



POPULATION, REPRODUCTIVE HEALTH  
AND GENDER EQUITY  
IN MALAWI:

AN OVERVIEW OF UNFPA'S CONTRIBUTION

2002-2006

# TABLE OF CONTENTS

Acknowledgements	3
List of Acronyms	4
Foreword	5
1. What are the Main Issues that UNFPA Addresses?	6
2. What are the Main Population Issues in Malawi?	6
3. What is the Main Thrust of UNFPA's Fifth Country Programme in Malawi?	7
4. Which Population and Development Initiatives does UNFPA support in Malawi?	8
5. Which SRH Initiatives does UNFPA support in Malawi?	12
6. What is UNFPA doing to improve Young People's Access to RH?	14
7. What is UNFPA doing to improve Gender Equality?	15
8. What is UNPA's Strategic Approach to HIV/AIDS?	16
9. How is UNFPA Responding to the Humanitarian Crisis in Malawi?	22
10. Opportunities for scaling up the Responses to Population, SRH, HIV/AIDS Issues in Malawi	23
UNFPA Country Office Staff	25
Country Programme Project List By Sub-Programme	27

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## List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APAC	African Population Advisory Council
ASSOM	Aged Support Society of Malawi
BCC	Behavioural Change Communication
BLM	Banja La Mtsogolo
CBDA	Community-Based Distribution Agent
CRG	Community Research Group
CSTs	Country Support Teams
DHS	Demographic Health Survey
DPS	Department of Population Services
DFID	Department for International Development
DU	Demographic Unit
EHP	Essential Health Package
FPAM	Family Planning Association of Malawi
GCRG	Group Community Research Group
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MAGGA	Malawi Girl Guides Association
MANET+	Malawi Network of People Living with HIV/AIDS
MASEDA	Malawi Socio-Economic Data Base
MoEST	Ministry of Education, Science and Technology
MIE	Malawi Institute of Education
MDGs	Millennium Development Goals
MoHP	Ministry of Health and Population
MoI	Ministry of Information
MoYCS	Ministry of Youth, Sport and Culture
MPRS	Malawi Poverty Reduction Strategy
NGO	Non-Governmental Organisation
NORAD	Norwegian Aid
NGP	National Gender Policy
NPP	National Population Policy
NYP	National Youth Policy
NSO	National Statistical Office
RH	Reproductive Health
RHU	Reproductive Health Unit
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WFP	World Food Programme
WHO	World Health Organisation
YCBDA	Youth Community-Based Distribution Agent

## **Foreword**

Malawi was among the 179 countries that participated in the International Conference on Population and Development (ICPD) in Cairo, Egypt. At this major gathering, the majority of countries re-affirmed that escalating poverty, environmental degradation and poor quality of life, especially among women and children, would require adequate access to reproductive health (RH) and education, as well as gender equity and equality. Over the years, other pressing population issues have taken centre stage. These include HIV/AIDS, adolescent RH, and the protection and promotion of women's sexual and reproductive health (SRH) rights.

Poverty, high rates of teenage pregnancies, one of the world's highest maternal mortality ratios, HIV/AIDS and gender inequalities remain major barriers to improving the standard of living and SRH and rights of men and women in Malawi. High fertility rates and population density are still exerting pressure on meagre resources, food security and the Government's ability to provide basic social services and employment opportunities. This situation underlines the need to improve access to quality RH services.

Helping people to make informed decisions and educated choices about their SRH and helping people to gain access to quality health and educational services are the hallmarks of the UNFPA activities in Malawi.

UNFPA Malawi is encouraged by the flourishing partnership with the Government, Non-Governmental Organisations (NGOs), the private sector and the donor community in meeting the country's population and SRH challenges.

Sylvie I. Cohen  
UNFPA Resident Representative  
February 2004

## **1. What are the Main Issues that UNFPA Addresses?**

UNFPA is the world's largest international source of funding for population and RH programmes. Its three main areas of emphasis are: (i) to help ensure universal access to SRH, including family planning, to all couples and individuals; (ii) to support population and development strategies that enable capacity building in population programming; and (iii) to promote awareness of population and development issues and to advocate the mobilisation of the resources and political will necessary to accomplish these areas of work. UNFPA works with government organisations and NGOs in programmes that help women, men and young people to plan and avoid unwanted pregnancies; undergo pregnancy and childbirth safely; avoid sexually transmitted infections (STIs), including HIV/AIDS; combat violence against women and promote gender equity and equality. UNFPA is guided by and promotes the principles of the 1994 ICPD Programme of Action that aim at meeting the people's education and health needs, including RH as a precursor to sustainable development; and at ensuring that all couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

## **2. What are the Main Population Issues in Malawi?**

Malawi is a land locked country located in south-eastern Africa. It is bordered by Mozambique in the south and east, Tanzania in the north-east and Zambia in the west. It covers a total surface area of 118,484 square kilometres, a quarter of which is occupied by Lake Malawi, the third largest lake in Africa.

The 1998 Population and Housing census estimated the population to be 9.9 million people growing at an annual rate of 1.9%. The population is projected to reach 15.7 million by 2015. The population continues to grow due to the persistently high fertility rate which is currently at 6.3 births per woman. It is also predominantly made up of young people – the median age being 18 years; and there is declining, though still high, infant and child mortality rates. The population is predominantly rural with 85% of people living in the rural areas. Women constitute 51.1% of the population.

Due to the effects of the HIV/AIDS pandemic, life expectancy is estimated to have dropped from 45.2 years old in 1985 and is currently estimated at 39 years old for males and 44 years old for females. HIV prevalence among pregnant women is estimated at 16.4%, with levels as high as 30% in the larger cities. The United Nations Programme on HIV/AIDS (UNAIDS) indicates that the number of orphans, currently estimated at 840,000, is for 45% due to is HIV/AIDS-related deaths.

The 2000 Malawi Demographic and Health Survey shows that the maternal mortality rate has nearly doubled over the past decade, from 620 per 100,000 live births to 1,120 per 100,000 live births. Female literacy rate is still low at 51%. Contraceptive prevalence rate is 28% with significant variations between rural and urban women, and women's level of educational attainment. Adolescent fertility rate is high at 162 per 1000 women aged 15-

19. Women under the age of 20 now account for 65% of all first pregnancies. The majority of people newly contracting HIV are youth between the ages of 15 and 24.

