



## CARE MALAWI GIRLS' EMPOWERMENT PROGRAM (P2)

**Impact population:** Rural adolescent girls of primary and post-primary school age, approximately 10-18 years.

**Goal:** Empowered rural adolescent girls claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making at all levels.

### SITUATIONAL ANALYSIS

Malawi is one of the least developed countries in the world. Of a total population of over 12 million, approximately 52% live below the poverty line<sup>1</sup> and about 85% live in rural areas and depend on subsistence agriculture for their livelihood. The country is ranked 160 out of 182 countries on the multi-criteria Human Development Index<sup>2</sup>, and when measuring poverty in terms of income alone, Malawi ranks the 5th poorest country in the world.<sup>3</sup>

Malawi faces many challenges in trying to move beyond chronic food insecurity, including high population density, decreasing soil fertility, poor transport links to international markets, high rates of HIV/AIDs, and increasing exposure to climate change in the form of droughts and floods. Average per capita income is less than \$160 per year, and over 21% of the population are not able to meet their daily food needs<sup>4</sup>.

Apart from serious economic underdevelopment, low levels of education and poor health continue to frustrate development in Malawi. The country's national literacy rate is 71.8%; with **female literacy estimated at 64.6%**. In addition, 94.8% of all Malawians have less than an upper school education (e.g. have not completed secondary school nor technical school). In health, Malawi has one of the highest **maternal mortality** rates in the world with 18 out of every 1000 women dying while giving birth. Rates of HIV infection are estimated at around 11.8% for the population 15-49 years of age.<sup>5</sup> As a result average life expectancy is less than 38 years<sup>3</sup>, and the increasing numbers of orphans and vulnerable children have increased the ratio of dependents living in productive rural households. In terms of gender equity, the UN ranks Malawi 134th out of 155 countries on its Gender Disparity Index indicating that only 21 other countries in the world have conditions in which the disparities between men and women are greater.<sup>7</sup>

---

1 United Nations, World Food Program, April 2010, <http://www.wfp.org/countries/malawi>

2 UNDP, 2009 Human Development Report. (Note: Statistics used are based on 2007 data)

3 Ibid.

4 World Bank Development Report 2005

5 Ibid

6 Ibid.

As guiding frameworks for poverty reduction, the Government of Malawi (GOM) has adopted the 2002 Poverty Reduction Strategy Paper (PRSP) and the 2006 Malawi Growth and Development Strategy (MGDS). Both of these multi-sector, national strategies place human capital development through education as the central pillar to poverty reduction<sup>8</sup>. The GOM's expectation is that education will move the country toward greater economic, as well as social, progress. In addition, the Education for All initiative launched at the 1990 World Conference on Education in Thailand and the UN Millennium Development Goals enacted in 2000 have put the education of girls and women at the forefront of educational initiatives globally.

The GOM has responded positively to these initiatives and acknowledges the evidence-based benefits of having an educated female populace and a more inclusive educational environment. One of the most impressive indications of this renewed commitment to education is through the government's decision to allocate additional financial resources into the sector, upwards of 27% of its annual budget.<sup>9</sup>

However this investment is not consistency filtering down to improved service delivery, and **low retention** rates and high grade repetition rates continue, especially for girls. These problems are primarily attributed to the **financial cost** to poor families and the poor quality of education. A family's choice to make the financial sacrifices necessary to keep their children in school is a "function of the perceived benefits of schooling by both the parents and the pupils"<sup>10</sup>. Despite Malawi offering 'free' primary education for all since 1994, households still incur substantial direct and indirect costs by sending children to school.

Free Primary Education (FPE) was introduced in 1994 and represented a pivotal shift of educational policy. It eliminated primary school fees and the school uniform requirement; allowed the use of vernacular language in standards 1 to 4; provided school fee waivers in secondary schools for girls; and unified the secondary school system.<sup>11</sup> In addition, Malawi ratified the UN Child Rights Convention (CRC) without reservation in 1991. Article 28 (1) provides for the right of a child to free and compulsory primary education; and calls for school discipline that is consistent with a child's rights and dignity.

Yet the gain in achieving FPE was followed by hard realities in Malawi. One of the outcomes was a 70% increase in enrollment. This led to a situation in which the country is 18,000 teachers shy of reaching the goal of a 60:1 **pupil-to-teacher ratio** in primary education, according to a 2005 UNICEF report.<sup>12</sup> Currently Malawi's pupil-to-teacher ratio is 80:1.<sup>13</sup> The increase in access also brought about major **infrastructure problems** with a notable number of primary students in Malawi currently studying under a tree or in the open-air rather than in a school classroom.

---

8 Nampota, D. and Moleni, C. Non-Formal Education: An Ingredient for Poverty Reduction in Malawi?

Presentation to the African Partnership Meeting, University of Malawi, Chancellor College, Sept 2-7, 2006.

9 World Bank. Malawi Public Expenditures Review. Report No. 40145-MW. 2007

10 Chimombo, J., Chibwana, M., Dzimadzi, C., Kadzamira, E., Kunkwenzu, E., Kunje, D., and Nampota, D. Classroom, School, and Home Factors that Negatively Affect Girls' Education in Malawi. Centre for Educational Research and Teaching (CERT) Report for UNICEF. 2000: 8.

11 Kadzamira, E. and Rose, P. Can Free Primary Education Meet the Needs of the Poor?: Evidence from Malawi. International Journal of Education Development, 2003: 503.

