1. **Description of the organization and its key activities:**

MANERELA+ is a faith based organization that was founded in 2004. It is one of the largest interfaith and voluntary membership network of religious leaders and members of the faith community that are living with or personally affected by HIV and AIDS. The network has a membership of over 10000 members in Malawi spread across the country. MANERELA+ works towards providing response to the HIV/AIDS pandemic through community mobilization and sensitization on HIV/AIDS, Capacity building and training, promotion of SRHR services and HIV prevention services, evidence based research, Advocacy and lobbying for necessary HIV services and Policy review and change, networking and building partnerships with other stakeholder as well as promotion of Human rights and client centered approaches to HIV service delivery.

Central to our work is the recognition that the protection of human rights, inclusiveness and mainstreaming of cross cutting issues is critical to a successful response to HIV and AIDS. In this regard, we work with and have interventions for the general population, Religious leaders and their support groups, women, youths and the key population in particular the LGBTI and sex workers. The implementation of our HIV and AIDS interventions is not done in isolation, we align our strategies and interventions with the international, regional as well as national guidelines and Policies recommended for HIV AIDS service delivery. MANERELA+ also works in collaboration with the Ministry of Health and other government line ministries and structures.

MANERELA+’s work is rooted in the conviction that religious leaders have a role to play as agents of change to secure SRHR realization, ending HIV & AIDS related stigma and discrimination and advancing gender justice. MANERELA+’s mission is to empower religious leaders through education, knowledge and skills to live positively, becoming symbols of hope and agents of change who will help eliminate stigma and discrimination and promote gender justice and human rights within their congregations and communities.

1. **Context analysis**

The project will be implemented in Malawi, a small, poor, landlocked country in southern Africa. Similar to many African countries, the population of Malawi is predominantly young. According to the 2008 population and housing census, young people aged between 10-24 constitute over 65% of the Malawi population (NSO 2008).A long history of low contraceptive use, high child mortality, and cultural, economic, and religious barriers have resulted in a high fertility rate (currently estimated at 5.7). The country registers a high number of adolescent pregnancies due to low contraceptive use. This results in high school dropout rate among girls with 2 in 7 girls dropping out in primary school. According to recent studies, 22% of women have given birth by age 15 and 65% by age 20 (MDHS 2015/16). These statistics indicate early sexual activity. Early sexual debut is common with 20.3% of boys and 5.3% of girls having had sex by age of 10 (YFHS Evaluation, 2014). Over 44.3% of births are unplanned and of these, 25.5% are unwanted. Malawi registers 4-5 deaths per month due to abortion-related complications, commonly among girls aged 13 and younger (SAFAIDs, 2013). The highest teenage pregnancies rates and girls school dropouts are noted in some district including Dedza, Nsanje, Chikwawa and Machinga (MDHS 2015). High STI acquisition rates are also noted in border districts such as Mchinji, Dedza, Mwanza and Karonga.

With young people engaging in sex at such an early age, addressing the SRHR needs of this population is critical. The 2014 Evaluation of the national Youth Friendly Health Services (YFHS) strategy found that young people often face obstacles to accessing contraceptives, and SRHR services in general, which increases their risk of unwanted pregnancies and of acquiring HIV and other sexually transmitted diseases (STDs). Sexual violence is also an issue among young people with around 23% of females and 13% of males aged between 13 and 17 reporting experiencing sexual violence in the past 12 months (UNICEF 2013).

A range of socio-cultural, legal and resource factors act as barriers to the realisation of rights and access to quality SRHR services by young people in Malawi. Socio-cultural factors such as initiation ceremonies and rituals have been found to lead to unprotected sex among young people, increasing their vulnerability to teenage pregnancies as well as HIV and other sexually transmitted diseases. A prevailing culture of silence that stems from patriarchal systems fuels the occurrence of harmful cultural practices such as early child marriages and initiation ceremonies which also result into unequal power dynamics between males and females. Furthermore, restrictive religious norms create further barriers to sexual and reproductive health information and services for young people, including access to contraception and safe abortion. Furthermore, Malawi faces a critical shortage of resources to meet young people’s SRHR. The country has one of the most severe health workface crises in Africa, with the lowest physician-to-population ratio at 2:100, 000 and second lowest nurse to population ratio at 28:100, 000. Another issue is inadequate infrastructure to meet the SRHR needs of young people. In 2016, 11% of facilities reported a stock-out of HIV testing kits (PEPFAR 2017).

