12. Brendan Ross, Karen Smith Rotabi and Nankali Maksud, 2015, From the Evidence of Violence Against Children to a Prevention-Oriented Response in Malawi: Planning for Social Services with a Public Health Model for Social Work Engagement, Glob Soc Welf DOI 10.1007/s40609-015-0036-y, Springer International

reported that girls experienced greater levels of sexual violence than boys at 22 % for girls and 15 % for boys. It is further noted that the average age at the first incident of sexual violence was 14.3 years for girls and 13.9 years for boys. Girl child abuse also differs by region and level of education. The DHS 2015-2016 observed that those with higher academic attainment were less likely to be sexually harassed than those with low or no education. The Violence Against Children (VAC, 2014) study earlier reported that 21.8% reported experiencing any of the four types of sexual violence; unwanted attempted sex, unwanted sexual touching, multiple incidents of sexual abuse, and pressured sex. The Child Sexual Exploitation study (2019) reported that a total of 53,210 cases of violence victims were reported by the Victim Support Unit (VSU) in 2017 in UNICEF priority districts: Blantyre; Dedza; Lilongwe; Machinga; Mangochi; Mchinji; Mzimba; North; Mzimba South; Nkhata Bay; and Zomba, out of which, 13% had experienced sexual violence. The majority of those who reported having been exposed to sexual violence were girls (2,457) compared to boys (1,392). National trends in cases of sexual violence show a steady increase, especially between 2014 and 2017. For instance, a total of 884 cases were reported in 2014; 1041 in 2015; 1496 in 2016; 1425 cases in 2017; and 926 cases in 2018 (Malawi Police Victim Support Unit Data Digest, 2018).

Exposure to Physical Violence and Neglect

Concerning child discipline, existing data show isolated cases of physical punishment, severe physical punishment, and psychological aggression. Overall, the MICS (2019-2020) shows that about 82% of all children aged 1-14 years were subjected to at least some form of violent discipline. On the parental perception of the mode of discipline, 60% of mothers and caretakers believed that the use of physical punishment was necessary for child discipline. The Violence Against Children study (2018) reported gender disparities, with boys experiencing greater levels of physical violence (65%) than girls 42%. The report further showed that children who report physical violence had multiple incidences across their childhood, with 79% for girl survivors and 88% for boy survivors. Regarding emotional violence, the VACS reported that boys (29%) experienced greater levels of emotional violence than girls (20%).

Strengthening the legal environment such as the enactment of the Child Care, Protection and Justice Act of 2010 coupled with the implementation of various community-led interventions by government and NGOs could be key drivers to the protection of children.

Response and programme interventions to protect children from abuse, neglect, and violence

To ensure that children are protected from exploitation and abuse, various programmes have been put in place. These include among others: the introduction of Comprehensive Sexuality Education (CSE) in education through life skills, sexuality, and reproductive health education; life skills education for out of school children through youth clubs; awareness-raising; integration of child protection with Malawi police which had enhanced police-community engagement; strengthening of reporting mechanisms such as child help line services; strengthening media reporting of child sexual exploitation; creating of safe schools through effective referral pathways; development of child protection case management framework; and the establishment of one-stop centres. Social protection safety nets such as Social Cash Transfer had helped in addressing areas of vulnerability that expose children to sexual exploitation.

Funding for interventions to protect children from abuse, neglect, and violence

Available data (CSE Report, 2019) on budgetary allocation for child protection activities shows that a total of 1.9% of the total approved budget was allocated to child protection. There was also funding from other partners, as shown in the table.

| Agency | Child Protection Budget (Malawi Kwacha Millions) | | | | | |
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Plan Malawi	1,150	1,100	1,150	1,130	990	1,040
UNICEF	4,223	1,183	885	6,625	1,956	1,683
GoM	1.07	1.84	0.0	0.0	247	820
Total	5,374	2,285	2,035	7,755	3,193	3,543

3.3.2 Early and forced marriages

Another form of harmful cultural and social practice was child marriage. Child Marriage is defined as a formal marriage or informal union entered into by a person before their 18th birthday (UNICEF Malawi, 2020). The cases of child marriages remained a sad reality for many children. Global estimates indicated that about 650 million women were married before their 18th birthday with Sub-Saharan Africa accounting for 115 million (18%) of all cases of early marriage (UNICEF, 2018). Thus, this section presents the status of children in Malawi regarding early and forced marriages with a focus on legal and policy framework; prevalence rates; existing initiatives to end child marriage, challenges, and opportunities.

3.3.3 Legal and policy framework

Malawi is a Party to many international instruments that seek to protect children against early marriage including the Convention on the Rights of the Child (CRC) (1989); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979); and the African Charter on the Rights and Welfare of the Child (ACRWC) (1990). At the regional level, the Southern African Development Community (SADC) Protocol on Gender implored member states to ensure that no person under the age of 18 shall marry. Furthermore, the Malawi Constitution recognises the child as any person below the age of 18 years and provides for the protection and promotion of child welfare. Progressive legal reforms to curb child marriage had been undertaken in Malawi. For instance, on 14th February 2017, the Constitution of Malawi was amended to rightly outlaw early marriage by removing the provision that allowed children between the ages of 15 and 18 to marry with parental consent. This was a landmark legal reform the country undertook after prolonged advocacy by Civil Society Organisations. Further, the enactment of the Child Care, Justice and Protection Act affirms the country's commitment to ensuring the protection of children. Section 81 of the Act particularly prohibits

forcing children into marriage, whereas Section 80 prohibits cultural practices that are undesirable to the development of the child. Additionally, the Marriage, Divorce, and Family Relations Act (2015) raised the marriage age to 18 and has since become a model law for other African nations to emulate. Article 6 of the Act states that the state shall protect young children whenever their healthy development is threatened. Articles 10, 11, and 15 supplements this provision (UNICEF, 2019). Other relevant legislation, policies, and Strategic Plans included the following: Education Act (2013); Gender Equality Act (2013); Prevention of Domestic Violence Act (2006); National Gender Policy (2015); National Plan of Action to Combat Gender-Based Violence in Malawi (2016-2020); and the National Strategy on Ending Child Marriage (2018-2023).

However, despite the country's efforts to strengthen the legal and policy environment, early marriage continues to be a challenge confronting many girls in Malawi. For instance, Malawi ranks amongst the countries with the highest prevalence rates of child marriages. Although child marriage occurred among both boys and girls, statistics showed that prevalence was higher among girls compared to boys. The Malawi Demographic and Health Survey (MDHS 2015-2016) found that 13% of girls and 22% of boys aged 15 -19 years, had their first sexual intercourse before their fifteenth birthday. The World Vision Child Rights Barometer report (2018) indicated that an estimated 1% of boys married before the age of 15 and 6% below the age of 18. For child marriage, the Demographic and Health Survey reported that 47% of women married before the age of 18 years, with the Northern and Southern regions standing at 32% each and the central region at 24%. However, a study by the University of Zurich et al (2018), revealed a reduction of 42% of girls married before their 18th birthday. Although this reduction demonstrates steady progress in the fight against child marriage, recent data from the MICS cited a slight increase in the proportion of women who got married before their 18th birthday to 43% with disparities between rural and urban at 46% and 32% respectively.

Key drivers to child marriage highlighted in the Key Informant Interviews were among others: poverty; limited education; teen pregnancy; and traditional/religious beliefs. These factors were consistent with evidence-based

data. Children who grew up in poverty were more likely to be forced into child marriage because marrying off a child was seen as an economic strategy given the high bride price in some communities. This was confirmed during Key Informant Interviews when one Government official interviewed noted that, "*Most parents consider marriage as a financial cushion or a means of poverty alleviation largely in two perceived fronts; i) by being relieved of taking care of the child and anticipation financial, and ii) material assistance from a marriage.*"

Additionally, limited education opportunities increased chances of early marriage. Conversely, attending higher education lessened the child's ability to get married early implying that providing children with educational opportunities could be a panacea to the risk factors associated with early marriage.

Cultural and religious beliefs and practices also contributed to early marriage. For instance, it was reported during the Key Informant Interviews that some cultural practices required children as young as 10 years old to go for initiation rituals or puberty rites may expose children to practices that force them to engage in sexual practices early in life. It was further reported that some families, due to cultural beliefs, opt to marry off their children early in life to prevent them from being exposed to premature sexual activities and early pregnancy. Early pregnancy was another contributing factor, whereby some families may force an adolescent girl who falls pregnant into marriage as a means of escaping shame and ridicule from society.

Nevertheless, child marriage negatively impacted on physical, psychological, economic, and social-emotional well-being of the child. It also curtails the child's ability to enjoy his or her rights and freedoms. Specifically, child marriage may contribute to high dropout rates, reproductive health problems, and levels of emotional stress.

3.3.4 Response and programme interventions

The Malawi Government has put in place various initiatives aimed at curbing child marriage and promoting the welfare of children. Formulation of a costed

Ending Child Marriage (ECM) Strategy (2018-2023) was a major milestone in the fight against child marriage. The overarching goal of the strategy was to reduce child marriage by 20% by 2023. Implementation of the strategy was being done through a multisectoral approach to empower girls through improved economic opportunities, school re-entry, and reduction of dropout rate by keeping girls in school through to the secondary school level. Additionally, the strategy sought to enhance the capacity of law enforcement agencies, promote community dialogue, and increase child protection-related services through improved capacity of child protection frontline workers, victim support groups, child protection coordinating committees, and the establishment of Children's Corners.

Enhanced social protection through targeted interventions such as Keeping Girls in School aimed at empowering girls by providing them with school requisites as a way of ensuring that girls stayed in school and completed secondary school. The UNICEF (2019) Budget scoping report for ECM confirmed that each year the girl child spends in school reduces the likelihood of vulnerability to early marriage. One of the Government officials interviewed noted that Traditional leaders were key champions in the fight against child marriage. The official further reported that community sensitisation and strategic initiatives through Village Development Committees had played a central role in strengthening child protection mechanisms at the community level. A study by Chimatiro (2020) reported that community leaders sometimes formulated by-laws that punished parents for marrying off or forcing their children into early marriages and enforcement mechanisms of community efforts. In some areas, the offenders were fined MK10,000 (US$12).

These community strategies had positively contributed to the rising cases of withdrawing children from early marriages and re-enrolling them in school. Civil Society Organisations like Youth Net and Counselling (YONECO) had been instrumental in sensitising communities on child care and protection. Civil Society Organisations had also provided a strong advocacy platform in the fight against child marriage. The Coalition for Girls Not Brides which was formed in 2012 comprising a total of 90 Civil Society Organisations was a clear

demonstration of a partnership approach to ending child marriage advocacy with targeted interventions focusing on health, education, girls, and women empowerment.

3.3.5 Challenges and opportunities in ending child marriage

Despite the glimmer of hope in the fight against child marriage, challenges still existed. Firstly interventions aimed at ending child marriage did not have adequate budgetary allocation. For instance, the UNICEF budget scoping report on ECM revealed that the National Strategy on ECM lacked visibility in the annual programme and that not all District Councils adequately allocated resources toward primary child protection services as required by the strategy (UNICEF 2019).

In terms of sources of financing, the UNICEF budget scoping study for 2016/17 FY to 2018/19 FY revealed that ECM interventions were largely financed by development partners, as shown below.