Malawi is among the world's least developed countries with a per capita income of US\$220 per year. A 1999 survey revealed that about 65% of the country's households live below the poverty threshold of US\$1 per day, with higher concentrations of poverty in urban areas.

### **3. What is the Main Thrust of UNFPA's Fifth Country Programme in Malawi?**

UNFPA has been providing assistance to Malawi since 1987. UNFPA's assistance has evolved over the years to respond to the pressing and locally driven population and SRH needs of the country's population. Previous programmes have significantly contributed to the development of the capacity and skills of the country's demographers and development planners to integrate population issues in development plans; to strengthen RH services, particularly family planning, by building capacities of the community members to provide community-based SRH information and services to men, women and young people; to develop and co-ordinate population and other related policies and programmes; and to support youth-friendly HIV/AIDS voluntary counselling and testing (VCT) services.

Consequently, the country has witnessed some significant positive changes. The contraceptive prevalence rate has risen from 7% in 1992 to the current rate of 28%. The total fertility rate has gone down slightly from 7.6 births per woman in 1977 to 6.3 in 2000 while the population growth rate has dropped from 3.2% in 1987 to 1.9% per annum in 1998. The number of primary health care facilities offering RH services has also grown, as has the number of community-based personnel delivering RH services, including condom distribution to youth at grassroots level.

The current 5-year Country Programme runs from 2002 to 2006. It was formulated in consultation with the Government and NGOs, donors and the United Nations country team. The programme is consistent with the three critical areas of poverty, governance and human rights, and HIV/AIDS, as articulated by the United Nations Development Assistance Framework (UNDAF). The main goal is to contribute to the improvement of the quality of life of the Malawian population, with special emphasis on SRH and HIV/AIDS prevention, gender equality, and increased knowledge of population dynamics and socio-cultural issues related to reproductive behaviour and attitudes.

UNFPA assistance to Malawi in the current programme seeks to contribute to (i) the creation and maintenance of an enabling environment for the implementation of the National Population Policy and its related policies on youth, gender, RH and HIV/AIDS; (ii) increased support for and utilisation of rights-based, gender responsive SRH and the prevention of HIV/AIDS information and services; and (iii) the adoption of safer SRH and HIV prevention practices, especially by young people. Finally, population issues are

mainstreamed in census preparations and other data collections efforts and development planning frameworks, as well as in the response to the humanitarian crisis.

The programme is organised into Population and Development Strategies (PDS) and Reproductive and Sexual Health sub-programmes. The Reproductive Sexual Health sub-programme's purpose is to contribute to increased support at all levels for rights-based and gender responsive SRH/HIV/AIDS programmes, the adoption and maintenance of safe SRH practices, and the increased use of quality integrated SRH services.

The purpose of the PDS sub-programme is to contribute to the improved implementation, monitoring and co-ordination of the National Population Policy (NPP), National Gender Policy (NGP), National Youth Policy (NYP); and the HIV/AIDS Strategic Plan; and the mainstreaming of these policies in the sectoral plans and programmes.

The largest proportion (80%) of the total programme of assistance is utilised at community level, directly benefiting approximately one million out-of-school young people between the ages of 10 and 24 years of age, all school-going children in the public sector senior primary schools (Standards 5-8) and all public sector secondary school students in Forms 1-4; RH service providers in 6 health centres in three selected districts, their village health committees and their catchment populations; and over 700 frontline workers. These workers include agricultural extension workers, community development officers and assistants, district AIDS co-ordinators, district information officers, health surveillance assistants and over 2000 community-based distribution agents – CBDAs) for youth and adults; youth peer educators and; Traditional Birth Attendants( TBAs).

The total budget for the current Programme is US\$18.5 million of which US\$8.5 million is to be drawn from the UNFPA's regular resources and the balance of US\$10 million is to be sought through co-financing modalities, bi- and multi-lateral donors and/or any other arrangements.

## **4. Which Population and Development Initiatives does UNFPA support in Malawi?**

Efforts are aimed at enhancing the country's capacity to co-ordinate, plan, implement, monitor and evaluate the population and development programmes, and to integrate population issues into all development endeavours.

### **i) Co-ordination of the NPP Implementation (MLW/02/P04)**

The Department of Population Services (DPS) in the Ministry of Health and Population (MoHP) is mandated to co-ordinate population programmes in the country. DPS contributes to the goal of the PDS sub-programme by creating an enabling environment and effective mechanisms for planning, co-ordination, collaboration and monitoring of the implementation of the NPP at national, regional and district levels.

With UNFPA assistance, the DPS has revised the NPP; and developed the advocacy and Information, Education and Communication (IEC) strategies that aim at generating countrywide support and advocate the implementation of policies with particular emphasis on increased resource allocation, and the continuing relevance of population issues in the context of HIV/AIDS and promote general and particular understanding of population issues, gender concerns and the role of the youth and girl child education in development.

The DPS briefed the local civic leaders (ward councillors) in 40 district and town assemblies on the issues of population, SRH health including HIV/AIDS and gender as they relate to development and the implementation of the NPP. In collaboration with the University of Malawi and the National Statistical Office (NSO), DPS trained development planners in the same 40 district and town assemblies to make locally based population projections in district planning. UNFPA has strengthened the capacity building of the Department by supporting the fellowship of two officers at Masters Degree level.

## **ii) Population Census and Quality Data Collection (MLW/02/P03)**

UNFPA contributes to the efforts of the NSO, a department in the Office of the President and Cabinet, to conduct population censuses; and to ensure improved collection, analysis and dissemination of a wide range of population, SRH, gender and other related social cultural data that are used by various stakeholders including policy makers and development planners to plan development programmes, including SRH and HIV/AIDS programmes.

Censuses and Demographic and Health Surveys (DHS) are the widely used sources of population and SRH statistics in Malawi. Censuses collect descriptive data on the population distribution, composition and structure, fertility and various social and economic characteristics of the total population. The DHS investigates the fertility and family formation patterns with a focus on the changes in fertility and contraceptive prevalence and the factors that affect these changes such as marriage patterns, desire for children, availability of contraception, and other important social and economic factors. The survey also collects data that describe the levels and patterns of knowledge and behaviour related to HIV/AIDS and other STIs, adolescent fertility and SRH; and gender issues.

In the current programme, UNFPA provides logistical support to the NSO, through assistance in mapping and questionnaire preparation, as it prepares for the 2008 Population and Housing Census.

