Theatre for a Change: An Evaluation of the Teacher Training Colleges Project in Malawi

Theatre for a Change
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Abstract:

This dissertation is the result of a work-based placement for Theatre for a Change based in Lilongwe, Malawi. The main objective is to provide an evaluation for the Teacher Training Colleges project, which works with trainee teachers with the goal of improving their sexual and reproductive knowledge and equipping them with the ability to effectively change the behaviors of youth in Malawi. This report is intended for Theatre for a Change. The insights provided in the report aim to provide a comprehensive evaluation to inform a deeper understanding of the successes and challenges of the current programming before Theatre for a Change revisits its strategy and expands the scope of the Teacher Training College curriculum in September 2014.

To accomplish this, the dissertation includes: a Literature Review and an Analytical Report consisting of both an Impact Assessment of the baseline surveys conducted in 2011 and a Follow-Up Study with participants from the 2013-2014 academic year. The evaluation finds that while the behavior change curriculum was successful overall in improving the knowledge and awareness of its participants, and that participants are eager to transfer their knowledge to the greater community through outreach initiatives. The evaluation concludes by making recommendations for the program as a whole.
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Chapter 1: Introduction

a. Theatre for a Change: Goal, Mission, and Vision

Theatre for a Change (TfaC) is a non-governmental organization that was founded in 2003 and is currently operating in Malawi, Ghana, and the United Kingdom. The organization’s goal is to improve the sexual and reproductive health of vulnerable and marginalized groups. Its mission is to use uniquely active participatory tools that promote sexual reproductive health and gender rights. Its vision is to see vulnerable and marginalized groups empowered with knowledge, awareness, and skills to positively transform their lives and the lives of others at local, national, and international levels. TfaC Malawi began in 2007—with the Teacher Training Colleges (TTCs) projects being its flagship program—and has since developed to support a number of concurrent projects.

Economic and gender inequality result in marginalization, reduced education, and transactional sex. All these factors increase the likelihood of HIV infection and poor sexual and reproductive health. HIV causes stigmatization and reduces employment capability, thus further contributing towards economic and gender inequality. There is growing recognition from policy makers, healthcare experts, scientists and social scientists that health is inseparable from human rights, and that comprehensive approaches must be developed. TfaC combines creative and clinical methodologies, based on evidenced proof of behavioral change, with participatory, experiential and inclusive approaches.

b. Report’s Importance and Intent

TfaC’s Monitoring and Evaluation (MEL) division has the mission to empower participants and stakeholders, to utilize innovative methods to collect information, to learn from the information collected and turn it into action, and to regularly improve. By looking at controlled samples, the organization will be able to assess its wider scope of impact and place its future strategy accordingly. The research for this report was conducted with the support of the MEL department and seeks to answer the following questions:

1. Is TfaC programming having a positive impact on participants?
2. Is the TTC program working as intended?
3. How can the TTC programs be improved in the future?
The dissertation is the result of a two-month work-based placement at TfaC Malawi. As TfaC’s TTC mandate will be expanding to encompass a broader range of topics—primarily focused on sexual reproductive health (SRH)—the dissertation’s main objective is to provide a project evaluation for the current TTC program in an effort to identify successes and challenges to ensure the programming remains effective, coordinated, and sustainable. To accomplish this, the dissertation is divided into four main chapters. Following the Introduction, Chapter Two will provide academic context to the research by exploring relevant literature. Chapter Three will outline the research methods used to measure the impact of the TTC project. Chapter Four will assess the successes and shortcomings of the TTC behavior change workshops through an Impact Assessment, using both quantitative and qualitative data, with the goal of enabling TfaC to gain a better understanding of participants’ understanding of HIV, gender, and relevant communication skills. Chapter Five will provide recommendations for future programming.

Chapter 2: Literature Review

a. HIV in Malawi:
To contextualize the importance of this report, it is essential to review the historical impact and infection trends of HIV/AIDS that have affected Malawi in the last three decades. Malawi’s first AIDS case was diagnosed in 1985; following the initial case, HIV prevalence escalated from a prevalence rate of 1.7% in 1987 to 14.3% ten years later spreading quickly—spreading first in cities (17%) and then into rural areas (9%) (NAC 2004). By 2006, Malawi had one of highest HIV prevalence rates in the world (UNAIDS 2006). The rate declined to 11% in the 2000s, and shows signs of maturing—or slowing—in recent years: the current rate is estimated to be 12% (UNAIDS 2010; GoM 2010: 29; Anderson 2012). Malawi has one of the lowest life expectancies in the
World, just 54.8 years, and this is primarily due to HIV, which continues to be the leading cause of death for adults aged 15-49 (AVERT 2014; World Bank 2010; Mkandawire et al. 2013).

While over 60% of people living with HIV live in sub-Saharan Africa (UNAIDS 2004) blanket statistics obscure nuances of the groups which are disproportionately affected. Understanding which groups of people are most heavily impacted will allow TfaC to target the most marginalized populations. In Malawi, there is an especially high HIV prevalence amongst sex workers (70.7%), female police officers (32.1%), and male primary school teachers (24.2%) (AVERT 2014). Across all groups, women are at the epicenter of the HIV epidemic in Malawi, making up close to 60% of those affected, as gender inequality is produced and reinforced at all levels, ingraining women’s subordinate position in society and putting them at particular risk of HIV infection (Tiessen 2005, Anderson 2012, AVERT 2014). Studies indicate that females ages 15 to 24 are 4 to 6 times more likely to become infected with HIV than their male counterparts (NSO and ORC Macro 2005; UNAIDS 2004) and 18% of pregnant women age 15-25 attending antenatal clinics were already HIV positive in 2003 (UNAIDS 2004).

A gender analysis in HIV/AIDS research is, therefore, needed to understand the fundamental cultural norms of masculinity and femininity and how they influence sexual knowledge and behaviors (Commonwealth Secretariat 2002). Integrating gender issues is a critical component of holistic prevention measures: current efforts have been successful in providing free access to anti-retroviral medication, but do not address attitudes and cultural norms which reinforce women’s disadvantaged societal status.

Malawi’s annual budget for HIV and AIDS indicates that the majority of available funding goes towards treatment and care, with HIV prevention and behavior change accounting for 11% in 2011, a decrease from 2010 (AVERT 2014). The high prevalence of HIV is the result several interlinked factors, six of which are explained below.

i. Culture and Communication:

As a country with a rich cultural heritage, tradition plays a significant role in the everyday lifestyle decisions of Malawi’s population. As an international NGO, it is, therefore, important for TfaC to understand these norms, to be both culturally sensitive and effective in its programming. Socialization begins at an early age when young girls are taught to accept highly specific roles in society and sexual intercourse is conditioned as a male prerogative (Hayes 2013). Having multiple sexual partners, engaging in risky behavior, and not using a condom is associated with masculinity; in some contexts, being HIV-positive is even seen as a ‘badge of honor’ (Kaler 2003: 359; Barker & Ricardo 2006: 2; Ntata 2005). While no longer universally accepted, cultural rites of passage—initiation ceremonies—are still practiced in some areas. In order to enter adulthood, the female initiates are obligated ‘to have sexual intercourse with a masked man symbolizing the ‘fisi’ (hyena) during the ‘kutsana fumbi’ (shaking the dust) ritual (Anderson 2012: 99). The rituals last from a week to a few months, yet the subconscious effects are enduring, as Anderson explains, “Girls are socialized to understand that deviation from feminine ideals of subordination and respect will be punished with displays of animalistic male sexuality” (Anderson 2012: 100).

