



ABSTINENCE STRATEGY



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Foreword

Today we know that Malawi has one of the highest national HIV prevalence in the world. About 1 million people in the country are living with HIV. The majority of those infected with the virus are young people aged between 10-29 years of age. The evidence shows that heterosexual contact is the principal mode of HIV transmission among them. This is worrisome as most of these young people indulge in sex without having any comprehensive information on sexual and reproductive health issues to effectively prevent themselves from HIV, other STIs and unwanted pregnancies.

However, regardless of this situation, the Malawi Demographic and Health Survey (2004) indicates that the HIV prevalence and other sexually transmitted infections is lowest in the age group 5- 14 years estimated at only 2.1%. Recent studies by the National AIDS Commission also show that HIV prevalence among young people aged between 15-24 is declining especially in urban areas. This presents a window of hope for Malawi and we must continue to frame interventions that could aggressively tackle further spread of HIV infections, sexually transmitted infections and unwanted pregnancies.

It is also a known fact that the government and its partners have been implementing various interventions on abstinence, condom use, and faithfulness. Of these strategies, abstinence has proved to be a very strong strategy among young people in preventing them from getting HIV, STIs and unwanted pregnancies. It is an undeniable fact that total abstinence has no any marginal failure in the prevention of HIV and other STIs. It is for this reason that the Government developed this strategy in order to ensure that all abstinence promotion interventions are well coordinated and effective. The Abstinence Strategy, therefore, has been designed to provide guidelines and direction in the implementation of abstinence programmes by various stakeholders. It also outlines a strategic plan of action.

Bearing in mind the low prevalence of HIV, STI's and unplanned pregnancies among the age group 5-14 years, the strategy will target all young people aged 6- 24. It will promote primary abstinence to those who are sexually active and have never had sex before and secondary abstinence to those that failed to abstain but would want to abstain from sex once again. The strategy will also target parents, teachers, community, faith and political leaders who are key in influencing behaviour change among young people.

It is my sincere hope that the Abstinence Strategy will strengthen abstinence programmes and have a coordinated response among different players so that results are measured and change can be seen. I would like to assure all stakeholders that the Ministry of Youth Development and Sports will provide policy direction and guidance in the planning, implementation, monitoring and evaluation of all abstinence interventions including resource mobilization.



SYMON VUWA KAUNDA, MP

MINISTER OF YOUTH DEVELOPMENT AND SPORTS

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ACEM	Association of Christian Educators in Malawi
FBO	Faith-based Organization
FGD	Focus Group Discussion
IEC	Information, Education and Communication
HIV	Human Immunodeficiency Virus
MIAA	Malawi Interfaith AIDS Association
MDHS	Malawi Demographic and Health Survey
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of Health
MoICE	Ministry of Information and Civic Education
MoWCD	Ministry of Women and Children Development
MoYSC	Ministry of Youth Development and Sports
NAC	National AIDS Commission
NAF	National HIV and AIDS Action Framework, 2005-2009
NGO	Non-Governmental Organization
NYCOM	National Youth Council of Malawi
RAAP	Rapid Assessment, Analysis and Action Planning on HIV Prevention among Young People (10-24 years) in Malawi
SRH	Sexual and Reproductive Health
TWG	Technical Working Group
YTSC	Youth Technical Subcommittee

EXECUTIVE SUMMARY

The National Abstinence Strategy is a planning tool to guide implementers, ministries, non-governmental organizations (NGOs), faith based institutions, learning institutions, parents, teachers, traditional counsellors, extension workers and all those that work with young people on effective HIV prevention using abstinence. It sets out key strategic interventions which all the players have agreed upon to follow in the delivery of abstinence interventions in the prevention of HIV among young people. It is intended for all organizations including FBOs that are taking part in the national response to HIV and AIDS through promotion of both primary and secondary abstinence.

The strategy was developed through a consultative process which involved review of several national documents including policies. Various stakeholders working with young people including young people themselves were involved throughout the process of developing this strategy. Evidence from various research studies and best practices from projects/and programmes such as “Why Wait’ and “Nditha campaign” informed the strategy.

The strategy:

- Defines key concepts related to abstinence.
- Provides background information to its development and justification for its existence.
- States the goal and specific objectives of what needs to be achieved through its proposed interventions
- Presents the guiding principles to effective implementation of the proposed strategies.
- Outlines key strategic interventions, expected outcomes and indicators of success.
- Describes the implementation framework and coordination mechanisms.
- Has a consolidated plan of action (matrix) that outlines abstinence activities under each objective.
- Explains roles and responsibilities of all stakeholders and development partners.
- Explains how monitoring and evaluation of abstinence activities will be done.

Drawn from the goals of the National HIV and AIDS Action Framework (NAF), Sexual and Reproductive Health Programme and from the Malawi National Action Plan for scaling up SRH and HIV prevention interventions for young people, the purpose of the abstinence strategy seeks to take abstinence to scale among single individuals especially single young people age 6 – 24 years.

In concordance with the National Behaviour Change Interventions (BCI) Strategy, the Abstinence Strategy will address two problem behaviours namely: *unsafe sexual and reproductive health practices and promote consistent health seeking behaviour* among all single individuals especially young people.

