



**INFLUENCING CHANGE FOR ALL**



## **YOUTH ACTION LAB PROJECT REPORT**

*Presented By*

**CHIMWEMWE BANDA**

Project Officer

[chemwabanda@gmail.com](mailto:chemwabanda@gmail.com), 265 (+) 882 50 23 01, 265 (+) 994 04 80 55.

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**THE PROJECT COORDINATOR, YOUTH ACTION LAB**

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## **BACKGROUND**

Youth Action Lab is a Pilot Project supported by the Norwegian Agency for Development cooperation (Norad), a “one-year Co-Creation Lab” for grassroots Youth activists based in the global south which works to support their movements to become more resilient and sustainable in their pursuit of a more equitable world. This Initiative is part of CIVICUS Youth and Civil Society resourcing work streams to build a more resilient, effective, safe and diverse civil society in the 21<sup>st</sup> century

The Lab is an innovative, safe, active, inclusive, collective, representative and connected space, online and physical for grassroots activists, which thoughtfully considers diverse contexts and ecosystems to better resource them to flourish in their communities. Participants in the lab work to build political solidarity and networks, strengthen capacities in engaging with policy processes, and access resources to support their movement. The lab will act as a hub for testing new ways of working within civil society and mobilizing learners from across sectors in support of youth-led movements.

### **a. PROJECT GOAL**

The project goal is to build resilience of youths and women living with HIV/AIDs who are facing related stigma, discrimination.

### **b. PROJECT OBJECTIVES**

The project objectives include:

- To strengthen networks of youths and women living with HIV/AIDs.
- To promote and secure the realization of youths and women's Sexual Reproductive Health and Rights; and equip peer educators to address related stigma, discrimination, and abuse.
- To empower and improve the socio-economic status of youths and women living with HIV/AIDS.
- To address related causes of mental health problems among youths and women living with HIV/AIDS and promote effective response mechanisms for survivors of mental health victims.
- To promote gender equality and support the fight to end gender-based violence.

### c. PROJECT ACTIVITIES

The project activities included are

- Training sessions
- Host workshops
- Conduct awareness campaigns
- Stakeholder engagement meetings
- Provide capacity building
- Conduct interface meetings

### d. ACTIVITY REPORTS

A project implementation plan was drafted, outlined and submitted to the Youth Action Lab Board which approved funding and commencement of implementation of the activities begun in May, 2021. This report as quoted in the subject line serves to report activities conducted in the months of May, June, July, August and September

### e. TIMEFRAME

The project has been implemented from March 2021 and is expected to end in February 2022.

Sn.	2021										2022	
	March	Apr.	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.												
2.												
3.												
4.												
5.												

### f. ACHIEVEMENTS

#### 1. Stakeholders engagement meeting

The meeting took place on the 1<sup>st</sup> of June 2021 and key informant stakeholders, youth clubs, youth network chairs, District Youth Officer and Youth Led Non-governmental organizations met at St John of God Conference Hall.

## **g. BASELINE SURVEY**

The Baseline survey was carried out in order to identify discrimination levels that occur in and around the communities of young people living with HIV and AIDs. This was conducted in the month of May with a target area of Mzimba North Youth Clubs and Mapale Health Center where YPLHIV voluntarily took part in this activity. The target focus was Young people living with HIV/AIDs and stakeholders.

### **- Outcomes**

From the Data Collected through the questionnaire attached in the appendix 1; Young people living with HIV experience different forms of discrimination affecting their uptake of ARTs, access to youth friendly health services, and also experience mental health problems of stigma and psycho social trauma. Their right to privacy becomes vulnerable due to service providers lack of professionalism, unfriendliness of health care providers and not conducive environments. In communities, most youths become victims of being affected with HIV/AIDs due to recklessness of parents on accessing full health care and treatment, discrimination of children or youths living with HIV/AIDs. This becomes a threat to these young people because they slowly take their life away as they are not accessing treatment at any cost leading to high mortality levels of Young people living with HIV and AIDs.