The Malawi government has demonstrated commitment to providing comprehensive and integrated SRHR services in line with the recommendations of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, 1994. Malawi is also a signatory of the AU Maputo Plan of Action which advocates for integrated SRHR Plan and the 2006 African Youth Charter, Article 16 of which provides that “Every young person shall have the right to enjoy the best attainable state of physical, mental and spiritual health through comprehensive sex education and through contraceptive access, antenatal and post-natal services, youth participation and social protection.”In 2007, the Government began its youth-friendly health services (YFHS) programme to make all health services, including SRH services, more acceptable, accessible and affordable to young people. However, the 2014 evaluation of the programme revealed that awareness and use of the YFHS is low in Malawi, with less than one-third of community youth reporting to have heard about them and 13% reporting to have ever used them (Ministry of Health 2014). Therefore, addressing the factors that hamper young people and adolescent’s access to these services is key to improving their SRH outcomes.

1. **Problem statement**

In Malawi, young people have limited access to SRHR information and services. The Country has one of the highest rates of child marriage in the world, with approximately 1 in 2 girls married by the age of 18 (UNICEF, 2016) and high STI/HIV incidence among youth (Malawi National Youth Friendly Health Services Strategy 2015 to 2020). Despite the adoption of national strategies, policies and legislation to outlaw child marriage and end GBV, the practices remain widespread. In Malawi, cultural and religious beliefs and practices are a major driver of child marriages and gender based violence (International Journal of Social Studies 2016). Faith communities are a crucial building block to close the SRHR needs gap.

1. **The goal and Objectives of the Project:**

**Overall Goal**

Sexual and Reproductive Health and Rights of adolescent girls and young women in Malawi are fully realized through improved capacities to make informed choices and improved access to Sexual Reproductive Health services for the elimination of child marriages and combat sexual gender based violence in targeted communities.

**Specific Objectives**

1. Harness the social capital of faith leaders to promote sexual and reproductive health and rights for adolescent girls and young women to address Child Marriages and Gender Based violence in faith communities
2. Improve adolescent girls and young women’s knowledge, agency and capacities to make informed decisions on their Sexual Reproductive Health, demand for and uptake of essential Sexual Reproductive Health services
3. **Description of the expected results and activities through which they will be achieved :**

The following are expected results of the project:

1. Sustained partnerships of Faith Leaders and increased synergies with other stakeholders that lead to successful and effective SRHR interventions to address child marriages and SGBV at faith communities.
2. Adolescent girls and young women’s knowledge, agency and capacities strengthened to make informed decisions on their SRH, demand for and uptake of essential SRH services
3. SGBV management and elimination of child marriages initiatives are institutionalized in local faith communities and influence policy discussions at national level
4. Availability of quality integrated SRHR services for adolescent girls and young women increased.

Description of activities;

The following activities will be implemented in order to achieve the overall goal of the project.

* Stakeholders Briefing
* Conduct a baseline survey
* Identification of Change agents from faith institutions and among AGYW
* Formation/strengthening of AGYW clubs, Mother groups and Men as partners groups at community and congregation level
* Capacity building of different structures under this project on SRHR and gender
* Radio program
* Conduct dialogue meetings with authorities , service providers, parents and guardians and AGYW
* Conduct community sensitization meetings
* Conduct district AGYW learning and experience sharing conference
* Conducting focus groups discussions at community and congregation level with faith leaders, parents and guardians, AGYW, community police forums
* Conduct monitoring and evaluation
1. **Location of Project activities:**

The project will be implemented in Dedza District located in the Central Region of Malawi. Dedza district has been selected because it is among the district with the highest prevalence of teenage pregnancies and early marriages (Malawi Demographic and Health Survey, 2016).