Figure 6: Source of ECM funding from 2016 to 2019
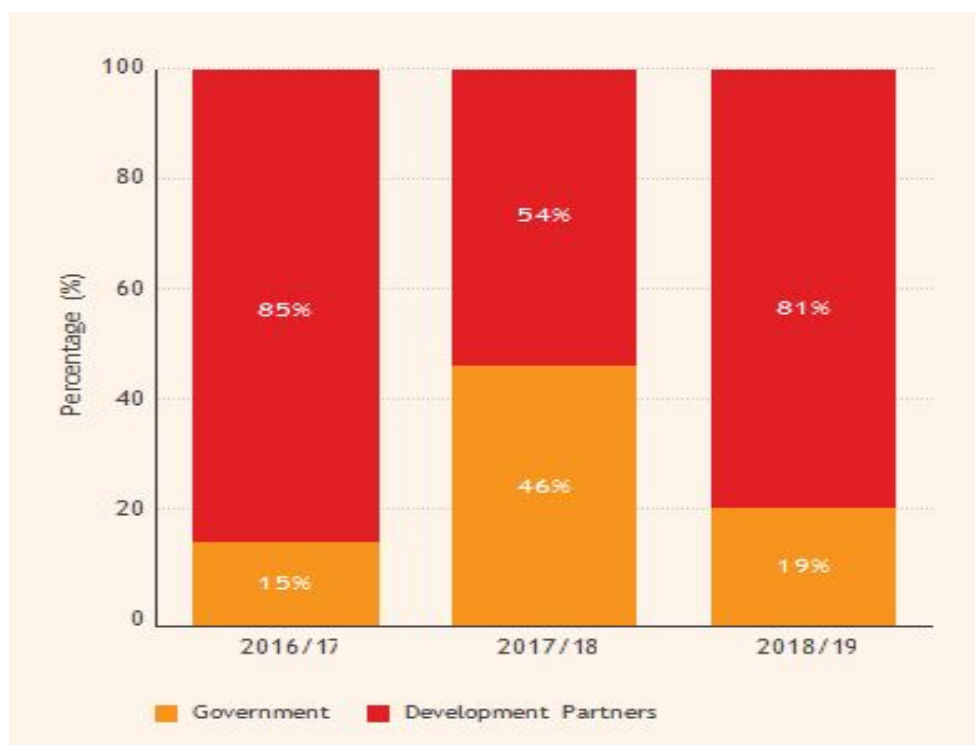
Source: GOM 2020

The lack of a sustainable financial resource basket may limit the implementation and scale-up of impactful community-driven strategies. A weak coordination mechanism between and amongst NGOs, development partners, and Government especially on resources distribution across sectors and districts may affect the efficiency and limit opportunities for synergising of efforts across various players (GOM 2020).

3.3.6 Child labour

Child labour is another harmful social and cultural practice recognised in the Child Care, Protection, and Justice Act and the African Charter on the Rights and welfare of the Child. Globally, a total of 160 million children were reported to be involved in some form of labour, that is 63 million girls and 97 million boys.[13] Prevalence was higher in rural (13.9%) than in urban areas (4.7%) with the agriculture sector accounting for about 70% of all children in child labour. Child labour remained a major threat to child protection in Malawi.

3.3.6.1 Legislative and policy environment

To combat child labour, the Government of Malawi had put in place stringent legislative and regulatory frameworks. Firstly, Malawi as a States Party to International Treaties had ratified most of the International Conventions that sought to combat Child Labour such as the ILO Minimum Age Convention of 1973 (No. 138); the ILO Worst Forms of Child Labour Convention of 1999 (No. 182); the Convention on the Rights of the Child and its related optional protocols (CRC Optional Protocol on Armed Conflict and CRC Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography).

Within the Malawi jurisdiction, various laws and regulations had been put in place as shown in Table 10 below.

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13. International Labour Office and United Nations Children's Fund, Child Labour: Global estimates 2020, trends and the road forward, ILO and UNICEF, New York, 2021. License: CC BY 4.0.

Table 10: Relevant legislative and policies

Legislation	Provisions related to child labour
Constitution of Malawi (2002)	Child defined as persons below the age of 18 Article 23 protects children from economic exploitation Article 25 recognises the right of every child to education
Employment (Prohibition of Hazardous Work for Children) Order (2012)	Provides a list of prohibited work for children
Employment Act No. 6 (2000).	Section 14 provides the minimum age for work at 14
Child Care, Protection and Justice Act of 2010	provides for the Minimum Age for Hazardous Work at 16 (Section 2)
Education Act 2013	Provides for free and compulsory primary education
Gender Equality Act 2013	Prohibits gender discrimination
National Employment and Labour Policy (2014-2019)	Provides a framework and guidance to the country's efforts towards promoting productive and decent employment …………, and compliance with labour standards by employers,
Malawi Growth and Development Strategy 2017-2022	Mainstreaming of child labour issues in the national development plan
National Girls' Education Strategy (2014)	Addresses the barriers that girls face in terms of participation and access to education
National Children's policy, 2019-2025	Coordination of all policies related to the needs of children and child protection
National Action Plan on the Elimination of Child Labour (2019-2025)	Provides guidelines and strategies aimed at eliminating all forms of child labour
National Action Plan for the Child	Reinforces efforts to eliminate child labour through skills and education.

Source: ILO, 2018

Other than putting in place a robust legislative and policy environment, there were also structures strategic to the elimination of child labour such as the National Steering Committee on Child Labour; National Technical Working Group on Child Labour; Decentralised Child Labour structures; District Labour Offices; and Child Development Committee.

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13. International Labour Office and United Nations Children's Fund, Child Labour: Global estimates 2020, trends and the road forward, ILO and UNICEF, New York, 2021. License: CC BY 4.0.

Despite these efforts, however, the 2018 International Labour Organisation report (ILO, 2018) reported that 1.7 million children between 5 and 13 years of age in Malawi were involved in child labour, while 400,000 children between 14 and 17 years were employed in hazardous works. The report indicated that about 38% of children aged 5-17 years were involved in child labour in urban and rural areas respectively. Regional disparities were observed, with the northern region recording the highest prevalence of child labour at 46% followed by the southern region at 41%. The central region recorded a slightly lower rate at 36%. In terms of gender, boys were reported to be involved more in child labour than girls. For example, 39.3% of boys aged 5 -17 years were reported to be in the labour force compared with 36.7% of girls in the same age group. The report further observed that involvement in child labour increased with the age of the child. This was because as children advanced in age, the level of productivity also increased. The prevalence of child labour by education is presented in Table 11 below:

Table 11: Statistics on Child labour and education

Children	Age	Percent
Working (%)	5 to 14	43.2
Attending School (%)	5 to 14	89.9
Combining work and school (%)	7 to 14	45.4
Primary Completion Rate (%)	7 to 14	80.0

Source: ILO (2015)

Various sectors account for child labour in Malawi, including agriculture, services, and industry (Makwinja, 2010), albeit the agriculture sector shares the largest proportion. Agriculture sector-related activities included: the production of tea, planting and harvesting tobacco, building tobacco drying sheds, weeding tobacco fields, cutting and bundling, and herding cattle (ILO 2020). Services constitute domestic work, casual work also referred to as *ganyu*, begging, and vending. Industry constitutes bricklaying and construction activities. The ILO (2018) report particularly confirmed that about 67.7% of child labour occurred in the agriculture sector, whereas services accounted for

30.9% and the industry sector accounted for 1.4%. These trends of child labour were further confirmed by MICS report 2020 which explored the status of child labour in Malawi. Males recorded slightly higher rates of 14.1% as compared to 13.9%. The disparities were much higher in rural and urban settlements at 15.1% and 7.2% respectively. (See details in Table 12)

Table 12: Percentage of children aged 5-17 years involved in economic activities

Percentage of children age 5-17 years by involvement in economic activities or household chores during the last week and percentage engaged in child labour during the previous week, Malawi, 2019-20

	Children involved in economic activities for a total number of hours during last week:		Children involved in household chores for a total number of hours during last week:		Total child labour[1,A]	Number of children age 5-17 years
	Below the age specific threshold	At or above the age specific threshold	Below the age specific threshold	At or above the age specific threshold		
Total	26.0	10.0	68.5	5.1	14.0	40,744
Sex						
Male	28.6	11.9	66.6	3.2	14.1	20,211
Female	23.5	8.0	70.3	7.0	13.9	20,533
Area						
Urban	14.2	4.8	68.9	2.8	7.2	5,723
Rural	28.0	10.8	68.4	5.5	15.1	35,021
Region						
North	28.9	9.3	68.1	5.7	13.7	4,716
Central	24.9	9.3	68.4	5.5	13.5	18,082
South	26.5	10.7	68.7	4.5	14.5	17,947
Age						
5-11	6.7	15.3	81.8	4.3	18.4	23,862
12-14	48.0	3.6	85.9	10.8	12.9	9,757
15-17	60.7	0.7	0.0	0.0	0.7	7,126
School attendance[F]						
Attending[B]	25.1	10.5	72.1	6.0	14.9	35,456
Not attending	32.1	6.1	44.5	2.0	8.0	5,280
Mother's education[C E]						
Pre-primary or none	28.3	10.6	65.2	6.2	15.1	8,177
Primary	26.7	10.3	69.8	5.0	14.4	25,990
Lower Secondary	20.7	11.0	71.2	4.6	14.9	3,062
Upper Secondary	18.7	5.1	68.7	3.7	8.1	2,739
Higher	14.0	3.8	59.5	2.8	5.4	510
Vocational Training	(31.4)	(2.1)	(82.2)	(0.0)	(2.1)	62

Source: MICS 2019 - 2020

Stakeholder interviews identified several factors that contributed to child labour including poverty, lack of employment, limited education opportunities, weak legislative enforcement mechanisms, and cultural practices. It was noted that poverty often forced children into child labour as a means of improving their economic livelihoods. Furthermore, children with limited education opportunities were more likely to be exposed to child labour. Evidence also shows that low levels of education among mothers perpetuate an intergenerational cycle of poverty.

Cultural practices that imposed high expectations on children to perform adult-related activities had also been identified as contributing factors. One of the government officials who participated in this study from the Ministry of Youth and Labour reiterated that Malawi had cultural and social practices that fuel child labour. For instance, traditional setups in rural settings required children to be taken for farming activities as part of grooming them for adult life. Such cultural expectations and practices unconsciously expose children to child labour.

3.3.6.2 Response and programme interventions

Notable among Government initiatives aimed at mitigating child labour in Malawi were: National Social Cash Transfer programme; Free Primary Education and School Feeding Programme; Public Works Programme; and Input Subsidy in Agriculture. Other than Government initiatives, partners such as USAID and ILO had targeted interventions focused on education, child protection, and the elimination of children in tea and coffee plantations. The Government had also put in place a robust Child Labour Monitoring System that regularly collected data on children in child labour. The agriculture sector especially the tobacco industry had intensified a campaign against child labour in tobacco farms. Through community-based structures, members of the community were trained to report any tobacco farmers who were engaged in child labour. As an enforcement mechanism, therefore, farmers who were found to involve children as labourers were dropped from the farming contracts, and their tobacco was not bought by the companies. In this regard, the communities become tools for peer-to-peer policing of farmers who used child labour.

3.3.7 Summary of the protection of children from harmful social and cultural practices

It is clear from the foregoing that Malawi had shown commitment to the protection of children from harmful social and cultural practices and to promoting child rights. This is demonstrated by a positive legal and policy environment. Further, existing interventions were clear evidence of strategic

efforts at ending early and forced marriage, and child labour, and enhancement of child protection mechanisms at national, regional, district, and community levels. Despite these efforts, however, child abuse, neglect, and violence against children present a threat to the full enjoyment of their rights. if not timely addressed, the growing cases of child labour and child marriage could mask national efforts at addressing these scourges. Poverty, limited education opportunities, and cultural beliefs and practices remained major contributing factors to issues related to exposure of children to harmful social and cultural practices. While a positive legal and policy environment has been put in place, weak enforcement mechanisms might present a barrier to the protection of children's rights.

3.4 Child Care and Protection in a Family and Community

According to Article 3 of the United Nations Guidelines for Alternative Care of Children, the family is the best for a child and efforts should be made to enable a child to remain or return to his/her parents or close family member. The Malawi Government recognises the family as the primary unit in the care of the child.

Legislative and policy environment

Section 23 of the constitution of the Republic of Malawi and Section 3 of the Child Care, Protection and Justice Act outline the rights of the child and responsibilities of parents respectively. The two legislations among others provide for the right of the child to be raised by his/her parents and be protected from any form of harm and exploitation. In this regard, Section 3 of the Child Care, Protection, and Justice Act (2010) outlines the duties and responsibilities of parents towards the child that include among others:

i) protecting the child from neglect, discrimination, violence, abuse, exploitation, oppression, and exposure to physical, mental, social, and moral hazards;

ii) provide proper guidance, care, assistance, and maintenance for the child to ensure his or her survival and development, including in particular adequate diet, clothing, shelter, and medical attention;

iii) ensure that during the temporary absence of the parent or guardian, the child shall be cared for by a competent person;

iv) exercise joint primary responsibility for raising their children, except where the parent or guardian has forfeited or surrendered his or her rights and responsibilities under the law.