### **- Action Points**

- a. Building more Conducive environment of Youth Friend health service corners in rural communities as well as urban centers dubbed as "youth friendly corners"
- b. Engage Ministry of Health on a proposal of initiating feedback from Youths living with HIV/AIDs on some challenges they experience when they access treatment at Health Centers
- c. Create more awareness campaigns on access to treatment and care of HIV/AIDs patients to increase psycho social support and reduce discrimination
- d. Support young people living with HIV/AIDs on guidance and counseling as well as skills development and entrepreneurship trainings for sustainably supporting their daily life activities.

#### **h. CAPACITY BUILDING**

Training program in tailoring and designing course with partnership from TEVETA under TEVET programs youth club participants who are undertaking this course of study. This training course prepares learners to get skills and knowledge in tailoring and designing.

#### **i. YOUTH CLUB VISITS**

From the ongoing activities, i took time to also visit and interact with youth clubs around the community of Mzimba North and Mzuzu City. Of the proposed clubs which were identified through the District Youth Office, a maximum of 5 clubs were engaged reaching out to 105 Young men and women, single mothers and young people living with HIV/AIDs.

#### **j. PRIMARY AND SECONDARY SCHOOL VISITS**

Sessions were planned by delivering stigma related topics against people with HIV/AIDs and how discrimination against young people living with HIV/AIDs (YPLHIVAIDs) is perpetrated. Luwanga Secondary School in Mzuzu City and Thandaza Primary School in Mzimba North were the first institutions to have these sessions where young boys and girls interacted.

#### **k. COMMUNITY AND MOTHER GROUP CLUBS VISIT**

There have been Community visits in Mzimba North and Mzuzu City where young women and girls from Mtende, Gesha, Matemanga and Kaswiti mother group clubs were oriented on the project goals and objectives.

## **BASELINE SURVEY QUESTIONNAIRE**

### **KEY INFORMANT QUESTIONNAIRE**

#### **“NON-DISCRIMINATION AND EQUALITY WITH REGARD TO THE RIGHT TO HEALTH AND SAFETY”**

The questionnaire focuses on the prevention of gender discrimination in the enjoyment of the right to health and safety (I), on diagnosing and counteracting possible gender discrimination in practice in the area of health and safety (II) and on good practices in these areas (III).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) clearly establishes the State obligation to take “all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning” as well as to “ensure to women appropriate services.<sup>1</sup> It also establishes the obligation to ensure on an equal basis for men and women “the right to protection of health and safety in working conditions, including the safeguarding of the function of reproduction”.<sup>2</sup>

1	<b>Does your community have regulations (in the Constitution, legislation or in other legal codes) that guarantee:</b>		YES	NO
		the right to equal access for women and men to all forms of healthcare, at the highest available level, including access to alternative health provisions such as homeopathy, naturopathy, etc.	01	02

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		access to sexual and reproductive health services	01	02
		women's rights to make autonomous decisions regarding their sexual and reproductive lives	01	02
2	<b>Are medical services related to women's sexual and reproductive life and/or violence against women covered by universal health coverage?</b>	YES NO	01	02
3	<b>If yes, what kind of medical services are free of charge?</b>			
4	<b>Are women's rights to health, including sexual and reproductive health, autonomy and health insurance, applied also to girls under 18?</b>  <i>If "yes", please indicate the legislation regulating these and indicate enforcement mechanisms</i>	Yes No	01	02
5	<b>Are there any provisions which restrict women's access to health services? In particular which:</b>  If <b>No</b> require the consent of a male relative/husband for a married woman's medical examination or treatment or access to contraceptives or abortion,	Yes No	01	02
	If <b>Yes/No*</b> require parental consent in case of adolescents' access to contraceptives or abortion;  ( <b>Yes</b> ) allow medical practitioners to refuse provision of a legal medical service on grounds of			

	conscientious objection  ( <b>No</b> ) prohibit certain medical services, or require that they be authorized by a physician, even where no medical procedure is required; in particular:		
6	<b>Are the following acts criminalized?</b>	   <	



