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Page 2

Policy dialogue calls for action to end teenage pregnancies in Kenya

A call to action with key recommendations to end teenage pregnancies in Kenya was issued

Page 6

The Africa we want

Tracing the link between sexual and reproductive health, better health outcomes and Africa's socio-economic growth through the demographic dividend

Policy dialogue calls for action to end teenage pregnancies in Kenya

AFIDEP and UNFPA-Kenya convened a policy dialogue that was attended by 70 stakeholders from various sectors. A call to action with key recommendations to end teenage pregnancies in Kenya was issued.

By Ann Waithaka

In Kenya, almost 1 out of every 5 girls between the ages of 15 and 19 are reported to be pregnant or already have a child. This trend has been fairly consistent over the few decades, with the country's Demographic and Health Surveys showing little change in prevalence between 1993 and 2014. This is despite various policies formulated and interventions implemented to address the problem over this period. Towards the end of 2018, the problem re-surfaced in the news, with reports of school girls pregnant or giving birth while doing their national exams. The high number of cases reported prompted a public outcry and calls for authorities to intervene.

Why have previous interventions been unsuccessful in ending teen pregnancies and what needs to be done differently to get positive results? To discuss this and provide actionable recommendations, AFIDEP and the United Nations Population Fund (UNFPA) Kenya country office convened a policy dialogue on 16 May 2019 in Nairobi to discuss adolescent and youth sexual reproductive health (AYSRH) with a focus on teen pregnancies. Over 70 people drawn from government,

academia, think tanks, civil society, youth, and the media participated in the dialogue that sparked an interesting debate. The outcome was a call to action on the various approaches that need to be reinforced to effectively deal with the rise in teen pregnancies.

Teenagers are having sex

Despite a tendency for sections of the society to live in denial, our teenagers are sexually active and we have an abundance of evidence. For example, the Kenya National Aids Indicator Survey (2012), reveals that sexual activity starts as early as ten years of age. Echoing one of the young ladies in attendance: "The standard reaction teenagers have from parents and society at large is: **don't have sex; don't even think about it and, don't get pregnant.** Yet we forget that puberty is a period of self-discovery for both girls and boys and what they need is understanding and tactful guidance." Participants agreed that we need to stop burying our heads in the sand and find solutions.

The need for age-appropriate sexuality education

The national conversation to introduce age-appropriate sexuality education in Kenya's school curricula has been contentious and often divisive across ideological, cultural and religious lines. While some opponents of sexuality education in schools argue that it will open up young children to promiscuity, the reality is that the social environment is rife with sexual content across various mobile and media platforms. Therefore, there is a great need to provide comprehensive, balanced and age-appropriate education on sexual and reproductive health, giving teenagers the platform to make informed decisions. "It is about providing information and choices so that teens can make their own decisions. You can't decide for them," noted Pastor Flavia Murugi of Parklands Baptist Church, Nairobi.

The influence of good parenting and role models

Discussions during the policy dialogue revealed that there are few accessible structures for teenagers to access sexual and reproductive health education. Often, they turn to siblings, friends and relatives or individuals closer to their age to understand issues about sex while others turn to the internet. Parents are perhaps not able to offer comprehensive guidance because of knowledge gaps, and generational and cultural barriers. The rise of the nuclear family has led to a breakdown of the traditional mechanisms to expose young people to sexuality education through extended family kin. Potentially, this leads to misinformation thereby increasing the rate of teenage pregnancies.

Parents and the society at large should have candid conversations in a safe space about sex and reproductive health with both adolescent girls and boys. Parents need to be approachable and open to engaging their children on sexual matters while the rest of society provides role models to complement the parents in mentoring teenagers on AYSRH.

"This conversation should start at home. We're failing because we're trying to have these conversations, policy-wise, in school. The government is taking up the responsibilities of parents, but it's essentially a parent's role to do,"

- Dr. Nelly Bosire, a Consultant Gynaecologist.

Leaving no one behind

A young man during the policy dialogue also pointed out the need to involve men in conversations on teenage pregnancy. The burden of teen pregnancies is often borne by the girl and her family, yet men are critical actors who should be actively involved in the prevention of teen pregnancy. Ideally, the decision to have sex and use contraceptives or not, is a choice between two individuals. Ending teenage pregnancy should be an initiative that involves men.

Youth Voices

The policy dialogue was graced by a group of vibrant young men and women who unapologetically demanded to have access to accurate information, unlimited access to reproductive health services, and to be involved in the formulation of policies that affect them. Contrary to popular belief, young people are not clueless about AYSRH matters. They are aware of their sexuality and the challenges intrinsic to it, including teenage pregnancy.

Multisectoral approach

The policy dialogue was a timely opportunity for stakeholders to renew their commitment to reducing teenage pregnancies. Ending teenage pregnancies requires collaboration of various actors and sectors. Parents, the religious community, and society at large are critical actors in empowering young people with sexuality information. A coordinated multisectoral approach involving various stakeholders in education, health, gender, and other relevant ministries needs to be adopted.

The AFIDEP-UNFPA policy dialogue was attended by 70 stakeholders from the government, development partners, the youth, academia, think tanks, civil society, faith-based organisations, and the media. The forum was among events leading up to the 25th International Conference on Population and Development (ICPD25) to be held in Nairobi, November 12-14 2019. Part of the agenda for this high-level conference is to secure strong commitments at various levels to safeguard reproductive health for teenagers and adolescents.

The lifetime cost of teen pregnancy in Kenya:

"17% of ANNUAL GDP"

Youth step up the fight to end teen pregnancies

A flagship campaign dubbed **StepUP the Fight to End Teenage Pregnancy** intends to accelerate multi-sectoral action to address the adolescent pregnancy crisis in Kenya

By Ann Waithaka

In June 24-25 2019 AFIDEP partnered with Youth in Action (Y-ACT), an initiative of AMREF Health Africa, to host a writeshop that developed strategies for youth-led interventions towards ending teen pregnancies. The result was a one-year action plan for a flagship campaign dubbed *StepUP the Fight to End Teenage Pregnancy* intended to accelerate multi-sectoral action to address the adolescent pregnancy crisis in Kenya.

Active participation of youth in the development of policies and programmes concerned with issues that affect them ensures ownership and relevance, and in this context would well capture and address the needs of teenagers at risk of getting pregnant.

The write shop sessions were organised around five thematic areas: decoding the teen lingo; policy and legal interventions; political traction and action; digital innovation and solutions; and access to effective service delivery. Participants included youth from different parts of the country, adolescents, youth sexual and reproductive health (AYSRH) experts, policy makers, champions and development partners.