12 UNICEF. Gender Achievements and Prospects in Education: The Gap Report Part I. NY, NY: UNICEF. 2005.

13 World Bank, Education Country Status Report, FY2008/2009.

Two of the most serious issues facing free primary education are **pupil absenteeism and dropout**. Only about 25% of the children that enroll in Standard (Grade) 1 complete the eight-year primary school cycle. Worse still, of the 75% that drop out, about half do so before they have fully acquired literacy skills.<sup>14</sup>

Lack of access to quality education impact access to other services, such as **health**. The majority of the rural population have difficulty accessing health and education resources because they are illiterate or have limited resources, thus continuing the poverty cycle. Limited information on rights to health and education services also leads to poor choices and lack of capability to influence these services. **Poor accountability of service providers** to the communities they serve means health and education staff often have poor attitudes towards women and the poor because of their social status.

While change is on the horizon, Malawi continues to face a number of major obstacles in creating a stable and sustainable educational system for its children, in particular for its girls. As in many countries, direct and indirect costs for school; distance and access to school; **cultural traditions**; sexual harassment within school; gender biases in the curriculum and instruction; inadequate sanitation facilities; HIV/AIDS; and lack of parental/community support influence girls' schooling. Owing to their marginalization, more girls than boys drop out of school<sup>15</sup>.

One form of marginalization disproportionately affecting girls is **child labor**. In Malawi, enshrined traditional views of masculinity and femininity have a strong influence on the roles and position of girls in society. Most household chores are done by girls. Hence they are more likely to be withdrawn from school when needed at home. This is compounded by the increasing number of orphans and ill adults in homes due to HIV/AIDS and the need for caregivers, often female children. In addition, even for those girls who do not drop out, they often experience lengthy absenteeism especially during the seasons when agricultural labor is required.

Another issue affecting the girl child is **early pregnancy**. By the age of 19, six out of ten teenage girls have had at least one child in Malawi. Clearly, this results in serious restrictions on their continued education. There are strong relationships between the age of first sexual experience, age of first child or pregnancy and the **age of marriage**. As such, initiatives to influence early pregnancy and marriage should take a holistic approach by addressing each of these three issues. Drivers of sexual activity and marriage are outlined below<sup>16</sup>:

*Drivers of first sexual activity:*

- initiation rites
- peer pressure (in and out of school)
- rape/forced, non-consensual sex

---

<sup>14</sup> University of Malawi & University of Sussex; Financing Education for All, 2004.

<sup>15</sup> Observations from the CARE Southern Africa Regional Management Unit Program Quality Meeting consultancy in May 2010 found that there are seven key issues for rural adolescent girls in Malawi: low retention rates, the interrelated issues of early marriage and teenage pregnancy and the complex cultural issues which surround these, gender based violence and discrimination, low self esteem, age discrimination within communities, and poor implementation of quality policy and legal frameworks.

<sup>16</sup> *Deeping Analysis of P2: Responding to research opportunity on early marriage*. CARE Malawi, 24 May 2010

- transactional sex
- boredom
- curiosity

*Drivers of first pregnancy/child:*

- sexual activity leads to pregnancy, unless contraceptives are involved.
- Lack of education/knowledge on sexual and reproductive health and contraceptives
- Unavailability of contraceptives
- SRH services are not youth friendly

*Drivers of early marriage:*

- Early pregnancy leads to young women being “escorted” into marriage (forced into marrying the child’s father)
- running away from poverty (create a safety net, also parental pressure – send away extra mouths/bring in extra hands)
- social values: high value on grandchildren, marriage, young wives;
- pressure if pregnant & pressure to avoid being a single mother;
- boredom;
- stigma (within the community) of being single.

Several studies done in Southern African countries also indicate that children are four times more likely to enroll and remain in school because of **parental influence** as compared to other factors, such as availability of physical facilities at the school. Unfortunately, certain traditional and cultural practices in Malawi - including initiation ceremonies, encouraged (even forced) early marriages, and attitudes that value boys over girls -often involve negative rather than positive parental influence and combine to keep girls away from school. Forced sex at puberty is a common practice in many communities which puts girls at risk not only of HIV/AIDS, but pregnancy as well. Taboos on sexual topics affect open discussions and an explicit understanding of HIV/AIDS. And the acceptance of traditional hierarchies often remains unchallenged even within educational facilities.

In Malawi, **gender inequalities** are closely linked to, and underlie, poverty and vulnerability. Resource-poor households are particularly more likely to remove their girls from school for the above reasons. Gender-based violence and sexual exploitation are a major cause of educational and empowerment disparities between boys and girls is, particularly at school. According to the newsletter *Gender Violence in Schools Issue No. 4* dedicated to Malawi,<sup>17</sup> gender violence in schools takes the following forms: sexual harassment and abuse; bullying, intimidation, and threats; verbal abuse, taunts, and insults; physical violence and assaults, including corporal punishment; emotional abuse (e.g., tempting someone into a sexual relationship under false pretences such as promises of marriage); and psychological abuse (e.g., threatening to beat a pupil or to fail them in an exam). Although boys too are abused both at school (and home), it is the girls that are more disadvantaged and victimized primarily because of their gender.

Girls are most often unable to effectively report **sexual abuse**, as they view their male teachers’ authority and status as beyond reproach or they are not believed. Teachers also often fail to take action against boys who use aggressive and intimidating behaviour towards girls,

---

<sup>17</sup> Action Aid Malawi, Report on Sexual and Gender-Based Violence, 2006.

perpetuating harmful stereotypes of masculinity. This disturbing picture was verified by CARE Malawi's PACE Project. Out of 1,115 schools where the Project operated from 2003-2006, approximately 60% cited the problem of teachers having sexual relationships with school girls.<sup>18</sup>

In addition, though the GOM's policy stipulates that the teacher-to-student ratio should be no more than 1:60, in most cases teachers are found sharing classrooms with more than 200 students in a room at a time. This seriously affects the children's concentration and the quality of teaching. Most Malawian primary school students also experience a **lack of female role models** due to the low number of female teachers in rural schools. The problem is compounded by the unavailability of acceptable houses which can attract female teachers (and their families) to rural communities.