## **iii) Strengthening Population Training and Research (MLW/02/P02)**

With UNFPA assistance, the Demographic Unit (DU) of the University of Malawi continues to play a pivotal role in the population and development realms. The Unit offers courses in Population Studies to equip future planners and decision makers to appreciate the implications of demographic factors on the planning process. The

institution also develops and implements a demand driven research agenda in collaboration with policy makers and programme implementers.

The Unit has undertaken a review of the Demography curriculum to expand the two-year curriculum into a four-year undergraduate degree. The Unit continues to carry out demand driven student and staff research in population and RH in support of the population policy implementation. Responding to demand, plans are in the pipeline to offer postgraduate studies to Masters level. With UNFPA assistance, one faculty member has gone to pursue a doctorate in Population Studies.

#### **iv) Care, Support and Empowerment of the Aged (MLW/02/P06)**

UNFPA supports the Aged Support Society of Malawi (ASSOM). UNFPA's support is focused on increasing public awareness of the needs of the elderly population in Malawi particularly in their role in the care of orphans, of people affected with HIV and those living with AIDS. ASSOM also advocates for social security schemes for the elderly and greater inclusion of the needs of the elderly in development planning; and the instituting of policies and appropriate legislation to address the needs of the elderly. ASSOM, with the collaboration and assistance of the University of Malawi and the DPS in the MoHP, conducted research on the situation of the aged in Malawi. The Fund also supports ASSOM's volunteer civic education programme targeting the traditional and civic leaders aimed at community sensitisation and mobilisation on the rights of the aged and on the need to care and support the aged. ASSOM works in collaboration with local traditional, civic and religious leaders, government ministries, orphan care agencies and volunteers to carry out their activities.

#### **v) Socio-Cultural Research**

Together with concerned national stakeholders, UNFPA Headquarters and the Malawi country office have initiated a number of participatory social cultural research initiatives, which are aimed at understanding the impact of socio-cultural practices and gender roles on the utilisation of RH services and the spread and prevention of the HIV/AIDS pandemic. The findings have been used in several foras such as: updating of the NPP and the development of other related policies on youth, gender, RH and HIV/AIDS; developing Behavioural Change Communication (BCC) strategies; producing and printing BCC materials; and training of peer educators. Members of the Community Research Groups (CRGs) are then involved in addressing socio-cultural issues; data is also used for monitoring and supervision of projects' activities. The following are some of the key questions and major findings:

- a) **A case study on Faith-Based Institutions and HIV/AIDS Prevention** was carried out across the country in 2002; it covered both religious leaders (both Christian and Muslim) and traditional authorities. The study looked at how the faith-based organisations were involved in the management and prevention of the spread of HIV/AIDS; the perceptions and understanding of the traditional authorities with

regards to the pandemic and also how much information on HIV/AIDS was available in the rural communities. The study also looked at the acceptability of condom use for HIV/AIDS prevention by religious leaders, traditional authorities and the people in general. It also looked at how different cultures and customs impact on the spread and prevention of HIV; and the potential for collaboration with the national population and RH programme.

- b) The Malawi Socio-Cultural Operational Research (RAF/02/P33)** was undertaken with staff of the Community-Based Population Education and Research and Planning Unit of the Ministry of Gender and Community Services (MoGCS). The study was designed to train key community stakeholders in collecting and analyzing important information and data on SRH issues, and in so doing, empowering them to address the process of community change on these issues.

This study was conducted in 2001 in the five districts of Mzimba, Ntchisi, Zomba, Mchinji and Chikwawa. It looked at the following issues: reasons and circumstances people stated to have unprotected sexual intercourse and multiple sexual partners (both adults and young people); early initiation to sex by girls; widow inheritance; responsibility for care for the sick; abortion and non-use of contraceptives; health-seeking behaviour and why traditional healers are the first line of treatment, and lastly, why there are delays in seeking treatment from health centres, including poor service provision by extension workers.

- c) Acceptable SRH Language Study by Malawi Broadcasting Corporation (MBC) (MLW/02/P12).** The MBC was experiencing problems with regards to its SRH programmes as some listeners found some of the language used unacceptable. In order to circumvent this problem, a nationwide study was conducted among eleven major ethnic languages. It explored appropriate terms for SRH in all ethnic settings. and discussions were held on sexuality; the right age to be informed about sex and sexuality; the existing knowledge on sexuality; how matrilineal or patrilineal systems convey educational messages on sexuality; the language used on sexuality and sexual organs; the level of comfort of the elderly, traditional and religious leaders at the mention of sex organs. The information collected resulted in popular booklets on acceptable SRH language in eleven ethnic languages to be used by media personnel, service providers and extension workers.

- d) Socio-cultural factors, which influence the spread and prevention of HIV/AIDS in Dedza District (RAF/02/P33).** The African Population Advisory Council (APAC), which is based in Nairobi, is an international NGO established in 1989 to find a creative solution to one of Africa's most pressing problems: the unsustainable rate of population growth. APAC was funded by UNFPA to conduct community-based research on socio-cultural practices that may either propagate or prevent the spread of HIV/AIDS in Malawi. The research is looking at issues of: ritual sex (*fisi*); remarriages; early marriages; male genital circumcision; sex education/counselling; and scarification among the Chewa and Yao in the Dedza district, one of the impact areas of the UNFPA Country Programme.

- vi) UNFPA's Contribution to the Malawi Socio-Economic Data Base (MASEDA)**

MASEDA was started in November 2001 by a team of development partners, which included experts from the NSO, the United Nations Country Team with the United Nations Children's Fund (UNICEF) taking the lead role as part of the implementation of a global initiative ChildInfo (now called DevInfo). MASEDA is the first comprehensive and up-to-date socio-economic database on the situation of human and economic development in Malawi for use by government institutions, the donor community and civil society counterparts. It has been recognised as the central databank for the Government of Malawi for monitoring the implementation of the Malawi Poverty Reduction Strategy (MPRS) and the Millennium Development Goals (MDGs). The new version has 260 indicators from various sources mostly government departments.

UNFPA is an active member of the technical working group and made sure that demographic/population indicators are among the set of indicators and that data from the past population and housing censuses, Malawi Demographic Health Surveys, are reflected in the databank. UNFPA has also lobbied for such data to be disaggregated by gender and collected at the lowest administrative level such as Traditional Authority. This would enable District Assembly planners to use it in the context of decentralisation. As part of UNFPA's contribution, district development planners have been trained to integrate population variables in district development plans and in population projections. UNFPA intends to continue such training with District Assemblies and monitor their use of such data.