Conversely, many members of the community—specifically in rural areas—are reluctant to discuss sexual reproductive health in both public and private; the emphasis on HIV/AIDS prevent in school curricula is scant and lack of support from parents and community members compounds the reluctance of teachers to explore these topics (Kachingwe et al. 2005).
A lack of communication reinforces power disparity in relationships, bolstering the perception that men are the ‘decision makers’ and women are ‘decision takers’ (Anderson 2012). Over 65% of married women reported that their husbands make decisions about their healthcare (NSO and ORF Macro 2005: 44). Numerous reports indicate that the majority of women lack education relative to their husbands and are socially conditioned to do what their husbands tell them, especially in the rural areas (Munthali et al. 2004: 4; Lwanda 2005: 89; Mbweza et al. 2008: 16). In 2004, 27.5% of currently married women with knowledge of contraceptive methods had not discussed family planning in the past year (NSO and ORC Macro 2005: 91). Mortality in itself is a taboo topic, as Peters reflects, “Since most people in the sample area do not care to talk of the dead, it is difficult for outsiders to pose questions about the number and causes of deaths” (Peters 2008: 669). This indicates that “soft skills,” like communication, are vital, yet not an easily attained skill in many communities.

ii. Economics:

In addition to the HIV and AIDS crisis, Malawi faces the destabilizing impacts of poverty, food insecurity, and other diseases like malaria. Although beyond TfAC’s influence, economic instability and food security are factors that play a significant role in the spread of HIV and the populations are affected. HIV is not a disease which strikes once; its impact lingers, de Waal describes it as a “chronic, background stress factor’ (de Waal 2007: 103) that Peters argues must be separated from existing (“though now intensified”) development problems (Peters 2008: 684).

Half of the population in Malawi lives below the national poverty line (World Bank, 2010; Mkandawire et al. 2014). The annual per-capital gross national income is US $203 (Mkandawire et al. 2014), which results in 40% of the population—approximately five million people—surviving on less than one dollar per day (GoM 2008). Economic inequality is correlated with risker sexual behaviors, and increased non-spousal sexual partners, lower probability of abstinence among young women, and an earlier sexual debut (Durevall & Lindkog 2012). A lack of economic security is particularly a barrier for women who are HIV-positive, who are impacted by a lost of cultivation time, loss of income, a lack of legal protection, crippling medical bills, inability to work, and the burden funeral expenses (Tiessen 2005; Peters 2008: 667).

iii. Education:

A lack of access to quality education is an ongoing problem in Malawi and the effects ripple throughout the national community. A limited education is linked with the low self-efficacy women experience: in terms literacy, land ownership, and access to health-related information (Floyd et al. 2008). Statistics indicate that girls who stay in school are less likely to be exposed to HIV because they are less likely to be sexually active at a young age; earlier sexual debut is associated with higher prevalence of HIV, with women who debut when they are younger than 15 at a higher (18%) risk than women who have a later debut (14.6% or lower) (NSO and ORC Macro: 2005: 235-6; UNAIDS 2004).

The disparity in dropout rates in primary school—10.5% of girls as compared to 6.3% for boys—is later reflected in adulthood literacy rates: women’s literacy being 66% compared to 80% of men (UNAIDS 2004). Low literacy rates make it difficult for women to access accurate information about SRH and HIV, causing a reliance on ‘common knowledge’ which is often skewed and rife with myths and misconceptions. Low attendance is also compounded by societal expectations: with one less mouth to
feed, young women are often pushed to marry at a young age as a coping mechanism in times of extreme poverty (Munthali 2002).

In Malawi, the wife’s primary duty is to produce children. Carol Pateman specifies a ‘sexual contract’ as a universal masculine sex-right that “ensures that there is an orderly access by each man to a woman” (Pateman 1988: 109-10). With pressure on women to bear many children from a young age, “the majority have their first pregnancies in their early teens and by the age of nineteen 60% have at least one child” (Technical Assistance to Non-Governmental Organizations 2004: 8). TfaC aims to provide specialized education to reach these young women, and influence the decisions they make which can potentially lead to healthier and more productive lives.

iv. Power in Relationships:
TfaC seeks to give participants the communication and negotiation skills to maximize equality within personal relationships. Weber describes power as the ability to exercise one’s will even in the face of resistance by others (Weber 1946). In marital relationships, Rodman adds, “The balance of power is influenced by the interaction of comparative resources of husband and wife and the cultural and subcultural expectations of distribution of marital power” (Gaydosh 1972: 60). Power includes three processes: negotiation, communication, and persuasion as one partner attempts to leverage influence to achieve the desired outcome (Komter: 1989; Scanzoni: 1979). In Malawi, despite women contributing significantly to the nation’s domestic output, men will hold back income to support recreational activities (e.g. drinking, extramarital relationships), which are considered an “essential expression of masculine enjoyment” (Forster 2001: 247-248).

While women who work do have a greater say in decision making than non-working women, patriarchal constraints pose limits on their bargaining power (Gaydosh: 1972). Women often lack the skills and influence to effectively negotiate condom use, even in situations where the husband is HIV-positive or has other STIs (NSO and ORC Macro 2005). Most studies concluded that men’s desires trump the wishes of their wives, and men maintain almost complete power in fertility decision-making (DeRose et al. 2002; Exeh, 1993; Hollos & Larsen 2004). Cultural norms of polygamy among men mean that women in stable relationships are also vulnerable to HIV infection (Forster 2001; Liwewe & Matinga, 2005). Women are also at greater risk of sexual violence. On average, 77% of women who had experience physical violence reported a husband or previous husband as the culprit; transgressions of sexual-based violence—including marital rape, coerced sex, or rape—increase rates of HIV as the likelihood of violent sexual intercourse leads to damage to the cervix of the vagina (GoM 2002; Liwewe & Matinga 2005; Commonwealth Secretariat 2002). Results from a household-based survey of 4,031 Malawian youth ages 12 to 19 indicated that 40% of sexually experienced girls were not willing the first time they had sex (Guttmacher Institute 2006).

v. Stigma:
Discussion of sexual reproductive health remains a taboo in Malawi and, therefore, stigmas against the positive status, treatment, and transmission persist. While disclosure of HIV status amongst spouses remains highly relevant for the spread of HIV/AIDS in Sub-Saharan Africa, and it is often necessary for HIV-positive men and women to inform others of their condition in order to receive necessary emotional and
physical support, discussions remain limited and positive status often remains undisclosed, leading to more transmissions (Antelman et al. 2001).

TfaC’s curriculum is sensitive to the stigmas against HIV, some of which are deeply embedded and are even reflected in the most prominent language—in Chichewa, HIV is given the name ‘chiwerewere,’ meaning ‘promiscuity’ (Lwanda 2005: 115; Panos 2000). Immoral behavior is also closely associated with women, STIs are known in Chichewa as ‘women’s disease,’ women tend to be blamed for infecting their husbands, and men often blame women for enticing them into sex (Forster 2001; Liwewe & Matinga 2005; Rankin et al. 2005: 1). At 3%, condom use in marriage contexts remains almost non-existent (FHI 2004), as contraceptives are considered ‘intruders’ in the domestic space (Chimbiri 2007). Another ubiquitous attitude is that one “cannot eat sweets in a wrapper‘ (Lwanda 2005: 116–17), meaning that condoms are not conducive to sexual intercourse. Young girls are perceived to be infection-free, and the perception that having sexual intercourse with a virgin can cure HIV is widespread (Panos 2000). Women who suggest condom use are widely viewed as promiscuous (Anderson 2012) as is a woman who tests positive for HIV (Ntata 2005). HIV-positive women are therefore significantly less likely to share their HIV status with their spouse than are men, and are more likely to not disclose their HIV status to anyone (Anglewicz & Chintsanya 2011). TfaC’s curriculum seeks to debunk these myths, emphasize open communication, and give participants an understanding of the causes and treatment of HIV, so they can become sources of accurate information in their communities.

vi. Misguided Ideas about Rights:

TfaC underscores the importance of sexual rights: the right to say “No” to unwanted sex, the right to access comprehensive sexual and reproductive services, and the right to report sexual abuse. TfaC must, however, be mindful of the way it presents the idea of rights as Malawi is a still a relatively young democracy—having become independent in 1964 and organizing the first democratic elections 1994, after three decades of one-party rule. While the notion of human rights was introduced shortly after, many argue that the transitional government did not create an environment that was conducive to the adoption of rhetoric into policy (Englund 2013) and the status of women in Malawi actually declined in the years following the democratic transition (Hayes 2013: 355).