Discussions centered on the drivers of teenage pregnancies and explored ways to build on existing efforts and best practices while exploring innovations that work.

Poverty and scarce economic opportunities

Led by Hon Caroline Wangamati, First Lady, Bungoma County, First Ladies from Narok, Kakamega, Baringo, and Tharaka Nithi counties said that poverty and scarce economic opportunities were key drivers of teen pregnancies. Mrs. Wangamati narrated a scenario where teenage girls in Bungoma County often exchange sexual favours for sanitary towels, food, gifts or pocket money. Lack of basic needs and limited access to career and economic opportunities expose teenage girls to exploitation by men in the township. This scenario is repeated across the country, especially in low development areas.

The government needs to invest in the youth and especially in young girls, by improving access to education and economic opportunities. This would significantly decrease their vulnerability to high-risk sexual activity leading to early pregnancy.

Harmful cultural and traditional practices

Cultural and traditional practices such as forced and early marriages contribute greatly to the prevalence of teenage pregnancies. In some communities in the North Eastern and Coast regions of Kenya, girls are often encouraged to start bearing children as soon as they are of age, and have almost no control over their fertility. As a participant from one of these communities pointed out, early marriages often provide economic gain to families and serve as a rite of passage. These actions are usually protected by kinship ties and complicit authority figures, making it hard to curb these practices. Besides these practices being a human rights violation, they pose serious health risks and limit a girl's potential.

Discussions on harmful cultural practices proposed introducing interventions that would enhance community awareness about the negative impact of practices like child marriage, and female genital mutilation. Also, there is need to streamline policies and to ensure that law enforcement prosecutes perpetrators of activities that lead to teen pregnancies.

Dr. Bernard Onyango, Senior Knowledge Translation Scientist at AFIDEP, speaking during the StepuUp Campaign writeshop, where he gave a presentation on the status of youth sexual and reproductive health in Kenya

Photo: © AFIDEP

The need for age-appropriate sexuality education

Talking about sex and sexuality is often considered either taboo or a controversial subject in many homes and communities. Emphasising the need to have age-appropriate conversations on sexuality, AMREF's Chief Program Officer, Mette Kinoti said that it was important to talk about sexuality in a language that young people identify with.

This intervention requires sustained policy action and awareness that promotes discussions and sharing of knowledge in different settings including at home, school, or at places of religious worship.

Support for teen mothers and their children

Teenage mothers and their children experience unique challenges. Policies that protect the right of the girl to go back to school after pregnancy should be enforced. Having been born to a teenage mom who was 17 years old Nelson recounts how tough it has been for him. "My mother died when I was only two years old, leaving me in the hands of my aged grandmother," explained Nelson. "I had no adequate parental care, there were financial constraints, emotional problems, discrimination and hatred from immediate family members and community." He attempted suicide on multiple occasions. Nelson's experience highlights the need to promote positive parenting among young mothers, and for relevant stakeholders to invest in programmes that support social and emotional support for teen mothers and their children.

Teenage pregnancy is a development issue

Teen pregnancies negatively impact development efforts. Adolescent mothers often have to drop out of school, have limited economic opportunities, early child-birth health-related problems, and social stigma. All these factors set in motion a cycle of poverty for the girl, for families and society, and even the country's economy.

Teenage pregnancy, its drivers and effects are a complex issue that demand for a holistic approach. Ending teenage pregnancies cannot be delivered overnight but rather through a sustained multi-sectoral approach that not only focuses on adolescent behaviour change but also seeks to address underlying economic, social and cultural factors that intensify the prevalence of teen pregnancies.

The Africa we want
Universal Access to Sexual and Reproductive Health

The world convenes in Nairobi on November 12-14 2019 for ICPD25. On the agenda is how we can attain universal access to sexual and reproductive health and rights as a part of universal health coverage. Dr Eliya Zulu paints a picture of what this entails.

By Eliya Zulu

Sexual and reproductive health and rights concern a broad spectrum of issues on the wellbeing of an individual's reproductive system. Among others, this includes adolescents and the changes occurring in their bodies, as well as education and services to help them adjust; women's access to contraceptives and ability to decide if, when and how many children they want to have; access to quality maternal healthcare; reproductive illnesses such as sexually transmitted diseases and cancers (cervical, breast, prostate).

Access to sexual and reproductive health services saves lives, improves health and well-being, promotes gender equality, increases productivity and household income, and has multigenerational benefits by also improving children's health and well-being.

On the other hand, gaps in Sexual and Reproductive Health and Rights (SRHR) take an enormous toll on individuals, communities, and economies around the world.

In fact, there is now abundant evidence to show that it will be difficult, if not impossible for us to attain "the Africa We Want" and achieve the socioeconomic transformation that is well articulated in Agenda 2063, as well as achieve the medium and long-term development aspirations that our governments have developed, if we continue neglecting the sexual and reproductive health challenges that we face.

The Lancet, one of the leading medical journals in the world, published a report of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights last year. This

ground-breaking report was put together by 15 experts from all corners of the world, including three from Africa (I was one of the external reviewers of the report). The report assembles key evidence of the current SRHR situation across the continent.

Unmet Need

As of 2017, more than 58 million women in Africa had an unmet need for family planning, meaning that they were in marital union, they wanted to avoid pregnancy but were not using modern contraception. Of the 42 million women in Africa who give birth each year many do not receive the essential components of maternal and newborn care recommended by WHO. For example, only about half make four or more antenatal care visits (51%) and only 56% give birth in a health facility. With such poor use of maternal care, it is no wonder that Africa has the highest level of maternal mortality whereby each year about 211,000 women die from complications of birth, abortion or miscarriage and about 1.1 million babies die in the first month of life. Most of these deaths could be prevented with adequate medical care and education.

Managing HIV

Because HIV/AIDS has been there for a long time (over three decades) and there has been some progress in prevention and treatment of infected people, it may be easy for complacency to set in and for us to take the eye off the ball thinking HIV/AIDS is not a big problem anymore. However, the fact that there are still 1.2 million new infections every year in Africa; many people still do not know their status and many who are infected are not under medication, HIV/AIDS remains a big health challenge that continues to disproportionately affect girls and women both as infected people and caregivers.

Sexually Transmitted Infections

Less discussed and invested in are other Sexually Transmitted infections, such as chlamydia, gonorrhea, syphilis or trichomoniasis which affect over 300 million people globally every year. These are easily curable infections that often go undiagnosed and untreated in most African countries.