Finally in the National Education Plan (NEP), the MOE would like to improve school accessibility by ensuring that a primary school exists within a 3 km radius of every household in the country. Some schools are located as far as 10 km away from households. Such **distance** exposes girls to the added dangers of rape and other risky sexual behavior. Children living farthest from an existing school also suffer from a lack of social exposure more generally, thereby resulting in lower levels of language and life skill development when compared to their peers living in more populated areas.

While there have been government, civil society, and community-driven efforts in recent years to promote equitable access to, and attainment of, quality primary education in Malawi, there clearly remains much to be done.

Another major breakthrough for the GOM has been the acknowledgement that gender disparities within the society have a disabling impact on development and poverty reduction. Malawi has enacted a National Gender Policy (2000), a National Policy on Childhood Development (2003), and a National Policy on Orphans and Other Vulnerable Children (2003). These policies based on the rights of girls and women, as well as other vulnerable populations, are laying the groundwork for needed systemic change. The government states that the key challenge to achieving greater gender equality and empowerment is "to **transform the fundamental socio-cultural factors** that create and perpetuate gender inequalities"<sup>19</sup>.

The current national-level Policy and Investment Framework (PIF) for the Education Sector clearly links education and the government's gender considerations. It states, "The Ministry of Education shall put in place appropriate measures to enhance the participation of girls in basic education." The PIF further states that "The Ministry of Education will continue to develop gender sensitive materials, sensitization of teachers to gender issues, and gender-sensitive approaches to teacher education". However, despite the existence of this good policy and legal frameworks, they are not being implemented consistently in rural communities. Weak policy enforcement at the national and local level on provision of quality health and education services only further marginalizes women.

---

18 CARE Malawi, Results from SIP Participatory Assessment Process Conducted in 1,115 Schools in 6 Districts Across the Country, 2006.

19 Republic of Malawi, Policy and Investment Framework (PIF), 2003:10.

Supporting marginalized girls is a clear priority for CARE Malawi. Two of the 5 strategic directions of the CARE Malawi Strategic Plan 2009 – 2015 directly relate to this impact population:

- Strategic Direction 1: Reduced vulnerability of marginalized women and girls through active policy engagement on key issues
- Strategic Direction 2: Enhanced equitable access to quality basic services by marginalized groups, especially women and girls.

CARE Malawi also has a strategy for the Power Within project (2010-2015), a new educational program that will focus on the educational needs of girls as well as empowerment of girls. Power Within is based on experiences gained and lessons learned from earlier CARE Malawi projects, as well as global best practice and knowledge, and this analysis has been a key contributor to the development of P2.

Additional analysis should be included in this section on issues of power relations, agency (individual) level empowerment and weak implementation of policies and legal frameworks which affect this impact population. Some of this analysis can be drawn from the PCTFI situation analysis. This section includes broader analysis on the barriers for this impact population in terms of their involvement in decision making foras and civil society.

## PROGRAM DESCRIPTION

### Impact population statement

Rural adolescent girls of primary and post-primary school age, approximately 10-18 years.

The impact population could be too large a group and be affected by such diverse issues to make a coherent program approach difficult<sup>20</sup>. **Additional subset analysis** needs to be conducted to assess differences between rural adolescent girls in different types of households to determine if this has any significance for the overall program strategy (either in terms of identifying sub groups or narrowing the scope of the impact population).

### Impact goal statement

Empowered rural adolescent girls claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making at all levels.

### Impact Population Characteristics

- High absenteeism and drop out rates, low rate of transition to secondary school
- Coming from vulnerable families in rural areas and are economically deprived (orphans, very poor)
- Vulnerable to early pregnancies
- Economic and social pressure to marry early and drop out of school
- Suffer from gender based violence and gender discrimination.
- May be engaged in commercial or transactional sex
- Lack a voice in or are excluded from decision making forums. Are not empowered to make decisions, including over their own bodies, or to claim their rights
- Are economically dependent on others
- Do not have access to quality and youth-friendly SRH services
- May be pregnant or lactating
- Often have low self-esteem, and lack critical thinking skills and assertiveness
- May be physically or mentally challenged or disabled
- May be living away from their original home (including *Atengwa* - Women living away from original home at husbands place in *Chewa* areas)
- Are discriminated against by the community based on their age
- Quality policy and legal frameworks may exist which support their rights but these are not being implemented by their families or the community.
- Low literacy/illiterate
- Girls coming from non-traditional headed households (CHH, FHH, EHH) unable to access health and education services (whether they have a low income or a stable income)

### Sub Groups

1. Physically challenged girls
2. Teen mothers from low and high income households
3. Orphaned girls
4. Drop outs/out of school girls

---

<sup>20</sup> Finding from the CARE Southern Africa Regional Program Quality Meeting analysis of P2, May 2010.

5. Girls in school/students (including girls in secondary school as this is where leadership skills are exhibited/developed)
6. Commercial sex workers

Consider adding sub groups based on house hold type

### **Target population**

A key aspect of addressing underlying causes of poverty is being able to influence the relationships between groups. Thus, in addition to the impact population described above, the program will target a broader array of community members and leaders, as well as specific actors and institutional structures at the regional and national level.