The National Plan of Action for Vulnerable Children (2015-2019) defined vulnerable children in five categories: i) living in a household ranked in the bottom three wealth quintiles; ii) not living with either parent; iii) living in a household with adults without education; iv) having lost one or both parents, and v) having lost both parents. Additional categories include children living with disability, and those living with HIV and AIDS. The CCJPA and the Malawi National Policy on Orphans and other Vulnerable Children, further emphasise the importance of protecting children within the family or community. Section 4 of the Child Care, Protection, and Justice Act particularly provides for fosterage for foster care placement as long as that placement was done within the provisions of the law. Other relevant legislation, policies, and Strategic Plans include: The Divorce and Family Relations Act (2015); National Registration Act (2009); Deceased Estate (Wills and Inheritance Act, 2013); Gender Equality Act (2013); Prevention of Domestic Violence Act (2006); Education Act (2013); the National Gender Policy (2015); and the National Plan of Action to combat Gender Based Violence in Malawi (2016-2020);

Current status on care for the child in family and community

While providing care and support is the legal responsibility of the parents, some children have found themselves outside their primary homes either on the streets or in alternative care. This was due to several factors, such as poverty and the effects of HIV/AIDs leaving some children orphaned. For instance, the 2018 Population and Housing Census found that 11% of children (0 – 17 years) in Malawi were orphans. An earlier study by Mandalazi, (2013)

found that over 8,000 children were estimated to be living in the streets of major cities due to a lack of care as a result of orphanhood. Unfortunately, children on the street lacked the protection and supervision of an adult family member, making them more vulnerable to abuse and violence.

Recognised childcare institutional homes fall into five categories: orphanages, special needs centres, church homes, transit care centres, and reformatory centres. In this regard, 66% were estimated to be in orphanages, 13% in special needs centres, 10% in church homes, 8% in transit care centres, and 3% in reformatory centres. Available data shows that in 2011, there were 104 Child Care Institutions in Malawi (11) in the sparsely populated Northern region, 30 in the Central Region, and 63 in the Southern region). By 2014, the child care institutions had increased to 168, and the Child Monitoring Report indicated a slight increase to 169 in 2017. A total of 10,136 children were enrolled in childcare institutions in 2014. Impressively, the proportion reduced by 21% to 8,049 in 2017 out of which 4,604 (57.2%) were boys and 3,445 (42.8%) were girls (GoM, 2019).

Malawi launched the reintegration exercise with the aim of de-institutionalising child care. Other than the biological parents, a study on alternative care models in Malawi found that various forms existed including extended family, foster care, independent living, and adoption. The study on reintegration models in Malawi (2019) reported that 28.8% of reintegrated children were staying with their biological parents. An earlier survey (2017) reported that out of the 102 children reintegrated, 74.5% were staying with extended family members; 2.8% were reported to be in foster homes, and 0.9% were reported to be living independently.

Response and programme interventions

The Government has put in place social protection measures such as Social Cash Transfer which aim at strengthening economic livelihoods by targeting child-headed homes, homes with orphans and vulnerable children, and households headed by elderly guardians. These efforts had helped in

mitigating the effects of poverty at the household level. The senior government official from MoGCDSW who participated in this study highlighted other existing initiatives such as the Quality Improvement initiative; Children's Corners; the National Children's Commission; community-based child care centres and the mobile Children's Court as efforts to enhance child protection in the family and community. The family kinship system has also been central to the protection of children in the family and community. For instance, child protection in Malawi, like in any other African society, was not only a family's responsibility, but rather the community as a whole has an oversight role in the welfare of children. This was owing to the collective nature of the African society where the child was believed to belong to the community, hence, the common adage "*it takes the whole village to raise the child*". Regarding institutional support, the National Programme of Action for Orphans and vulnerable children (2015-2017) identified various relevant national bodies including the National Child Justice Forum (NCJF); the National AIDS Commission (NAC), and two constitutional bodies: the Malawi Human Rights Commission (MHRC) and the Office of the Ombudsman. The MoGCDSW was managing two reformatory centres (in Mpemba and Chilwa) and the social rehabilitation centre in Lilongwe.

3.4.1 Child participation

The fundamental human rights principle enshrined in the CRC and the African Charter on the Rights and Welfare of the Child recognises the right of every child to participate. In the context of the present study, child participation was considered from two dimensions: Birth Registration and participation in decision making.

3.4.1.1 Birth registration

Birth Registration is an important requirement for the child to acquire legal identity and a means for ensuring the rights of the child. Article VI (2) of the African Charter on the Rights and Welfare of the Child requires that every child be registered immediately after birth. Registration of birth is not only important for national identity, but it is a tool that can help in the protection of

children from abuse, violence, and exploitation. Even in cases of other harmful social and cultural practices such as child labour and child marriage, the Birth Certificate in the legal proof in ascertaining the child's age. Registering a birth makes it easy for the child to access basic services such as health, education, and social protection services.

The Malawi Government recognises the importance of Birth Registration. The National Registration Act provides for mandatory registration of births with the National Registration Bureau. The law particularly requires registration within 6 weeks after birth. The Demographic Health Survey, 2015-2016 shows that a total of 67% of children under the age of 5 were registered with the Northern Region having the highest proportion (75%) of children registered compared to Southern and Central which had 66% each. While this demonstrates progress, only 17% of the registered children had Birth Certificates, an indication that more efforts were required to attain compulsory registration. Although statistics on Birth Registration seem to have remained constant at 67%, an increase in the proportion of children with Birth Certificates was recorded from 17% in 2016 to 22% in 2019-2020 (MICS 2019-2020).

3.4.1.2 Participation in decision making

Child Participation has been defined as an informed and willing involvement of children in different ways and/or in any matter concerning them either directly or indirectly (Malawi Guidelines on Child Participation, Ministry of Gender, Community Development and Social Welfare). Article 12 of the CRC provides that "States Parties shall assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child, the views of the child being given due weight under the age and maturity of the child". Adebayo (2017) has identified patterns of child youth participation in Africa including community advocacy; advocacy through children's groups; engagement of young people on their empowerment and promotion of their rights; and harnessing opinions of young people. One of the milestones at the regional level so far as the promotion of child and youth participation is concerned was the institutionalisation of the Children's

Parliament which is a continental initiative currently existing in the following countries: Malawi; Nigeria; Zambia; Rwanda; Ghana; Mozambique; Tanzania; Sierra Leone; Burundi; and Lesotho.

Thus, in line with this normative framework on child rights, the Malawi Government has created safe spaces to enhance child participation at all levels of decision making. To foster a standardised and equitable approach to child participation, the Ministry of Gender, Community Development, and Social Welfare with support from Save the Children had since developed the Guidelines for Child Participation. Given that children and adolescents under the age of 18 years constitute about 50% of the Malawi population, participation in matters that affect their lives was central to promoting child rights and wellbeing. Several platforms were being established at the national, regional, district, and community levels to facilitate child participation in decision-making.

Response and programme interventions

Notable among the platforms were Children's Corners. Children's Corners were safe spaces within the community providing child rights empowerment and life skills. The UNICEF Review Report (2017) on Corner Services in Malawi estimated the existence of a total of 2,672 Children's Corners in Malawi with the participation of about 251,382 children, that is, 47% male and 53% female. Some of the benefits of Children's Corners highlighted in the UNICEF Review Report were improved interpersonal skills; involvement in numerous positive activities that contributed to improved social-emotional wellbeing; creation of linkages with their communities and developing support networks. Most importantly, Children's Corners allowed children to participate in games, drama, and art providing children with safe spaces to express themselves on matters that affect their lives.

Additionally, Malawi is among a few countries in Africa that had institutionalised Children's Parliament at national and district levels. Children parliamentarians were usually elected from across districts to represent their communities. These Children's Parliaments served as platforms for children to debate on topical issues impacting their lives and also provided an opportunity for children to channel their views to relevant authorities for high-level dialogue.

The Guidelines for Child Participation also recognise informal structures to give space for child participation including traditional events such as initiation ceremonies, *Chiwanya cha Yao; Mthetho; Mlakho was Alhomwe, Kulamba,* and many others. However, it is important to note that informal participation structures are usually supervised by adults and strive to adhere to the norms, beliefs, and values of a particular customer.

3.4.2 Summary of child participation

Child participation is a basic human right enshrined in international (CRC) and regional (ACRWC) instruments. As a demonstration of its international obligations, the Malawi Government has put mechanisms such as legal reforms and guidelines to promote child participation. Some of the achievements include the provision of compulsory Birth Registration in the National Registration Act which had seen the registration of several children at birth. Another milestone was the creation of child-friendly fora at national, district, and community levels to serve as safe spaces for children to contribute to the national dialogue, especially on issues that affect welfare. However, more efforts are needed to raise awareness of the importance of Birth Registration.

3.5 Objective 2: Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights

Based on the review, several areas of community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights are visible. Across the indicators, girls, and children with disabilities seem to be the most vulnerable. Thus, interventions that aim at removing barriers that potentially threaten the realisation of child rights indicators such as access to quality education, progression; improved completion and progress rates among adolescent girls; creating sustainable inclusive environments for children with disabilities; and vulnerability to child labour may require adequate attention. Particularly,

strengthening community-based efforts to combat child marriage may positively impact on realisation of child rights. Related to this is improved access to Sexual Reproductive Health services. Areas of opportunity for the community will further be explored in Phase 2 of the mapping through dialogue with communities; local CBOs; and other key stakeholders.

3.6 Objective 3: Challenges/ barriers and strengths faced by community-based organisations and other community-level actors

3.6.1 Areas of strengths inherited at all levels

Areas of opportunity exist across implementation levels: national; regional; district; and community levels. The legislative and policy environment is supportive of community-based actors in the Child Rights space. The Constitution of Malawi, which is the Supreme Law of the land provides the foundation for the implementation of Child Rights initiatives and thus, creating a supportive operational space for Community Based solutions. Additionally, the existing child-friendly structures at all national, district, and community levels provide adequate platforms for advocacy. The visibility of child-friendly structures up to the community and the high-level community engagement provides an opportunity for continuity, ownership, and sustainability of community-driven initiatives. Furthermore, interviews with key stakeholders revealed the willingness of the community to work voluntarily to generate solutions on matters that affect them. For instance, the Village Savings and Loans (VSL) is one example where communities showed the capacity to contribute to enhanced economic livelihood at the household level.

3.6.2 Challenges/barriers

The study has identified several barriers and challenges that negatively contribute to slow progress in the realisation of policy strategic goals and some of the key challenges include the following;

- Weak enforcement mechanisms of existing laws and policy frameworks. In

as much as existing laws were adequate, there were inadequate enforcement and monitoring mechanisms. According to the CSE report (2019), there were barriers to the enforcement of child rights laws. Notable among them were: limited awareness and knowledge of laws among members of the community; inadequate funding resulting in delays in the implementation of policies.

- Poverty is another barrier threatening impactful community-driven solutions. For instance, child labour and child marriage are well known to be perpetuated by poverty levels, thus, making children susceptible to vulnerability.

3.7 Objective 4: Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs

3.7.1 Child vulnerability

The KII with the selected officers in government complemented by data from document analysis revealed that children in Malawi, especially from poor households, were vulnerable due to various adversities such as child labour, school dropout, early marriages, early pregnancies, and physical abuse, violence against children, and child neglect.

Realising the vulnerability of children, various programmes were being implemented both by the Government of Malawi and other stakeholders. existing community structures such as CBCCs, Children's Corners, and care groups were service implementation platforms. The main challenge is a lack of capacity due to limited training and financial resources, since most of these CBOs operate voluntarily with limited sustainable capacity building initiates from organisations that support them.