Women, traditionally believed to be the “keepers of culture,” and thereby subordinate to men, were discouraged from participating in activities that attempted to wield equality as these activities weakened “culture” (Hayes 2013: 356). On the other hand, while premarital sex, adultery, and sexual relationships with multiple partners are not new concepts in Malawi, the introduction of human rights discourse had the unintended effect of providing justification for sexual transgressions (Chirwa 2002; Kaler 2001).

A clash between “tradition” and human rights rhetoric has allowed men to ignore their responsibility to observe sexual precautions, while ensuring that women remain in a position where they are sexually available (Hayes 2013). These ill-informed and crudely translated ideas of rights, where access to sex is seen as a human right, have increased rates of premarital sex, reinforced patterns of marital infidelity, and promoted multiple partner relationships—deepening the impact of HIV on Malawi’s population (Hayes 2013). Though matrilineal systems continue amongst the Achewa and Ayao ethnic groups in the Shire Valley of southern Malawi (Peters 2007), the overarching result was that men garnered more benefits from the democratic system
than women, who have experienced an increase of sexual violence since 1964 (Moffett 2006). As Englund urges, a more nuanced and comprehensive articulation is needed to make “descriptive language more finely attuned to the specificities of particular contexts” (Englund 2013: 144). In order to be effective, TfaC’s mission must be mindful of this reality and the unintended consequences neo-liberal rhetoric can have on Malawi’s native population.

b. The Importance of TfaC:

The core of the HIV epidemic continues to be driven by structural forces. The bulk of Malawi’s government spending is still directed to treatment, with prevention programs receiving a mere 10% of the budget (AVERT 2014). Lack of resources, stigma, discrimination, laws that criminalize high-risk groups, low socio-economic status of women, and gender inequality require a holistic approach based in education and behavioral change.

In Malawi, the HIV prevalence rate of teachers is 23%, almost double the national rate 12% (National AIDS Commission 2009). When teachers enter the Teachers Training Colleges (TTCs) their prevalence rate it under 1%, making TfaC’s work highly relevant: working in an at risk environment with a vulnerable population before they encounter situations that put them at risk of HIV. As role models, teachers have the potential to play an instrumental role in promoting behavioral change. Bandura highlights the importance of role models, who encourage behavior changes in the theory of ‘social-cognitive learning,’ a theory which emphasizes that role models strengthen self-efficacy in younger populations (Bandura 1994). Conversely, this elevated position poses the possibility of abused power. Personal behaviors make some teachers poor role models as they abuse their privileged status in Malawian society by taking advantage of their students and contributing to negative attitudes and stigmatization relating to sexual reproductive health. A teacher who is reluctant to discuss sex with young people, or does not have adequate training both in technical knowledge and communication skills, can have a harmful impact on an impressionable population (Kachingwe et al. 2005).

TfaC’s mission is to equip forthcoming teachers with the tools to bolster confidence, engage in participatory teaching techniques (e.g. role plays, touch tags) that encourage behavior change, build the communication skills needed to address negative responses from resistant community members, and establish tools for recognizing and intervening in harmful practices (i.e. child abuse). While many behavior programs promote abstinence, studies evidence that this is an unrealistic expectation for most adolescent members of Malawi’s society, as the age of sexual debut predominantly varies from 12 to 15 years (UNAIDS 2004). TfaC, therefore, recognizes that primary school HIV/AIDS prevention programs are needed to reach young people well before they become sexually active and begin to engage in potentially risky behaviors.

c. TfaC Methodology:

a. Background:

TfaC’s foundations are inspired by the notion that education has clear political influence. In Paulo Friere’s text, Pedagogy of the Oppressed (1970), the educator deeply criticized what he called the dominant ‘banking’ theory of education, where the learner

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1 This estimate comes from HIV Testing and Counseling reports submitted to TfaC by the Malawi AIDS Counseling and Resource Organization in October 2010.
is subjected to education instead of being an active participant in learning (Plastow 2009). Friere was determined to change this form of education which ‘domesticates’ learners, instead giving them the tools to reflect and become self-motivated in changing habits and behaviors (Quinn 2009). He credits education with being a source of political power and urges participants to put newfound knowledge into a practice (praxis) that will better their society (Quinn 2009). His work inspired Augusto Boal, who was motivated to apply the techniques prescribed by Friere and put them on stage:

“In the Legislative Theatre the aim is to bring the theatre back to the heart of the city to produce not catharsis but dynamatization. Its objective is not to pacify the audiences ... but ... to develop their desire for change. The Legislative Theatre seeks to ... transform that desire into law.” (Boal 1985: 12)

The cornerstones of TfaC’s methodologies are concerned with the notion that education is often presented as an exclusive privilege; Boal presented theatre as a tool to level opportunities to the marginalized population and equip people with the ability to promote change in their personal lives, create an impact in their communities, and spark transformation on local, national, and international levels.

b. Application:

TfaC’s methodology focuses on participation and experiential learning to help young people:

2. Gain the confidence and communication skills that will protect them from HIV infection.
3. Discover and assert their right to relationships that are equal and free from abuse.
4. Become a catalyst for behavior change in the lives of the people around them.

To achieve this, TfaC uses multiple methods such as interactive theatre with “touch tag,” legislative theatre, and body sculpture as learning tools. By utilizing methods such as the touch tag, audience members are encouraged to be active participants, or ‘spectators’ (Plastow 2009). Behavior change programs focus on identifying, addressing, and eliminating the risky behaviors of the participants, who are guided through a series of workshops aimed at exploring knowledge, attitudes, and behaviors around HIV, safe sex, condom use, stigma, and myths surrounding SRH. Advocacy activities focus on TfaC sponsored public workshops or “Open Days,” interactive theatre performances on HIV and AIDS, opportunities for one-on-one discussions with community members, and HIV testing centers. The goal is to make TTCs supportive environments where communication about sexual reproductive health is free and readily available.

After-school workshops are divided into two groups: core group workshops and peer group workshops. The core group workshops encompass the most intense level of intervention. They consist of a “core group” of trainee teachers at each TTC who are actively involved in the program over a ten-month period. In the first half of the year, they receive training in SRH education and facilitation skills by participating in TfaC’s behavior change and advocacy workshops. Trainee teachers continue to receive SRH training throughout the duration of the course; however, after five months, the core group members also have the opportunity to start their own “peer groups” on campus.
practice their facilitation skills and promote the educational and behavior change components of the curriculum to their peers.

A core assessment tool in TfaC’s programming is the Cycle of Empowerment. It begins with individual change and involves increasing the trust, power, balance and assertiveness skills that lead to self-confidence and ability to assert rights. Individual change develops into group change, and is supported by team building, group solidarity and increasing motivation. With the two foundations in place, social change is facilitated through legislative theatre performance, radio broadcasts, gender equality campaigns, access to education, health and legal services, which ultimately lead to economic and political participation. TfaC’s mission is to provide a foundation for educators to inform, raise awareness, speak about SRH issues, and bring forward a change.

Inspired by Friere, TfaC’s methodology underscores that education is about empowerment. Friere wrote, “It is impossible to think of education without thinking about power” (Friere 2004: 1) here, power is both personal growth and the influence which is necessary for policy changes. Put into practice, this method enables materially poor and marginalized groups with the tools to transform their society from the ground up (Quinn 2009).

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Chapter 3: Impact Assessment

a. Research Methodology

TfaC’s TTC programs began in 2001 and have since been established at 10 training colleges throughout Malawi. During the course of the two-month work-based placement, eight of the TTCs were visited and assessed, their locations include:

- Amalika
- Blantyre
- Chilangoma
- Dowa
- Karonga
- Machinga
- Maryam
- Lilongwe

Fig. 2 Core group members receive the most intensive training in TfaC’s 10-month course and then form student peer group at primary schools where they will be employed as teachers.
During the months of May and June 2014, members of the Monitoring and Evaluation (MEL) team along with representatives from the Education program, conducted monitoring visits where the successes and challenges of each college were assessed, projects with key link people were coordinated, and the relationships with TfaC’s head office and trainee teachers were reinforced.