## **5. Which SRH Initiatives does UNFPA support in Malawi?**

The UNFPA support to the Reproductive and Sexual Health sub-programme's activities is geared towards contributing to addressing the main RH problems of high levels of HIV/AIDS transmission among young people, high levels of maternal mortality, the rising rate of mother-to-child HIV transmission; meeting the needs for family planning; and resolving inadequate involvement of men and opinion leaders in the promotion of RH issues in the community.

### **i) Strengthening RH Activities in the Public Sector (MLW/02/P07)**

The Reproductive Health Unit (RHU) in the MoHP is the main co-ordinating body for RH activities and the source of policy and guidelines on RH issues in the country. UNFPA supports the RHU's efforts to increase access to quality integrated gender-responsive SRH services, including VCT through clinic-based and outreach activities in some selected local impact districts. The MoHP continues to be the largest single provider of SRH services with a countrywide coverage. The RHU takes the lead in introducing and piloting hitherto uncommon services such as the provision of emergency contraception and female condoms in some selected districts. With UNFPA and other donors' assistance, the RHU develops quality assurance systems for improving RH service delivery; for improving government, NGO and private sector co-ordination in RH service delivery; and enhancing the capacities and skills of various cadres of health

workers to effectively and efficiently deliver high quality services, particularly family planning, through in-service training programmes.

UNFPA also supports the rehabilitation of health centres and the provision of the required RH equipment and supplies in some selected districts for effective RH services in the community.

## **ii) Family and RH Project (MLW/00/P51)**

The project builds on the decentralisation policy of the Government and focuses more closely at strengthening the capacity of the district level personnel to deliver quality SRH services at grassroots level. It seeks to support the sexual and reproductive rights of all women, men and the youth at that level through an improved relationship between the community and the health centre workers. In this respect, the project builds community capacity to understand and address RH issues through strengthening and supporting locally based community structures that will ensure community ownership, responsibility and collaboration for improved services.

Apart from training some volunteers in the community as community-based health service providers, the project also provides the necessary equipment, drugs and other RH supplies and assists in the infrastructure rehabilitation at health centres. It also provides in-service training of district and health centre staff on RH clinical care issues to ensure that a full range of quality RH services are available at health centre and district level. To create an environment conducive to youth to access SRH services, the project initiates and strengthens youth-friendly RH services through training of service providers.

## **iii) SRH Education in the Tourism, Parks and Wildlife Sectors (MLW/02/P05)**

UNFPA supports an innovative programme of targeting the tourism sector with SRH information. The programme is aimed at improving the quality of life of the employees in the tourism, parks and wildlife sectors, both public and private; and also that of communities around national parks and resort areas. This is done through imparting SRH information and skills that will engender behaviour change in matters of SRH, HIV/AIDS, gender equality; and drug and substance abuse. The UNFPA supports workshops and sensitisation meetings for the employees, the communities and youth around tourist attraction areas in order to empower them to protect themselves and others from STIs including HIV/AIDS. The tourism sector is incorporating the SRH issues, particularly HIV/AIDS, into the wildlife and tourism policies and the wildlife-training curriculum and is training workplace peer educators. With funding from the UNFPA, the tourism hotel sector would like to facilitate the purchase and installation of condom vending machines in hotels and other tourist resorts.

## **6. What is UNFPA doing to improve Young People's Access to RH?**

Adolescent SRH has become a very important area of concern because of the adverse SRH outcomes that prevail in Malawi. UNFPA supports SRH initiatives implemented by both government organisations and NGOs. UNFPA's support is aimed at creating within Malawian society an understanding and practice of safer reproductive and sexual behaviour among adolescents and youths through the provision of youth-friendly SRH information and services including HIV VCT.

### **i) Life Skills and SRH Education for In-School-Youth (MLW/03/P06)**

This involves integrating HIV/AIDS into population/family life/sexual health education to prepare young people's for the future and to provide them with a foundation of information to enable them to make responsible choices about their RH lives. UNFPA regards school-based and out-of-school life skills education as one of the practical means to promote positive attitudes, self-esteem and life skills, such as negotiation, coping, critical thinking, decision-making, communication and assertiveness skills. UNFPA supports the Ministry of Education Science and Technology (MoEST) through the Malawi Institute of Education (MIE) to strengthen the capacity of the education sector, professional staff and teachers to implement the SRH and HIV/AIDS related life skills programme. With UNFPA assistance, the MIE integrates SRH content into the life skills teaching programme in primary and secondary schools and teacher training colleges. Through this initiative, the Ministry hopes to raise the awareness of all young people in the school system about gender, SRH and HIV/AIDS. The aim is also to help young people to develop the necessary life skills to enable them to make informed and rational decisions about their reproductive and sexual lives, and to take preventative measures against STIs including HIV/AIDS and early pregnancies.

### **ii) SRH Education for Out-of-School Youth (MLW/02/P11)**

Unlike in school-going youth, out-of-school youth appear to be more vulnerable to adverse outcomes from sex such as contracting HIV and yet they are the ones that are difficult to organise and target. UNFPA supports the Department of Youth in the Ministry of Youth, Sports and Culture (MoSC) in collaboration with the National Youth Council of Malawi to target the out-of-school youth aged between 10 and 25. With UNFPA assistance, youth volunteers are given training in SRH and HIV/AIDS issues as well as in life planning skills to, in turn, reach out to fellow youth. UNFPA has also undertaken other activities to increase access to out-of-school youth to information and the use of SRH services while promoting safer sexual practices and more equitable gender relations. Such activities include designing, producing and distributing IEC materials such as comic booklets, flyers, posters and leaflets that help the peer educators in their duties; developing youth centres where young people can meet for SRH information and recreation activities; and forming community groups that use entertainment approaches such as drama, songs and traditional dances as a channel for informal education.

### **iii) Youth Community-Based Distribution Initiative (MLW/03/P03)**

With support from UNFPA, Banja La Mtsogolo (BLM), a local health care NGO, has since 1997 been running SRH activities specifically targeting young people in some districts of the country. In the current programme, BLM has expanded the coverage to 10 districts. It communicates SRH messages to young people using youth preferred channels such as mobile van video shows, peer education and counselling, Youth Community Based Distribution Agents (YCBDAs), popular radio advertisements, a youth newsletter, stickers and T-shirts. Counselling and contraceptives are provided by YCBDAs.