- Women and girls coming from low-income houses headed by men
- Commercial Sex workers
  - because before they enter this program we want them to go through
- VS&L before they can be included in the program
- Men and boys:
  - It is also known that success of girls' education and leadership development depends on support from both sexes. Girls' development requires a conducive enabling environment, over which boys and men have considerable influence. Malawian culture remains patriarchal and traditional. Men and boys are strategically important in making it possible for girls to obtain quality education and have leadership opportunities.
  - CARE will enlist men in formal and informal leadership positions who are interested in serving as community role models and help change their peers' perceptions of gender, as well as convince policymakers to support gender-sensitive policies and laws.
  - Boys too will benefit from and participate in CARE's education and leadership activities. CARE believes that if it were to only work with girls, it could make their lives more difficult rather than beneficial. Boys in marginalized populations have many of the same problems as girls; and both boys and girls are often trapped in cultural-defined gender roles. Boys can become hostile and jealous toward 'girls-only' programs.
  - In addition, it should not only be girls and women's responsibility to transform society in a way that creates greater dignity and social inclusion. Research shows that well-designed gender programs which include men and boys lead to a positive change in behavior and attitudes regarding gender-based inequities.
- Adult women/mothers
  - Research has shown that adult women hold a strategic key to change processes for girls because through their role modeling young girls develop an awareness of possibilities for their own futures. This is particularly true of mothers.
  - In addition, working effectively with mothers and other adult women on behalf of girls involves two important elements: (i) creating informal spaces where women can discuss and address issues they consider important; and (ii) establishing supportive linkages between the women and girls.

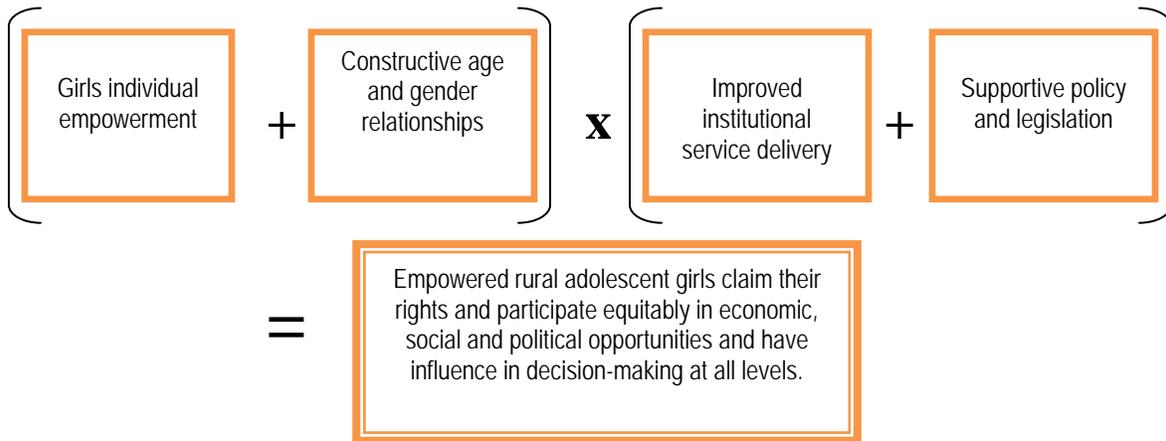
- Teachers, parents and other community members:
  - Including community leaders and mentors and school management committees.
  
- Government extension workers
  - Community development assistants, primary education advisers (arm of the Ministry of Education), child protectors, health surveillance assistance, youth friendly health service providers.

## THEORY OF CHANGE

### Domains of change

4 Domains have been identified for this program:

1. Girls individual empowerment
2. Constructive age and gender relationships
3. Improved institutional service delivery
4. Supportive policy and legislation



The Theory of Change has an explicit focus on age and the grouping of domains demonstrates the multiplying effect of the enabling environment, reflecting the importance of addressing the catalysts that improve the *implementation* of good policies. This requires shifts in social behaviours which disadvantage girls (e.g. removing girls from school, encouraging early marriage) which often starts at home and within community relationships. Breakthroughs have been prioritized into fewer, more significant breakthroughs<sup>21</sup>

The **pathways** need to be more clearly defined, especially the linkages and transitions between in-school and out-of-school girls.

More thought needs to be given to **how girls move in and out of this impact population**, as a cohort and as individuals, and what this means for CARE's monitoring and evaluation system.

CARE Malawi should do **further analysis of the relationships between domains and pathways of change** and how they leverage each other, so that breakthroughs can be further prioritized and the logic for determining the Theory of Change can be communicated more effectively (i.e. the link between the UCP analysis and program activities).

<sup>21</sup> A recommendation from the CARE Southern Africa Regional Program Quality Meeting analysis of P2, May 2010

CARE will need to ensure it completes a thorough **review of policy change** and how it translates to changes in attitudes and practice in terms of social position<sup>22</sup>. This should inform a more explicit strategy for linking CARE's **advocacy agenda** with social change and how CARE can engage with communities to deliver on improved policy implementation. This analysis should consider the **relationship between age and social position** and whether there is a disparity between youth and the rest of the community (both for girls and boys). This analysis will better prepare CARE to identify appropriate breakthroughs.

### **1. Girls individual empowerment**

CARE believes that education alone is not sufficient for the development of leadership skills. In addition, children need opportunities to practice their leadership skills if they are to address issues that are important to them or step into leadership roles as adults. Therefore, CARE will strive to stop intergenerational cycles of poverty by adding and/or integrating empowerment and leadership interventions into its education efforts, with a particular focus on girls empowerment.

Girls are more assertive and self-confident, possess developed critical thinking skills, can represent others, are empowered to make decisions (including over their own bodies), claim their rights, share their knowledge and skills to benefit others and are economically self-reliant. They have access to quality and youth-friendly health (in particular SRH) services so they are educated and have access to contraceptives to delay first child/pregnancy and continue their education. Girls' age of marriage increases.

#### *Potential Pathways and indicators*

- Improved achievement and performance of girls in school
- Delayed first sex (introducing/promoting alternative social amenities/recreational activities)
- Delay in motherhood & choices in the number of children
- Delay in marriage: Community buy-in to delayed marriage (changing culture/social norms and values; addressing economic issues);
- Equitable social status for girls and women (gender norms and attitudes)
- Improved self esteem of girls

### **2. Constructive age and gender relationships**

Improvements in power relations to support women and girls' rights. Girls participate more and have a voice in decision making processes and this role and their needs are supported and respected by formal and traditional power structures (including parents, teachers and the community). Women and girls demanding and claiming their rights

#### *Potential Pathways and indicators*

- Improved information to women for informed choice.
- Community advocacy on girls' rights and education, including their participation in decision making processes at all levels (household, community, district, national).