Reproductive Cancers

We should also take note that the rising burden of reproductive cancers, including breast, cervical and prostate cancers, is also a growing crisis in Africa where cervical cancer is the most common cancer affecting women. WHO recommends primary (vaccination) of young girls and secondary (screening) prevention of cervical cancer as the "best buys" to deal with the issue, yet human papillomavirus (HPV) vaccination has not increased, and many women in Africa have never been or are not regularly screened despite global efforts to make screening affordable and accessible.

Gender-based Violence

And at some point, in their lives, about one in three women worldwide experience sexual and gender-based violence in the form of intimate partner violence or non-partner sexual violence. Violence takes many forms including physical, sexual or psychological. Unfortunately, this is one area where we do not have complete and reliable data in many African countries.

Adolescents' Health

As we look at these numbers, we should remember that adolescents in Africa have a specific need for sexual and reproductive health services with high levels of unmet need for contraception, increased risks of pregnancy-related complications and death due to unsafe abortion, during delivery, and due to HIV/AIDS.

Closing these gaps requires a holistic approach that encompasses access to essential sexual and reproductive health services. Throughout their lives, approximately 4.3 billion people of reproductive age will lack at least one sexual and reproductive health service that they need.

What would we benefit from prioritising sexual and reproductive health?

Evidence shows that meeting people's essential sexual and reproductive health care needs would drastically improve health outcomes and save lives, and help accelerate economic growth through the demographic dividend in Africa.

A comprehensive package of full access to modern contraception with adequate care for all pregnant women and newborns would help reduce maternal deaths by 73% (from 211,000 to 56,000 per year), and newborn deaths by 84% (from 1.1 million to 185,000 per year)

Universal access to family planning would also help keep girls in school, and the associated decline in birth rates would help boost average incomes and enhance the socioeconomic position of women by allowing more of them to enter the formal labor force. If fertility decline is accompanied by deliberate policies to improve education, skill development, and create jobs and other livelihood opportunities for the big youthful working-age population, African countries will be poised to harness the demographic dividend and accelerate economic growth and attainment of the development ideals articulated in Agenda 2063 and various national development visions.

Apart from these massive health and economic benefits, there are also huge environmental benefits from investments in sexual and reproductive health services and other interventions. These include reduced pressure on arable land and other natural resources like water and forestry and enhanced capacity of communities to adapt to the adverse effects of climate change.

The International Conference on Population and Development (ICPD) marks its 25th anniversary at the Nairobi Summit in November 12-14 2019. At the inaugural conference held in Cairo in 1994, 179 governments adopted a Programme of Action, recognising that reproductive health, women's empowerment and gender equality are the pathway to sustainable development. This commemoration is yet another opportunity to acknowledge gains made and reinforce action towards ensuring universal access to sexual and reproductive health.

Building researchers capacity to make lung health evidence accessible and prioritised in policymaking

Globally, it is estimated that 1 billion people are affected by acute and chronic respiratory conditions, making them one of the biggest causes of illness and death. Yet, lung health remains underprioritised in policies and investments.

By Emma Heneine & Elizabeth Kahurani

Between 13–14 June 2019, AFIDEP conducted a training with researchers from the International Multidisciplinary Programme to Address Lung Health and Tuberculosis (TB) in Africa (IMPALA). The training focused on enhancing the scholars' ability to communicate evidence from their research projects in simpler formats for easier understanding by non-experts, and to disseminate their evidence in relevant policymaking processes and networks. Ultimately, the goal of the training and the broader policy engagement component of IMPALA is to ensure lung health issues are given appropriate attention in national, regional and global health policy.

For a long time, lung health has been under-prioritised in Africa. Even TB, the most well-known lung disease, continues to be the world's leading infectious killer, claiming the lives of more people every year than HIV and malaria combined. Unfortunately, Africa accounts for 1 in 4 TB infections and deaths. Although there have been major gains in TB control, the disease cannot be eliminated without better case identification and treatment. Diagnosing TB patients can involve multiple tests, take several days, and require expensive technologies like x-rays and laboratory tests. By contrast, patients can know their HIV and malaria status in less than five minutes with only a finger prick. In addition to needing more efficient diagnostic tools, TB needs better treatment regimens. On average, TB treatment requires hundreds of oral doses over six months and can transform into more aggressive forms of drug-resistant TB if treatment is not well managed. Even if TB patients complete treatment, they need dedicated follow-up care to control post-TB chronic lung disease, which remains severely unknown despite its prevalence. It is clear that we need to invest more to effectively address TB.

Other lung health illnesses like asthma, chronic obstructive pulmonary disease (COPD), and lung cancer are made worse due to the marginal investment in their treatment and cure when compared to TB. Their low-priority status is due, in large part, to a lack of evidence on how big of a problem they are, especially in Africa. The burden of lung health illnesses is unknown as routine data on them is not collected in health systems. Estimates indicate, however, that their prevalence is large and growing, especially in low- and middle-income countries including much of Africa. Globally, it's estimated that 1 billion people are affected by acute and chronic respiratory conditions, making them one of the biggest causes of illness and death. However, without greater investment in the form of funding, research, and awareness, lung health will continue to suffer.

The policy engagement and communications skills training was therefore apt in empowering African lung health researchers and experts to become champions beyond the research space and engage with policy and governments. Participants were enthusiastic and benefited from the packed training program. Data from the pre- and post-training surveys indicate vast improvements in the researchers' understanding of research and policy linkages. Before the training, less than half rated their understanding of the role of evidence in the policy-making process as above average. After the training, the above average rating was marked by all the respondents.

More than anything, participants benefited from the practical application sessions, which one participant said: "It broke up the theory and allowed us to practice and start putting together information…" Similarly, one researcher emphasised that "the practical opportunity to use data and experience from my on-going research significantly improved my understanding of the concepts discussed." These sessions allowed researchers like Dr. Rebecca Nantanda and Dr. Zelalem Terfa, who are investigating the effect of maternal and socio-economic factors on newborn babies' lung function in Uganda, to see the big picture. They worked with other Ugandan IMPALA researchers to strategise ways of putting lung health on the national health policy agenda. Dr. Nantanda, Dr. Terfa, and others reflected on why they do their work in the first place, what their objectives are, and which stakeholders can help achieve them with a focus on impacting lives. Through exciting practical exercises like drafting policy briefs and delivering three-minute elevator pitches on key lung health issues, the researchers gained skills on ways to practically engage with policy makers.