![Map of Malawi with locations of TTCs](image)

Fig. 3 A map of the eight TTCs, which were visited and evaluated during the 2014 work-based placement. With the exception of Lilongwe and Blantyre, all campuses were located in rural areas.

b. **Data Collection Tools:**
   i. **Focus Group Discussions**

   The aim of the group interviews was to gain an in-depth understanding of the participants’ progress, shared experiences, and insights for moving forward. The discussions explored the attitudes of the TTC participants towards the risk and perception of HIV/AIDS, sexual and gender rights, sexual child abuse, corporal punishment, misconceptions, stigmas and participatory learning.

   The discussions were semi-structured: open-ended questions were presented to the group and then free discussion was encouraged. The interviews lasted *an hour*, and
involved groups 10-15 voluntary participants who equally represented both sexes. The role of the Monitoring and Evaluation facilitator was to gather the honest opinions and beliefs of the participants. Corrections were made in situations where participants were misinformed in regards to statistical information; otherwise, free expression concerning stigmas, myths, and cultural taboos surrounding SRH was gathered impartially.

ii. Semi-structured Observations:
Semi-structured observations were conducted with the goal of assessing how TfaC’s methodology can be applied to ‘real world’ situations, as it was found that when respondents were asked to evaluate their own ability in questionnaires they tended to overly positive in rating their own ability, skewing the results (Walsh 2011).

The semi-structured observations revolved around two topics: ‘Saying “No” to Sex’ and ‘Condom Negotiation,’ two indicators in TfaC’s log frame. In the semi-structured observations, participants were put into male-female pairs and asked to demonstrate a scenario where they were first negotiating condom use, followed by a scenario where one participant was refusing sex. Participants were encouraged to use techniques they learned in TfaC workshops (e.g. voice, space, eye contact) and apply it to a real-life situation. After three minutes, the participants switched roles. MEL team members evaluated the participants’ ability to negotiate sex and condom use by ranking their ability to demonstrate consistent eye contact, strong body language, and the mention of the word ‘right.’

iii. Condom Demonstrations:
TfaC distributed half a million (519,431) condoms in 2013-2014 academic year to all but two of the participating TTCS in 2013-2014. While female condoms have the potential to empower women, male condoms are more accessible in Malawi—exacerbating male control—so female condoms are made readily available by TfaC at TTC campuses. Condom demonstrations were used to gauge participants’ knowledge and ability to effectively use male and female condoms. 10 participants, with males and females equally represented, from each TTC were asked to volunteer for this activity.

Evaluators used a 5-point checklist, which required the participants to verbally explain the steps of condom use, while instructing with the assistance of a wooden demonstration penis for male condoms and using a closed fist to simulate the female vagina. In order to receive a perfect score, participants needed to explain the application of the condom, while remembering to mention to check the expiration date, safe methods of opening the package, and appropriate disposal.

iv. Self-administered Structured Questionnaire:
TfaC’s MEL department conducted the TTC program’s baseline surveys in October 2010 and November 2013. The aim of the questionnaires was to explore the knowledge, attitudes, and practices of respondents in relation to HIV/AIDS, condoms, gender, and sexual rights.

A mix method approach was used to determine the baseline percentages for the TTC Program’s indicators as outlined in their log frame. The TTC groups and the general TTC population were randomly quota sampled. Proportional quotas of gender and grouping per TTC were developed by over-sampling to achieve a 20% representative

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2 TfaC does not distribute condoms at Saint Joseph’s and Maryam, Catholic and Muslim institutions, respectively. Maryam is an all-women’s college.
sample from the TTC general population and a 50% representative sample from the core group. The core group was over-sampled to allow for inter-TTC comparison at the endline. An endline survey, with the identical multiple-choice questions, and added section for reflective questions, was distributed and administered in July 2014; the entire cohort of participants at all TTCs were used as the sample.

Fig. 4 TfaC distributed 2013 baseline and 2014 endline questionnaires to core group members in all 10 TTCs in Malawi. Although TfaC strives to have equal representation of males and females, teaching continues to be a more popular professional choice for the latter group. Focus Group Discussion participants reported difficulty balancing coursework as the primary reason for dropping out of TfaC programs before completion.

c. Ethics:

Oral consent was obtained from all participants, who were all above the age of 18 so permission from guardians was not required. All participants were made aware that their identities and responses would remain anonymous, secure, and confidential and consequently all data collected would be labeled using numbers as opposed to participants’ names and would not be used for redistribution.

d. Study Limitations:

An objective approach is necessary to make the best use of the data collected for the Impact Assessment. As it is difficult to gauge the difference between actual changes in relationships and behavior in relation to perceptions or assumptions of change (Chirwa 2002, Hattori & Dodoo 2007), it should be noted that participants may have over-emphasized their new skills to appear ‘transformed’ in the eyes of the researcher and observers. There was no way of determining whether the behaviors—particularly those that are intimate in nature—were altered in the privacy of the home.

There is also the potential issue of language barriers. There are six languages spoken in Malawi. While the lectures at all TTCs are conducted in English, and each participant was capable of communicating with the interviewer, English is not the language that is most commonly spoken at home in Malawi. Therefore, cultural practices, stigmas, and
taboos may have been best explained in the local dialects. As we did not have a translator present at the focus group discussions, some of this information may not have been communicated.

Fig. 5 The TfaC office at the TTC in Blantyre where students have access to free male and female condoms, which are distributed by a training officer appointed by TfaC.

Chapter 4: Results

a. Motivations for Joining TfaC

P: Why did you join TfaC?

1: I joined TfaC because I wanted to get more knowledge about HIV/AIDS and interaction with other people.

2: I joined TfaC because it’s more about human behaviors and human change.

3: I also joined TfaC to equip myself with information about HIV and AIDS.

4: I joined TfaC because I thought about making a change to my peer groups.

5: I joined TfaC to have to have more knowledge about HIV/AIDS and human rights, because as a future teacher I know that these things will assist me.

6: I joined TfaC because I want to improve on my HIV/AIDS knowledge.

7: I joined TfaC to enable myself to combat HIV/AIDS and to teach people.
8: I joined in order to learn more about HIV/AIDS so I can plan a better future.

9: My colleague was once in TfaC because my colleague was in it and he told me about the benefits, and to combat HIV/AIDS.

–Machinga Core Group Participants

Each focus group discussion was introduced with the fundamental question, “Why did you join TfaC?” The simple question is important for gauging participants’ motivations by isolating key areas of interest and what attracted trainee teachers to TfaC’s programming. The answers ranged: from very specific goals like understanding malaria in Blantyre, to following the recommendations of peers and colleagues who have gone through the TfaC program themselves in Karonga, Machinga, and Lilongwe. The most common responses centered on increasing knowledge and improving communication skills.

The responses can be linked to the profession that the participants will be entering—education—where having accurate knowledge and the ability to communicate it to students are critical to success. Equal access to knowledge also allows both members of the relationships to make informed decisions about their bodies and health (Rodman 1972), reducing the advantage that males have in relationships. In Malawi, a country where discussion of SRH is still often perceived as taboo, especially in the rural regions, effective communication skills are key for increasing understanding; this opinion was highlighted by participants in six of the TTCs as the main reason for joining TfaC:

TfaC is all about free expressions. When we got here, we didn’t want to talk about issues like HIV and condoms. As we go along we open up. When I got here, I couldn’t say the word ‘condom’ in my mouth, but when we talk to others we have to say it like we mean it, so now I feel more comfortable talking about these issues.