In Malawi, districts are divided into Traditional Authorities (T/As), which are ruled by chiefs. Thus the project activities will be implemented in one T/A in the selected district, namely T/A Tambala in Dedza District. Traditional Authority Tambala has been selected because the area is one of the hard to reach areas with people limited access to services hence registering increased cases of teenage pregnancies and early marriages. MANERELA+ already has established structures of faith leaders on the ground and a good working relationship with the district council, civil society organizations, youth clubs and the community leaders.

1. **Partnerships:**

The project will be implemented in collaboration with the following main partners: the ministry of health (Dedza District Health Offices), Dedza district council, civil society organizations based in the district such as Family Planning Association of Malawi, CHREA, MSF, MANERELA+, CEDEP, faith/religious institutions, Community based organizations, youth networks and the department of social welfare, youth, police (Community police forums and the victim support Unit), judiciary as well as religious and community leaders.

The project will also collaborate with the community radio station known as Bembeke Community Radio, a local radio based in Dedza district.

1. **Gender Analysis of the project:**

The project will ensure that both genders are engaged to become equal partners, clients of SRHR information and services and change agents. All project interventions will aim to empower adolescent girls and young women and promote equal partnerships. Most SRHR interventions aimed at reducing teenage pregnancies/ marriages and increasing the uptake of family planning services in Malawi focus exclusively on women and girls; however, this project recognizes men and boys as part of the solution, not the problem. As such all efforts will be made to ensure that not only women and girls but also boys and men are involved at all levels of implementation, right from the design and planning stage of the project right through to monitoring and evaluation. Concerted efforts will be made to ensure that equal numbers of men and women are represented in these processes. Likewise, a deliberate effort will be made to ensure that equal representation in the project’s structures (for example, change agents will have equal numbers of male and female). In addition to the above, the project will focus on addressing harmful gender norms and structures. The project will make sure that gender minorities are included, both as beneficiaries and as change agents, and will challenge traditional concepts of gender that marginalizes gender non-conforming individuals.

1. **Youth Analysis of the Project:**

MANERELA+ recognizes meaningful youth participation as a core value of all rights-based sexual and reproductive health programmes for young people. As such, this project will use a number of strategies to create the conditions for success of critical youth empowerment. The first strategy is *empowerment* –a process that ensures that young people gain understanding and control over issues that affect them and can positively contribute to making a change for themselves and other young people. This will be achieved through capacity building sessions that will be conducted during this project. Secondly, MANERELA+ will mainstream meaningful youth participation in the project itself. This will involve engaging young people in all layers of decision-making and in the design, planning, implementation, monitoring and evaluation of programmes. All project officers will be young people. Secondly, MANERELA+ will focus on building positive youth-adult partnerships. This means that in all activities, young people will partner with adults. The youth-adult partnership will provide young people with an opportunity to gain experience and take on increasing levels of responsibility. In addition, all of the project’s awareness and community mobilization activities will be youth-led. This experience will enable them to build their knowledge, understanding, skills and social networks and allow them to use their talents to bring about lasting change in own their communities.

1. **Accomplishment to date**:

MANERELA+ has played a significant role in the design and implementation of a variety of public health and behavioral change programs including the SRHR-HIV knows no Borders project currently been implemented in Mwanza, Neno and Mchinji in collaboration with Save the Children, International Organization for Migration targeting adolescents, young people, migrants and sex workers in migration affected areas with support from the government of the Netherlands. This project has contributed to greater freedom of choice for migrants, adolescents and young people and sex workers in migration affected communities regarding their sexuality. The project has is also assisting migrants, adolescents and young people, and sex workers to have improved access to and use of integrated sexual and reproductive health-HIV services and quality health care and also promoting respect for the sexual and reproductive health rights of migrants, adolescents and young people, and sex workers.