The sections below highlight the vulnerability and the opportunities that arise in using community-based solutions as well as the challenges in the existing solutions.

3.7.2 Child labour

Many children in Malawi were vulnerable to child labour and exploitation due to poverty levels and the high dependency ratio. According to the 2020 Malawi Poverty report, over half of the Malawian population lives below the poverty line. Children from poor households were likely to be exposed to harmful economic activities. For example, during the farming season children had to go to household farms or markets to sell farm products before going to school and this negatively impacted access to education. The parents/guardians always did this in the name of household chores.

> *"Parents are ignorant of the difference between household chores and child labour. Some of them even give a punishment of not giving their children food by misusing the bible verse which says if a man will not work, he shall not eat."*
> *– KII respondent*

3.7.3 School dropout

Malawi was one of the countries with a relatively high proportion of children dropping out of school due to both household/community factors as well as the school system factor. According to the 2021 Annual School Census, the reasons for dropping out of school at both primary and secondary education levels included lack of fees, early marriages, pregnancies, lack of interest, and poverty. The school system also contributed in the sense that not all learners who pass primary school certificate examinations were selected for secondary schools due to limited space. The girls were at higher risk of dropping out than boys.

The Ministry of Education used community-based school structures to curb the occurrence of school dropout and promotion of girls' education. These structures included: Mother Groups; Parents and Teachers Associations; School Management Committee; and other programme-specific committees. The opportunity is that these structures are already oriented on how to reduce drop out using community solutions. These include making by-laws aimed at punishing parents whose children have dropped out or are absent from school.

"Schools were empowered to make by laws. For example, one of the schools in Kasungu, punish parents by moulding school bricks if their children are absent from school. A village headman once moulded bricks because his child was absent. These are community-based solutions to reduce absenteeism and dropout. Other communities use Gulewamkulu to escort children to schools."
– Education Planning Monitoring and Evaluation Specialist.

Although the education act provides for compulsory education, the challenge is that there is little or no community interventions to enforce this law.

3.7.4 Sexual abuse

Despite sexual abuse being a criminal offence, a high proportion of children were exposed to sexual related abuse. Mason and Kennedy (2014) noted that the number of children reporting child sexual abuse was increasing, possibly because of increased awareness, availability of services, and fear of HIV. Among the services to facilitate easier disclosure of child sexual abuse included a free telephone help-line and better training of teachers.

The challenge in dealing with GBV lies in the gaps in the enforcement of existing laws. According to Liu (2021), sexual violence against children in Malawi is pervasive and survivors face significant barriers in their quest for justice. Sometimes the perpetrators bribe the victim's parents/guardians not to report the abuse especially when the victim comes from a poor family.

3.7.5 Child abuse, neglect, and violence against children

Neglect, although not well documented, was another form of child rights violation where parents or guardians fail to provide the necessary care, protection, educational, and medical support. Interviews with key stakeholders revealed that the failure of some parents to provide for their children leaves their children to beg in the streets, which exposes them to other forms of abuse. Generally, few institutions were working on child neglect. Local structures were not empowered to deal with issues of child neglect.

"Most NGOs in the district focus on child marriages and early pregnancies

leaving other critical elements of child rights such a child neglect." – Machinga District Social welfare officer.

CONCLUSIONS

Following the review of the status of children, key conclusions are made. Efforts towards policy reform, particularly the domestication of the African Charter on the Rights and Welfare of the Child through the enactment of the Child Care, Protection and Justice Act, has strengthened the legal environment with the child rights lens. Malawi also has a sound policy environment adequately addressing various aspects of child rights. The formulation of the guide on how to assess the child-friendliness of the national government budgets is a demonstration of the Government's commitment to enhancing accountability mechanisms for the implementation of targeted interventions on child rights. The formulation of the Parliamentary Guide on how to assess Child Friendliness of National Budgets demonstrates Government commitment towards improving investment in children.

Overall, the mapping has revealed progress in the furtherance of child rights across the study indicators: improved child health and survival; increased access to ECD, primary, and secondary education; enhanced mechanisms for protection from harmful social and cultural practices; mechanisms to strengthen protection of the child in the family and community; and increased child participation.

4.1 Child Health and Survival

The 2015-2016 Demographic Health Survey revealed improved child health and survival as shown by the decline in under-5 mortality from 234 deaths per 1,000 live births in 1992 to 63 deaths per 1,000 live births in 2015-2016; decline in infant mortality from 135 deaths per 1,000 live births in 1992 to 42 deaths per 1000 births in 2015-2016; reduction in mothers delivering at home from 43% to 7%. However, stunting levels among children under five were still high if the country was to achieve optimal development for children. There is also a need for improved access to Sexual Reproductive Health Services among adolescents and youths.

4.2 Child Development and Education

There is increased access to ECD from 34% in 2010 to 46% in 2020/2021, and nearly 90% of all the school-going age-eligible children attend primary education (ESA, 2019; and positive trend in enrolments at the secondary education level. Children with disabilities were disproportionately represented at all levels: ECD, primary, and

secondary. Efficiency and effectiveness of service delivery are also hampered by low progression and completion rates at primary and secondary school levels, implying that a proportion that enrols in standard 1 do not progress to secondary school and subsequently tertiary education. Across gender, girls recorded high drop-out rates and low completion rates for both primary and secondary school levels. Inadequate infrastructure; long distances to school especially for children in rural and hard-to-reach areas; inadequate funding; high teacher-pupil ratio; and inadequate staffing were some of the challenges confronted by the education sector.

4.3 Child Protection in the Family and Community

Enactment of the Child Care, Protection, and Justice Act has strengthened the regulatory framework for the protection of children in their homes and community by clearly outlining the role and responsibilities of parents in child wellbeing. Reflecting the collective nature of the African communities, the scope of protection for children extends to the community. There are adequate regulatory safeguards for alternative care and fosterage to cater to circumstances where the primary caregiver may not be available to provide guardianship. However, poverty at the household level and limited opportunities for social protection may impact the capacity of primary households to adequately provide for their children. In this regard, some children are forced to be on the streets as a means of survival thus, exposing them to high levels of adversities.

4.4 Protection of Children from Harmful Social and Cultural Practices

There were adequate mechanisms for protection from harmful social and cultural practices as evident by a positive legal and policy environment. However, exposure to adversities such as child labour and child marriage. Data from existing evidence shows that about a 1.7 million children aged between 5 and 13 years were engaged in child labour. Cases of child marriage were also high, with an estimated proportion of 47% of women aged between 24 and 49 years reported to have been married before the age of 18 years.

4.5 Child Participation

Positive trends are visible as far as child protection is concerned. Malawi has launched a rigorous campaign on Birth Registration. Data from MICS (2019-2020) showed that about 69% of children were registered at birth. Additionally, progress has been recorded in ensuring the creation of safe spaces for enhancing child participation in decision-making. Notably: platforms such as the Children Parliament; Children's Corners; Children's Courts; Child Protection Committees; and social clubs were child-friendly fora for the participation of children in matters that concerned their wellbeing.

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MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN MALAWI

Phase 2 Report

firelight™

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ACKNOWLEDGEMENTS

ABBREVIATIONS

CBCC   Community-based childcare centre

CPW   Child Protection Workers

CC   Children's Corner

CBO   Community based organisation

DSWO   District Social welfare officer

ECD   Early childhood development

ECM   Ending Child Marriage

EMIS   Education management information system

FGDs   Focus Group Discussion

GBV   Gender-Based Violence

GOM   Government of Malawi

IEYP   Investing in Early Years for Growth and Productivity Project

ILO   International Labour organisation

KII   Key informant interviews

LMIC   Low- and middle-income countries

MDHS   Malawi Demographic and Health Survey

MGDS   Malawi Growth and Development Strategy

MDAT   Malawi Developmental Assessment Tool

MICS   Multiple indicators cluster survey

MoGCDSW Ministry of Gender, Community Development and Social Welfare

NGO   Non-government organisations

NSO   National Statistical Office

TA   Traditional Authorities

SGDs   Sustainable Development Goals

SRH   Sexual Reproductive Health

SRHR   Sexual and Reproductive Health and Rights

VSL   Village savings and loans

YONECO   Youth Net and Counselling

EXECUTIVE SUMMARY

The study was commissioned by Firelight Foundation to address the following objectives: i) the experiences, opportunities, supports, challenges, and risks faced by adolescent girls in their communities; ii) the systems and underlying root causes influencing and shaping the major issues faced by adolescent girls in their communities, and iii) areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of the rights and wellbeing of adolescent girls. The study applied a participatory approach. Data was generated through Focus Group Discussions (FGDs) and Key Informant Interviews with various stakeholders including adolescent girls and boys, parents, traditional and religious leaders, and district-level government officials. Data were subjected to content analysis to generate emerging themes.

Overall, the study has highlighted opportunities, challenges, underlying root causes, and potential community-based solutions to issues affecting adolescent girls as summarised below:

Objective 1: Experiences, opportunities, supports, challenges, and risks faced by adolescent girls in their communities

Various opportunities, challenges, and risks faced by adolescent girls in their communities were highlighted. Potential areas of support were highlighted.

- Access to education was identified as a key opportunity for the promotion and protection of the rights of adolescent girls and youths. The girls particularly emphasised that education was catalytic to addressing the intergenerational

- cycle of poverty. They noted that once educated, they would have a better life and contribute to the well-being of their families and national development. These observations were in agreement with the views of parents and other stakeholders and aligned with government priorities.
- A positive legislative and policy environment further provides an opportunity for the advancement of the rights of adolescent girls.
- Several challenges and risks were highlighted. Notable among them were: limited access to secondary education, inadequate financial resources at the household level, harmful social-cultural practices, inadequate implementation mechanisms for existing laws, limited access to Water Sanitation and Hygiene facilities (WASH), and effects of climate change.
- National efforts such as the end of child marriage campaign, re-entry policy for teen mothers, provision of Sexual Reproductive Health Services, social protection safety nets, and advocacy platforms by Community Based Organisations remain strategic support systems.

Objective 2: Systems and underlying root causes influencing and shaping the major issues faced by adolescent girls in their communities

- Poverty was identified as an overarching root cause influencing and shaping the issues faced by adolescent girls.
- Additionally, culturally embedded practices such as early marriage and gender stereotypes are potential barriers.

Objective 3: Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of the rights and wellbeing of adolescent girls

- There is a positive legislative and policy environment to promote child rights.
- CBO home-grown advantage, engagement of traditional leaders, and community awareness of child rights present an opportunity for community-based solutions that can generate lasting systemic change towards the realisation of the rights and well-being of adolescents.

Conclusions

The study has established that the issues affecting adolescent girls are multiple and interrelated. Poverty is the overriding root cause limiting access to education, making children vulnerable to risks such as abuse, teen pregnancy, and early marriage. Other school-based factors were long distance to school, and limited access to WASH facilities.

INTRODUCTION

1.0 Background

This mapping exercise was conducted in two phases, namely Phase 1 and Phase 2. Phase 1 involved the review and analysis of various policy and statutory documents in order to have an understanding of the status of children on key indicators relating to child rights in Malawi. It also involved interviews with key informants at the national level so as to have an understanding of areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights. The interviews also provided an opportunity to understand the challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors in championing child rights. Finally, the interviews with key informants provided an understanding of areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and Community-Based Organisations (CBOs).

The analysis of findings from Phase 1 of the study yielded the following broad themes: Child Health and Survival; Legislative and Policy Environment; Funding and Resource Allocation; Response and Programme Interventions on Child Health and Survival; Child Development and Education; Financing – Child Development and Education; Protection of Children from Undesirable Practices; and Child Care and Protection in a Family and Community. Presented below is a summary of the key findings that emanated from Phase 1 of the study.

On the whole, Phase 1 of the mapping exercise has shown that Malawi is committed to making improvements in the various aspects of child rights. Substantive progress, for instance, has been made in the enactment of policy and legislation to improve child rights in the country. There are also indications showing improvements in the allocation of funds in programmes that are tailored towards championing the cause of children. This increased investment has resulted in improved child health and survival; increased access to ECD, primary, and secondary education; enhanced mechanisms for protection from harmful social and cultural practices; mechanisms to strengthen the protection of the child in the family and community; and increased child participation.