In line with the National BCI strategy, this strategy will promote **delay of first sexual debut** and **secondary abstinence**. Thus, the primary beneficiaries of this strategy are all single individuals especially young people aged 6 to 24 years regardless of their educational, socio-economic and disability status.

The implementation framework has been outlined in order to achieve results of this strategy and the following areas are crucial for this process; research/evidence; capacity building for service providers, young people as well as communities; proper coordination at all levels; mobilization of resources, monitoring and evaluation.

Definition of Key Concepts

Sexual Abstinence (primary) means the avoidance of penetrative sexual intercourse as well as any genital contact or genital stimulation between persons.

It also means that a person chooses not to have any kind of sexual activity that leads to exchange of body fluids. This includes vaginal, oral and anal sex including any activity that involves skin-to-skin contact in the genital area.

Secondary Abstinence – It means that a person who has been engaging in penetrative sex has decided to stop having any kind of sexual activity be it vaginal, oral, and anal or any skin-to-skin contact in the genital area.

Youth – The National Youth Policy (2006) defines youth as all young persons, females and males from age 10 to 24 years regardless of their marital, educational, socio- economic and disability status.

Adolescents – Adolescents are defined as all young persons, females and males aged 10 to 19 years regardless of their marital, educational, socio – economic and disability status.

For the purpose of this strategy, the definition of young people will be all single persons aged between 6-24 regardless of socio-economic, education and disability status. These young people are primary beneficiaries of this strategy

1.0 INTRODUCTION

1.1 Background

This document is the National Abstinence Strategy and Action Plan for HIV prevention in Malawi. It provides a broad framework and direction to policy makers, programme managers, implementers, gatekeepers and service providers on how they could promote abstinence among single individuals particularly young people so that they prevent themselves from getting HIV, STIs and unwanted pregnancies.

Since the first case of AIDS in the mid 1980s, the ABC (Abstain, Be Faithful and Use a Condom) strategy has taken centre stage as far as HIV prevention is concerned. However, the ABC strategy has not been comprehensively applied by most implementers to be able to effect meaningful behaviour change especially among young people due to lack of strategic direction. NAC acknowledges that the national HIV prevalence has remained constant but with very high HIV incidence among young people such that half of all the new HIV infections that occur each year are occurring among young people aged 15 – 24.

Of the three approaches, condom use (C) has received more emphasis and more organized strategic efforts and resources than the rest. This has resulted into young people getting conflicting HIV prevention messages which further affects young people's decision making. It was in view of this that the recently revised HIV and AIDS National Action Framework (2005-2009) recommended the need for all HIV prevention strategies to take into consideration all the three approaches. The NAF further proposes development of a national action plan under each approach in order to have a well coordinated and comprehensive way of using the ABC strategies to HIV prevention. The NAF further recommends the need to promote abstinence especially among single individuals especially young people. Thus, the strategy primarily and deliberately targets unmarried young people because that is where the strategy would make more impact.

The findings of the operational survey conducted by National Youth Council of Malawi (2006) and the Rapid Assessment, Analysis and Action Planning on HIV Prevention among Young People (10-24 years) in Malawi, RAAP (UNFPA, 2006) revealed that older young people (15-24) were engaging in sex mainly due to peer pressure, substance/drug use and abuse. However, a sizable population of young people was willing to abstain from sex. This document therefore provides a broad framework for abstinence as the most effective way of HIV prevention among single individuals especially young people. It aims at helping service providers and gatekeepers (teachers, traditional initiators, traditional leaders, parents, guardians and other extension workers) in the community to assist young people to delay their first sexual encounter, abstain from sex and adopt secondary abstinence.

1.1.1 HIV and AIDS and Youth Reproductive Health Situation

Globally HIV and AIDS is among the major adolescent health challenges. HIV infection rates are higher among young people. UNAIDS (2005) acknowledges that half of the new HIV infections occur in young people aged between 15-24 and that about 6,000 new infections occur daily among this age category. Available data shows that about 11.8 million HIV infections occur in this same group globally and of these 3.5 million occur in Sub-Saharan Africa.

Regionally Sub-Saharan Africa is hardest hit by the HIV and AIDS pandemic. In 2005, the region with only 10% of the world's population had approximately 64% of all the people living with HIV, 65% of all the new infections in the world and 77% of all the AIDS related deaths. In the same year, 77% of all the infected women were from Sub-Saharan Africa with 76% of these occurring in young people aged 15 – 24. This trend has remained the same for years now.

Despite the picture described above, young people are considered a window of hope because the HIV prevalence among those below the age of 14 years is low (1-2%). A focus on young people especially adolescents is also critical considering that adolescence is a period of sex experimentation for many young people yet inexperienced to prevent themselves from HIV. Peer pressure, drug use and abuse, myths and misconceptions, knowledge gaps coupled with inadequate life skills negatively influence young people's decision about sex and their sexual behaviours. Malawi Demographic and Health Survey (2004) revealed that only 34% of young people had comprehensive knowledge on HIV prevention.

Young people are, therefore, a key population group on which to focus HIV prevention, care and support because they represent such a high proportion of the new HIV infections. As with adults, the vast majority of young people who are HIV positive do not know that they are infected, and few young people who are engaging in sex know the HIV status of their partners. Besides, intergenerational sex puts some young girls at risk of HIV infection as age differences make it difficult for them to negotiate for safer sex. It is worse in cases where sex is exchanged with money as the one buying sex often dictates to have sex which is not safe.