## **7. What is UNFPA doing to improve Gender Equality?**

UNFPA supports efforts that contribute to equal and complimentary partnership of women and men, girls and boys and promote gender equity and equality. Gender issues form an integral part of almost all the UNFPA supported activities. The activities include: training District Health Management Teams and health workers in gender equality and on how to integrate gender issues into their operations; integrating gender issues into the school curriculum; tackling the SRH issues arising from gender-based violence; involving men in SRH and supporting the Society for Women and AIDS.

### **i) SRH, HIV/AIDS Awareness among Girl Guides (MLW/02/P09)**

UNFPA supports the Malawi Girl Guides Association (MAGGA) in its aim to increase SRH/HIV/AIDS awareness, to motivate reproductive and sexual behavioural change and to promote gender equality among the girl guides aged 10-25. It has an overall goal of helping girls to develop into responsible and self-reliant citizens. With UNFPA support, MAGGA has been conducting sensitisation and community mobilisation activities resulting in increased support from parents, teachers and community leaders to get more girls enrolling and remaining in school and to inform them on how to protect themselves from contracting HIV/AIDS. The Association also developed a BCC strategy to help develop activities to motivate behavioural change among girl guides and to improve their quality of life with special emphasis on SRH, HIV/AIDS and gender equality.

### **ii) Development and Participation Rights of Adolescent Girls (MLW/01/P57)**

Girls do not fully participate in the development of the country because of some gender-based social and economic disparities. The Department of Youth in the MoSC and BLM jointly implement activities that are aimed at improving the education status of girls, at decreasing the rate of pregnancies, maternal mortality and HIV/AIDS infection among adolescent girls, and at increasing the use of RH services by adolescent girls. UNFPA provides assistance for the training of youth volunteers as RH peer educators who reach out to fellow youths with SRH information and counselling. The support also includes the training of 137 youth volunteers as community-based distributors of contraceptives including condoms to fellow youth. To create an environment that is less stressful for youths, UNFPA has supported the training of 100 MoHP and BLM service providers in

youth-friendly service techniques to ensure better services and an effective referral system from the YCBDAs.

### **iii) Community-Based SRH and Gender Education (MLW/03/P02)**

With UNFPA assistance, the MoGCS provides community-based SRH and gender education and services in villages. It draws on the network of community leaders such as village headmen, locally based extension workers by particularly targeting them. It also supports the training of volunteer CBDAs of contraceptives, community-based drama artists and community action groups that fight gender-based violence and advocate gender equality.

## **8. What is UNFPA's Strategic Approach to HIV/AIDS?**

UNFPA is committed to combating the HIV/AIDS epidemic. It recognises that the fight against HIV/AIDS is a complex process, involving preventing the infection, caring and supporting people living with HIV and AIDS, and mitigating the consequences of the epidemic. For UNFPA, preventing and decreasing the number of new infections is the mainstay of its contribution to the global fight against HIV/AIDS. Prevention is linked directly to the Fund's mandate which is to ensure universal access to SRH to all individuals.

The interrelationship between HIV and other STIs makes SRH programmes a natural entry point for information and services to prevent HIV/AIDS. RH programmes provide vital information and counselling to prevent sexual transmission of infections, and commodities such as condoms, antibiotics for STIs, and HIV tests. RH programmes also aim to influence sexual behaviour, educate on risk reduction of STIs and HIV/AIDS, encourage the use of condoms, and prevent parent-to-child HIV/AIDS transmission by ensuring that parents have access to contraception.

UNFPA's efforts to prevent HIV infection are built on three decades of programme experience in addressing sensitive issues such as family planning, gender and sexuality in various socio-cultural settings, as well as on:

- Their expertise in negotiating with governments to guarantee access to RH, including family planning and sexual health, information, services and commodities;
- Focusing on SRH, including STI prevention, which provides an appropriate entry point for HIV-prevention interventions, especially because most infections occur through sexual activity;
- Their long experience in supporting the introduction and implementation of family life and sexual health education programmes targeting both in-school and out-of-school adolescents and youths;
- A strong network of government and non-governmental partners and a strong country presence, including its technical resources and expertise, with HIV/AIDS advisers in place in regional, multidisciplinary Country Support Teams (CSTs);

- More than three decades of experience in addressing population from a multisectoral perspective, as a result of which UNFPA brings a unique understanding of the multisectoral nature of the epidemic at country, regional and global levels.

UNFPA sees HIV/AIDS prevention as an integral part of RH services, and as a population issue. Its greatest contribution to the fight against HIV/AIDS in Malawi is by working to prevent sexual transmission of the virus, which in most countries accounts for over 75% of infections, and by building the capacity of health, education and workplace services to integrate STI and HIV/AIDS prevention as an integral part of RH services.

UNFPA's programme in Malawi focuses on five core areas of HIV prevention:

- Preventing HIV/AIDS infection among young people in communities;
- Increasing health and educational systems, media and workplaces' capabilities to impart life skills education, including HIV/AIDS prevention education and youth-friendly services, and condom programming;
- Preventing HIV infection among pregnant women;
- UNFPA is an active participant in policy dialogue in the UN joint programme of work on HIV/AIDS.

### **(i) Preventing HIV/AIDS among Young People**

In Malawi, young people are not only disproportionately affected by HIV/AIDS, they are also particularly vulnerable to HIV infection because they lack access to SRH information, education and services. UNFPA supports programmes that promote healthy adolescent development and, among sexually active young people, safer and responsible sexual behaviour. Access to culturally sensitive and youth-friendly RH information and services is a priority for protection against STIs, including HIV, and unintended pregnancy. To prevent young people from catching HIV, UNFPA employs the following actions, which work in a complementary and reinforcing manner:

UNFPA's focus on young people is at several levels:

1. Advocating an appropriate environment, which includes access to the right to know and youth-friendly services;
2. strengthening HIV/AIDS and SRH education in life skills training programmes for both in- and out-of-school young people; and
3. incorporating HIV prevention into youth-friendly SRH services.

Prevention interventions among young people include promoting safer sexual behaviour; making sure condoms are more readily available and widely and correctly used at community level; promoting the use of VCT services and establishing support groups after HIV counselling; empowering women to protect themselves and their children; and encouraging men to make a difference.