Notwithstanding the progress that Malawi has made in championing the cause for

the rights of children, there still remains a number of areas that need improvement as follows:

- Enforcement mechanisms to ensure that child rights are accountably observed.
- Coordination mechanisms of child rights activities across various sectors of government.
- Increased funding of child rights activities by the government to avoid heavy dependence on sometimes unpredictable donor funding.

Phase 2 of the study sought to develop a more nuanced, contextual understanding of some of the key findings from Phase 1 of the mapping process, with a particular focus on issues faced by adolescent girls. Through the use of Focus Group Discussions, Phase 2 of the study sought to have a more in-depth appreciation of how the various stakeholders understood child rights and how they are being realised at the community level, especially for girls. The following objectives guided the research process during Phase 2:

1. The experiences, opportunities and supports, and challenges and risks faced by adolescent girls in their communities;
2. The systems and underlying root causes influencing and shaping the major issues faced by adolescent girls in their communities; and
3. Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of the rights and wellbeing of adolescent girls.

1.1 Scope of Phase 2 Child Rights Mapping

To augment findings from Phase 1, Phase 2 of the study focused on providing an in-depth understanding of issues affecting girls and youths in Malawi and identifying areas of opportunity for community based-solutions that might bring about systemic change in the furtherance of child rights. The geographic scope for Phase 2 was the four districts (Zomba, Machinga, Mangochi, and Dedza) where Firelight Foundation had programme activities.

Focus Group Discussions with key stakeholders such as adolescents, parents/community members, traditional and religious leaders, frontline workers at the community level, and school administrators provided an opportunity for

community engagement on issues affecting girls and youths in the respective communities. Data from FGDs were supplemented through Key Informant Interviews (KII) with relevant Government departments and Community Based Organisation (CBO) initiative.

METHODOLOGY
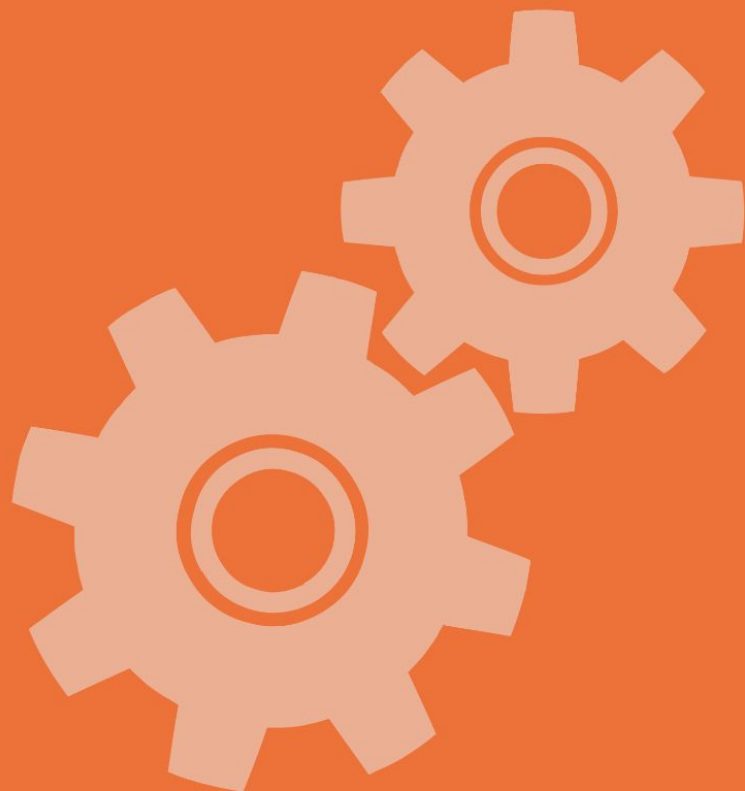
2.0 Overview

This section presents a summary of the methodological approach that was applied. Phase 2 of the study primarily applied a qualitative research approach. Data was collected using qualitative methods, with specific strategies to engage the participation of CBOs in study development, data collection, analysis, and validation. Strategies such as FGDs and community dialogue enabled the research team to capture in-depth data on knowledge, attitudes, and practices on child rights at the community level. Most importantly, the involvement of adolescents helped to surface issues affecting adolescents through lived experiences. KIIs with officials from relevant Government Departments and CBOs facilitated the generation of data on existing initiatives at district and community levels as well as identifying opportunities for synergies and community-based solutions. To further strengthen the methodological approach, the research team collaborated with CBO staff throughout data collection. Collaboration with the CBO staff was essential to the data process as it enhanced the contextual understanding of issues affecting girls and youths, and actions that can bring about systemic change.

2.1 Sampling Framework

A multi-stage purposive sampling strategy was used in the selection of participants with the district level as the reference point. Prior to the commencement of fieldwork, consultations were held with Firelight Foundation-supported local CBOs to identify the relevant informants. The sampling framework took cognizance of the gender dimension in the sample. Thus, efforts were made to ensure the participation of both males and females.

2.2 Study Sample and Site

Phase 2 was implemented in four districts: Zomba, Machinga, Mangochi, and Dedza, with a sample comprising adolescents, parents/community members, traditional and religious leaders, community-level frontline workers (e.g., Health Surveillance

Assistants, school administrators, and officials from relevant Government Departments (Ministry of Gender, Ministry of Education, Science and Technology, and Ministry of Health, and officials from local CBOs. The sample was drawn from a total of 14 Traditional Authorities (TAs) across the four districts. Efforts were made to ensure the participation of both males and females. presented below is the summary of the Phase 2 study sample.

Table 1: Summary of study sample

District	Governmen t officials- District	Traditional /Religious leaders		CBO Official s	Parents		In-school adolescents		Out of-school adolescents	
		M	F		M	F	M	F	M	F
Zomba	8	8	2	3	7	5	6	7	6	7
Machinga	7	7	1	4	7	5	6	9	5	7
Mangochi	9	7	9	6	9	5	12	8	14	16
Dedza	9	8	0	4	6	7	6	7	5	6
Total	33	30	12	17	29	22	30	31	30	36

2.3 Data Collection Tools and Procedure

Implementation took a participatory approach by involving stakeholders at each stage. Drawing on key findings from Phase 1 of the study and recommendations from stakeholders at the validation stage, the research team worked collaboratively with Firelight Foundation in conceptualising the scope of Phase 2 of the study. Weekly meetings were held to keep both teams updated. Additionally, all the data collection tools were carefully reviewed in consultation with Firelight Foundation and later validated by the CBO staff for contextual sensitivity. Planning meetings were also held with Government Officials at the district level through the local consultant. The five local CBOs working with Firelight Foundation in the sampled districts facilitated the implementation of activities at the community level through mobilisation of key informants.

Focus Group Discussion and Key Informant Interview guides were primary data

collection tools. Key informant interview guides were administered to Government officials and CBO staff, whereas data from parents, adolescents (both in-and out-of-school), and traditional/religious leaders was collected through Focus Group Discussions. A total of 39 FGDs comprising 8-10 participants were conducted across all the community level stakeholders (parents, adolescents, traditional and religious leaders, and frontline workers). Within the FGDs with adolescent girls, the root cause analysis using the Fishbone Diagram complemented contextual understanding of issues affecting girls and adolescents highlighting facilitators and potential barriers. This approach was found useful as it allowed adolescent girls to visualise the main problems experienced and brainstorm on contributing factors. The approach gave an opportunity for the research team to ask follow-up questions on emerging factors.

2.4 Data Quality

To enhance efficiency and quality in the data collection process, four core research assistants from Lilongwe were engaged. To complement contextual understanding, five local assistants were drawn from the five implementing CBOs, that is, one from each CBO. A two-day training workshop was conducted by the two consultants and an official from the Ministry of Gender to familiarise the research team with the tools. The training further provided an opportunity for language validation of tools, peer practice, and pilot testing of tools. Data quality checks were undertaken by the two consultants during data collection and coding.

2.5 Data Analysis

Data was transcribed and coded by the core research assistants. Using framework analysis, meaningful patterns of emerging themes were established. The categorisation of the themes was informed by the study objectives.

2.6 Ethical Requirements

Implementation of the study was done within the ethical requirements. Ethical

clearance was sought from the National Committee on Research in the Social Sciences and Humanities. District-level officials and local CBOs working with Firelight Foundation were informed about the scope of the study and remained engaged throughout the implementation process. Additionally, consent was obtained from all participants, and responses were kept anonymous. Participants were also assured of confidentiality.

FINDINGS

3.0 Overview

In this chapter of the report, we present the findings that came from the analysis of the Focus Group Discussions (FGDs) that were conducted during Phase 2 of the child rights mapping study. The FGDs were conducted in four districts of Malawi namely; Mangochi, Dedza, Machinga, and Zomba with the following categories of participants: Male and female adolescents (in- and out-of-school); community stakeholders; and parents). The following areas as reflected in the research objectives were the focus in the FGDs: i) the experiences, opportunities and supports, and challenges and risks faced by adolescent girls in their communities; ii) the systems and underlying root causes influencing and shaping the major issues faced by adolescent girls in their communities; and iii) areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of the rights and wellbeing of adolescent girls.

The findings from the FGDs were analysed and thematically categorised to understand the experiences of adolescent girls in their communities – both opportunities and supports available as well as challenges and risks faced. These are shared from the perspective of adolescent girls themselves, as well as from the perspective of other stakeholder groups. Where data are available, the experiences of adolescent girls are contextualised or contrasted with those of adolescent boys. Due to the commonality of the issues that were raised in the FGDs, the themes shall be discussed simultaneously across all categories of participants. We will now proceed to present and discuss the findings under the outlined themes, in line with the objectives of the study.

3.1 Objective 1: The Experiences, Opportunities, Challenges, and Risks Faced by Adolescent Girls in Their Communities and Supports

3.1.1 Experiences of adolescent girls in their communities

As indicated in the overview presented at the beginning of this chapter, here we present the views of the participants regarding the experiences of the adolescents. Firstly, we present the perspectives of the adolescents after which we will present the

views of the community stakeholders and parents.

3.1.2 Responses from adolescents

To better understand the experiences of adolescent girls, responses were disaggregated according to the dimension.

3.1.2.1 Opportunities and support available to adolescent girls in their communities

3.1.2.1.1 Opportunities

In this section, we present what participants indicated were the opportunities needed for adolescents to realise their career aspirations.

3.1.2.1.2 Enabling policy and legislative environment

The Malawian Government has put in place a robust policy and legislative framework to advance the rights of adolescent girls. (See details in the report on Phase 1 of the study). For instance, the school re-entry policy has provided an opportunity for teen mothers to return to school after giving birth. Similarly, coordinated efforts among stakeholders (government, traditional authority, communities, CBOs etc) toward the elimination of child marriage have been a glimmer of hope in the protection of girls from child marriage.

3.1.2.1.3 Knowledge of child rights among adolescent girls

For both the in-school and out-of-school adolescent girls, the findings revealed that there was sufficient knowledge among them about child rights. The following are the rights that were identified as the key child rights by the adolescents: Right to education; right to play; right to life; right to privacy; right to go to religion; right to have a name; right to food; right to have a shelter; right to vote; right to associate with friends; right to marry at the right age; right to dressing; right to culture; right to be protected; right to be loved.

As can be seen from the comprehensive list of rights that adolescents came up with in the FGDs, they were quite well informed and sensitised about their rights in

various circles of society. The comprehensive knowledge about rights is probably not surprising, as most of the adolescents indicated that they were exposed to various sources of information regarding their rights. The most common avenues of information that adolescents mentioned were: Schools; radio; television; social media (e.g. WhatsApp); youth-friendly clubs; films; community gatherings organised by traditional leaders and NGOs; posters; rights clubs; magazines; books; newspapers; churches; role play about rights; and other sources. Among these listed various sources of information, radio was identified as the most accessible means of communication that most adolescents had access to. In addition to radio, public awareness campaigns organised by NGOs, for example, Youth Net and Counselling, who visit communities and give information on public address systems, were very popular.