HIV prevalence in the 15-49 years old age group is now estimated at 12% from 14% in 2007. This situation implies that either Malawians who are sexually active including young people who are in majority are changing their behaviour. It may also mean that it is due to leveling off of AIDS related deaths and new infections.

1.1.2 How HIV affects Young People

There are two groups of young people living with HIV: those who were infected around birth and survived into adolescence and those who became infected during adolescence (usually due to unprotected sex or through injecting drug use). This infection history has an impact on many features of how HIV affects a young person and on prevention strategies.

It is, therefore, imperative that these young people that are not aware of their own HIV status and that of their partner(s) abstain from sexual intercourse as it is the only 100% guaranteed protection from HIV, teenage pregnancy and other sexually transmitted infections.

1.2 Justification for the Abstinence Strategy/Action Plan

Up to date, Malawi as a country does not have a strategy that primarily focuses on abstinence. It has a National Behaviour Change Intervention Strategy for HIV/AIDS and Sexual Reproductive Health which presents various interventions on ABC approaches to HIV prevention. However, each of these approaches did not have a clear action plan for implementers and stakeholders to buy in. Abstinence is the only 100% guaranteed way of preventing sexual transmission of HIV. Although this is a

known fact, many implementers could not effectively promote abstinence due to lack of comprehensive strategic direction and action plan. Besides, organizations including faith based organizations working in advocacy, community mobilization, and information education and communication (IEC) lacked direction on content and areas to focus when designing their interventions, messages and communication materials.

While some organizations have in one way or another been implementing abstinence activities, such activities have largely been uncoordinated and undocumented. There has been inadequate programmes and best practices on abstinence cascading to a general feeling that abstinence may not be achieved or that every young person is having sex. Consequently, in absence of a clear framework on abstinence, monitoring and evaluating of such activities has been a big challenge.

This action plan will, therefore, provide direction in designing, planning, implementation, monitoring and evaluation of abstinence programmes, interventions and initiatives at all levels. The strategy has also isolated roles and responsibilities of all stakeholders including the development partners.

2.0 GOAL

The goal of this strategy is to promote primary and secondary abstinence as means of preventing HIV, sexually transmitted infections (STIs) and teenage pregnancies among young people aged 6 – 24 in Malawi.

3.0 OBJECTIVES

- a) To create an understanding among young people and other single individuals on primary and secondary abstinence as they relate to the prevention of HIV, STIs and teenage pregnancies.
- b) To increase young people's skills to abstain from sex.
- c) To create an environment that enhances open communication between parents/guardians and their children on abstinence.
- d) To mobilize community leaders and structures to support adoption and sustenance of abstinence among young people.
- e) To strengthen coordination, implementation and resource mobilization for adoption and sustenance of abstinence among young people.

4.0 GUIDING PRINCIPLES

This abstinence strategy is based on the following principles:

- a) A balanced focus on both HIV and AIDS and SRH issues
- b) Participation and coordination among community leaders, faith-based organizations, civil society and government.
- c) The family as the structure of socialization is the natural training ground for civil behaviour, morals, sexuality, integrity and interpersonal relationships.
- d) Active participation of young people in the planning, implementation and monitoring of abstinence interventions according to their level of capacity.
- e) Interventions to be based on local, national and international evidence of best practices.
- f) Elimination of gender inequalities in order to attain optimal impact on HIV and AIDS epidemic and issues related to sexual and reproductive health.
- g) Flexibility to evolve with time as the needs of young people and communities change in relation to the HIV and AIDS epidemic and SRH problems.

5.0 INTENDED AUDIENCE

The intended audiences for this strategy/action plan are all organizations including FBOs that are taking part in the national response to HIV and AIDS through promotion of abstinence. Such groups are urged to take deliberate efforts to focus on young people and other single individuals as primary audience and other key social groups that have direct influence on young people as secondary audience. Such key social groups include: gatekeepers (teachers, traditional initiators, traditional leaders, parents, guardians and other extension workers), adult bachelors and spinsters, sugar daddies and sugar mummies, service providers, peer educators and counsellors, faith-based communities, community based organizations, government agencies and development partners.

6.0 KEY STRATEGIC INTERVENTIONS

Objective 1: To create an understanding among young people and other single individuals on primary and secondary abstinence as they relate to the prevention of HIV, STIs and teenage pregnancies.

Strategic interventions

- a) Campaigns on abstinence.
- b) Development of target specific IEC materials on abstinence for example in terms of age, sex, life styles and location.
- c) Capacity building of media in the promotion of abstinence.
- d) Peer education.

Expected Outcomes

- a) Increased levels of knowledge on adolescent changes.
- b) Enhanced capability to handle sexual issues.
- c) Increased proportion of young people with adequate knowledge of their sexuality and other SRH issues including HIV and AIDS.

Objective 2: To increase young people's skills to abstain from sex.

Strategic Interventions:

- a) Life skills education for both in and out of school youth.
- b) Capacity building in life skills education.
- c) Role modeling/mentorship.
- d) Establishment of structures and networks that support young people.
- e) Promotion of dialogue among young people on HIV and AIDS and SRH.
- f) Involvement of young people living with HIV in youth programmes.

