Mawa Girls: creating healthy futures through empowerment, education, HIV risk reduction and psychosocial support

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**Background**

- One-third of all new HIV infections are among 15-24 year olds, with 70% among girls and young women (UNAIDS 2018).
- Girls who dropout of secondary school in sub-Saharan Africa are twice as likely to be HIV-positive (UNAIDS 2019).
- Increasing women's educational achievement is linked to better HIV and sexual and reproductive health (SRH) outcomes (UNAIDS 2014).
- In Malawi, only 7.6% of women have completed primary and 6.3% have completed secondary school (MDHS 2015-16).

In Mulanje District, Malawi, GAIA partnered with Sentebale in 2018 to implement Mawa Girls, a layered program of clubs, curriculum and parent/guardian involvement.

“Mawa” means tomorrow in Malawi’s local language, Chichewa

**Mawa Girls**

Sentebale in partnership with GAIA

**Program Description/Methods**

- **Mawa Members**: In year one (2018-2019), 360 girls (including 59 on bursary) in 9 secondary schools self-selected to participate in school-based clubs once per month for 9 months.
- **Mawa Mentors**: 27 trained female teachers and young adult volunteers presented the curriculum, providing life skills and education on sexual and reproductive health, empowerment, and activities to help girls aspire to and plan for a healthy, productive future.
- **Girls’ guardians** signed a letter of commitment to attend 3 informational sessions to learn about the clubs and how they could support their girls to stay in school.
- Additionally, one-week camps were held once per year to reinforce club learning/skills and to provide additional services, like Youth Friendly Health Services and female role models.

**Results**

- 78% (279/360) of girls attended all club sessions and 94% (338/360) attended at least 8 of 9.
- Pre-to post-test scores measuring knowledge/attitudes improved by 16% overall:
  - 34% increase on HIV-specific questions;
  - 22% increase on sexual and reproductive health questions;
  - 8% increase on questions measuring empowerment.
- Program participation appears to correlate with lower rates of school dropout, especially among those on bursary:
  - 2% (7/360) dropout rate during the year among all Mawa Girls’ participants;
  - 0% (0/59) dropout among bursary recipients participating in the program, versus 18% (22/125) dropout among bursary girls in previous year without the program.
- Potentially more important to decreasing rates of HIV among girls is grade attainment, and among Form 3 students participating in Mawa Girls and completing the school year, 98% returned for Form 4 in the 2019-2020 school year.

**Lessons Learned**

- Caregiver meetings helped parents understand their role in supporting the girls to stay in school and stay healthy.
- Some parents/guardians, especially those living a distance from their girl’s school, had a difficult time getting to caregiver meetings. Going forward, we will align caregiver meetings with planned teacher/parent meetings when parents are already on school grounds.
- Curriculum revisions needed for Year 2: mentors requested moving sexual and reproductive health session to the beginning of the year, as a couple girls had already become pregnant by the time they got to that topic.
- Almost every school has reported wanting to enroll greater numbers of the girls in the program.
- Role models were very well-received by girls in camp, where they had a chance to ask questions and learn what they can become with an education.

Layered programming, including bursary, safe spaces for girls to learn about SRH/goal-setting, mentors/role models to provide inspiration, and guardians creating an enabling environment represents a promising approach to supporting secondary school completion and improving health outcomes among AGYW.

**Conclusions**

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