At the end of the training, participants' excitement for the topics and learning resources was clear. Ultimately, two days was not enough. The biggest piece of feedback received was that the training needed more time. This training and others that AFIDEP has facilitated are evidence that there is great demand for and value in having researchers engage with policy processes. In the words of one participant: "The training has come at the right time when we are critically thinking of how we can inform policies and practitioners effectively." Ultimately, we believe that equipping researchers with the right knowledge and skills is a critical step towards bridging the research-to-policy gap and improving lung health in Africa.

How Kenya can attain universal health coverage

There is need for a multi-sectoral approach that is inclusive of treatment and prevention measures. Transparency, accountability and proper governance are critical factors to the success of UHC

By Bernard Onyango

When it comes to the cost of medical care, a popular saying goes that the majority of Kenyans are often only one medical emergency away from poverty. It is therefore not surprising that Universal Health Coverage (UHC), one of the pillars of President Uhuru Kenyatta's Big Four Agenda, has quickly gained traction relative to the other three pillars — enhancing manufacturing; food security and nutrition; and affordable housing. While execution for the other three is still being planned, the UHC pilot in Isiolo, Kisumu, Machakos and Nyeri counties was launched by the President in December 2018.

Despite the undeniable urgency to implement UHC, Kenya has to get it right. This is a major policy shift with massive implications for the future wellbeing of Kenyans and the economy. Two factors will determine the success or failure of the UHC initiative which seeks to make healthcare accessible, affordable and of high quality. These are the model of investment as well as governance and accountability measures.

The model Kenya will adopt to achieve UHC is crucial, especially from the cost perspective. UHC is **NOT** free healthcare. One way or another, Kenyans will have to pay for it from either our taxes or through a mandatory contributory scheme. The cost of healthcare has been rising steadily. The Kenya Economic Survey 2018 shows that public expenditure on health services increased from Sh38 billion in 2013/14 to an estimated Sh66 billion in 2017/18. Despite heavy investments by the government in health services, more than half of total health expenditure is non-public, meaning that most of the health expenses are not met by the government.

According to the 2015/16 Kenya National Health Accounts, private sources of funding accounted for 40 percent of total expenditure, compared to 37 percent from public sources and 23 percent from donors. For UHC to succeed, public funding for healthcare will need to increase significantly to reduce the high out-of-pocket costs – a major contributor to the financial ruin of families – and bridge the expected decline of support from donors over time.

A multisectoral approach towards prevention

To make UHC affordable, Kenya has to adopt a primary health care approach with substantial investment in preventive measures. Overall, it is cheaper to prevent than to treat infectious diseases such as malaria, waterborne and airborne diseases. Preventive measures could considerably reduce costs associated with treating and managing Non-Communicable Diseases (NCDs). NCDs in Kenya are not merely a growing challenge but are already

a massive burden on our health system. The Ministry of Health's Kenya Health Sector Strategic and Investment Plan for 2014-2018 estimates that between 50 percent and 70 percent of all hospital admissions, and up to 50 percent of hospital deaths, are as a result of NCDs.

To be successful, preventive healthcare measures require a multi-sectoral approach. For example, the outbreaks of cholera in different parts of the country in the last few years could have been prevented through improved water and sanitation infrastructure – not within the prime mandate of the Ministry of Health.

Greater efforts to promote physical activity such as developing walking and cycling lanes, promoting physical education in schools, provision of public playgrounds, and curbing drug and substance abuse –important NCD risk factors – are all under the mandate of a broad spectrum of other government ministries and agencies, including transport, lands, education and the police service.

In reality, the focus of the UHC initiative as it is currently unfolding in the pilot phase appears to be on treatment and services at the health facilities. This I learned while attending a recent forum addressed by a Governor and a CEC Health from two of the four counties privileged to be piloting the initiative. The pilot phase funds have been split 30 percent to health facilities to provide services, and 70 percent to the Kenya Medical Supplies Authority to provide commodities. It is highly questionable whether a focus on commodities should be the main thrust of the programme.

Transparency and accountability

This brings me to the second critical factor for UHC success. Transparency in the formulation process, accompanied by firm governance and accountability measures during implementation will be necessary to achieve UHC objectives. Numerous government programmes that have plowed huge sums of money without robust accountability and performance management measures have come to naught. Without dwelling too much on the point, UHC is too important a programme to be condemned to a similar fate.

The experts who have been appointed to drive the UHC process and all other stakeholders, including the public, should be firm that the initiative is informed by credible evidence and lessons learned from similar successful ventures in other countries. Selfish interests must not be allowed to torpedo a once in a lifetime opportunity.

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10 Strengthening democracy in Malawi
Equipping journalists to report more effectively on Parliament

By Hleziwe Hara

AFIDEP, in collaboration with Malawi Parliament, conducted a training to enable journalists report parliamentary debates and other proceedings more accurately and in a manner that the public can understand and engage with

In democratic societies, the media acts as a bridge to information on matters of national interest and everyday occurrences, packaging and broadcasting it to the general public. Journalists use their training and expertise in news-gathering and reporting to deliver this information to the public through various media platforms. For democracy to be effective, this information has to be clear, objective, and credible, given that for a majority of people, it is this information they use to make appropriate and meaningful political choices, whether at the ballot box or in their interactions with government more generally. Journalists, therefore, are instrumental in shaping and influencing public opinion. To enhance this important role that members of the fourth estate play, AFIDEP in collaboration with the Malawi Parliament, conducted a training to enable journalists to report parliamentary debates and other proceedings more accurately and in a manner that the public can understand and engage with. Before the training, a needs assessment survey was conducted to assess the understanding of journalists on effective Parliamentary reporting as well as identify gaps and challenges.

The pre-training survey revealed that most journalists assigned to cover parliament proceedings struggle with the technical aspects of parliamentary operations such as the variety of bills that can be presented, terminologies used in the chamber, and were unsure about Parliament's role of providing oversight, legislation, and representation.

These findings explain why generally there is weak reporting of parliamentary proceedings in Malawi. Coverage may at times lack clarity, be presented in a language that is not accessible to the public, or appear to be coloured by a media house or a journalist's personal opinions.

It is important for the media to provide objective coverage of parliament and the work they do for the public to be informed and hold parliamentarians accountable. The need for effective media coverage of the Malawi Parliament comes at a time when the public's trust in the institution has been dwindling, according to surveys done by Afrobarometer between 2005 and 2017.