Expected Outcomes

- a) Proportion of young who are able to choose and maintain the decision to say no to sex.
- b) Increased proportion of young people who make a deliberate choice to abstain from sex as HIV prevention behaviour.
- c) Enhanced capacity of young people to make safe choices and decisions.
- d) Increased levels of risk perception among young people.

Objective 3: To create an environment that enhances open communication between parents/guardians and their children on abstinence.

Strategic interventions

- a) Development of information packages for parents on abstinence and communication with children.
- a. Capacity building for parents/guardians and children on how to communicate on abstinence.
- b. Promotion of dialogue between parents/guardians and their children.

Expected Outcomes

- a) Increased proportion of young people choosing and maintaining the decision to delay sex/abstain.
- b) Increased proportion of young people with access to information and counselling services for adoption of abstinence as a prevention behaviour.
- c) Reduced cases of rape, incest and sexual abuse harassment.
- d) Increased proportion of young people indicating parents/guardians as their source of information on abstinence.

Objective 4: To mobilize community leaders and structures to support adoption and sustenance of abstinence among young people.

Strategic interventions

- a) Development of target specific IEC packages.
- b) Community mobilization.
- c) Capacity building of community leaders and all existing structures at all levels.
- d) Creation of initiatives that motivate young people to abstain from sex.
- e) Promotion of role modeling in the communities.
- f) Advocacy with traditional and faith leaders to support open dialogues on SRH, HIV and AIDS for young people.

Expected Outcomes

- a) Increased community support for abstinence interventions.
- b) Enhanced capacity for the communities to provide youth friendly information and counselling services.

Objective 5: To strengthen coordination, implementation and resource mobilization for adoption and sustenance of abstinence among young people.

Strategic interventions

- a) Advocacy on coordination, implementation and resource mobilization.
- b) Capacity building of coordination structures at all levels to ensure that they are functional.
- c) Documentation and information sharing.

Expected Outcomes

- a) Increased proportion of young people with access to information and counselling services for adoption of abstinence as preventive behaviour.
- b) Increased number of role models on abstinence.
- c) Increased number of CBOs and youth Clubs implementing abstinence interventions.
- d) Increased allocation of funding for abstinence promotion programmes.
- e) Increased levels of knowledge on primary and secondary abstinence as they relate to prevention of HIV, STIs and teenage pregnancies.
- f) Increased proportion of young people who are able to abstain from sex.
- g) Enhanced communication between parents and children where issues of abstinence are discussed openly.
- h) Supportive environment within communities for young people to abstain from sex.
- i) Improved delivery systems of abstinence programs.
- j) Improved capacity building at all levels for implementation of abstinence programs.

7.0 IMPLEMENTATION FRAMEWORK

7.1 Research

Capacity building should be undertaken for operational research in order to provide decision makers and implementers with evidence to inform operationalization of the strategy. Research should be commissioned in the area of abstinence whenever need arises to ensure evidence based interventions.

7.2 Capacity Building

Empowering service providers, gatekeepers, media, young people and communities in translating this strategy into action will be vital for effective implementation of the strategy. Skills of service providers in the delivery of young people's services on abstinence will have to be enhanced through training, orientation, sensitization, exchange visits and participation in national, regional and international meetings and conferences.

7.3 Linkages with other Strategic documents

The Abstinence Strategy is directly linked to goals of the National BCI Strategy, the National Action Framework on HIV and AIDS (2005-2009) and the National HIV and AIDS Policy which aim at reducing HIV infection among Malawians. The abstinence strategy has clearly provided a set of interventions to implement in order to promote both primary and secondary abstinence among Malawians particularly young people, which in a long run will contribute to reduction of HIV infection. It has also provided directions on coordination, which will assist implementers to better network and share expertise and resources when implementing abstinence related activities in the country.

7.4 Supporting the Implementation of the Strategy

Effective implementation of this strategy requires a vibrant technical leadership. The National Youth Council as a coordinating authority for youth related issues in the country in collaboration with the Ministry of Youth Development and Sports, its affiliates, the National AIDS Commission and other stakeholders will undertake the following:

- § Aggressive advocacy to increase awareness of and support for the use of the strategy;
- § Engage civil society, chiefs, political and religious leaders in the actual implementation of the strategy;
- § Find a way of strengthening existing structures such as Youth Technical Sub-committees, Technical Working Groups, DACCs and review meetings that could be used as networks for implementing agreed activities to promote abstinence;
- § Continuously mobilize and allocate resources for the strategy; and
- § Facilitate development and implementation of specific partner action plans.

7.5 Coordination Mechanisms

Successful mobilization of technical support, resources and actual implementation of the strategy depends on full participation of line ministries and other relevant

stakeholders. The National Youth Council will ensure that different stakeholders perform their mandated tasks as follows:

§ Ministry of Education

- Develop teaching and learning (life skills) materials that incorporate abstinence issues.
- Distribute such life skills materials to education institutions for use by teachers, students and pupils.
- Incorporate abstinence issues in school clubs (EDZI Toto and Why Wait).
- Planning, implementation, monitoring and supervision of all abstinence interventions in schools.