	<p><b>provide health education in school?</b>  If yes, does it cover: <i>(Please specify in the space provided for this purpose "yes" or "no")</i></p> <p>prevention of sexually transmitted diseases</p> <p>prevention of unwanted pregnancies</p>	No	02
11	<p><b>Are there any statistical data disaggregated by age and/or sex (collected over the last 5 years) regarding :</b>  <i>(Please specify in the space provided for this purpose "yes" or "no")</i></p> <p>Malnutrition  maternal mortality</p> <p>maternal morbidity, including obstetric fistula</p> <p>adolescent childbearing</p> <p>health consequences of physical, psychological, sexual and economical gender-based violence -</p>		
12	<p><b>Are there any statistical data and/or estimations regarding the number of reported and/or unreported cases and convictions for :</b>  <i>(Please specify in the space provided for this purpose "yes" or "no")</i></p> <p>female genital mutilation</p> <p>illegal voluntary abortion</p>		

	<p>forced abortions</p> <p>forced sterilizations</p> <p>malpractices in cosmetic medicine</p> <p>obstetric violence</p>		
13	<b>Is the gender perspective included in national health-related policies:</b>	<p>Yes</p> <p>No</p>	<p>01</p> <p>02</p>
14	<b>Are there specific training programs for medical and legal professionals on the issue of gender-based discrimination in the area of health and safety?</b>	<p>Yes</p> <p>No</p>	<p>01</p> <p>02</p>
15	<p><b>Could you please indicate any legislative reform, policy or practice, that you consider “good practice” regarding health and safety for women in your community?</b></p> <p><b>If yes, please indicate on which criteria your definition of “good practices” is based.</b></p>		
16	<b>Are there specific health and safety protective measures for women , and/or with special provisions for mothers with young children, in “closed” institutions including in:</b>	<p>prisons</p> <p>police detention cells</p> <p>psychiatric hospitals,</p> <p>women's shelters</p>	



**Figure 1** Pictorial representation of the baseline survey

Peer educators were engaged in developing questionnaires for the baseline survey and data collection process which aimed at identifying gaps on issues to do with stigma and discrimination of people living with HIV and AIDS in Malawi and awareness of sexual reproductive health rights.



**Figure 2** Baseline Survey Data Collection session at Mzuzu Central Hospital with Y+ Youths



The project engaged various media outlets to raise awareness on issues of stigma and discrimination around our target communities.

Pictorial focus showing 2 students from Luwinda secondary school who represented their fellow students, **Rachel Chilenje** representing peer educators, **Emily Lungu** representing health workers, Youth leader **Chimwemwe Banda** and a radio presenter.

*Figure 3 Media engagement session with various stakeholders.*





**Figure 4** Presentation by Chimwemwe Banda outlining the project to the stakeholders



**Figure 5** Dramatic performance during the meeting showcasing issues of discrimination and stigma arising from HIV/AIDS (St John of God)



**Figure 6** Linda Singini an expert in SRHR and Mental Health making a Presentation on contemporary issues of discrimination and stigma in Malawi



**Figure 7** Stakeholders posing after deliberations





***Figure 8 An interaction with the community in various youth clubs in schools by the leader Chimwemwe Banda and Emma Chomo (peer educator) at Luwinda and Mzuzu government secondary schools facilitating a session***





**Figure 9 Community interaction with youth clubs and mother clubs at Mzuzu Central Hospital Y+ club Session**



**Figure 10 Peer educators with some members from Nkhorongo Y+ youth club after a session in SRHR and women and youth discrimination issues below**

## MY COMMUNITY AND PROJECT STORIES

### 1. Bahat, the Youth peer educator



Volunteering in this project as a peer educator has been a learning experience to be an activist just like my mentor Chimwemwe Banda. As passionate peer educator I'm always concerned with issues to do with discrimination and stigma towards people living with HIV, disabilities, elderly and LGBTQ this is why I was interested to volunteer in the project.

The youths in this project were too active participative and interactive. I enjoyed working with them and will keep on delivering our sessions to the clubs as we are partners now, economic and social empowerment for the youth and women is what we believe in as citizen impact organization



## 2. Youth beneficiary from Mapale Health Centre Y+ Youth Club



*My name is Joseph Mwale aged 18. I used to have a tough life due to my health condition. In my community I was discriminated and sidelined, I'm always alone no one wanted to associate with me in different areas such as school, church and in community development issues.*

"Stigma among the local community is such you can't put your head up they judge me as a worst sinner in the world".