Based on the needs and gaps identified, a training curriculum was developed in consultation with editors of leading media outlets. The curriculum focused on helping journalists assigned to report on Parliamentary issues gain an understanding of parliamentary functions and processes, as well as define and refine strategies for improving relationships between media and parliament. Ultimately, it was hoped that the training would contribute to improving the quality and quantity of media coverage of the Parliament in Malawi.

An important aspect of the training was to foster interactions between parliament staff and journalists so they can understand each other's roles and build an environment of trust and mutual respect.

The first journalists' training took place between 13 - 14 April 2019. From this initial training, participants felt there was too much content to be covered and recommended a follow-up workshop. The training sessions attracted 28 journalists from 12 media houses in Malawi.

What did the training achieve?

Participants gained a good understanding of the roles, functions, and processes that go on in parliament and parliamentary committees. The relationship between parliament, media, and

It is important for the media to provide objective coverage of parliament and the work they do for the public to be informed and hold parliamentarians accountable

democracy was unpacked in a way that helped journalists appreciate the vital role they play in this ecosystem, and hence the need to report extensively, critically and accurately. The training helped journalists appreciate the constraints - environment, financial, operational - that parliament face in executing its core functions.

Journalists covered stories from various angles and perspectives inspired by the training, including an article that ran shortly after the training on the push to introduce the use of some of Malawi's vernacular languages in parliamentary debate and the merits and demerits of such a move. In the months following the training, there was an increase in the number and quality of articles published in the media with a focus on parliament.

The take away from the training sessions is best expressed in the words of one of the journalists Suzgo Khunga, who noted: "The training has reminded us as journalists the important role we play in informing the public about the work of parliament. Apart from reminding us of the functions of parliament, the training has been an opportunity to learn about its place in a democracy. It has opened our eyes to issues that we should be reporting on apart from plenary, in particular issues that highlight its effectiveness, like committee work".

The media training was conducted through the Malawi Parliament Enhancement Project (MPEP), a project implemented by AFIDEP in collaboration with the Malawi Parliament. MPEP aims to strengthen and deepen efforts by Malawi Parliament to improve its operational efficiency and effectiveness in order to play its rightful role in Malawi's democratic process.

Effective media engagement is critical to this process as it would increase support for parliament's drive to improve operational efficiency through platforms that facilitate citizen engagement in public debates and general decision-making processes; establishing a culture of diplomatic dialogue while contributing to the strengthening of the democratic system.

Networks for Policy Engagement workshop highlights the gaps and opportunities in evidence-informed decision-making

Critical gaps in policy engagement and EIDM: minimal public engagement; dependency on donors; uncoordinated stakeholders; and poor policy implementation. Sustained, inclusive and determined networks are needed as well as platforms that facilitate critical reflection and sharing of experiences.

By Emma Heneine & Victory Kamthunzi

The Networks for Policy Engagement workshop, co-hosted by AFIDEP and the Malawi-Liverpool-Wellcome Trust Clinical Research Centre (MLW), marked an exciting two days of sharing lessons on and commitment to the field of evidence-informed decision-making (EIDM). Taking place in Lilongwe, Malawi, between 25-27 February 2019, the workshop brought together a dynamic, multidisciplinary group of research and policy experts from across Africa and Asia. Strategically, the workshop also served to inform Wellcome Trust, an emerging EIDM donor, on the ways they can address existing challenges and gaps in the EIDM field.

As a relatively new field, EIDM suffers from a lack of documented success [and failure]. This is due, in part, to the difficulty of evaluating the impact of policy engagement and EIDM. As participants noted, the policy-making process is a complex one, considering countless inputs, of which evidence is only one. Without the ability to disentangle policy from the politics it operates within, identifying causality and measuring the impact of evidence in a realistic timeline becomes quite difficult. Although delegates agreed on the need for robust monitoring and evaluation of policy engagement and EIDM, they recognised that the best and quickest way to know if your work is effective is if you "keep getting invited back." And the best and most compelling way to share such experiences and impact is through stories. Dr. Anna Ruddock, the Global Health Policy Advisor, Wellcome Trust emphasised the need to share with donors the great success stories as well as the big failures. "As a network and entire field, we cannot learn from our mistakes if we never talk about them."

Furthermore, as a field, EIDM must go beyond being evaluated by the mere existence of policies or decisions that are informed by evidence to measure how they are implemented. Policies are not an end by themselves; they are instead a means to an end. Thus, for policies to have their intended effects, they must be implemented effectively. Implementation was marked as a major challenge throughout the workshop, but most poignantly by Honorable Member of Malawi Parliament, Juliana Lunguzi, who noted that Malawi has many policies, but implementation is the problem. With implementation science and policy evaluation emerging as fields of high interest, they are critical spaces for EIDM expansion. And as many actors now work to bridge the gap between research and policy, focus is needed to bridge the policy to practice gap.

Throughout the workshop, participants noted the lack of relevant and excellent research and evidence as a major challenge in EIDM. This stems from the fact that historically, most research in low and middle-income countries is funded, conducted and dictated by external actors. With limited resources, governments rarely prioritise locally-funded research, resulting in most research being externally-funded and often not responsive to the priorities of governments or the citizens. To address this challenge, participants emphasised the need for and value in the co-production of knowledge, while advocating for nationally-funded research. One potential method of advocating for government-funded research was presented by AFIDEP's Executive Director, Dr. Eliya Zulu. He challenged the group to think of how the public can be mobilised to value evidence so that this appreciation can galvanise or motivate governments to invest more resources into research and evidence.

It was during the last session of the workshop, a panel on Bringing Public Voices in Policy Engagement, that the power of the workshop and networks were made clear. Hon. Juliana Lunguzi called out the various critical gaps in policy engagement and EIDM—minimal public engagement, dependency on donors, uncoordinated stakeholders, and poor policy implementation. However, following this critique, Hon. Juliana provided words of encouragement and reassurance– that she has seen the value of EIDM, that she wants to use evidence, and that addressing all of the current gaps is possible.

Ultimately, the challenges that policy engagement and EIDM currently face cannot be solved overnight or by fragmented actors. Rather, sustained, inclusive and determined networks are needed. And platforms that facilitate critical reflection and sharing of experiences—like the workshop—are fundamental to responsive and impactful efforts. Reflecting on the value of the workshop, Prof. Nyovani Madise, AFIDEP's Director of Research and Development Policy and Head of the Malawi Office, noted: "Hearing the passion that people have for policy engagement ... and to see the value that they [excellent research organisations] have put on policy engagement is encouraging." Despite the current challenges faced by EIDM champions, the workshop reassured the network of the remarkable value and potential for EIDM to transform lives for the better.