§ Ministry of Youth Development and Sports (Out of school youth)

- Resource mobilization to implement abstinence programmes for out of school youth.
- Facilitate development of information and training materials on abstinence for out of school youth.
- Capacity building for structures that implement abstinence programs for out of school youth.
- Advocate for modification of cultural practices that prevent abstinence (modifying cultural practices, incorporation of abstinence in traditional and religious teachings for young people).
- Facilitate establishment of youth structures that promote abstinence (youth centres, recreation centres).
- Coordinate and monitor youth programs that promote abstinence from district to community level.
- Strengthen youth coordinating structures (TWG, YTSC, youth networks).

§ National Youth Council of Malawi

- Coordinate youth programs on abstinence.
- Design youth programs that promote abstinence.
- Capacity building for youth NGOs/CBOs to manage interventions on SRH and abstinence.
- Advocacy.
- Establish youth centres.
- Develop IEC materials on abstinence.
- Research on abstinence including other youth related issues.
- Mobilize resources for abstinence activities by youth NGOs and CBOs.

§ Association of Christian Educators in Malawi (ACEM)

- Promote teaching of morals and values of abstinence.
- Develop IEC materials for all Christian learning institutions.
- Capacity building of teachers in life skills education from all ACEM affiliated schools.
- Coordinate life skills education in all Christian schools.

§ Malawi Interfaith AIDS Association (MIAA)

- Coordinating abstinence HIV and AIDS interventions among faith-based organizations.

- Promote spiritual guidance and counselling.
- Develop faith-based IEC materials in relation to abstinence.
- Capacity building for faith-based organizations to implement abstinence interventions.
- Advocate for resources for abstinence programmes from within faith community and other donors.
- Research – Evidence based practices based on theology, HIV and AIDS.
- Organize youth camps retreats, festivals and meetings on abstinence.

§ *NGOs/Networks*

- Design, provide, implement and monitor abstinence programs.
- Mobilize resources for programs that promote abstinence.
- Establish youth structures that promote abstinence (youth centers and recreation facilities).
- Advocacy on abstinence policy.

§ *Local Assemblies*

- Coordinate structures and CBOs that implement abstinence interventions at district and city assembly levels.
- Facilitate resource mobilization, allocation and utilization.
- Monitoring, evaluation, research and supervision.
- Data consolidation at district level.
- Capacity building for youth CBO, NGOs and Clubs that implement abstinence interventions.

§ *Development Partners*

- Mobilize, coordinate and provide resources to all districts in Malawi.
- Capacity building of implementing partners.
- Provide technical support for policy development and program implementation.

§ *Ministry of Health*

- Advocacy for incorporation of abstinence issues in all health programmes especially SRH.
- Research on bio-medical issues in relation to abstinence.
- Incorporate abstinence issues in curriculum of all service training manuals for health workers.
- Monitoring, supervision and evaluation of abstinence interventions within health sectors.
- Develop bio-medical related IEC materials on abstinence.
- Incorporate abstinence issues into Health Management Information System.

§ *Ministry of Women and Children Development*

- Implement programs at community level that promote abstinence especially targeting parents, children and community leaders.
- Mobilize social workers to incorporate abstinence issues in their programs,
- Resource mobilization and allocation.

- Mobilize communities to develop and implement initiatives that empower girls to resist adult and peer pressure for sex.
- Mainstream gender in all abstinence programmes at assembly level.

§ ***Ministry of Information and Civic Education***

- Produce communication products on abstinence.
- Organize media tours to projects and organizations that implement abstinence interventions.
- Mobilize resources that would assist in program reporting and coverage.
- Documentation on coverage of abstinence interventions.
- Monitoring, supervision and evaluation.
- Advocacy for extensive coverage and reporting about abstinence issues through radio, TVM, Newspapers also rural cinema.

§ ***Community leaders***

- Identify, modify and eliminate cultural practice that lead to early sex
- Mobilize their subjects and faithfuls to establish initiatives that will assist to adopt and sustain abstinence.
- Religious leaders to institute activities that promote abstinence in their communities.

8.0 MONITORING AND EVALUATION

Abstinence Strategy interventions (*for both primary and secondary abstinence*) will be implemented and progress tracked based on the agreed indicators as presented in the matrix below. The outcome and impact indicators will also be tracked in line with the National M&E Plan, NAF and other relevant documents such as partner Integrated Annual Workplan which NAC and various partners produce each year.

Monitoring and evaluation of primary and secondary abstinence programmes will be required to measure and assess effectiveness of achieving set objectives and results as presented in this strategy. Monitoring and evaluation will also be carried out to assess the impact made in a long run. Some of the methods in monitoring and evaluation will include field visits, carrying out pre and post activity baseline studies, operational research, evaluative studies, and other impact assessment studies. The National Youth Council and the National AIDS Commission will be responsible for carrying out these studies. However, any other stakeholder or research institution will be free to conduct any study within the area of abstinence.

8.1 Reporting System

The National Youth Council, the Ministry of Youth Development and Sports, ACEM, the Ministry of Education will ensure that various organizations implementing youth related programmes report progress about their interventions to respective assemblies. Such reports will be sent to the institutions listed above including NAC to assist in re-programming abstinence interventions in the country. It will be the responsibility of the National Youth Council to institute a mechanism that would minimize double or under reporting during implementation. The Council in collaboration with relevant stakeholders will organize periodic feedback sessions to track progress and impact made in implementing the strategy.