MANERELA+ is also implementing a project on adolescents’ sexual reproductive health and rights in Mchinji in collaboration with Save the Children International with support from the Swedish government. The project is working with faith leaders as change agents in addressing teenage pregnancies, early child marriages and sexual gender based violence. In a bid to address teenage pregnancies, child marriages and sexual gender based violence in Mchinji faith leaders in collaboration with community leaders have come up with bye laws. They have also made a declaration on”*No child marriage in all places of worship,”* by condemning any religious leader who encourage or marry underage children as per country’s law. As one way of creating demand for SRHR services Religious Leaders have been conducting dialogue meetings and awareness campaign at community and congregation level which has resulted into increased uptake of SRHR services by adolescent girls and young women.

In most of our projects Religious leaders have played a crucial role not only in improving the spiritual health of young people but also their social and physical health. Religious leaders have been key stakeholders in our projects in responding to health and social issues. As the guardians of sacred texts, religious leaders have within their means the ability to influence and challenge communities through validating and promoting best practices. They have been also able to use their positions of influence to advocate for youth friendly policies and services.

**Monitoring Methodology:**

MANERELA+ regards monitoring and evaluation of its activities as a key process for the attainment of the project objectives. Monitoring and evaluation of the on-going activities will be done to introduce the necessary changes that will lead to the fulfillment of project objectives.

The Monitoring and Evaluation Officers shall be responsible for monitoring and evaluation of the project. The officer shall monitor the inputs, outputs and processes through the various structures that the project has put in place for implementation. These shall include project officers, the district coordinators, community coordinators and Change agents. The monitoring shall provide a mechanism of assessing whether the project implementation is in line with the project objectives, plans and budgets. It shall also provide feedback on the implementation of the project which shall be a basis for learning for the project and MANERELA+ as an organization.

The monitoring framework shall also act as an accountability tool for the MANERELA+, as it shall seek to address accountability requirements at various levels as follows:

1. *Downward accountability* to beneficiaries and communities including the local structures that the Project will work with such as Change agents, Mother Groups, Men as partners Groups and community-based organisations (CBOs).
2. *Horizontal accountability* to various MANERELA+ programmes and projects, district level departments and structures, other organizations working with communities within the jurisdiction of the project, such as the Village Health Committees and the Health Facility Advisory Committees (HAC).
3. *Upward accountability* to development partners, the district councils, and line and sectoral ministries and government departments.

MANERELA+ has standard monitoring forms that are used by all its volunteers. These will be distributed to District Coordinators, Community Coordinators and Change agents to be used for monitoring of ongoing community activities. MANERELA+ shall undertake a midterm review of the project where staff and volunteers working on the project shall be involved in assessing the progress of the project after six months of its implementation.

A baseline survey will be done at the beginning of the project to establish benchmark indicators to inform the project’s M&E plan and results framework. At the end of the project, MANERELA+ will conduct an end of project evaluation. The end of project evaluation shall be undertaken by an independent external firm, however MANERELA+ shall be involved at various stages of the evaluation to develop internal capacity for evaluation within MANERELA+ and internalize the evaluation results for future programming. The evaluation shall come up with a report that shall outline an assessment of the project implementation, identifying achievements, challenges, lessons learnt, best practices and recommendations on the way forward.

1. **Annual turnover or budget and financing sources of the organization:**

*Annual turnover/budget (In USD);* **USD 410, 959** (as at December 2018)

*Financing sources;* Grants and donations

*Current donors include:*

1. Open Society for Southern Africa
2. Save the Children/International Organization for Migration (Sweden and Netherland Government)
3. Arcus Foundation
4. JASS ASSOCIATES (Comic Relief)
5. ITPC/ARASA

1. Budget Summary

Total Activity Budget: **USD 30000**

Total Amount Being Requested: **USD 30000**