How Africa's ecosystem of evidence informed-decision making can create impact

There is need to show value for EIDM, provide appropriate and sustainable interventions and have a coordinated approach between various actors

By Elizabeth Kahurani

Africa has strong evidence-informed communities that are comprised of multiple actors at various levels. These include evidence producers, think tanks, brokers, networks and evidence users.

How can these vibrant groups of actors interact with each other and with the prevailing policy decision-making systems, structures, and processes to ensure there is evidence flow, uptake and use in transformational development?

Dr. Eliya Zulu, Executive Director at the African Institute for Development Policy (AFIDEP) sought to provide pathways through which this can be achieved in a keynote speech he delivered at a forum on innovative approaches to evidence uptake in Africa convened by the Partnership for African Social and Governance Research (PASGR).

A value proposition for evidence use

According to Dr. Zulu, evidence informed-decision making (EIDM) actors need to provide the value proposition of evidence use in decision making, especially to governments. EIDM actors show value addition by demonstrating clearly what governments stand to gain by incorporating evidence in their decision-making structures. Moreover, governments use various forms of evidence but this is not done systematically and at the same level with the different stages of the policy making and implementation pipeline, so there is need to devise systems and tools they can readily access and use to conduct evidence-based research that informs decision making promptly. In a context where other factors and interests are at play, timing is crucial for evidence use in decision making. Dr. Zulu emphasised the need for evidence to be responsive to policy cycles.

Appropriate and sustainable interventions

He further challenged participants at the forum to think deeply about interventions that work to support the use of evidence and how the implementation of such interventions differs across contexts. What works for one country might not work for another. Strategies also need to focus on the sub-national level - local governments and not just national governments and parliaments. "Sustainable EIDM can occur if there is a good understanding of power dynamics and access to information with a focus on institutionalising evidence in government," said Dr. Zulu. "Adopting a culture of evidence making within government is a long-term, systemic investment that needs to go beyond rhetoric and sporadic short-term interventions."

Institutionalising a culture of evidence use in government

What does this mean? "It involves a culture change where evidence use becomes the norm in government institutions," explained Dr. Zulu. "This change cannot occur through sporadic short-term projects and donor grants."

Governments are critical to this process and they need to show commitment to EIDM by having it reflected in their systems, processes, and budgets. They also need to provide incentives for evidence use such as through training of senior officers in EIDM.

Universities, research institutions, and think tanks also have a critical role to play in training students and researchers on EIDM and policy engagement. Key to the process of institutionalising a culture of evidence use in government is support systems and platforms that involve regular interaction with policy makers. Such initiatives and interactions should aim at identifying the engagement and skills needed to facilitate evidence uptake and use.

The EIDM Landscape in Africa

If the EIDM landscape in Africa was to be drawn on a map, it would show different sectors, key actors and their interaction at the nexus of research production, translation, and use.

Actors include Evidence Producers (universities, research councils and think tanks); Evidence Brokers; Evidence Users (policy makers, development partners, funders service managers and providers, NGOs, CSOs); and Networks (Africa Evidence Network, African Parliamentarians' Network on Development Evaluation, The African Evaluation Association, The Evidence-Informed Policy Network, International Network for Government Science Advice). To institutionalise a culture of EIDM in government, the efforts of all these actors should be well-coordinated and synergies among them optimised.

Dr. Zulu illustrated how these actors interact within the EIDM landscape with graphics of a Kenya EIDM Landscape; and a Malawi health sector EIDM Landscape. He further explained that research impact for decision making can largely be categorised into four main areas: i) Conceptual: changes in people's knowledge, understanding and attitudes ii) Instrumental: changes in the decisions people take iii) Capacity building: changes in people's ability to do things, and iv) Connectivity: changes in the existence and strength of networks that can do similar work in future.

"Principles of EIDM are similar across development issues and sectors and so are challenges such as assessing impact," Dr. Zulu said. "But there are also huge opportunities through development frameworks such as the Sustainable Development Goals (SDGs), and increasing demand for accountability in government by the public."

These opportunities are a watershed moment for actors to build an EIDM community of practice to reinforce efforts, learn from each other, with the ultimate goal of creating impact through decisions that lead to transformational change in people's lives.

Separation of powers

The push for independence of the Malawi Parliament

Martin Phiri, Senior Knowledge Translation Officer and the Project Manager for the Malawi Parliament Enhancement Project

Through the **Malawi Parliament Enhancement Project (MPEP)**, the African Institute for Development Policy (AFIDEP) has been supporting the Parliament of Malawi to operationalise a report on the motion to have the Malawi Parliament operate independently in its oversight role. The motion was first moved by Honorable Boniface Kadzamira in 2016 and finally presented to and adopted by the House on 13 December 2018. MPEP is a 3-year project seeking to stimulate reforms to improve the effectiveness and impact of Parliament in steering democratic and accountable governance and socio-economic development in Malawi.

The report proposes significant amendments to the Constitution, the Parliamentary Service Act, and the Public Finance Management Act, among other laws. In the current legal framework, the Malawi Parliament has very limited control over its staff, its budget, and its operations. This has greatly hampered parliament's performance of its functions of **oversight, law-making, and representation**.

To understand the value of the report to the Malawi Parliament, and its potential to contribute to governance and development in Malawi, we spoke to **Martin Phiri**, Project Manager for the Malawi Parliament Enhancement Project.

Give us a short background of the push to realise parliament's operational independence in Malawi

Sometime in 2016, a Member of Parliament (MP) realised that the Malawi Parliament was facing challenges with accessing resources from Treasury as well as processing them through the Malawi Government's Integrated Financial Management Information System (IFMIS). Given that Parliament is one of the three arms of government (together with the Executive and the Judiciary), he found it puzzling that Parliament's access to the resources it needed to perform its functions was controlled by the Executive. Parliament's work was being frustrated through delays in disbursements and in processing payments to the extent that certain time-sensitive assignments were being abandoned. There was also a feeling that this was being used by the Executive arm to control Parliament, in that if a request for funds was meant to carry out work that was deemed undesired by the Executive, Parliament

would be denied this funding. This was especially affecting Parliament's oversight function over the Executive. Political science literature shows that where Parliament has no control over the financial resources it needs to perform its functions, there is danger of the Executive exerting undue control to the detriment of the parliamentary processes. MPs would also not present bills because this was taken as a ruling party role. Based on this observation, the MP sponsored a Motion to secure the operational Independence of Parliament.