As a result of the widespread rights awareness, one of the out-of-school male adolescents made a poignant observation: "*Because of awareness, children know their rights. I was arrested and spent two days in a police cell because I beat my sister who reported me to the police. Now I don't beat her anymore.*"

Adolescent girls affirmatively acknowledged that with awareness about their rights, they were better placed to protect themselves from any form of abuse. They also reported that they were also knowledgeable of the reporting channels through the traditional leaders and the police. Similarly, community members demonstrated enlightenment on child rights. With the support of local CBOs, village structures have been established as safe friendly spaces for adolescent girls. Most importantly, traditional leaders have proved to be community champions in the promotion of the rights of adolescent girls and some of them have enacted by-laws enacted in some communities to reduce child marriage.

3.1.2.1.4 Access to education is a key enabler to adolescent girls' attainment of dreams

All the adolescent girls who participated in the study attached great importance to education. They noted that with education, they would have good jobs, lead better lives, and take care of their families. Both the in-school and out-of-school adolescent girls shared dreams of pursuing a career of their choice, however, there was a

variation in the types of careers that the two categories of adolescents aspired to pursue. The career aspirations of the in-school adolescents tended to be formal where they would perform duties in the government or some other formal sector. The commonly chosen career aspirations by the in-school adolescents included the following: Doctor; teacher; soldier; lawyer; typist; police officer; president; nurse. While similar career patterns emerged among boys, a few in-school adolescent boys chose non-white collar jobs, namely truck driver and mechanic.

For the out-of-school adolescents, their career aspirations tended to be more in-line with those jobs which would give them survival skills to better their livelihoods in the communities where they lived. It should be mentioned though that even for the out-of-school adolescents, their initial careers before they dropped out of school, were of a white-collar nature, as explained above. Although data was collected separately for adolescent boys and girls, there were commonalities in career preferences as follows: tailoring; plaiting hair; brick-laying; motor vehicle mechanic; electrical wiring; business. Here is how one of the out-of-school adolescents expressed their aspirations: "*[I] am a tailor but am not yet an expert; I need to enhance my skills and be an expert in my tailoring*." An adolescent boy expressed similar sentiments, "*[I] am a builder but I want to be an expert and be a supervisor among my fellow builders*."

Even with all these aspirations in the technical fields that out-of-school adolescents had, they seemed to have a nostalgic regret that they did not get educated. One adolescent girl seems to represent this nostalgia for education, saying, "*…we wish we could become educated and get certain jobs…education delays you from marrying early and getting pregnant. Education also exposes you to what others are doing and in so doing you become independent*."

3.1.2.1.5 Responses from community stakeholders and parents on education opportunities

In all the FGDs that were conducted with parents and community leaders, there was consensus among participants in all areas that the aspirations of parents for their children were that they should complete their education and get a job to enable them to support their families. One community leader from Mangochi, for instance,

so enthusiastically observed, "*We as community leaders of this area wish our youth to be going to school so that they become educated as you the researcher…We also wish them to be doctors, nurses, teachers, and police officers and we will be happy to see these people coming into our community. So, in short, we wish them to finish their studies in the jobs that I have mentioned above. We also wish them to learn technical skills.*"

A parent from Machinga gave similar views. However, he seemed to focus more on technical skills, saying "*In our area, we wish our adolescents to go further with their education and technical skill work like tailoring and carpentry as one way of earning a living…*" One parent from Dedza community was able to capture the aspirations of both in-school and out-of-school adolescents, "*…parents wish their children to finish studies and depend on themselves when they grow up. For those who drop out of school, we wish them to be provided with technical work or say hands-on work. To achieve this goal, what they need is to be supported by their parents and also the government in terms of fees and other school materials.*"

As can be seen, parents' and traditional leaders' views on the aspirations of adolescents were the same.

3.1.2.1.6 Availability of social protection safeguards

Although a lack of school fees was cited as one of the barriers to the advancement of girl child education, it was also gratifying to learn about the available social protection safeguards aimed at addressing social inequalities. For instance, the government officials from the Ministry of Gender and the Ministry of Education acknowledged the availability of the bursary scheme to girls from vulnerable backgrounds. This was complemented by the education package provided by some international organisations such as CAMFED which are targeting girls from vulnerable backgrounds. Most importantly, community leaders were actively involved in the identification of potential beneficiaries.

While this has provided an opportunity for many girls to continue with their education, not all eligible adolescent girls have benefited from these incentives. Additionally, all the stakeholders were of the view that the bursary scheme should be extended to boys from vulnerable households. For example, one in-school adolescent from Dedza observed, "*Some government policies are contributing to gender*

inequality in a way that bursaries are for girls, while boys are not considered. In the ideal world, adolescent girls wish that there should be no differences in [how] boys and girls are treated by the government and other organisations. According to them, boys are often neglected by many organisations. Girls wish that boys should be treated the same as girls when it comes to bursaries and other opportunities that are given to girls only." Out-of-school boys that participated in the study reported that they dropped out of school due to a lack of school fees. If this situation is not addressed, there is a likelihood of cyclic effects where the boys who have dropped out of school will be potential perpetrators of child marriage and teen pregnancy. Thus, addressing social inequalities may require a comprehensive approach that can address the possible bottlenecks holistically.

3.1.2.1.7 Availability of SRH services in communities

The findings from FGDs with girls revealed that SRH services were readily available in the communities through CBOs, youth clubs, and health facilities. One female school participant observed, "*Currently, we have PLAN Malawi which comes monthly to provide us with sexual reproductive materials.*" An out-of-school female adolescent also asserted, "*Yes, we do get sexual information, so mostly like us girls we get this information from the CBO which is so friendly and is open to us. While at home it is our grandparents who advise us... it is helping especially at CBO where we come to get some preventive measures like condoms. So far SRH services, we do not face any problems, we access it easily. So in our area, we are supported by GO Malawi and PLAN Malawi, and PSI. These organisations come almost every week.*"

Yet another in-school female adolescent pointed out, "*We as girls we do share sexual reproductive issues in the groups where we meet. Sometimes we get this information from the youth clubs and also at church. We encourage one another to use these services so that we [protect] ourselves from early pregnancies which will affect our studies, hence destroying our future life. At home it is our grandmothers who advise us to abstain from sex...*"

More was shared about the availability of the SRH facilities as exemplified in this excerpt: "*...at the CBO where we come to get some preventing measures like condoms and also some monthly pills, currently, we are not facing challenges in accessing these SRH services, NGOs come like PLAN Malawi and UNICEF to provide these materials in the*

centres. So, everyday these materials are available, we do not experience any shortage, it's up to us to use it or not…"

However, some girls reported that they were not comfortable in utilising reproductive health services in their community for fear of ridicule. One school girl in Machinga vehemently observed, "*We are not comfortable going to the hospital because when they see you at the hospital, they will tell your parents and the whole village will know about it.*"

3.1.2.1.8 Responses from community stakeholders and parents on the availability of SRH services for adolescent girls

However, issues of SRH triggered mixed reactions among parents. All the male parents who participated in the FGDs were reluctant to discuss issues of SRH with their girl children. They felt it was awkward and against the cultural norms for them to engage in such topics with their children. While some female parents equally expressed reservations, others especially those in Dedza felt that there was nothing wrong with parents discussing SRH with the girls at home.

One parent emphatically stated, "*You know you have to be practical on some of these issues. Yes we acknowledge the cultural sensitiveness of such discussions, but again if we don't talk to the girls about issues of SRH as parents, they will still access this information elsewhere. Worse still, if children are not educated about the importance of SRH, they may end up getting pregnant because they will not know how to protect themselves.*" This resonates with what one in-school adolescent girl in Machinga noted, "*At home, it is mainly the mothers who sensitise girls on wellbeing because it is the women who better understand the challenges girls go through if they get pregnant. They teach us how to take care of ourselves.*"

3.1.3 Challenges and risks faced by adolescent girls

In this section of the report, we present the barriers that were identified by participants as impediments preventing adolescents from attaining their dreams. As with the other themes, we present the observations of the adolescents and those of community stakeholders and parents so that we get a more complete picture.

3.1.3.1 Responses from adolescent girls

Among the challenges that prevent adolescents from attaining their dreams, poverty was identified as the overarching barrier. Other factors that are responsible for impeding adolescents from advancing in their communities include Peer pressure; cultural practices; early marriage; child abuse; lack of money for school fees; long distances to schools; lack of inspiring role models; and barriers related to climate change.

3.1.3.1.1 Poverty

One adolescent in Machinga noted, "*...poverty levels in this community are high and our parents cannot afford to raise money for our school fees...so sometimes we are chased from school for failure to pay the required school fees and we end up discontinuing our education...*" Another out-of-school girl in Mangochi explained "*...I wanted to complete my education but I dropped out in form four because my parents could not pay examination fees...the local community-based organisation that sponsored me only paid my school fees and my parents were supposed to pay examination fees but they failed to raise the required amount. I didn't see the need to continue going to school when I knew that I was not going to sit for my examinations due to non-payment of examination fees...... it was such a painful experience for me to discontinue my education.*"

3.1.3.1.2 Peer pressure

Peer pressure was also a key factor, especially among girls. The following excerpt from an adolescents' FGD in Zomba accurately represents the views of the adolescents on how peer pressure lures girls out of school.

> "*Girls drop out of school because of peer pressure...our friends who are married dress well...so sometimes girls start having boyfriends so that they are given money to buy clothes and in the process end up getting pregnant.*"

In a study conducted among adolescents of Botswana, Makwinja-Morara (2007), reports similar findings namely that peer pressure was largely responsible for a number of young people getting involved in sexual activities at a young age. In an earlier study, Ellenbogen and Chamberland (1997), found that those adolescents who

had dropped out of school and those who were about to drop out had more friends who had dropped out of school.

3.1.3.1.3 Early marriages

Almost all the adolescent girls, parents, traditional and religious leaders who participated in the study acknowledged cases of child marriage in their respective communities. For instance, in one FGD in Mangochi in-school adolescent girls drawn from seven communities confirmed at least 20 cases of child marriage.

The cultural practice by parents of forcing school-going girls into early marriages was found to be one of the disempowering gender norms against the education of girls. One girl in Machinga explained, "*Some parents prefer marriage to school for the girl child.*" Another girl in Machinga noted "*Parents want their children to get married and start childbearing early.... We who are still in school are even mocked that we will not be marketable for marriage because we will be too old by the time we complete school...*"

The girls reported that some parents opt to marry off their daughters instead of sending them to school so that they can make money through *lobola*. Sometimes when parents feel the girl child is grown up, they force her into marriage. For instance, it is common for some parents when confronted with competing economic demands to prioritise sending the boy child to school and keeping the girl child at home in readiness for marriage. This is usually the case when there are limited resources at household level. These findings corroborate what Munsaka (2009a) and Munsaka (2009b) reports on a school dropout study conducted among rural adolescents of southern Zambia. Peer pressure was also highlighted as a contributing factor to early marriage. One out-of-school adolescent girl who is married confirmed this when she noted, *"sometimes it is out of peer pressure to get basic needs. I got married because I wanted to look good and I was admiring my friends who were already married."*

3.1.3.1.4 Long distances to school

Girls acknowledged that although there were primary schools in their respective communities, they covered long distances to access secondary education. One adolescent girl in Mangochi noted, "*The secondary school was about 7kms away from*

3.1.3.1.5 High drop-out rate among adolescents

Data from Phase 2 of the study corroborate with national-level data the present data presented in Phase 1 of the report which highlighted the high dropout rate among girls. All the stakeholders that participated in the study noted that girls drop out of school more often than boys and this was pronounced at the secondary school level. Follow-up discussions with out-of-school adolescent girls revealed reasons why they dropped out of school which included among others, failure to pay school fees, long distance to school, lack of support from parents, lack of secondary schools within the community, early marriage, and teen pregnancy. One out-of-school reported that, "*I was sent away from school because of lack of school fees.*" However, most of the out-of-school girls expressed a desire to go back to school, while others emphasised the need for skills training for survival.