8.2 Indicators

- § Reported number of young people abstaining from sex.
- § Reduced incidences of teenage pregnancies, HIV&AIDS and STIs infection among young people.
- § Percentage of never-married youth who have had sex but have reverted to abstinence.
- § Percentage of never-married youth who had sex in the last 12 months.
- § Number of peer counsellors trained or retained (total/new in the reporting period) in promotion of abstinence.
- § Teachers trained or retrained (total/new in the reporting period) in promotion of abstinence.
- § Religious leaders trained or retrained (total/new in the reporting period) in promotion of abstinence.
- § Other behaviour change agents trained or retrained (total/new in the reporting period) in promotion of abstinence.
- § Number of abstinence programmes disaggregated by type of activity, e.g. community mobilization events, street drama performances, life skills programs, media.
- § Age at first sexual intercourse for girls and boys.

9.0 STRATEGIC PLAN/MATRIX

ACTION PLAN

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
1. Inadequate SRH, HIV and AIDS knowledge among young people	<ul style="list-style-type: none"> Young people aged 6 – 24 and teachers 	<ul style="list-style-type: none"> Promote the understanding of SRH issues, HIV and AIDS among young people 	<ul style="list-style-type: none"> Life skills education Information Education and Communication Advocacy Capacity building of teachers on life skills 	<ul style="list-style-type: none"> Develop abstinence materials Standardize Life Skills manual for in and out of school youth Train teachers on abstinence issues Train Youth leaders in life skills Lobbying for development, implementation and funding for Life skills programme Organize youth congress Organize youth internship Engage youth in Hope Kit activities Engage students from tertiary 	<ul style="list-style-type: none"> Number of materials on abstinence developed Number of Life skills manuals standardized Number of teachers trained in life skills Number of Life skills training sessions done Number of advocacy activities conducted Number of youth congresses organized Number of internship organized Number of hope kit activities 	<ul style="list-style-type: none"> Increased levels of knowledge on adolescent changes Enhanced capacity to handle sexuality issues Increased proportion of young people with adequate knowledge of their sexuality and other SRH issues including HIV and AIDS Increased commitment and will among leaders and

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
				institutions to provide information to young people in communities	<ul style="list-style-type: none"> Number of young people trained in life skills by sex, age, location and education 	community leaders on promotion of abstinence
2. Low self-esteem among young people	<ul style="list-style-type: none"> Young people aged 6-24 yrs Single individuals aged 24 and above 	<ul style="list-style-type: none"> Promote self-esteem among young people Increase proportion of young people who perceive themselves as being at risk of HIV and AIDS, STIs and teenage pregnancies 	<ul style="list-style-type: none"> Life Skills education Guidance and Counseling Peer education Information, education and communication 	<ul style="list-style-type: none"> Conduct guidance and Counselling sessions Conduct dialogue sessions involving young people Train young people in life skills. Organize role modeling events Producing materials on abstinence (develop, print) Establishing resource Centres (where IEC materials will be found) Producing radio, TV Programmes 	<ul style="list-style-type: none"> Number of Life skills sessions for in and out of school youth done Number of youth reached with life skills education by sex, age, education and location Number of sessions on guidance and counseling done Number of youth trained in leadership Number of peer educators trained Number of peer education sessions done Number of abstinence 	<ul style="list-style-type: none"> Increased proportion of young people and single individuals who are able to choose and maintain the decision to say no to sex Increased proportion of young people and single individuals who make a deliberate choice to abstain from sex as an HIV prevention behaviour Enhanced capacity of

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
					materials developed, printed and disseminated <ul style="list-style-type: none"> • Number of resource centres established • Number of radio/TV programmed aired on low risk perception 	young people and single individuals to make safe choices and decisions
3.Harmful Cultural practices and beliefs encouraging pre-marital sex	<ul style="list-style-type: none"> • Parents, traditional leaders, counsellors, young girls aged 10-24, Traditional hearers 	<ul style="list-style-type: none"> • Modify cultural practices that encourage premarital sex • Eliminate cultural practices and beliefs that encourage premarital sex 	<ul style="list-style-type: none"> • Community mobilization • Advocacy on legislation and enforcement of laws against harmful cultural practices • Life skills education 	<ul style="list-style-type: none"> • Conduct community dialogue sessions with community leaders on cultural practices and beliefs that promote sex before marriage • Conduct sensitization meetings with community members • Lobby for the Legislation and enforcement of laws against harmful cultural practices 	<ul style="list-style-type: none"> • Number of sensitization meetings conducted • Number of laws against harmful cultural practices enacted • Number of cultural practices modified or eliminated • Number of programs on harmful cultural practices in relation to abstinence produced and aired on radio 	<ul style="list-style-type: none"> • Supportive environment within communities for young people to abstain from sex.