Why is the operational independence of the Parliament important?

Parliament is one of three arms of government, and in a separation of powers arrangement, it is charged with the role of overseeing the other two arms of government - the Executive and the Judiciary. Parliament cannot perform this role without a good measure of operational independence. It needs legal safeguards to make its place in the government system meaningful and effective. Further, operational independence allows parliament to conduct its own internal affairs, such as the election of the Speaker and hiring of the Clerk of Parliament and staff for its Secretariat, among others. Operational independence ensures that Parliament runs without undue internal or external influence, and as such, its decisions are made freely, and without coercion from other quarters. This enhances the oversight function of Members of Parliament.

What reforms are proposed in the report on operational independence of the Parliament?

One of the key reforms is concerned with reforming the Constitution – currently our Constitution only recognises one function of Parliament, that is law-making. It does not recognise the other two functions of oversight and representation. As such, the report proposes that the Constitution be amended to recognise all the three functions of Parliament so that these are entrenched in the supreme law of the country. Several amendments to the Parliamentary Service Act (PSA) have been proposed. These include the need to restructure the composition of the Parliamentary Service Commission (PSC) to include Minister of Finance, Leaders of the House and Opposition in Parliament. Reform to give the Commission power to appoint legal representation where the services of the Attorney General are not attainable, and oversee the preparation and presentation of Parliament's budget. Further to this, Parliament's budget needs to be protected in the law to deter the Executive from interfering with the allocation and release of Parliament's budget.

Another important reform that has been proposed is to elevate the Office of the Speaker in line with his/her position as Head of an independent arm of government. Currently, the Office of the Speaker is lower in hierarchy compared to the offices of the Heads of the other two arms of government (Executive and Judiciary).

What would such reforms mean for the Malawian people?

These reforms would create a more robust, professional Parliament that is able to effectively discharge its constitutional duties without undue interference. The reforms also open the government system up to transparency and ensuring there is accountability in how public resources are used; and provide a better understanding of the system for citizens. More importantly, these reforms seek to ensure that funds are allocated better towards development programmes and therefore Malawians will get value for their taxes. Ultimately, the common Malawian would be better served by his/her Government.

New Staff

Steve Sharra Ph.D., HFW

Senior Knowledge Translation Scientist

Steve works on AFIDEP's Transformative Education and Skills Development thematic area, promoting the use of evidence in education policymaking at national and regional levels on the continent.

Steve's work entails offering support for capacity strengthening, evidence synthesis, knowledge translation, technical assistance and engagement with policymakers in education nationally and regionally.

Paul Kawale MPH, Ph.D.

Knowledge Translation Scientist

Paul has spent the past 14 years developing, implementing and evaluating public health research, practice and advocacy in Malawi.

At AFIDEP, Paul's work involves designing, implementing and evaluating health-related knowledge translation, capacity building in evidenced-informed decision-making and policy engagement at regional, national, and sub-national levels across Africa.

Erick Waga

Qualitative Analyst

Erick's current work entails overseeing the progress of fieldwork study team working on the Full Access, Full Choice project, that aims to generate evidence on youth access to expanded contraceptive method choice.

Edward Mwamadi

Finance Intern

Edward provides support to Finance and Administration in Malawi office.

Ann Waithaka

Communications Intern

Ann supports AFIDEP's Communications and Policy Engagement team in delivering the external and internal communications strategy, developing and disseminating publicity material and media engagement.

Elin Rognlie, the Norwegian ambassador to Kenya, speaking during the Teen Pregnancy Policy Dialogue event in Nairobi. She spoke on the need to emphasise the value of education and health services for adolescents, and to intensify conversations that seek to address the issue of teen pregnancies in Kenya.

A section of the panelists at the Teen Pregnancy Policy Dialogue held in May: (L-R) Pastor Flavia Murugi of Parklands Baptist Church, Nairobi; Dr Nelly Bosire, Gynaecologist; Imali Ngusale, Advocacy Officer at DSW Kenya.

The year 2019 so far...

Dr. Eliya Zulu, AFIDEP's Executive Director, speaking at the Evidence Uptake Workshop on Pathways to Entrenching an Evidence Informed Decision-Making Culture in Nairobi, Kenya in May.

The workshop was part of activities for the Evidence Leaders in Africa project in which AFIDEP is partnering with the African Academy of Sciences to have scientists champion use of evidence in policy formulation and implementation by African governments in East and West Africa.

Participants in discussion at the Evidence Uptake workshop in Nairobi. The workshop was part of the Evidence Leaders in Africa project's overall aim of increasing the number of academic leaders championing evidence-informed decision-making (EIDM) in Africa by stimulating interest, and enhancing the skills and capacities of scholars in contributing to institutionalising a culture of EIDM in governments.

Dr. Eliya Zulu speaking at the The Partnership for African Social and Governance Research (PASGR) Utafiti Sera convening on Innovative Approaches to Research Policy Uptake in Africa in March. He explained the EIDM ecosystem and described ways to create impact and have governments normalise a culture of evidence use in policy and decision making processes.

Participants at a training in June organised by AFIDEP and the Population Reference Bureau (PRB) for doctoral researchers from Benin, Ethiopia, Ghana, India, Kenya and Nigeria.

The training focused on communicating research effectively to policymakers.

Dr. Bernard Onyango, Senior Knowledge Translation Scientist at AFIDEP, giving a presentation at the Step Up Campaign writeshop in June. The writeshop sought to develop youth-led interventions in the fight to end teenage pregancies in Kenya.

Recent Publications

Call to Action: Tackling Teen Pregnancy in Kenya

In Kenya, almost 1 in every 5 girls between the ages of 15 and 19 are reported to be pregnant or have had a child already.

To put a spotlight on the high number of teenage pregnancies and accelerate action to end the problem, AFIDEP and the United Nations Population Fund (UNFPA) convened a policy dialogue that brought together 70 participants from the government, development partners, the youth, academia, think tanks, civil society, faith-based organisations and the media.

Nutritional interventions for preventing stunting in children (0 to 5 years) living in urban slums in low and middle-income countries

Stunting reflects chronic undernutrition during the most critical periods of growth and development in early life. Globally, more than one in four children under the age of five years is too short for their age. Sub-Saharan Africa and South Asia suffer the heaviest burden, with 75% of the world's stunted children. Reductions in stunting can be achieved through evidence-based interventions, a conceptual model of which is proposed in this protocol.