–Blantyre Core Group Participant

b. Results:

The impacts of participating in TfaC’s programming varied and were often unique to individual participants. For example, at the Dowa TTC, one participant credited his involvement in TfaC with allowing him to gain the skills to have healthy friendships and the ability to feel more comfortable with platonic physical contact (e.g. hugging). Another participant in Maryam expressed her gratitude to TfaC because she is now to treat both her son and daughter equally. This section of the report identifies the most common responses to the question: “What did you learn in TfaC?” The responses from the questions are compared to attitudes reflected by the 2011 and 2013 baseline questionnaires.

i. Increased Knowledge:

In addition, there were some misconceptions that we had toward condoms and HIV itself. By joining TfaC, we were able to fix the misconceptions that we had and also the misconceptions that we had. We know the proper use of condoms—it’s like ABCD—and we know about HIV/AIDS it’s ABCD that we can do, or ABCD that we can’t do. Some of these things, they really stuck into our minds about how we are experience, so this is the total change, this is how I feel.
The results of the 2013 baseline survey revealed that familiarity with condom function and application was low among TTC students. Among women, 66% of core group participants and 74% of the general population did not have experience using condoms. Women were much less likely to know how to use a male condom (58%) than men (87%). When asked, ‘If you had sex in the last 6 months did you use a condom?’ only 59% of males and 55% of females confirmed they had. The results are even lower when asked if a condom was always used, in which 75 of the 197 males and 200 of 433 females questioned indicated they were using contraception regularly.

In 2013, baseline knowledge surrounding HIV was also shown to be low. When HIV testing was questioned, 115 of the 197 males and 213 of the 433 females reported to have been tested in the last 6 months. The accuracy of HIV testing was frequently doubted, only 69% of males and 60% of females in the core group stated that the results were always to be trusted. Many of the participants were unaware of the groups in Malawi, which have the highest HIV infection rates: 33% of males and 20% of females answered correctly. On average, male trainee teachers reported a higher awareness of personal HIV than female trainee teachers. Among men, 77% thought they were at least somewhat likely to contract HIV compared to 71% of women. The lack of preexisting knowledge is important: teachers not realizing how far they are on the spectrum of risk reveals the government of Malawi does not readily relay this information to trainee teachers.

The endline results indicated an increase in understanding. Focus group participants at six of the TTCs were asked if they had gone for HIV testing in the last six months:

<table>
<thead>
<tr>
<th>Teacher Training College</th>
<th>Percent Tested for HIV in Last 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blantyre</td>
<td>70%</td>
</tr>
<tr>
<td>Dowa</td>
<td>90%</td>
</tr>
<tr>
<td>Karonga</td>
<td>100%</td>
</tr>
<tr>
<td>Lilongwe</td>
<td>70%</td>
</tr>
<tr>
<td>Machinga</td>
<td>60%</td>
</tr>
<tr>
<td>Maryam</td>
<td>70%</td>
</tr>
</tbody>
</table>

Fig. 6 The 2014 Focus Group Participants at six TTCs were asked if they were tested for HIV in the last six months. While, ideally, the percentage should be 100 for each college, participants appeared to be honest in stating if they had not been tested, giving TfaC the opportunity to isolate key deterents.

As shown, there is a significant increase in average number of participants who voluntarily got tested. Along with increased knowledge about the importance of knowing one’s status, availability of testing centers provided by TfaC at the community
Open Days were cited as a reason why more students were tested following their involvement in the workshops. Participants who had not been tested in the past six months were thanked for being honest, and asked why they had not gone in for testing. The most common reasons were being too busy or did not consider HIV testing as a priority.

The 2014 endline condom demonstrations also revealed increased understanding of condom use. Some participants specifically joined TfaC to gain this knowledge. At Maryam TTC, 7 out 10 participants became involved in TfaC to learn how to use the female condom. Participants at Machinga TTC were also eager to supply contraceptives to the student population, stating that their peers will frequently ask them for ‘TfaC’s,’ meaning condoms. The condom demonstrations were observed and evaluated with the aid of a 5-point checklist, which required participants to indicate the steps needed for condom use, the percentages of students who received perfect scores are displayed below:

<table>
<thead>
<tr>
<th>Teacher Training College</th>
<th>100% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalika</td>
<td>40%</td>
</tr>
<tr>
<td>Blantyre</td>
<td>50%</td>
</tr>
<tr>
<td>Chilangoma</td>
<td>20%</td>
</tr>
<tr>
<td>Dowa</td>
<td>80%</td>
</tr>
<tr>
<td>Karonga</td>
<td>70%</td>
</tr>
<tr>
<td>Machinga</td>
<td>40%</td>
</tr>
<tr>
<td>Maryam</td>
<td>70%</td>
</tr>
</tbody>
</table>

Fig. 7 The 2014 endline male condom demonstrations results for the eight TTCs monitored during the work-based placement. The primary reason for not receiving 100% was neglecting to check the expiration date on the package.
Fig. 8 The 2014 endline female condom demonstrations results for the eight TTCs visited. In Chilangoma, one participant saw a female condom for the first time during the demonstration. This is an opportunity for TfaC to address how training officers address participants who are latecomers to the core group program.

The 2014 endline questionnaire indicted that 97% of both men and women reported confidence in being able to use the male condom. As revealed by the chart above; however, at the best performing TTC, Dowa, only 80% of the sample group participants were able to perform a perfect condom demonstration. This could indicate that participants have an inflated perception of their ability, though it should also be noted that if the participant failed to address one out of the five points on the checklist they did not receive an 80%. Instead, they automatically ‘failed’ in the sense their overall knowledge was not reflected in the results. For example, at Chilangoma, most of the participants who did not receive perfect scores failed to check the expiration date. In the future, a more nuanced checklist—one that also includes proper procedure for removing the condom—would be beneficial to more accurately gauge overall knowledge.

ii. Communication Skills:

I take it as an opportunity. As an agent of change, I can convince my friends and mix with them because at first it was hard for me to make friends and socialize. So after I joined TfaC I learned how to approach people and how socialization can be done. In addition to that, I learned that if I can join TfaC, I could also sensitize people about how they can take care of themselves, both emotionally and physically.

—Dowa Core Group Participant

Communication skills were a key motivator for participants to join TfaC, and many focus group discussion interviewees demonstrated satisfaction with the progress they made in increasing their ability to confidently speak in front of large groups. These skills are difficult to quantify, yet the testimonies of the participants marked their
progress. In Karonga, when a Training Officer—the point person employed by TfaC, who is responsible for facilitating core group workshops—was asked to complete feedback that would be used for assessing knowledge, attitudes, and skills related to the core group workshops, she talked openly about how one participant in his groups had dramatically increased his confidence levels and how he was no longer shy when talking to other people. Later, when the Training Officer was asked whether she had seen changes in her group members she immediately mentioned this participant, ‘[Before] he could not look you in the eyes, he could not speak.’ The Training Officer described how the participant was now able to express his opinions and ideas with confidence, interact with his peers, and act as an agent of change by facilitating workshops with other students across the campus.

### iii. Changed Attitude Towards People Living with HIV:

*I had a negative attitude towards HIV+ people. When I saw someone who has HIV I would not go close to her for fear of contracting the disease, but with TfaC now they have told us ways—that we can you can shake hands, or even sleep together, or use utensils together without contracting HIV/AIDS. I know now how to contract it.*

—Lilongwe Core Group Participant

When popular misconceptions regarding people living with HIV were explored in 2011 baseline research, it was encouraging to find that over 90% of respondents thought that sharing bedclothes, pots, and dishes would not increase one’s risk of HIV infection. In the 2011 baseline survey; however, 69% of women and men in the core groups and 73% of women and 68% of men in the general population thought that deep kissing (open mouth kissing) was a risky sexual activity that could lead to HIV. Only about one quarter of men and women from both groups thought that both activities were not risky and were unlikely to lead to HIV infection.