In order to promote safer sexual practices and other HIV preventative behaviour among young people and to provide sex education that teaches negotiation skills, UNFPA, through national public and civil society counterparts, has trained a pool of over 1,700

youth peer educators in 12 districts in Malawi. These peer educators have managed to reach about 1,700,000 young people with messages on SRH, including abstinence; condom use; and seeking treatment for STIs and family planning among others topics. In addition, to increase access to condoms and increase health-seeking behaviour, UNFPA has also trained 270 YCBDAs, who have complemented the role of the peer educators by reaching over 27,000 young people with counselling services as well as referring about 2,130 for STIs and other SRH related problems to health facilities. These YCBDAs also distributed condoms at community level.

Social mobilisation has also assisted in changing the attitude of parents who now believe that young people should be given SRH information and services. For example, a study<sup>1</sup> on SRH Project for Young People conducted in September 2003 revealed that 80% of adults approved the distribution of condoms to young people, 87% approved the use of contraceptives and 96% said young people should be given information on SRH.

UNFPA believes creating awareness and preventative education need to be complemented with institutional services, especially for young people who are already sexually active. To this end, UNFPA advocates and supports the introduction and/or expansion of youth-friendly SRH services, including those that integrate: SRH and HIV/AIDS IEC and counselling; the diagnosis and treatment of STIs; confidential voluntary HIV counselling, testing and support; and access to male and female condoms including information and education to ensure proper and consistent use. This is done through training of service providers in the required skills.

Since 2002, UNFPA has co-ordinated the joint UN implementation of a VCT project<sup>2</sup> aimed at increasing the number of sexually active adolescents seeking VCT services; increasing the number of adolescents adopting safer sex behaviour, including delaying sexual debut; decreasing stigma against HIV+ youth; and increasing access to VCT services. The target districts include: Kasungu, Mzimba, Mwanza and Blantyre. The project also aims at offering youth-friendly VCT services to enable more youth to utilise them. These services provide an opportunity for young people to ascertain their HIV status and, if infected with HIV, to prevent transmission to others as well as re-infection. It also offers an opportunity to access support services.

Through two national NGOs, Malawi Network of People Living with HIV/AIDS (MANET+) and BLM, UNFPA has established support groups in two districts to welcome all young people after their tests. UNFPA supports BLM and MANET+ to target young people with HIV VCT information and services. The focus is on the youth as they have the best chance of being and staying HIV negative. The activities are aimed at increasing the knowledge of VCT among young people, encouraging delayed sexual debut, promoting the adoption of safer sexual behaviour, and encouraging the sexually active youth to use VCT services in three designated sites. Other activities aim at ensuring support systems are improved and that decreasing the stigma attached to HIV

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<sup>1</sup> Maluwa-Banda, Dixie & Lexa, 2003, Baseline Survey Report on SRH Project for Young People, (MLW/03/PO3) UNFPA Malawi

<sup>2</sup> HIV/AIDS VCT for Young People (MLW/00/P56)

positive adolescents. BLM disseminates information and refers young people to VCT services while MANET+ offers support for both HIV positive and HIV negative young people through the establishment of post-test clubs and deals with issues of stigma and discrimination against young people infected and/or affected by HIV/AIDS. MANET+ also provides condoms to young people. The aim is to decrease the number of new cases of HIV infection among the youth by increasing knowledge of their status. In addition, primary prevention of HIV infection among female adolescents – the mothers-to-be – is the best strategy to avoid mother-to-child HIV transmission. Apart from these campaigns, the project has trained peer educators who motivate their peers to go for VCT. As a result of these campaigns and peer education, clients have started demanding VCT services. Over 100,000 young people have been reached with information on VCT, and 778 boys and 721 girls have accessed the services. Data at the VCT sites shows higher numbers of females than males being seropositive, which highlights the higher vulnerability of the adolescent girl to HIV.

## **(ii) Increasing Health and Educational Systems, Media and Workplace' Capabilities to impart Life Skills Education, including HIV/AIDS Prevention and Youth-Friendly Services**

Several of the technical and service skills needed to offer HIV-related information and prevention services match, at least in theory, those skills of staff responsible for providing SRH education and services.

The capacity of the education sector has been strengthened through the training of 40 secondary school teachers in SRH/HIV/AIDS and life-skills teaching methodology. Life skills/SRH teaching and training syllabus and training manuals for secondary schools have been developed, and 12,000 Standard 5 books have been printed. These educational materials help teachers to train young people in addressing HIV/AIDS and gender equity, and improving negotiation skills. However, teachers have not yet started teaching because they are waiting for the training manuals to be printed.

Within health systems, UNFPA has been working very hard to ensure that the health workers have the capacity to provide quality RH services. Utilisation of family planning, antenatal care, STI services has increased in almost all UNFPA supported health institutions. Nine youth-friendly service delivery points were opened during the year. However, data on utilisation is not available.

UNFPA supports the Family Planning Association (FPAM) of Malawi<sup>3</sup>, an affiliate of the International Planned Parenthood Federation, in its efforts to reduce the incidences of STIs/HIV infections among young people aged 10-24 .The Association targets 28,151 youths in Dowa District. The UNFPA supports the operations of the Association's Youth Life Centre in this district where young people come to access various RH information and services including HIV/AIDS VCT in a youth-friendly environment. With UNFPA assistance, the Association carries out community outreach including training of youth volunteers as SRH and HIV/AIDS peer educators to impart knowledge and life planning

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3 Preventing STIs/HIV and unwanted Pregnancies among Young People (10-24) (MLW/02/P08)

skills to fellow youth, training YCBDAs who provide fellow youth with contraceptives including condoms; and community sensitisation and mobilisation activities involving traditional leaders, policy makers, parents, teachers and religious leaders on the youth SRH issues.

HIV/AIDS is not only the concern of MoHP. Extension workers from all line ministries are non-traditional outlets of life skills education and counselling. UNFPA assists the MIE<sup>4</sup> to strengthen the capacity of frontline staff, through enhancing their knowledge base and communication skills so that they can effectively communicate with and motivate their various target audiences to adopt safer sexual behaviour. These members of staff are the ones whose work involves HIV/AIDS education and counselling such as Health Surveillance Assistants; extension workers such as agriculture field assistants, and social workers whose daily work involves interaction with people at grassroots. In addition, the Ministry is developing social mobilisation and behaviour change communication radio serial programmes that focus on male involvement, women empowerment and life planning skills for boys and girls in the targeted districts.