3.1.3.1.6 Child abuse

Although there was a decline in cases of child abuse, isolated incidences of child abuse were reported. In one of the FGDs in Mangochi, girls reported they had experiences where boys sometimes made sexual advances on them, especially on their way from school. One adolescent girl recounted, "*You know in this community, boys are exposed to drugs, they take marijuana (Indian hemp) …..and they take advantage of girls*."

Regrettably, this community had the highest number of teen mothers out of school; in a single FGD, out of the nine participants, seven of them had babies who they were raising as single mothers because none of the boys who impregnated them wanted to take responsibility. In another community in Mangochi district, girls noted that boys took advantage of girls on their way to and from school. One girl observed that "*There are issues of child abuse in this community. About 3 girls were abused and the matter was with the police. Mostly, it is elderly men who are perpetrators of abuse in this community.*"

Related to this were isolated cases of potential abuse at the school level. It was reported that some teachers propose to girls. One adolescent girl confirmed that there was an incident at her school where a teacher made advances on her friend who was struggling with school work. The teacher promised to assist her with school

work in exchange for sexual favours. Another girl noted that, *"We are told that if you want to do well in school, you should be in a relationship with a teacher. This usually happens when you are not doing well. Sometimes when you refuse to be in a relationship, they create challenges for you in class."*

3.1.3.1.7 Teen pregnancy

In all the FGDs with adolescents, teen pregnancy was mentioned as one of the major barriers that prevented adolescent girls from fulfilling their educational aspirations. These findings have been corroborated by earlier studies (e.g. Kaufman, De Wet, & Jonathan, 2001; Munsaka, 2009a). Some of the factors that contribute to teen pregnancy were poverty, peer pressure, and neglect from parents.

3.1.3.1.8 Child labour

Adolescents also observed that young people tended to fail to continue with their schooling because they were involved in hard labour activities to supplement the limited family income. There is an interface between child labour and poverty. Children engaged in forms of child labour usually come from low-income households. Lack of knowledge of child rights may also perpetuate child labour at the household level. For some parents, engaging children in household chores is the form of the orientation of children into adult life.

In one FGD in Machinga, girls reported that they are sometimes asked to go to the field instead of going to school. The boys reported being sent to herd cattle and/or goats instead of going to school. Child labour as one of the leading school dropout problems has been cited by earlier studies (e.g. Lemrini, 2000; Rumberger, 1983).

3.1.3.1.9 Inadequate sanitation and hygiene facilities at school

The study further revealed inadequate sanitation and hygiene facilities at the school level. Some girls reported having inadequate clean and safe toilets as well as lack of access to water at school which perpetuated the risk of shame. For instance, a girl in Machinga reported that the school where she was attending had no water points thus creating a challenge during menstruation periods. She lamented that "*Our school does not have water points, so it is a challenge when one is having menstruation*

periods." Another girl noted that, *"At my school, there is no female teacher so it is difficult to share your menstrual challenges with male teachers. Sometimes we fail to go to school and we are punished for that*."

Related to inadequate sanitary facilities is menstrual poverty. Girls indicated a lack of menstrual products due to a lack of money. For instance, one girl observed, "*Sanitary pads are a problem. In the past, we used to buy pads but now things have become expensive so we sometimes use pieces of clothes. Imagine sometimes you may not have mastered the dates for your menstrual cycle, and you have to carry those pieces of blankets and if a boy sees them, they start laughing at you in class. It is quite embarrassing*."

3.1.3.1.10 Climate change

Climate change constrained the social sector (education and health) and negatively impacted the already overburdened household income. The study revealed that certain regions of Malawi were prone to floods and drought. In particular, the 2021/2022 farming season was characterised by drought and floods particularly associated with cyclone IDAI which swept through some parts of Southern Africa, of which Malawi was not spared. Malawi is an agriculture-dependent economy, effects of climate change adversely impacted the agricultural outputs. It was reported that some of the areas were flood-prone, making the roads impassable, especially during the rainy season.

One adolescent girl in Mangochi, for instance, noted, "*…this year was even worse because of the effects of the cyclone, the roads were impassable resulting into premature closure of schools for many months…Unfortunately, some girls never returned to school after the cyclone*."

Climate change was also seen as a contributing factor to poverty. An adolescent girl in Machinga observed, "*Climate change has affected us so badly…You know we rely on agriculture in this area for our parents to raise money for our school fees and other school requisites. Rains started late this farming season and when we planted, [the] cyclone came in, and all our rice fields were flooded affecting the yields. Our parents do not have other sources of income…Some children have even stopped school because their parents cannot raise the required school fees as well as provide school requisites*."

Another adolescent girl in Mangochi added the following, "*In the last farming season, we experience floods that destroyed our crops…our maize fields were damaged…our houses were destroyed…We even lost life in our community.*" Thus, although the issue of climate change may be infrequent, it negatively impacts the education sector and economic livelihoods.

3.1.3.1.11 Responses from community stakeholders and parents

3.1.3.1.11.1 Poverty

There was also unanimity among parents and community stakeholders that poverty was the major barrier that impeded adolescents from achieving their educational aspirations. One parent from Mangochi explained, "*…children cannot go to school with an empty stomach, with poor dressing, with no learning materials like an exercise book, but due to lack of these because of poverty, it leads to school dropout*."

3.1.3.1.11.2 Long distances to school

As was the case with FGDs in adolescents, long distances from schools were cited as a major challenge for learners to attend school. Another parent from Mangochi indicated, "*So the main problem out of the problems mentioned is long distances to reach school, schools are far and so children are forced to travel long distances and also some girls face some challenging problems along the way like proposals from boys. So due to this, it demotivates them to continue with studies…*"

A traditional leader from Zomba observed, "*There is no girls' boarding school, and the few girls who are in secondary school travel long distances to school*." Yet another parent added her voice, "*Access to secondary schools is among the barriers, now with poverty levels among parents, children go long distances to school on foot, where in some cases some children are discouraged to continue with school*."

3.1.3.1.11.3 Limited access to secondary schools

Another barrier which is related to the problem of long distances was limited access to secondary schools. Participants indicated that at the secondary school level, school places were limited, which forced many adolescent girls to drop out of school. One traditional leader from Zomba painted the picture quite vividly, "*For example,*

only one adolescent girl would qualify to secondary school in a class of 50 learners based on academic performance and this discourages learners because they know very few will be selected to secondary school. In some schools, there is no selection at all."

3.1.3.1.11.4 Teen pregnancy

In all the FGDs with community stakeholders and parents, teen pregnancy was mentioned as one of the major barriers that prevented adolescent girls from completing their education. For instance, one parent from the Machinga community observed, "*Teen pregnancies are also major problems in this community. Due to poverty, our children get money from boyfriends and at the end of it all they get pregnant and drop out of school*."

A more recent study that was conducted in a rural community in southern Zambia also found that a number of adolescent girls were lured into sexual relationships by boys and men who offered them money and other goodies (see Blystad, Moland, Munsaka, Sandoy, & Zulu, 2020). Much earlier studies conducted by Munsaka, (2009a) and (2009b) in different communities of southern Zambia, yielded similar findings.

Even though community stakeholders and parents agreed that teen pregnancies were still a major problem, some of the participants felt that there was a decline in the number of adolescents falling pregnant due to interventions in the communities. One community stakeholder pointed out, "*Previously, the cases of teen pregnancies were high, but now the cases are going down as a result of interventions aimed at reducing teen pregnancies. Tikondwe CBO helped us to formulate community committees to deal with teen pregnancies. The committees started their work...*" How widespread this observed reduction in teen pregnancies is, remains an open question that can only be answered by conducting more research.

3.1.3.1.11.5 Lack of enforcement of existing laws

While participants acknowledged the existence of laws and policy frameworks as well as law enforcement structures that have been put in place, inadequate enforcement mechanisms were a major barrier impeding the realisation of child rights. The lack of knowledge among community members on issues of child rights weakens enforcement as cases of abuse are usually under-reported.

3.1.3.1.11.6 Support needed for adolescent girls

In addition to challenges and opportunities, the study also captured participants' views on the support that was required for the adolescent girls' and youths career aspirations to be realised. For all the participants, the support was identified under the following three categories: family level; school level; and community level.

3.1.3.1.12 Responses from adolescent girls

3.1.3.1.12.1 Family level

At the family level, adolescents desired that parents support them, firstly, by ensuring that they provided them with funds needed for them to go to school without any disturbances. One girl in Machinga stated the following, *"Our families, especially our parents, they do assist us in paying the school funds through the little money which they get from the piece work. But the challenges that we face here at the community is that, it scares us if we shall really achieve our dreams. So if some interventions can be put in place for girls we can be happy."*

Secondly, parents needed to give their children the needed advice and encouragement for them to keep progressing in school. Where adolescents had dropped out of school, the adolescent girls felt it was the duty of the parents to encourage them to go back to school and complete their education. For the out-of-school adolescents, participants felt parents needed to give them support to enter technical colleges for them to obtain technical skills.

3.1.4.1.12.2 School level

Here, the adolescent girls felt teachers needed to be role models to inspire girls and should take the lead role in encouraging learners to focus on the key subjects that would enable them succeed in the career that they desire to pursue. Deployment of qualified teachers to various schools across the country was also mentioned as a key source of support.

Since payment of school fees was one of the most challenging barriers to education in rural communities of Malawi, participants felt that the provision of bursaries to learners from poor communities would alleviate the burden. Although girls reported

the availability of bursary schemes from the Government and International organisations such as CAMFED, they bemoaned that not all eligible girls benefitted from such form of support. Other girls in Zomba noted that there was favouritism in the award of bursary scheme where preference is given to some girls while disadvantaging others.

3.1.3.1.12.3 Community level

It was pleasing to learn that there was a lot of community work happening to support the education of adolescents, adolescent girls in particular, who are the most vulnerable. First of all the adolescent girls who participated in the study observed that they received encouragement from local traditional leaders to continue attending school until they completed. They further reported that traditional leaders had put measures to encourage parents to take their children to school.

One adolescent girl in Machinga noted, "*We are happy with the support from our traditional leaders, they encourage our parents to pay for our schools. There have been cases where some traditional leaders even take the lead in mobilising school fees for vulnerable children.*" In addition to encouragement, practical steps are being taken to ensure that, for instance, girls who drop out of school due to early marriage are brought back into school. One adolescent girl in Zomba observed that, "*Even in cases of girls who fall victim to child marriage, traditional leaders played a central in compelling parents to withdraw the affected girls from marriage and take them back to school.*" In this regard, community mother groups have been formed in various communities to ensure that girls who are forced in early marriage are withdrawn from such marriages and taken back to school.

To deter parents from marrying off their school-going children, measures have been put in place at the community level. For instance, some traditional leaders have passed by-laws where perpetrators of child marriage are charged a fee or made to pay in kind. Other supportive measures include youth-friendly centres, children's corners, and youth clinics that have been established as safe spaces at the community level to provide counselling to youths, create opportunities to interact with role models, and equip them with life skills. One girl in Machinga noted, "*Community mother groups are taking back married girls from marriage to school. Parents that allowed their girl child to go into marriage are punished so this is an encouragement to us not to drop out from school.*"

Community efforts have also contributed to constructing many schools so that children can go to school within the vicinity of their communities, holding periodical meetings with chiefs where the importance of education will be emphasised along with the dangers of dropping out of school.

3.1.3.1.13 Responses from community stakeholders and parents

Parents and traditional leaders, like adolescent girls, recognized the need for adolescents to get support to allow them to realise their dreams. The support here was also categorised according to family, school, and community levels.

3.1.3.1.13.1 Family level

In line with what adolescents said, parents suggested that families needed to provide financial and material resources needed for their children to complete their schooling. In this respect, most parents suggested that families needed to engage in some small-scale business ventures to raise the needed income to support adolescents' education. Family support also included motivational encouragement provided by a family member, including parents.