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				<ul style="list-style-type: none"> • Produce and air radio and TV Programmes • Conduct lobbying sessions with human rights organizations, civil society organizations, gender networks, members of parliament and law enforcers on harmful cultural practices 	and TV <ul style="list-style-type: none"> • Number of civil society organizations involved in advocacy activities • Number of advocacy sessions on cultural practices and beliefs done involving community leaders 	
4. Some young people including single individuals already indulging in pre-marital sex.	<ul style="list-style-type: none"> • Single individuals aged above 24 years • Young people aged 6 – 24 who once or more indulged in sex 	• Promote secondary abstinence	<ul style="list-style-type: none"> • Peer education on secondary abstinence • Role modeling on secondary abstinence • Information education and communication on importance of secondary abstinence • Moral education 	<ul style="list-style-type: none"> • Conduct peer education sessions involving young people and single individuals involved in secondary abstinence • Organize role-modelling events involving single individuals and young people who once or more indulged in sex. • Organize youth retreats involving religious leaders focusing on 	<ul style="list-style-type: none"> • Number of peer education sessions conducted • Number of peer educators trained • Number of youth reporting secondary abstinence • Number of youth retreats conducted on abstinence • Number of youth 	<ul style="list-style-type: none"> • Increase proportion of young people who make a deliberate choice to abstain from sex as an HIV preventive behaviour • Increased proportion of young people with adequate information for adoption of abstinence

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				secondary abstinence <ul style="list-style-type: none"> • Conduct youth festivals focusing on secondary abstinence • Organize sharing of personal experience on secondary abstinence • Produce and air radio and TV Programmes on secondary abstinence • Conduct counselling sessions to young people and single individuals on sex and sexuality 	festivals focusing on abstinence conducted <ul style="list-style-type: none"> • Number of radio, TV programmes produced and aired on abstinence 	as preventive behaviour
5. Drug and substance use and abuse	<ul style="list-style-type: none"> • Young people aged 12-24 • Owners of places of entrainment • Parents, Members of Parliament 	<ul style="list-style-type: none"> • To reduce the use and abuse of drugs and substances among young people 	<ul style="list-style-type: none"> • Guidance and counselling • Life Skills education • Peer education • Advocacy with owners of places of entertainment 	<ul style="list-style-type: none"> • Establish youth clubs, youth centers, resource Centres, recreation centers and drop in centres • Conduct guidance and Counselling sessions 	<ul style="list-style-type: none"> • Number of youth clubs/ centres established • Number of guidance and counseling sessions conducted • Number of peer 	<ul style="list-style-type: none"> • Supportive environment within communities for young people to abstain from drug and substance use and abuse

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
			and parents on the negative effects of drug use and abuse. <ul style="list-style-type: none"> Establishment of structures that support young people 	<ul style="list-style-type: none"> Conduct peer education activities Conduct religious retreats Engage youth in games and sporting activities 	education sessions conducted <ul style="list-style-type: none"> Number of youth patronizing youth centres and clubs Number of youth counseled Number of owners of entertainment places adhering to laws. Number of religious activities addressing alcohol and drug abuse 	<ul style="list-style-type: none"> Increased knowledge level on dangers of drugs and substance abuse Increased number of families and communities that report engaging themselves in dialogue with their children on issues of drug and alcohol abuse
2. Inadequate skills to resist negative pressure for sex from peers and parents	<ul style="list-style-type: none"> Young people aged between 10-24 years, parents and teachers Single individuals aged 24 years and above 	<ul style="list-style-type: none"> Enhance the capacity of young people to choose and maintain the decision to say no to sex 	<ul style="list-style-type: none"> Life Skills education Peer education Guidance and Counselling 	<ul style="list-style-type: none"> Train young people and single individuals in Life Skills Train young people and single individuals in peer education Train teachers, extension workers and peer educators 	<ul style="list-style-type: none"> Number of guidance and counseling sessions conducted Number of youth and single individuals counselled Number of peer education 	<ul style="list-style-type: none"> Increased proportion of young people who are able to choose and maintain the decision to say no to sex

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				in life skills education <ul style="list-style-type: none"> • Train teachers, extension workers and youth in peer education • Conduct guidance and Counselling sessions for young people and single individuals • Produce life skills materials 	sessions conducted <ul style="list-style-type: none"> • Number of peer educators trained • Number of life skills education sessions conducted • Number of IEC materials provided by type, format and thematic area 	
3. Misconception of love relationship and sex	<ul style="list-style-type: none"> • Young people aged between 12-24 years • Parents/guardians • Community leaders 	<ul style="list-style-type: none"> • To create an understanding of managing love relationship (courtship and dating) 	<ul style="list-style-type: none"> • Life Skills education • Guidance and Counselling • Role modeling • Information, Education and Communication 	<ul style="list-style-type: none"> • Conduct guidance and counselling sessions • Conduct peer education sessions • Train young people in life skills education • Organize role modeling events • Organize youth festivals • Produce and air youth radio and TV programmes 	<ul style="list-style-type: none"> • Number of guidance and counseling sessions conducted • Number of youth counselled • Number of peer education sessions conducted • Number of peer educators trained • Number of role modeling sessions done 	<ul style="list-style-type: none"> • Increased proportion of young people who are able to choose and maintain the decision to say no to sex • Enhanced capacity of young people to make safe choices and decisions • Increased understanding of risk perception