UNFPA has also supported the Ministry of Tourism, Parks and Wildlife to prevent HIV/AIDS among its employees, mostly young men and women working in these sectors, and communities around selected resorts and protected areas. Hotels, lodges and the Hotel Management Training schools have been targeted with information on SRH/HIV/AIDS, including condom distribution.

In addition, support to participatory socio-cultural research on sexual beliefs and practices together with the MoGCS, APAC and MBC help improve community involvement in the transformation of gender vulnerabilities, design of behaviour change communication and exploration of culturally acceptable language for community mobilisation.

### **(iii) Improving Promotion and Distribution of Condoms**

Condoms are universally recognised as one of the most effective ways to prevent HIV/AIDS and other STIs. The correct and consistent use of condoms, both male and female, can provide millions of people with a simple and effective means to protect themselves and their sexual partners from HIV infection. To overcome barriers to use, UNFPA complements the work of other donors such as DFID and USAID, in promoting the introduction of female condoms by the public sector; this is done in the context of the project with the RHU. Access to condoms by sexually active youth is also facilitated through projects with NGOs such as BLM that trains and supervises a network of trained YCBDAs. To increase availability and quality of condoms, UNFPA has, through trained peer educators and YCBDAs at district and village levels, helped distribute condoms in 2002.

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4 Gender, Sexual and Reproductive Health and HIV/AIDS Distance Learning (MLW/02/P13)

In the context of humanitarian response, 15 Health Centres in the central and southern part of Malawi received RH Emergency Kits. Included in the RH Kits are: condoms, which assist in preventing STI/HIV among the sexually active population and are also used as a family planning method; and a STI Drug Kit, which assists the health centres to provide adequate STI syndromic management to clients and prevents the chances of contracting HIV due to untreated STIs.

UNFPA is the world's largest international supplier of condoms to the public sector in developing countries. In Malawi, to complement DFID's role as a major supplier of male condoms to the public sector, UNFPA played a pioneering role in introducing the use of female condoms. It has trained 16 trainers from MoHP, the Army, FPAM, BLM and Bowler Beverages in female condom programming. The MoHP will pilot the female condom in 21 sites in three regions. There is a need to ensure continuous supply of female condoms after their launch.

UNFPA supplied FPAM and The Hunger Project with 20,000 female condoms in 2003. Ten thousand female condoms have been distributed to users, and both FPAM and the Hunger Project report a high demand for female condoms. UNFPA and the RHU of MoHP organised a successful female condom Training of Trainers (TOT) course in November 2003, with facilitation assistance by a South African organisation, and funding from UNFPA. The MoHP RHU has identified 21 sites for a pilot female condom service that include Government and BLM sites. UNFPA will continue to procure the condoms.

#### **(iv) Preventing HIV Infection among Pregnant Women**

Preventing infection among pregnant women and all women of childbearing age not only protects the women themselves, it also avoids the risk of infections being transmitted to their children and partners. Most pregnant women are HIV-negative, and are in need of information and services in order that they remain free from infection. Pregnant women who are HIV-positive need RH care to ensure the best possible outcome for both mother and child. UNFPA supports these efforts through its Family and RH project in three districts.

Through UNFPA support to three districts in family planning and RH services, antenatal care and family planning are now relatively accessible to the people in these districts through clinical, outreach and community-based programmes, and are being utilised by an increasing proportion of women of reproductive age. These women may not easily be reached through other HIV prevention strategies, which are targeted at specific core transmitter groups and vulnerable groups. It also allows cost sharing of staff, facility and equipment.

UNFPA supported EngenderHealth to produce a *Programme Manual on HIV Prevention in Maternal Health Settings*. The manual is based on a four-pronged approach: a) HIV prevention, especially among young women and pregnant women, b) Prevention of unintended pregnancies among HIV-infected women, c) Prevention of HIV transmission from HIV-infected mothers to their children, and d) Provision of treatment, care and support to HIV-infected women and their families. 40 health service providers from two

district hospitals and one regional hospital in the southern region tested the manual in July 2003.

## **9. How is UNFPA Responding to the Humanitarian Crisis in Malawi?**

Malawi has been experiencing a humanitarian crisis that has been triggered by an acute shortage and inaccessibility of food and has been compounded by such factors as chronic poverty, high prevalence of HIV/AIDS, high maternal mortality, high dependency on one or two food crops and unfavourable weather.

UNFPA seeks to protect the population's SRH and its vulnerability to HIV/AIDS during humanitarian crises. It therefore collaborates with other partners in the development of a strategy for the integration of SRH/HIV care in the humanitarian response. With UNFPA assistance, youth drama groups are linked with food distribution centres in order to disseminate messages aimed at empowering the beneficiaries to protect their SRH and prevent HIV transmission.

A UNFPA led RH vulnerability assessment revealed increased prevalence of unsafe sexual practices, increased numbers of risk pregnancies, community perception of increased gender-based violence, increased sexual exploitation, aggravated food insecurity of HIV positive individuals and reduced community health-seeking behaviour as evidenced by decreased out-patient and antenatal attendance.

During the 2002 food crisis, 6% of adult women and 15% of young girls cited selling sex as a means of obtaining food while 53% of adult men and 73% of young men cited giving food in exchange for sex during this period. It is reported that the number of patients diagnosed with STIs at hospital level increased by 31%. There was also an increase of 60% in the number of adolescent girls' pregnancies reported by TBAs.

Support is geared towards increasing the community's capacity to respond to increased vulnerability of adolescent women and mothers to the inter-related shocks of poverty, HIV/AIDS, high level of maternal mortality and gender-based violence. The support extends to the development of the capacity of the health sector at health centre level to effectively respond to the humanitarian crises through RH/HIV/AIDS education and services. UNFPA, as part of a multi-donor crisis response involving the World Health Organisation (WHO), UNAIDS, the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF), provides the RH equipment and supplies such as contraceptives and STI drugs to needy health centres and community health workers.

The initiative's challenge is to build adequate capacity of the health workers at grassroots level, who have the problem of work overload, to integrate the humanitarian crisis component effectively into their system. It is also challenged to make the beneficiaries see the importance of RH/HIV information and services during periods of food insecurity.

## **10. Opportunities for scaling up the Responses to Population, SRH, HIV/AIDS Issues in Malawi**

Within the general context of development, there are a number of development partners that also support population issues. While major external assistance for population activities is provided by bilateral donors, mainly the United Kingdom, the United States, Germany, Japan and Canada, the national population programme also receives multilateral support from UN agencies other than UNFPA, such as the World Bank, UNICEF and WHO.