3.1.3.1.13.2 School level

At the school level, parents also felt there was the need to ensure that qualified teachers were made available to attend to the learners, as one parent indicated, "*Lack of enough teachers is another problem in other schools. Youths do not learn enough hence no motivation to work hard to achieve their goal*." In addition, parents also emphasised the need to sensitise teachers so that they are not too harsh to the learners. One parent from Machinga observed, "*Teachers should not be too harsh to students, this makes them drop out of school when they recall how badly they were being treated at school*."

3.1.3.1.13.3 Community level

Views for community support were also similar to what the adolescents indicated. The parents felt there was the need to ensure that the vice of marrying off school-going girls was curbed by putting in place strong community measures. One parent from Machinga, for instance, had this to say, "*At the community level we as parents should have strong committees that will be focusing on youth who are in early marriages*." Another parent added, "*once in a while, we should be gathering our youth to*

speak to them about rights and the importance of school and how it is connected to a bright future."

Bridgeland, Dilulio, Jr, and Morison (2006) report the critical role that parental and community support plays in preventing school dropout among adolescents. The trend in all school dropout research is that, the more the parents are involved in supporting their children's education, the more likely it is for the children to complete their education.

3.2 Objective 2: The Systems and Underlying Root Causes Influencing and Shaping the Major Issues Faced by Adolescent Girls in their Communities

To elaborate on the systems and underlying root causes influencing and shaping the major issues faced by adolescent girls in their communities, the Fish Bone concept was used as the framework. Although various interrelated factors have been highlighted as having a negative influence on the educational pursuits of adolescents, poverty was the underlying root cause identified in all the FGDs among adolescents and those with community stakeholders and parents.

Participants indicated that family income was very vital for providing the basic needs for the adolescents at the household level including education requirements. The adolescents reported that the majority of the households were poor, with subsistence farming, small trading business, and fishing (for areas that are close to the lake) as the major livelihoods. The effects of poverty are far-reaching. Children from low-income households often have limited resources to support their schooling, have lower academic achievement levels, and are more likely to drop out of school. One adolescent girl said, "*Although I want to be educated, my parents usually have challenges raising money for school fees, I feel this is a potential barrier to my education progression*." Another girl added, "*When you do not have a school uniform, you are sent away from school*."

Similar findings were reported by earlier researchers (see Lemrini, 2000; Rumberger, 1983). More recently, Blystad et al., (2020) report that many adolescents find themselves prematurely leaving school due to high poverty levels in the communities where they live. Blystad et al., (2020) found poverty to have a causal influence on

teen pregnancy, early marriages, and school dropout in the rural communities that were studied in southern and central Zambia.

Notwithstanding the identification of poverty as the major reason why most adolescents do not achieve their educational aspirations, it has to be pointed out that gender norms that impede the educational progression of girls and women are deeply entrenched in the prevailing cultural practices. This study has revealed that a number of adolescent girls were forced into early marriages by their parents. Marriage is a highly respected institution in a number of traditional African societies. As a result of the respect that is bestowed on marriage, a number of societies, including African societies (see Van Gennep, 1960; Richards, 1956; Rasing, 2001), prepare adolescent girls for marriage and motherhood roles through initiation rites. These initiation rites constitute an important means through which adolescent girls construct their self-identity (see Munsaka, 2009a; Munsaka, 2009b).

In trying to address the underlying root causes that are responsible for the experiences that adolescent girls go through in relation to their formal schooling, one needs to bear in mind that issues of gender norms are inextricably woven into the cultural fabric. With this understanding, therefore, it should be noted that to adequately address issues that adversely affect the advancement of girls' schooling, a holistic approach that takes into account all facets of society, including traditional practices, is applied.

In this respect, to fully understand the root causes of the experiences that adolescents have, one needs to have an understanding of what happens in the homes, communities, and schools where adolescents interact with influential significant others (Munsaka, 2009a). To this end, among other things, Munsaka observes that adolescent girls who drop out of school often do so due to subtle, insidious pressures that are beyond their capacity to control or avoid. For instance, one school adolescent girl in Machinga noted that "*Sometimes our community feels that school is for boys whereas the girl is expected to get married. This is common in households where there are limited resources with competing demands. A girl is encouraged to get married and start having children so that she can contribute to the next generation*." Another girl reported, "*The time I was in school, boys could propose to me frequently because I was older than my classmates,*

so this contributed to my dropping out of school so that I could have a peace of mind." Another one observed that, *"For the boys, the ball is in their court when it comes to education, but this is not the case when it comes to girls as there were many extenuating factors*."

In one of the Focus Group Discussions, girls observed gender disparities in the nature of work assigned to them at home. They noted that girls are usually given a lot of household chores when they knock off from school such as cooking, washing clothes, and cleaning dishes, whereas boys continue studying. This was echoed by another girl in Machinga who noted, "*Gender inequality is visible at community level. There are higher expectations for the girl child at home in terms of household chores. A girl is expected to go to the field to work, draw water, cook and clean dishes, etc, while the boy would just be seated at home. Because of differential treatment, the boy will have more time to study compared to the girl child*." Although parents perceive this as the orientation of girls to adult household responsibilities, it deprives the girl child of the much-needed time to focus on school related activities.

Girls also noted gender disparities in activities in children's corners and other youth clubs. They observed that boys are often assigned leadership responsibilities such as chairperson and vice chairperson, while girls are barely committee members in most cases. This was creating a divide early in the girl child's life perpetuating the idea that women should occupy the lower strata when it comes to civil responsibilities.

3.3 Objective 3: Areas of Opportunity for Community-Based Solutions and Impact in Terms of Creating Lasting Systemic Change Towards the Realisation of the Rights and Wellbeing of Adolescent Girls

The study sought to identify areas of opportunities for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of the rights and well-being of adolescent girls. A community-based approach does not only allow delivery of holistic outcomes but is also the most feasible strategy for the realisation of sustainable impact on interventions

targeting adolescent girls. This resonates with the UN General Comment number 13 by the Committee on the Rights of the Child alongside the UN study (2006) on violence against children, which emphasised increasing focus on systems strengthening as an effective way of addressing all forms of violence against children.

Thus, to generate data on areas of opportunity for community-based solutions, a set of questions were explored through key informant interviews and Focus Group Discussions with various stakeholders. The research team further engaged with local Community-Based Based Organisations (CBOs) supported by Firelight Foundation (Golomoti Active Aids Support Organisation- GASO; Tikondwe; Youth Response for Social Change; Nancholi; and Mpeya) as well as relevant government departments in the four districts. The five local CBOs were central to the study as they had contextual knowledge of the realities of pertinent issues affecting adolescent girls and therefore, provided an opportunity for leveraging and were better positioned to explore community-based solutions.

Stakeholders that participated in the study identified key priority areas that can help enhance the quality of life for adolescent girls and create lasting and systemic change. These were: improved access to secondary education, skills training for out-of-school adolescent girls and boys, sustained community sensitization and awareness of child rights, improved economic livelihoods at the household level through economic empowerment, and improved sexual reproductive health services. The opportunity that lies in community-based solutions is the overlap between the priority areas identified by the community and those by the local CBOs and the relevant government departments.

Presented below is a summary of initiatives related to adolescent girls being promoted by the five local CBOs that participated in the study:

> **Community-Based Organisations (CBOs) initiatives related to adolescent girls**
> - Promotion of Sexual and Reproductive Health (SRH) and youth development.
> - Elimination of child marriages in the community.
> - Conducting outreach programmes to educate youth and promote healthy behaviours among youths.
> - Promotion of gender, human rights, access to essential and general people's welfare.
> - Promotion of child rights to education at all levels (early childhood, primary, secondary, tertiary, and vocational education).
> - Provision of skills training
> - Economic empowerment for improved livelihood at the household level

The study further revealed that the government through relevant Ministries had equally prioritised related activities to enhance the well-being of adolescent girls. Presented below is a summary of priority areas from the Ministry of Gender and Social Welfare; Ministry of Education, Science and Technology; and the Ministry of Health.

> **Government strategic focus on adolescent girls**
> - Access to education – primary, secondary, tertiary, and skills training
> - Re-entry policy
> - Bursary scheme for girls
> - Social Cash Transfer for children from vulnerable households
> - Protection of adolescent girls from abuse and violence
> - Protection of girls from harmful social cultural practices
> - Elimination of child marriage
> - Promotion of birth registration
> - Sexual Reproductive health education

3.3.1 CBO's homegrown advantage

Local CBOs are a well-established entity at community level and have gained public trust. For instance, all the participants in the study acknowledge that local CBOs are agents, communities listen to them and embrace their interventions. This presents opportunities for community-driven solutions. The CBOs particularly reported that they had been working closely with traditional leaders,

relevant government departments, and like-minded civil society organisations to champion initiatives related to adolescent girls in areas such as girl child education, Sexual Reproductive Health, ending child marriage, and livelihoods. For instance, some CBOs were well grounded in issues of SRH and have since put in place community structures such as children's corners, youth network committees, youth clubs, and child rights clinics that provide safe spaces for adolescent girls and youths.

In appreciation of home-grown initiatives and coordinated efforts, one girl in Machinga made this observation: "*In the past there were a lot of cases of sexual abuse, teen pregnancy, and child marriage in this community. However, with the coming in of organisations such as Youth Response, Police, and Reproductive health services at the clinic, the cases have gone down. There is a lot of sensitization going on*."

3.3.2 Enabling legislative and policy environment

The issue of child rights particularly focusing on adolescent girls and youths is high on the government agenda. As highlighted in the Phase 1 report of this study, the Malawi Government has put in place adequate policy, legislative framework as well as strategic plans (see Phase 1 report for details). In addition, targeted interventions such as the Re-entry policy, bursary scheme, and Social Cash Transfer demonstrate government commitment towards advancing girl child education. These efforts are further complemented by CSOs such as CAMFED that have remained resolute in supporting girls from vulnerable households with school requisites. There is an opportunity for community-based solutions to leverage that. Notwithstanding this, however, there is a need to address the bottlenecks in enforcement mechanisms.

3.3.3 Leveraging on existing synergies

CBOs operate in an environment where there are many players with a common goal of bringing sustainable change to the communities and complementing government efforts. Leveraging contextual advantage, the study revealed that some local CBOs act as entry points for some external organisations in exploring sustainable solutions on issues affecting girls.

CONCLUSIONS

4.0 Conclusions

The main aim of Phase 2 of the study was to have a more nuanced, contextual understanding of opportunities, support, and challenges that adolescents were exposed to in their communities through FGDs conducted with various stakeholders in four districts of Malawi. Through these FGDs, it was envisaged that underlying root causes that influence and shape adolescent girls' issues would be better understood. Thirdly, the study sought to capture areas of opportunity for creating community-based solutions to forge lasting systemic change towards the realisation of the rights and wellbeing of adolescent girls.

Regarding opportunities, the study found that access to education was the major opportunity that adolescents needed to be able to attain their aspirations. In-school adolescents required support to enable them to pursue formal education until they attained college training to allow them to get jobs. Out-of-school adolescents are mainly required to be empowered with skills to enable them to become more productive in their areas of specialisation.

In terms of support, the study found out that adolescent girls required support at three levels namely; family, school, and community levels. Support to adolescents would only become meaningful if all three levels provided support collaboratively; families and communities should complement, not sabotage, what schools do to support adolescents' education.

Several challenges were unearthed which prevented adolescents from attaining their educational aspirations. Poverty was found to be the major challenge as it was found to lead to other challenges as follows: Early marriages; peer pressure; long distances to school; teen pregnancy; child abuse; child labour; and limited access to secondary schools. The effects of climate change have also been found to impede learners' school attendance due to floods and drought.

In view of the multiplicity and interwoven nature of the challenges that adolescent girls face, this study has concluded that in order to comprehensively address adolescents' challenges, a holistic approach must be taken. This means that factors that impede adolescent girls' educational progression should not be fought in isolation, but should be dealt with by linking them to the community's

cultural beliefs and practices that often inadvertently exacerbate them. To this end, government departments and NGOs need to create collaborative, synergistic systems in order to bring about lasting progress in realising the rights and wellbeing of adolescent girls.

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