---

<sup>22</sup> What prevents national level changes in policy/legal frameworks from being translated to the local level? Who is responsible for implementing these frameworks? What can CARE do to address this?

- Community advocacy on importance of re-enrolment of teen mothers
- Addressing community beliefs as well as their practices
- Girls reporting participation and influence in decision-making processes at the household, community, district and national level
- Community demanding accountable service delivery
- Accountable systems and processes that ensure participation in budget tracking at district level
- Drop in corruption cases involving public funds
- Increased spaces for participation of women and girls in management of health and education services
- Women hold positions of power. She will have voice – able to influence decisions about her, her family’s life and the community she lives in. Increased participation and representation of women and girls in civic action
- She can hold others accountable, claim her rights and is responsible for her duties
- Fully participates in and maximizes opportunities in the labor and economic market
- Community/schools/parents supporting girls rights and education (including re-enrolment of teen mothers) (change in attitudes, knowledge of supporting policies)
- Increased reporting of GBV and rape cases by women and girls
- Improved power relations between men, women boys, girls and power structures to support girls’ rights
  - o Understanding male behaviour/pressure on men [men have significantly higher average marriage age – when boys leave school, they typically go out to earn money (labour on tobacco farms, ganyu) to earn money to get married. Older men may choose to marry younger women to feel younger, prove their virility. Studies have shown that, irrespective of age differential, older men tend to have greater power in relationships and so may seek younger – less powerful – women to marry.
  - o Men and women both need to change their attitudes about themselves, younger generations and male/female roles. While age groups 10 – 18 years old and 19 – 35 years old change faster and more easily as individuals, and younger women will be influenced by women in the next age cohort, it is the older women (36 – 50 years old) who wield the most influence on young women/adolescents and on society as a whole. Approaches need to take this into account, and to **engage men towards transformative change in gender relationships**.
- Changing community norms and beliefs about single women, who currently experience low social security/status and are stigmatized.

### **3. Improved institutional service delivery**

Communities demanding accountability of health and education systems to address women and girls’ strategic interests.

#### *Potential Pathways and indicators*

- Improved quality, availability and relevance of health and education services for women and girls (especially girls access to health and social services such as health care, education, extension services and welfare). Improved accountability of health and education service systems (accountable budget systems and processes that ensure participatory budget tracking at the district level are implemented). Infrastructure for health and education services (e.g. All schools having sufficient water and sanitation facilities). Improved supply of

drugs. Equitable deployment of teachers and health personnel. Decrease in maternal mortality.

- Informal education/vocational training opportunities.
- Advocate for laws and policies which address violation of women's and girls' rights.
- Women and girls demanding accountability of health and education service providers, without fear.
- More responsive laws, policies and redress systems for violation of women's and girls' rights
- **Availability & affordability of youth-friendly-SRH-services** (enables young people to understand the implications of sex/sexual education; access to contraceptives; possibly access to safe abortions; etc) Delayed first sexual experience and first pregnancy/child through education/youth friendly SRH services
- Acceptability of youth-friendly-SRH-services → focus on increasing acceptability of service provision to adolescents by parents/community members/community leaders.
- Increased girls completion rates in Basic education (including re-enrolment of teen mothers). Girls transition to secondary or tertiary education. If they are in school, they are unlikely to get married). Parents who value education and are enabled economically to keep girls in school.
- Subsidies to support education costs (e.g. JMV bursaries);

#### **4. Supportive policy and legislation**

Laws and policies that infringe on equity of access to health and services and resources for women challenged and changed.

CARE Malawi has been successful in helping to establish a number of ongoing advocacy networks and coalitions in the country related to basic education. In the future, CARE would like to further strengthen the skills of its staff, partners and the existing networks to negotiate more timely policy change; help enforce the implementation of existing policies and regulations; and be a proactive agent and model for greater accountability and more efficient use of educational and health resources within the country.