A Call to Action: Sepsis is Africa's Neglected Silent Killer

Sepsis is a life-threatening condition resulting from severe infection and is a leading cause of preventable death worldwide. With its high burden of infection, Africa is expected to bear a disproportionate proportion of global sepsis. In low and middle-income countries (LMICs), including much of Africa, a significant proportion of sepsis can be attributed to the consequences of weak health systems, including poor sanitation and hygiene as well as poor quality health care. Actionable policy recommendations are outlined in this brief.

Information Sheet on the NIHR Global Health Research Unit on Lung Health & TB in Africa

This information sheet details the five biggest respiratory conditions plaguing the African continent - **Asthma, Chronic Obstructive Pulmonary Disease (COPD), Tuberculosis (TB), Lung Cancer, acute respiratory infections such as pneumonia**, and provides details about the **International Multidisciplinary Partnership to Address Lung Health and TB in Africa (IMPALA)**, a 4-year programme launched in 2017 to generate knowledge and implementable solutions for high burden, under-funded and under-researched health problems on lung health and TB.

It also provides summaries of some of the studies being carried out by IMPALA Ph.D. and Postdoctoral Research Assistants (PDRAs) to generate the knowledge needed to address the gaps and enable implementation of policy-level change for improved lung health.

These publications are available on the AFIDEP website: https://www.afidep.org/resource-centre/downloads/

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Photo: © The World Fish Center/Flickr

School attendance by itself has been found to protect against teen pregnancy – but what if the economic barriers to schooling are too great?

It was noted that families often struggle to pay for basic needs, including but not limited to school fees, school supplies, and boarding costs. In some instances, girls seek support from boys or men to meet these basic needs, after which they may be pressured into sex.

"A lot of girls get pregnant because of lack of money. If a boy has money and he asks you to sleep with him, you cannot say no when you have no money to buy soap for washing your uniform. That is why a lot of girls get pregnant and drop out of school."
(FGD with girls, 15-year-old, form 1, Dowa).

In others, parents pressure or force their underage daughters to marry so that the groom can provide material support to the family, or simply so that their daughter will be supported by someone else. This indicates that greater efforts are needed in understanding and removing social and cultural barriers that hinder girls from completing school after pregnancy.

"Pregnancies are also common because parents force girls to find a wealthy man to marry them and that leads to pregnancies. At the same time, we the young people, don't abstain, that is the truth about it. 'timangomenya washa washa nyemba nyemba' [a reference to sexual act without the use of condom]."
(FGD with boys, 18-year-old, form 3, Mangochi).

Unsurprisingly, some of the most effective interventions to prevent teen pregnancy were those that took a holistic approach and sought to keep girls in school by addressing some of these economic barriers to school attendance. For example, the Keep Girls in School (KGIS) initiative in Malawi, which ran from 2012-2018, included cash transfers and school support for girls, among a range of other interventions such as investments in sanitation and hygiene in schools and building a college for teacher training. It is therefore important that in tackling the issue of teen pregnancy, policymakers ensure that policies link to economic and social issues in their efforts to improve the quality of living for girls in Malawi.

School attendance by itself has been found to protect against teen pregnancy – but what if the economic barriers to schooling are too great? While interventions focused on economic empowerment are often viewed as unsustainable, our early findings indicate that simply educating teen girls and boys about sex, though important, is not enough to prevent teen pregnancy and school dropout – it is also necessary to consider the larger context. For many girls in Malawi, that means addressing social, economic and cultural barriers to attending school.

The theme of this year's International Conference on Population and Development (ICPD25) is "accelerate the promise". Reducing barriers to school attendance is one way to help keep the promise to teenage girls.

Teenage pregnancies and school dropouts in Malawi
Preliminary findings on causes and potential interventions

Both teen pregnancy and school dropout incidences often have similar root causes, which include early sexual debut, poverty, school performance, being overage for a grade, family circumstances, and community norms and attitudes towards girl education

By Claire Jensen

As the world prepares to convene at the 25th International Conference on Population and Development in Nairobi next month, there has been much reflection on some of the milestones that the forum has helped achieve since inception. However, the issue of teen pregnancies continues to be a public health concern in many countries on the continent and around the world, including Malawi.

Between 2010 and 2016, teenage pregnancies in Malawi increased from 25% to 29%, according to the 2015-16 Malawi Demographic and Health Survey (DHS). Overall, one-quarter of all recorded pregnancies in Malawi in 2016 were teen pregnancies.

A 2018 paper on teenage pregnancy and school dropout in Northern Malawi shows there is a two-way relationship between pregnancies and school dropout rates. The study pointed out that for girls, being out of school drastically increases their risk of getting pregnant; while pregnancy also elevates the risk of dropping out of school. Statistics from the Malawi Demographic Health Survey (DHS) show that pregnancy rates among teenage girls tend to decrease with school enrolment. For example, more than half of women who have never been to school became pregnant in their teens, compared to 32% that had received primary education, and 19% of those with secondary education. Both teen pregnancy and school dropout incidences often have similar root causes, which include early sexual debut, poverty, poor school performance, being overage for a grade, family circumstances, and community norms and attitudes towards girls' education.

Teen pregnancies have a huge negative impact on the health, future career prospects and overall wellbeing of the girls affected and their families. It is a situation that perpetuates the poverty cycle and denies a country economic benefits that could accrue from these young girls realising their full potential and contributing meaningfully to society. Ending teen pregnancies is an issue that requires government attention at policy level and interventions through various players and sectors.

The African Institute of Development Policy (AFIDEP) is undertaking a project called the Initiative for Learning for Evidence to Address Teenage Pregnancy Among Girls in School in Malawi, or I-LEARN, to better understand the causes of school dropout due to pregnancy in Malawi, as well as identify the best practices to prevent teen pregnancy and keep girls in school. To shed light on these issues and the possible solutions, I-Learn is investigating the prevalence of pregnancy among girls in school, and effective interventions to prevent teen pregnancy among girls in school. By talking to teens, teachers, health workers, and other community members in focus group discussions and key informant interviews in two districts in Malawi – Dowa, and Mangochi, the project seeks out community perspectives on teen pregnancy and how best to address it.

Preliminary findings from I-LEARN show that poverty is a major driver of both teen pregnancy among girls in school and school dropouts.

"...it is possible for some young people to have the desire of going far with school but because of lack of school fees and soap, as well as lack of food at home, these act as barriers to their education." (FGD with girls, 17-year-old, form 3, Mangochi).

AFIDEP