UNFPA continues to be a focal point for donor collaboration and co-ordination on population and SRH issues and rights. The UNFPA participates in the Population and Health Donor subgroup, which provides a unique opportunity for concentrating on policy dialogue and the pooling of resources.

UNFPA is also an active advocate in the discussion leading to the operationalisation of the Sector Wide Approach to Health to ensure that the RH constellation of services is prominently featured in the Essential Health Package (EHP), and to ensure inclusion of costing and appropriate indicators in measuring the performance of the EHP. UNFPA is a member of the group that develops the Memorandum of Understanding and is considering contributing to the basket funding, as much as its scarce resources allow.

There is also general support and commitment at the highest political level for tackling population, SRH and HIV/AIDS issues. For instance, the parliamentary committee on population and the cabinet committee on HIV/AIDS chaired by the Country's Vice-President are cases in point. In addition, the current decentralisation process offers opportunities for popular participation, greater respect for human rights and more effective programme implementation.

However, experiences from the previous UNFPA programmes have underscored the need for more concerted efforts and resource mobilisation and collaboration to tackle some of underlying correlates of poor SRH outcomes in the country. For example, gender inequality remains a major barrier to improving the standard of living, and the SRH of women in Malawi. Due to some cultural traditions on gender stereotypes, girls and young women still lack decision-making power and resources to adequately enhance their SRH and prevent HIV/AIDS. Poverty also continues to limit access to quality education and health including SRH services.

Up-to-date data collection and dissemination remain a challenge. Not only is timely data inadequate, there is also a lack of sex-segregated data on most SRH including HIV/AIDS issues. The majority of the available data is not available at regional, district or local levels for decentralised planning.

In HIV/AIDS prevention, major challenges include:

- Closer links between SRH and HIV/AIDS-related services should be established. In particular, a two-way referral system should be put in place rather than two parallel

counselling services of family planning on the one side, and stand-alone VCT on the other. For example, VCT counsellors should refer clients to family planning services, and vice-versa.

- There is a need to target adolescents with services that promote dual protection against infection and pregnancy during either family planning counselling sessions or VCT counselling sessions.
- Availability of condoms at the grassroots level remains a problem and YCBDAs and peer educators have problems in accessing condoms.
- Although RH commodities are available in the country, distribution remains a major challenge. Condoms and STI drugs are not readily available at health centre level. Condoms are available at the Central Medical Stores but the distribution system is not effective.
- Male and female condoms can be made more visible and available in non-traditional outlets such as small shops, bars, vending machines, workplace restrooms etc., at affordable prices.
- There is a need to increase male partners' support to women's use of antenatal and VCT services, address male sexual health needs, and provide community-based STI prevention and management.

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# Country Programme Project List By Sub-Programme

<u>Project Code</u>	<u>Description</u>	<u>Person Responsible</u>	<u>Project Duration</u>	<u>Source of Funds</u>	<u>Amount Allocated 2003 (USD)</u>
<b><u>PDS</u></b>					
MLW/02/P02	Expansion of Population Training & Research @ University of Malawi (DU)	Harvey	5 Years	Regular Resource	136,700.00
MLW/02/P03	Preparation of 2008 Population & Housing Census (NS0)	Harvey	5 Years	Regular Resource	192,251.00
MLW/02/P04	Co-ordinated Implementation of NPP (DPS)	Harvey	5 Years	Regular Resource	170,440.00
MLW/02/P06	Support to Aged Society of Malawi (ASSOM)	Harvey	3 Years	Regular Resource	33,220.00
RAF/02/P33	Sub Regional Progr.in Socio-Cultural Research for RH/HIV/AIDS Prevention (APAC)	Harvey	2 Years	Regional Funds	69,000.00
<b><u>RSH</u></b>					
MLW/01/P57	Meeting the Development and Participation Rights of Adolescent Girls	Dan	2 Years	Trust Funds	390,415.00
MLW/02/P01	Extension of Youth CBDA Initiative BLM (Norway/SIDA)	Dan	2 Years	Trust Funds	148,295.00
MLW/00/P56	Integrated Project in Decreasing Maternal Childhood Mortality (VCT)	Dan	2 Years	Trust Funds	447,277.00
MLW/02/P05	SRH Programme For the Tourism & Travel Industry, Parks & Wildlife	Dorothy	3 Years	Regular Resource	103,547.00
MLW/02/P07	Strengthening RH Services (RHU)	Dorothy	5 Years	Regular Resource	143,372.00
MLW/02/P08	Prevention STI/HIV & Unwanted Pregnancy among Young People 10-24 years in Dowa District (FPAM)	Dorothy	5 Years	Regular Resource	76,673.00
MLW/00/P51	Family and RH Project	Dorothy	5 years	Trust Funds	366,094.00
MLW/02/P09	SRH/HIV/AIDS Awareness among Girl Guides (MAGGA)	Dan	4 Years	Regular Resource	56,065.00
MLW/02/P11	SRH Programme for Out-of-School Young People	Dan	2 Years	Tr.Funds Norway	247,221.00
MLW/02/P12	Acceptable Language Study in SRH Programme (MBC)	Harvey	1 Year	Regional Funds	67,934.00
MLW/02/P13	Distance Learning Project for Frontline Workers	Dan	3 Years	Regular Resource	151,213.00
MLW/03/P01	Youth Friendly Support Services for Tested Young People in Blantyre & Mwanza (MANET+)	Dan	1 Year	Co-Funding (PAF)	49,840.00
MLW/03/P02	Community Based SRH & Gender Education Programme	Dorothy	3 Years	Regular Resource	211,621.00
MLW/03/P03	YCBDA Initiative Second phase (Norway)	Dan	4 Years	Regular Resource	136,522.00
MLW/03/P04	Life Skills & SRH for Young People In- & Out-of-School (Norway)	Dan	5 Years	Trust Funds	2,000,000.00
MLW/03/P05	Prevention & Management of Obstetric Fistula	Dorothy	1 Year	Regional Funds	40,000.00
MLW/03/P06	Life Skills & SRH for Young People In- & Out-of-School Youth (UNFPA)	Dan	4 Years	Regular Resource	801,000.00
RAF/03/P01	Mitigating Impact of HIV/AIDS in Humanitarian Crisis Situation	Dorothy	1 Year	Regional Funds	315,420.00