During core group workshop in 2014 at Lilongwe TTC, the training officer distributed slips of paper to all participants. Eight of the slips of paper had a “+” symbol, which designated positive HIV status. The training officer then asked the participants who received the plus sign to step inside the circle. Only five of the eight participants who received a positive status chose to come forward. This example shows that even in a simulation participants were still hesitant to reveal a positive status. When the core group members convened for the focus group discussion, participants were asked to reflect on this activity asked how they would encourage someone with a positive status to step forward in the circle:

*If someone is afraid of saying that they have HIV/AIDS, there is a need for advice. Firstly, I can tell them that you are not the first person to be found with HIV/AIDS and being found with HIV/AIDS means that you can live—only if you follow medical instructions, protect yourself from unprotected sex, and to have a balanced diet. But firstly, I would comfort him, and say that you are not the first person to be found with HIV, because most people think if you are found with HIV it means that you are dead. I would comfort him and say that no, it’s not like that.*

—Lilongwe Core Group Participant
These results are important because, as teachers, the participants will be role models in their communities. If they display adverse attitudes towards people who are living with HIV, it is likely they will influence pupils and community members with their disposition. Participants in four TTCs (Amalika, Chilangoma, Dowa, Lilongwe) revealed in the 2014 Focus Group Discussions that they held negative attitudes towards people who are HIV+ before the program began, and all of them affirmed that they now have a better understanding of the reasons why it is important to instead offer counsel and support. Another participant, at Karonga TTC, publicly revealed for the first time that his father—whom he described as his best friend—is HIV positive. He also received encouraging support from the group.

iv. Child Abuse:

As for teachers—especially male teachers—they take this as an advantage so they can force a girl to have sex so he will give her good grades. So girls who are not assertive can be forced to do those things.

—Lilongwe Core Group Participant

1. Sexual Abuse:

Child abuse, both in the form of sexual abuse and corporal punishment, is a relatively recent point of discussion in Malawi; unfamiliarity with the rights of the child was indicated by the baseline questionnaire in 2013. When asked if an adult is allowed by law to have sex with a person under 18 if that person agrees, 64% of males and 54% of females answered correctly: No. A comparison of the baseline and endline questionnaire revealed a significant change in attitudes since the beginning of the program: there was a 27% increase in correct answers in the male population and a 34% increase among the female. Specifically, participants developed a clearer understanding of the circumstances in which sexual relationships with students are improper and illegal. For example, in 2013, only 40% of males and 54% of females answered correctly when asked if a teacher is allowed to have sex with the teacher if the student makes the advance. After participating in the program, the 2014 endline results showed that 72% of males and 73% of females developed the understanding that this relationship is not legal.

A significant change—41% increase in right answers for males and 58% increase for females—was seen when the question of provocative clothing was isolated. Only 28% of males and 14% of females answered this question correctly in the 2013 baseline. Participants also indicated changed attitudes pertaining to sex with pupils if a favor is exchanged: 35% of males and 13% of females initially considered this an example of child abuse. 2014 endline data signals that there was a 40% increase in male knowledge and 59% increase in female knowledge. It should be noted that women still were more likely to not identify this as child abuse at the endline. Teachers clearly lack basic knowledge, and this is also another aspect of the TTC curriculum that would otherwise not be discussed if TfaC’s presence was not on campus.

The biggest change, however, was seen in a factor that is not easily quantifiable: romantic feelings. When initially surveyed in 2013, 54 of the 197 males and 44 of 433 females surveyed answered that it a teacher is guilty of child abuse if the teacher sleeps with a pupil under the age of 18 if they are in love. While the proportions of correct answers rose significantly, up to 74% for males and 71% of females, attention must be paid to this topic as it still leaves a quarter of the teachers with the understanding that romantic relationships with students are, in some cases, justified. As a population with
such a high prevalence of HIV, it is imperative to explicit about this point before teachers go out into the community as education professionals.

2. Corporal Punishment:

In four cases (Dowa, Chilangoma, Maryam, Lilongwe) focus group participants revealed that, as parents, they had been unaware of the fact that they have been abusing their own children. 2014 endline surveys revealed that this area was one in which TfAC was most successful: 89% of males and 86% of females answered the questions relating to child abuse correctly at the end of the program. Participants demonstrated changed ideas towards corporal punishment as being the best method of disciplining unruly children, with 94% of males and 89% of females indicating that there are better methods after participating in TfAC's program. Of the 300 women surveyed at the endline, 282 indicated that whipping a child does not teach them a lesson; 126 of the 141 surveyed males agreed. One question asked to the participant to agree or disagree with the statement: “Corporal punishment happened to be at school and it did not harm.” In November 2013, 69% of males and 58% of females answered correctly. In July 2014, 97% of males and 84% of females acknowledged that if they experienced corporal punishment as children the effects are ongoing. This change, an average of 26.5% is significant because it shows that participants can have retrospective attitudes towards practices, which they once considered to be the norm: a key component of behavior change. This topic can also be an opportunity for TfAC to incorporate ‘parental education’ in the future curriculum, as many of the core group participants do not have basic knowledge that can be specifically addressed.

v. Gender Equality:

*When it comes to gender most people think it’s impossible [to change]. I learned to accept yourself first, because you are not going to change someone if you haven’t accepted yourself. You have to know your rights. You have to respect yourself. Know that you are doing this, because, most of the time, even when there is empowerment that you have to treat men and women the same, still there is this knowledge—I don’t know if it’s cultural, but it’s just a role. A person has to change first—has to accept who that person is, to feel good about themselves, because when you are expecting others to change like this then it is not going to happen.*

—Blantyre Core Group Participant

In baseline surveys conducted in 2011 results indicated that respondents did not connect statements that presented inequality in relationships with an increase in HIV risk. For example, on average, only 34% of men and women in the core group and general population thought that intimate partner violence could put someone at risk of HIV. Similarly, 36% of women and 39% of men thought that exclusive control of finances by one partner could increase HIV risk and 31% of men and 36% of women thought that a wife submitting to sex whenever a man requested it put one at risk of HIV.

In 2013, core group members continued to experience difficulty in identifying the difference between the definition of ‘gender’ and ‘sex.’ Baseline results indicate that 51% of men and 50% of women could correctly identify ‘gender’ as the answer to the question, “What refers to the expectation that society attaches being male and female?” At the time of the endline, 120 of the 141 males and 228 of the 300 females could
answer this question correctly. This is a significant increase; however, although women face the majority of the impacts of sexism, they fall below men in understanding the difference between biology and gender appropriation. A similar pattern was shown with the question, “Girls are responsible for cooking and cleaning is an example of [what]?” While female participants increased in their understanding of ‘gender’ from 68% to 87%, they still scored less than the men who at the endline displayed a 99% understanding. Similarly, at the endline, only 74% of females were aware that the women are entitled to the equal pay for performing the same job as a man. To put this in context, 81 of the 300 women, who are forthcoming professionals, do not know their rights, nor have the understanding to educate the next generation of female students about their rights.

Interestingly, men appear to be better informed about gender: scoring an average of 84% at the baseline and 92% at the endline, compared to the 81% and 88% shown by women. This trend was also observed in the focus group discussions where women were much more hesitant to explore the subject. While there was no change in the attitudes men indicated towards their role in reducing violence against women—94% agreed at the baseline and endline respectively—at the endline, a higher percentage of men (87%) than women (75%) understood that, in Malawi, it is illegal to dismiss a woman for refusing to sleep with her boss. Most women (54%) also still do not believe that a girl should be allowed to breastfeed at school, and while 95% of women thought boys and girls are equally capable in maths and sciences they scored 3 percent less than their male counterparts when answering the same question. This is important information for TfaC synthesize because it signals that women’s self-confidence, key to their success both as professionals and as mentors to their students, still leaves room for improvement.

vi. Myths and Misconceptions:

To me, I believed that women who are married cannot use a condom, but now I use them and I’m married with two children.

Interviewer: How does your husband feel about it?

Now it’s okay, but before it was difficult because he was saying you are my wife. But I told him if you impregnate me I will not be able to finish my school so he accepted.

–Maryam Core Group Participant

Focus group discussions revealed that low condom use is associated with negative views about reduced sensitivity, low efficacy, connection with the spread of diseases, and lack of mutual trust in relationships. Trainee participants specifically cited their concerns that condoms cause infertility and increase the likelihood of cervical cancer and HIV. The 2014 baseline questionnaire revealed that only a small percentage of trainee teachers held positive attitudes towards all statements about condoms. The vast majority, 76% of males and 67% of females, held one or more negative views towards condoms. The most common deterrent against continuous condom use was reduced sensitivity. Echoing the popular idea that wearing a condom is akin to ‘eating a candy in a wrapper,’ 34% of males and 48% of females believed that condoms stop pleasure. Though these results did increase by an overall average of 25%, attention
should be focused on these preconceived notions to target specific assumptions in the incoming groups.