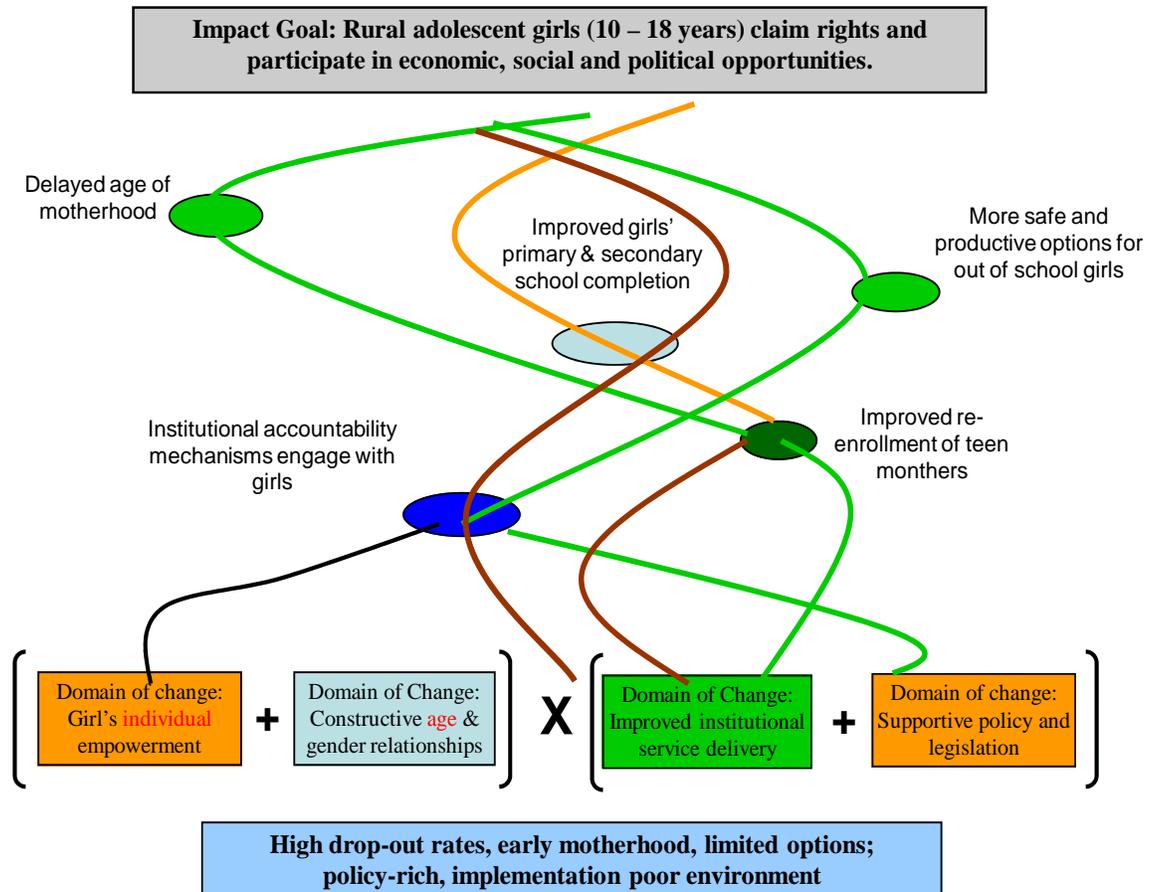
##### *Potential Pathways and indicators*

- Challenge discriminatory policies, practices and beliefs and advocate for them to be outlawed
- Improved service delivery system (available, quality)
- Adequate budget allocation to health and education systems to support girls' and women's needs
- Enforcement of existing policies and laws affecting women and girls
- Laws, practices and beliefs that infringe on equal access to services and resources by women and girls challenged and outlawed.
- Institutionalization of laws prohibiting and punishing harmful cultural practices
- **An enabling legal and policy framework** – that protect the rights of adolescent girls are in place and applied. Setting the minimum marriage age at 18 (legislation in process); policy supporting compulsory girls education; policy for informal/non formal education. Ensuring legal enforcement; building community buy-in to the law.

**Areas highlighted in violet are those where CARE has more limited direct experience and will have to build capacity and/or engage partners with experience and skills for this work**

## Breakthroughs

- delayed age of first pregnancy/child
- Change in a cohort's age of marriage (e.g. 10% decrease in married 15yos in year 2)
- improved girls primary and secondary school completion
- more safe and productive options for out of school adolescent girls
- improved re-enrolment of teen mothers
- institutional accountability mechanisms engage with girls



## Risks and assumptions

**Insert analysis on risks and assumptions** from existing activities which will contribute to this program. Where there are gaps, additional analysis will be required.

## PROGRAM STRATEGY

### Key activities

The following activities within the education sector are currently being implemented by CARE Malawi<sup>23</sup>

Partnership in Addressing Gender in Education (PAGE) 2007-2010  
PAGE is promoting girls' educational attainment by addressing gender-based violence (GBV).

Patsy Collins Trust Fund Initiative-Malawi (PCTFI-Malawi) 2007-2011 PCTFI is an action research project focused on advancing knowledge and innovation to increase the impact of education programs for marginalized girls. CARE Malawi's research is expected to identify and test gender sensitive, child-centered teaching and learning methods and pedagogies that will lead to improved educational quality and empowerment for rural girls.

Advancement of Girl Child's Right to Education (ACRE) 2008-2011 ACRE is aimed at promoting the right to education for vulnerable and marginalized children, with emphasis on the girl child. The project strives to improve access to basic education.

Power to Lead (PTL) 2008-2011  
This initiative is funded by USAID under the Global Development Alliance (GDA) funding mechanism and constitutes part of CARE's "Power Within Program" Alliance. The goal is to cultivate girl leaders in vulnerable communities. PTL seeks to do this by developing advocates to support girls' empowerment and cultivating opportunities for girls to practice their leadership skills.

Include information on the Join My Village/GMI project and any other relevant activities which will contribute to pathways and breakthroughs for this program.

### Key strategies and strengths that will be utilized include:

- **Support to the Formal Public School System:** CARE has made a strategic choice to work primarily with children and youth in the formal, public school system. This includes government and grant-aided schools. Grant-aided schools are those initially established by non-governmental or faith-based organizations but which now receive regular funding from the GOM, as well as teachers appointed by the MOE. All grant-aided schools provide "free education for all" just as government schools do.
- **Professional Development of Teachers:** In past education projects, CARE Malawi has focused extensively on teacher training. This has included training of trainers (TOTs) and in-service trainings on a wide-range of topics.
- **Improved School Governance:** CARE Malawi has worked intensively on the promotion of school-based management and effective decentralization within the education sector. CARE helped develop and manage the official pilot program of the MOE's "National Strategy for Community Participation in Primary School Management."