Through activism work of Chimwemwe Banda who reached out to me through my parents and the youth I belong to who volunteered to support together with my colleagues.

At the club we have learnt on how to live a healthy happy besides being HIV positive. Despite the negativity in the community we have learnt to live positively and stay focused. Some of my friends have been empowered with technical skills like tailoring and fashion designing.

Finally, I would like to encourage my fellow youths living with HIV being discriminated that they should not focus on what societies is saying but rather live happily as we are capable anything just like anyone else.

Lennie Phiri- a single mother beneficiary of the tailoring center from central hospital Y+ Mother group.

*As a teenage mother it was difficult to continue with my education as I was facing different forms of stigma. This affected me as I could not associate with my friends and decided to quit school. Through this program I'm among the people who have learnt tailoring and fashion designing which I use to generate income for my house and support my child. – Lennie Phiri*



### 3. Grassroot activist (Chimwemwe Banda) and her story



As a women and youth activist I believe in fighting for equality, social justice through community and stakeholder engagements, and economic empowerment through skills development. Issues to do with discrimination and stigma have been a major subject in Malawi due to lack of information and beliefs. This prompted me to come up with this idea of Implementing this project with support from youth action lab and CIVICUS world alliance of citizen participation with their aim of empowering grassroots youth activists.

Through the journey I have been able to reach my communities with information and knowledge on how we can end discrimination and stigma to people living with HIV and AIDS but rather to advocate for equality and co-existence regardless of one health status. The project has been a success as it has managed to address all the issues.

My organization has benefited from this project through capacity building in project management, financial management and networking and connecting with various stakeholders. As a result of the project the organization has established a tailoring and designing center as an economic empowerment through creation of self-employment.

Personally, working on this project has boosted my activism skills and knowledge and increased determination to help on other social issues.



## PROJECTS ACHIEVEMENTS

### 1. Establishment of tailoring and fashion designing training center



## **2. Capacity building**

As a grassroots activist this was the first grant to acquire for my community work and youth action lab has created a space for me to learn more about project management which has made me to have a new level of knowledge and skills in advocacy work through the weekly checking in meetings.

### **CHALLENGES**

1. Effects of COVID 19 which resulted to restriction in social gathering and limited the target reach beneficiaries in the project and lead to increase of some commodities such as stationeries and logistics.
2. The grant was not to reach the intended beneficiaries and other project needs as some prices of some budgeted materials risen up. This was because the grant was delayed.
3. Time management on the time lined events by the community as they had other engagements on the days of the events.
4. Internet connection and electricity challenges in my country.

### **SUCCESS WAYFORWARD, LESSONS AND RECCOMENDATIONS**

1. Through this project we have managed to network with various stakeholders who we will partner with in changing and empowering the communities economically and socially to strengthen our activism work.
2. Our organization has benefitted from the project with electricity and water connection; vital for our day to day operations.
3. We have registered with the Malawian umbrella body to function as a fully legal entity in the country.
4. I recommend that similar projects be carried out in different societies in the world as it has the potential to end stigma, discrimination and empower the youth economically.
5. As a result of the successfully conducted tailoring and fashion designing center, as an organization we have decide to introduce another training in ICT.
6. Resulting from the project, our organization is now in partnership with Malawi's leading Technical and vocational skills training and regulatory body (TEVETA) which will be providing skills in the programs we offer.

## TAILORING AND DESIGNING STUDENTS SHOWCASING DAY



***Figure 11. Wezi Nyoni receiving her prize from our partners as the best student.***





**Figure 12. Picture of the tailoring apprentice; 4 months' progress of practical work.**

This activity took place on the 4<sup>th</sup> November 2021 in celebration of 4 months



learning months as they are on a 6 months training. The day was spiced up by beautiful clothes made from Malawian wrap materials, and they showcased some of their work from the first month to our stakeholders.

This cohort 1 will graduate on 14<sup>th</sup> March 2022 with **TEVETA Certificates**

and others have secured workshops to start working at the organization in the sector of reusable sanitary pads and school uniform production which we will be used as an income generating activity.