The 2011 baseline questionnaire revealed that only 51% of women in the core group thought marital sex without a condom was risky. To contextualize these results, in Malawi, 88% of new infections are through unprotected heterosexual intercourse. Young women 15-24 who are married or in a stable relationship have a much higher prevalence rate (10.4%) than women of the same age group (4.8%) who are not married or in a stable relationship (National AIDS Commission 2009; Maleta and Bowie 2010; Mkandawire et al.). Data from urban regions indicates that 1 in 3 couples have at least one individual with HIV (National AIDS Commission 2009). This data shows that many new infections are occurring in groups of people that were previously considered to be at low risk.

At the 2014 endline, trainee teachers indicated that their perceptions of condoms were changing. A participant in Amalika stated that in Malawian society a woman who carries a condom is seen as a prostitute (“Sex hungry”) and indicated that his view about this practice has shifted to acceptance. When participants were asked in November 2013 if they felt comfortable carrying a condom, 74% of males and 44% of females indicated that they were. Similarly, participants expressed changed beliefs with almost all men (94%) and women (98%) feeling comfortable carrying a contraceptive on their person. TfaC supplying condoms and making them readily available on campus has encouraged free discussion; however, during condom demonstrations it was clear that participants still not feel fully comfortable addressing sexual intercourse directly, using terms like words like ‘job,’ ‘task,’ and ‘activity’ as substitutes.

vii. Negotiation Skills:

I have been taught how I can negotiate. Despite the other person’s power or his appearance I have learned to negotiate to get the desired outcome. I have also learned communication skills—how to approach somebody without compromising my relationship.

—Blantyre Core Group Participant

The 2011 baseline observations revealed that when asked directly, the vast majority of women and men the core group (88%) replied, “exactly true” to the question “If someone was pressuring me to have sex, I feel confident I could say “No.” Observations, however, revealed that 49% of women and 55% of men had the ability to negotiate condom use successfully (Walsh, 2011). This was an ongoing trend in 2014 when the endline observations were conducted: participants still often over-estimated their ability to effectively negotiate condom use. Often participants did not make eye contact with the person they were talking to, their body language was weak, and many found it difficult to maintain a serious disposition throughout the demonstration. The 2014 endline observations also revealed that women were still particularly weak in condom negotiation and seldom used the word ‘right’ when attempting to convince their partner.

As highlighted in the ‘Myths and Misconceptions’ section, marriage is an important risk factor for HIV infection among women. It can be inferred from the baseline question, “Did you discuss family planning in the last 6 months?” that only 42% of males and 55% of females actively discuss contraceptives. While 71% of males and 59% of females reported in the endline questionnaire that they ‘always’ used condoms with
their partners, only a margin of those males (68%) and females (61%) stated they have discussed family planning in the last six months. While family planning and condoms are not necessarily topics that are discussed in tandem, focus group discussion participants revealed that their main concern in discussing condom use was the risk of jeopardizing their intimate relationships. TfaC’s future curriculum would benefit from addressing this point directly as it can encourage more participants to try negotiation techniques in the privacy of their homes.

Fig. 9 Two core group members at Dowa TTC participating in a “Saying ‘No’ to Sex” role-play demonstration.

viii. Saying “No” to Sex:

_The skills that I learned—for example there was a person who was a close friend of our family, and during the holidays he would come home. He would talk things that were strange—and forced me to have sex with him. After realizing the rights that I have, I said no to him. I convinced him. Now, I’m happy because I’m free._

—Maryam Core Group Participant

While TfaC is clear that its approach does not explicitly promote abstinence, ‘Saying ‘No’ to Sex’ workshops have to be sensitive to the fact that sex is a central component to marriage (Zulu and Chepngen 2003: 250) and women continue to be on
receiving end of the their sexual relationships. 2014 endline participants demonstrated their understanding of women’s rights increased. When asked if a woman can decide how many children she want to have, males (94%) and females (99%) were mostly in agreement in supporting women’s right to choose. It should be noted that, in Malawi, saying “Saying No” to sex is a common part of the courtship routine. When interviewers asked how participants in the focus groups came to know their partners, many related a story were the woman refused the man at least three times before agreeing (Walsh 2011). The ‘Saying ‘No’ to sex’ scenario may, therefore, not be effective in the sense that it simulates a common social practice. Again, participants had a difficult time maintaining strong body language and eye contact throughout the demonstration. During one baseline observation in 2011, one participant was asked why he laughed and smiled throughout the exercise. When asked about this in post-observation discussions, he commented that the scenario did not reflect an authentic scenario because they would not say “No” to sex in reality (Walsh 2011). A component of the program where participants ask their partners to join the discussion that day, or bring home assignments to complete together may reinforce the lessons.

Fig. 10 Closing activity at Chilangoma TTC where each participant is encouraged to reflect on the workshop’s weekly learning aim.

Chapter 5: Recommendations

a. Overview:

This report has evaluated the impact of the Theatre for a Change's presence in Teacher Training Colleges (TTCs) in the hopes of contributing to the development of the upcoming 2014 TTC strategy. TfaC combines creative and clinical methodologies, based on evidenced proof of behavioral change, with participatory, experiential and inclusive approaches. The positive results of the programming, combined with for
the growing support for behavior change and advocacy curriculums, means that TfaC’s impact has the potential to increase and impact a larger portion of the population. It is also becoming increasingly recognized by development professions that human rights are fundamental to education and health, specifically in the area of SRH. These changes, however, can only be fully implemented if they coincide with a supportive social, cultural, and political environment; only through this cohesion will sustainable change become a reality.

i. Communication Between TTCs:

*Researcher: What do you think are some good ways that you could share what you have learned here with the community as a whole?*

1: Through visiting chats.

2: Through organizing trips.

3: To learn more from our friends.

–Chilangoma Core Group Participants

The opportunity to share experiences with the other TTCs in Malawi who are participating in TfaC was suggested in all eight of the focus group discussions. The trainee teachers are eager to share their knowledge and teaching techniques with their peers and future colleagues. While visiting trips may be difficult due to budgetary restrictions, it would be possible to create a newsletter that is distributed to participating colleges. The simple method would allow core and peer group members to build solidarity, foster professional networks, and potentially make the recruitment process easier for TfaC as incoming students would already having an idea of what TfaC’s programming has to offer.

ii. Community Outreach & Advocacy:

*I understand, I am a parent—the others are not parents, but they are future parents, who will experience many things. When I was a girl, I used to not chat with my mom, or share experiences with my mother, but now I can share experiences with my kids. I will be the first person to be open to my children, and I do believe that even my friends will do the same. Which means our children will grow well and everything will be shared without problems. Here in Malawi, the sexual issues are not commonly shared, but because of Theatre for a Change we now have the responsibility to share these issues with our children and parents.*

–Chilangoma Focus Group Participant

TfaC’s methodology is based on the Cycle of Empowerment, which begins with individual, community, and national change. Having access to parents is a key element in this process because the TfaC curriculum may be met with resistance if shared in the privacy of the home. As the subject matters stretch past HIV—a regularly addressed topic by the government—and begin to focus on more nuanced aspects of SRH, parents will have to be educated as well. Core group members, specifically those who were parents themselves, suggested visiting rural villages and sharing this information
directly; others recommended that TfaC provide a drum to each group and allow members access to villages where they can organize the performances themselves.

iii. Materials:

During Open Days, we are all supposed to be tested, but due to lack of funds, the test kits did not come—there were too few. Here we have almost 600 students, but only 70 kits came. As a result, a lot of people got discouraged. People are saying that TfaC is failing on HTC because they came with few test kits.

– Machinga Focus Group Participant

While TfaC does not HIV testing during Open Days not mandatory or coercive, many TfaC participants and students at the TTC campuses expressed interest in finding out their HIV status. For many, this will be their first time being tested and it is, therefore, of utmost important that standards of tests are high, both in terms of efficiency and discretion. Students in Machinga expressed their concern that TfaC was not providing enough test kits for all willing students to receive a test, this can have negative consequences both in regards to students’ future inclination to tested and to TfaC’s reputation as a reliable provider of the tests they emphasize as being so important.

iv. Tapping into Talent:

I think it would be good to have artists in their TTCs, or should be promoting artists in the TTCs, if someone is a dramatist, or an artist. Art is the best tool that can change people’s lives.