---

<sup>23</sup> PQAT submission for P2, 2010

- **Mitigating the Impact of HIV/AIDS on Girls' Education:** CARE Malawi has done cutting-edge work within schools related to the prevention, care and support of students and teachers affected and infected with HIV/AIDS.
- **Social Inclusion:** The process of transforming schools so that all children - boys and girls, poor rural students, those with disabilities or affected by HIV/AIDS – become learners and complete at least their primary education is something to which CARE Malawi is committed. CARE is proud of the practical tools and methods developed and tested in past programs. These have shown promise in eliminating social exclusion which exists where there are negative attitudes and a lack of information regarding differences in economic status, social class, gender, religion, and ability.
- Build upon the successes that C/Malawi has had with **school bursaries** through the Join My Village initiative. The CO has data from both the JMV work and from the PCTFI situational analysis which helps to measure retention (and reasons for dropping out), performance, and transition from one grade to the next.
- The CO has had experience with **behaviour change approaches** and understand what does – and doesn't work. C/Malawi has successfully engaged with BCC processes in BEHASP (working with young women in school to address HIV & sexual behaviour); MINERSH (addressing social exclusion, women's empowerment, changing community norms to ensure that women who may fall through the cracks (over 35 yo) have access to maternal/neonatal support. This project also had a male engagement strategy).
- In HACL, CARE focused on **economic empowerment of girls through skills building** (vocational skills), providing alternative livelihood options, enabling girls to return to school if they had dropped out, building positive peer networks. CARE also worked with service providers to create youth friendly service and information outlets, and with communities to "allow" SRH services and the distribution of condoms.
- **Assertiveness training for young women;**
- CARE builds on its strong reputation and **relationship with communities** and community leaders, and has a positive track record of supporting communities through change processes. CARE's programming in other development sectors (e.g. agriculture, economic security, education) has enabled the CO to build trust with community leaders, and to make linkages between behaviour change communication interventions and the structural constraints which frequently undermine the achievement of **sustained behaviour change**.

### **Partnerships and networking**

CARE Malawi works with local partners to maximize sustainability and impact. CARE has the following types of partners within the Adolescent Girls Program:

#### Implementing Partners

Implementing partners (IPs) are those organizations that have agreed to join in partnership with CARE to deliver specific outputs and outcomes within CARE's programs. All selected implementing partners have organizational missions dedicated to basic education, girls' development, or community development. Most partner with CARE at the school or community-level. Many receive sub-grants or financial support from CARE to undertake the activities agreed. Because each IP agrees to take responsibility for certain aspects of program implementation on behalf of CARE, a formal contractual document or a memorandum-of-understanding is prepared between CARE and each implementing partner.

Current implementing partners working closely with CARE Malawi are:

- Centre for Creative Community Mobilization (CRECCOM)
- Forum for African Women Educationalists in Malawi (FAWEMA)
- District Assembly Extension Workers (within Kasungu and Dowa Districts)
- Civil Society Coalition for Quality Basic Education (CSCQBE), a national advocacy coalition of 67 education NGOs and CSOs
- Kasungu District Education Network, comprised of 16 education-related CSOs
- Dowa District Education Network, comprised 6 education-related CSOs

The first three implementing partners listed are jointly working with CARE at the school and community levels to provide trainings for school management committees, teachers, parents, and community leaders; direct support to girls and boys; and action research. The remaining three implementing partners are working with CARE to advocate for increased education financing and improved policies, as well as enforcement of existing education policies and regulations. These partners specifically develop IEC materials and messages for CARE's projects, as well as organize advocacy forums in support of the rights of girls.

#### Learning Partners

The role of CARE Malawi's learning partners is to serve as active observers, advisors and champions of CARE's work within the education sector, while not necessarily collaborating directly in program implementation. These partners have agreed to share their skills, knowledge, practice and passion related to education and gender with CARE Malawi, while also learning from CARE's experience and insight. Together, CARE Malawi and its learning partners strive to document lessons learned and promote best practices related to education, social inclusion, and gender equity. In addition, as a team this group of organizations often speaks with one voice in public forums in support of universal basic education and gender equity.

Current learning partners exchanging information and championing issues with CARE Malawi are:

- Malawi Education Network (MANET), a national coalition of 84 education-related CSOs
- Civil Society Coalition for Quality Basic Education (CSCQBE), a national advocacy coalition of 67 education NGOs and CSOs
- Centre for Education Research and Training (CERT), a specialized centre within the University of Malawi
- Teachers Union of Malawi (TUM)
- Malawi Institute of Education (MIE)
- Malawi National Examination Board (MANEB)
- Society for the Advancement of Women (SAW), Malawi Chapter
- District Education Offices (DEOs) in Kasungu and Dowa Districts
- MOE (Primary Education, Planning, Curriculum Development, etc.)
- American Institute for Research (AIR)
- Volunteers Serving Overseas (VSO), a UK-based international volunteer organization
- UNICEF/Malawi

- UNESCO/Malawi
- USAID/Malawi
- DFID/Malawi
- World Bank/Malawi
- Other CARE Country Offices and CARE USA Headquarters

#### Partnerships and Collaborations:

Owing to the political and cultural background in Malawi, partnerships are still relatively underdeveloped. Over the next five years, CARE Malawi will work to extend its partnership and capacity building work beyond CSOs within the district-level advocacy networks known as DENs structure or sub-grantees serving as implementing partners to include a range of relevant key stakeholder organizations within the primary education sector. Partners will be selected based on the types of technical, informational, operational, or financial resources they are able to share of relevance to CARE’s goals and objectives. Greater attention will also be given to public-private partnerships, with the private sector defined broadly to include non-governmental, academic, faith-based, civil society and for-profit entities.

#### **Advocacy**

For girls’ empowerment to become and remain the norm, advocacy for “equitable, quality education for all” must take place. CARE has a strong background in supporting collective, advocacy efforts for policy formulation and enforcement that benefits all children through its membership of the Civil Society Coalition for Quality Basic Education (CSCQBE). Two major outcomes of CSCQBE’s work over the past five years has been its role in influencing the GOM to allocate a significantly larger percentage of its national budget to education and to adopt a policy on the readmission of teen mothers and early leavers back to school.