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					<ul style="list-style-type: none"> • Number of youth festivals conducted • Number of life skills education sessions conducted • Number of youth trained in life skills education • Number of youth reporting having love relationships without sex 	among the youth
4. Inadequate capacity to report incidents of sexual abuse	<ul style="list-style-type: none"> • Parents, communities leaders, young people particularly girls 	<ul style="list-style-type: none"> • Enhance the capacity of young people to report gender-based violence 	<ul style="list-style-type: none"> • Advocacy for reinforcement of legislation on rape, incest and sexual abuse • Information, education and communication • Social mobilization 	<ul style="list-style-type: none"> • Organize seminars to lobby for the reinforcement of legislation on rape and incest • Develop IEC materials on sexual and gender based violence • Conduct advocacy and social mobilization campaigns on gender based violence • Teach young 	<ul style="list-style-type: none"> • Number of advocacy meetings conducted. • Number of IEC materials on sexual and gender based violence developed • Number of advocacy and social mobilization campaigns conducted 	<ul style="list-style-type: none"> • Increased proportion of young people who come out to report sexual abuse or harassment • Reduced rape and incest cases • Reduced gender based violence

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
				people on self defense skills	<ul style="list-style-type: none"> Number of reported cases of rape and incest 	especially girls and single individuals
5. Inadequate communication between parents, guardians and children on HIV and sexual and reproductive health issues	<ul style="list-style-type: none"> Parents Young people between 6 - 24 years 	<ul style="list-style-type: none"> To Promote openness and dialogue between parents/guardians and children on sex and sexuality 	<ul style="list-style-type: none"> Parental education Peer education Life skills education 	<ul style="list-style-type: none"> Train parents on open communication with children Train young people in life skills Organize activities that promote dialogue between parents/guardians and children. Produce IEC materials on parenting Produce and air TV and Radio programmes on parenting 	<ul style="list-style-type: none"> Number of parental education sessions conducted Number of peer education sessions conducted Number of peer educators trained Number of youth involved in peer education Number of IEC materials on parenting produced Number of dialogue activities conducted Number of TV and Radio programmes produced and 	<ul style="list-style-type: none"> Enhanced communication between parents and children where issues of abstinence are discussed openly

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
					aired on parenting	
6. Exposure to pornographic materials promoting premarital sex	<ul style="list-style-type: none"> Young people, parents, media, vendors, owners of places of entertainment places and staff of classification board 	<ul style="list-style-type: none"> Promote classification of materials of entertainment of SRH Promote the role of parents/ guardians in providing guidance to young people from exposure to materials that promote premarital sex. 	<ul style="list-style-type: none"> Advocacy for stiffer penalties for vendors and adults who promote exposure to pornographic materials Parental guidance Moral education 	<ul style="list-style-type: none"> Lobby for increased classification of entertainment and information materials Conduct peer education Conduct parental guidance session Train youth and media in message development and material production Produce radio and TV programmes 	<ul style="list-style-type: none"> Number of advocacy meetings for stiffer penalties done Number of IEC materials developed Number of parental education sessions conducted Number of parents educated Number of peer education sessions conducted 	<ul style="list-style-type: none"> Elimination of pornographic materials
7. Inadequate role models in abstinence	<ul style="list-style-type: none"> Young people between 12-24 years Parents Community leaders 	<ul style="list-style-type: none"> To increase number of young people as role models for abstinence 	<ul style="list-style-type: none"> Role modeling Life Skills education to the youth 	<ul style="list-style-type: none"> Conduct activities that promote role modeling (e.g. Stars Aware) Conduct community campaigns involving role models 	<ul style="list-style-type: none"> Number of role models Number of role modeling campaigns organized Number of peer education 	<ul style="list-style-type: none"> Increased number of role models on abstinence Increased proportion of young people who are able

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				<ul style="list-style-type: none"> • Conduct peer education • Train young people on life skills • TV and Radio programmes depicting role modeling on abstinence 	sessions conducted <ul style="list-style-type: none"> • Number of peer educators trained • Number of life skills trainings organized • Number of TV and radio programmes on abstinence and role modeling 	to abstain from sex. <ul style="list-style-type: none"> • Supportive environment within communities for young people to abstain from sex.
8. Intergenerational sexual practices	<ul style="list-style-type: none"> • Youth, parents, community 	<ul style="list-style-type: none"> • Empower the youth to refuse intergenerational sexual practices 	<ul style="list-style-type: none"> • Life skills education • Guidance and counseling • Information, education and Communication • Social and community mobilization campaign • Economic empowerment 	<ul style="list-style-type: none"> • Train youth in life skills education • Provide guidance and counseling • Develop IEC materials • Conduct sensitization meetings • Support young people to initiate IGA. • Lobby for stiffer penalties for adults who promote and/ or get involved in intergenerational 	<ul style="list-style-type: none"> • Number of life skills education sessions • Number of guidance and counselling sessions conducted • Number of IEC materials developed • Number of sensitization meetings conducted • Number of stiffer penalties meted out on culprits 	<ul style="list-style-type: none"> • Increased proportion of young people choosing and maintain the decision to delay sex or abstain • Increased community support for youth abstinence interventions

ABSTINENCE ISSUES IDENTIFIED	INTENDED AUDIENCE	OBJECTIVES	STRATEGIC APPROACHES	ACTIVITIES	INDICATORS	EXPECTED OUTCOME
				sex.	<ul style="list-style-type: none"> • Number of young people supported with IGA • Number of organizations and people carrying IGAs • Amount of funds directed towards IGAs 	