CARE has been instrumental in the establishment of nine advocacy networks at the district-level, known as DENs. These exist to influence the implementation of education policy, including the quality of services delivered. In the future, CARE is dedicated to continuing to help gather and produce the knowledge and experience required so that evidence is used to advocate for pro-education policies and practices. Capacity building is needed within CARE, and among its partners and stakeholders, to further enhance skills in this critical area, as well as ensure that advocacy initiatives are done in a coordinated manner without mixed messages going out to policymakers.

#### **Geographical focus and Scale**

P2 will start by focusing its efforts in two of the key agricultural districts in the country: Kasungu and Dowa.

Initially P2 will further concentrate its work within eight educational zones of Kasungu District and two educational zones of Dowa District. By geographically focusing its work in this way, CARE hopes to be able to thoughtfully design and closely evaluate its work to have documented evidence of its results, as well as integrate its activities for maximum impact. As the implementation of the Power Within strategy and P2 evolves, CARE will methodically expand the scope of its work to include more education zones within the two districts and perhaps even new programming factors

### **Synergies with other programs**

There are important and distinct synergies between Program 2 and the other CARE Malawi programs. One notable example is the Village Savings and Loan model in which a self-selected group of people pool their money in a fund from which members can borrow. Recent research in Malawi has shown that the vast majority of poor or very poor people participating in the scheme have dramatically improved their economic standing. Since poverty is one of the underlying reasons so many rural girls are unable to complete their primary education, CARE Malawi would like to share the VS&L concept specifically with poor parents. .

An important synergy is with P3 households (Female Headed) which may be headed by teen mothers or young single women/child headed households. Whereas P2 will focus largely on the empowerment and educational needs of these girls/women, P3 will address broader needs such as encouraging opportunities for this group to engage in IGAs and decision making foras. There will need to be continued monitoring and communication between these programs to ensure coherence of initiatives.

Other types of synergistic convergences with CARE's non-education activities may also be possible.

### **LEARNING AND IMPACT MEASUREMENT SYSTEM**

Need to incorporate methodologies and approaches for learning and impact measurement. This should include consideration to how girls move in and out of this impact population, as a cohort and as individuals

### **REFERENCES**

- Power Within strategy 2010-2015
- P2 Theory of Change summary
- P2 Recommendations from the SARMU Program Quality Meeting, 17-21 May 2010
- Program Strategy Development Workshop (P2), 5 May 2010
- *Underlying Causes of Livelihood Vulnerability and Insecurity in Malawi*, CARE Malawi, November 2004
- CARE Malawi: Refining Impact Groups and Developing Impact Goals. 4 February 2010
- CARE Malawi Strategic Plan 2009-2013
  - o Country Office Strategic Direction/areas of focus to impact statements and indicators
  - o CARE Malawi key planning matrix for core indicators
- *Deeping Analysis of P2: Responding to research opportunity on early marriage*. CARE Malawi, 24 May 2010

## P2: ADOLESCENT GIRLS THEORY OF CHANGE SUMMARY

**IMPACT POPULATION:** Rural adolescent girls of primary and post-primary school age, approximately 10-18 years.

**GOAL:** Empowered rural adolescent girls claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making at all levels.

CHARACTERISTICS	UCP/PROBLEM STATEMENT	
<ul style="list-style-type: none"> <li>- High absenteeism &amp; drop out rates</li> <li>- From rural areas , economically deprived</li> <li>- Vulnerable to early pregnancies, GBV and HIV/AIDS.</li> <li>- Lack a voice/excluded from decision making foras</li> <li>- Economically dependent on others</li> <li>- Low self-esteem</li> <li>- Low literacy/illiterate</li> </ul> <p style="text-align: center;"><b>SUB GROUPS</b></p> <ul style="list-style-type: none"> <li>- Physically challenged girls</li> <li>- Teen mothers</li> <li>- Orphaned girls</li> <li>- Drop outs/out of school girls</li> <li>- Girls in school/students</li> <li>- Commercial /transactional sex</li> </ul>	<ul style="list-style-type: none"> <li>- Low retention and high illiteracy of girls</li> <li>- Poor delivery of health and education services</li> <li>- Gender disparities and GBV</li> <li>- Low self esteem</li> <li>- Weak policy enforcement</li> <li>- Distance and access to schools and other services</li> <li>- Lack of community support for girls' education and empowerment</li> <li>- Child labor</li> <li>- Age discrimination</li> <li>- Early marriage and pregnancy</li> <li>- Lack of voice, unequal power relations and exclusion from decision making for a</li> <li>- Poor implementation of policy and legal frameworks</li> </ul>	
DOMAINS OF CHANGE	PATHWAYS OF CHANGE	MAJOR BREAKTHROUGHS
<ol style="list-style-type: none"> <li>1. Girls' Individual Empowerment</li> <li>2. Constructive Age and Gender Relationships</li> <li>3. Improved Institutional Service Delivery</li> <li>4. Supportive Policy and Legislation</li> </ol>	<ul style="list-style-type: none"> <li>- Improved achievement and performance of girls in school</li> <li>- Delay in motherhood &amp; marriage</li> <li>- Improved self esteem of girls &amp; power relations</li> <li>- Community advocacy on girls' rights and education, &amp; participation</li> <li>- Participates in the labor and economic market</li> <li>- Improved health and education service systems.</li> <li>- Informal education/vocational training</li> <li>- Youth friendly SRH services</li> <li>- Advocate for laws and policies which address violation of womens' and girls' rights</li> <li>- Decrease in maternal mortality</li> </ul>	<ul style="list-style-type: none"> <li>- delayed age of motherhood</li> <li>- improved girls primary and secondary school completion</li> <li>- more safe and productive options for out of school adolescent girls</li> <li>- improved re-enrolment of teen mothers</li> <li>- institutional accountability mechanisms engage with girls</li> </ul>