– Blantyre Core Group Participant

TfaC’s emphasis on theatre-based education draws creative students, who identify the program as an expressive outlet, to apply. Participants in the Blantyre, Chilangoma, Karonga, and Dowa focus groups asked for more opportunities to use their talents—as writers, poets, and artists—in the TfaC setting to communicate the knowledge they are acquiring in the workshops. Since many of the core group members expressed initial hesitation in expressing their ideas, providing different mediums can be an effective tool in assuring that participants become comfortable communicating culturally sensitive topics. A supportive environment for unique talents can also increase self-confidence in participants, and thereby increase the individual commitment participants hold towards the collective success of the program.

b. Conclusion:

TfaC is an organization, which equips people with knowledge about how they think about HIV, gender biases and violence in the community. It brings a change in learners and the learners can bring change in their families and their communities.

– Blantyre Core Group Participant

This report aimed to provide a comprehensive impact assessment of TfaC’s programming at eight Teacher Training Colleges throughout Malawi. During the 2013-2014 academic year, the trainee teachers received instruction and skills-based training
TfaC’s aim is to equip teachers with knowledge so they can be positive role models and reliable sources of information in the communities in which they will soon be teaching. When compared to baseline results, the qualitative and quantitative data both indicates that TfaC’s programming has had a positive impact on the intended populations. Overall, trainee teachers have also expressed gratitude for TfaC’s involvement and cited specific skills they have acquired during the course of the program. To maintain the positive results; however, TfaC will have to remain involved once trainee teachers graduate from the program to ensure an ongoing impact. To draw on the previous experience in Uganda (Kinsman et al. 1999), where a similar program was provided with support and was successful but a scaled-up project was not, reinforces the idea that as TfaC focuses on a broader range of topics, and as alumni of the program continue to increase in numbers, ongoing support will be needed to ensure that future programs are successful.

Behavior change programs, often based in “the assumption that behavior is under the individual’s control” (UNAIDS 2004: 12) need to reconsider this disposition as future programs are created and implemented. Comprehensive solutions need to be outlined, where cultural, social, and political and gender constraints and potential risk of unintended consequences must also be taken into account. It is imperative that TfaC considers its role in the lives of the men and women it works with, and understands that it may ask individuals to make decisions which may not be supported by their family, friends and community. For example, in some cases, TfaC may unintentionally contribute to increasing a participant’s exposure to HIV since it is not uncommon for the partners of women who delay sex to becoming involved in extramarital relationships; other partners may choose to cut off financial support, which can put women into risky situations (i.e. sex work) as well. TfaC may not have the political clout or financial resources to transform gender relations on a national scale, but an objective understanding of its influence is needed to succeed in having the positive impact it seeks to have on Malawi’s marginalized—yet eager to learn—population.
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Chapter 7: Progress Journals
Theatre for a Change
Lilongwe, Malawi
Report 1: May 5 – May 19, 2014

Introduction to TfaC’s Mission:

My first two weeks are Theatre for a Change (TfaC) reinforced the understanding that strategy is a critical component of a successful mission. TfaC is celebrating 10 years as a running—and continuously expanding—NGO in Ghana, Malawi, and the UK. It originated in Accra, with funding from the British Council and Guardian, and expanded into a Malawian office in 2007. TfaC’s goal is to improve the sexual and reproductive health of marginalized groups. Ultimately, it aims to see vulnerable and marginalized groups empowered with the knowledge, awareness, and skills to positively transform their lives and the lives of others at local, national, and international levels. To achieve this, TfaC uses uniquely interactive and participatory tools that promote sexual reproductive health and gender rights to help young people:

- Learn accurate information about HIV transmission, prevention methods, and treatment
- Gain confidence and communication skills that will protect them from HIV infection
- Discover and assert their right to relationships are that equal and free from abuse
- Become a catalyst for behavior change in the lives of the people around them

Malawi is among the 10 countries in the world with the highest HIV prevalence rate, estimated at 12%. Among occupational groups, teachers in Malawi are especially at risk. Their HIV prevalence rate is 23%, which is almost double the national rate (National AIDS Commission 2009). However, when trainee teachers enter into Teacher Training Colleges (TTCs) their estimate HIV prevalence rate is under 1% (Malawi AIDS Counseling; Resource Organization 2010). TfaC has identified TTCs as an ideal environment to work with this vulnerable population before they encounter situations that will put them at risk of HIV infection.

TfaC is funded by a dozen donors—the largest contributor being DFID. Though its original projects were centered around TTCs, its role has expanded significantly and they now have Child Protection, Girls Education, and sex worker healthcare programs. The TTCs, however, remain their “bread and butter” and this year marks the end of a three-year project that was funded by Christian Aid.

Currently, there are TTCs in eleven schools. Nine of the schools are government-run, and Development and Aid People to People (DAPP) fund the remaining three. Two of the schools, St. Joseph’s and Maryam, are non-secular—Catholic and Muslim, respectively. TfaC appoints one or two training officers to each area, who will instruct 30-35 future teachers, over the course of three terms, at weekly workshops. The focus is on sexual health and reproduction (SRH), gender rights, and facilitation and communication skills. A weekly Listening Club is also established at each school. TfaC broadcasts a radio show about a chosen topic and listeners are encouraged to phone-in at critical points; thereby deciding the course the plot will take. This interaction is called a touch-tag and allows the audience to actively participate and interact with the actors. The responses are monitored using a system called Telerivet.
My role:

Three years ago, when the Christian Aid funded TTC program began, TfaC collected qualitative and quantitative data that was used to analyze the baseline attitudes, behaviors, and preexisting sexual health and reproductive knowledge of its participants. My role at the organization will be to write an endline highlighting the context, successes, and challenges of the program. Perhaps most importantly, the goal of the report will be to inform the future strategy of the program, paving a way forward as the project continues to expand. This report aims to aid the development of the future programs that TfaC will implement to continue to pursue its goal of improving the sexual and reproductive health of marginalized groups.

Plan of Action:

Over the next eight weeks, I will be visiting eight of the eleven participating colleges. During my visits, I will be observing the workshops and conducting interviews with key participants. Due to the length of my stay, I will not be able to visit all of the TTCs, but TfaC will be sending out surveys to all the locations and participants which will supplement the report. The TTC Program endline will ultimately employ three methods of data collection: self-administered questionnaires, in depth semi-structured interviews, and non-participant structured observations.

TfaC has provided the baseline report from 2010-2011, so I am aware of the indicators that have been previously used. I have also been given substantial liberty with the questions I will be allowed to ask during the interviews, so areas of particular interest (e.g. cultural influences and adolescent leadership) can be further explored.

Literature:

Much of TfaC’s methodology has been inspired by the legislative theatre techniques of Augusto Boal. Patrick Young, the founder of TfaC, worked a drama teacher and participated in Theatre for the Oppressed—Boal’s organization—before beginning his own venture in 2004. I have been exploring his writings, in addition to his predecessor’s, Paulo Friere, about the role of education in political transformation. I believe an understanding of the philosophy that contributed to TfaC’s origins will allow me to get a well-rounded view to the organizations mission and how this foundation is likely to influence future programs.

There are also a number of reports on the use of focus groups and interactive learning that have been conducted throughout Malawi in recent years. It has been helpful to gauge the research conducted in similar settings and to look for gaps in the information that can be a focus in my interviews.

During my time here, I will also be reviewing literature about HIV prevalence in Malawi and the strategies that are being undertaken by the Ministry of Education to inform the youngest generations. This is an election year in Malawi. After the new President of Malawi will be announced on May 27, 2014, it will be interesting to contextualize this report in light of the policies that the President elect plans to implement. TfaC currently has ties with the Ministry of Education, so my hope is that this report will provide concrete evidence of the importance of interactive education in youth development. I have spoken to Megan, the previous University of Edinburgh intern, about how she structured her time. My goal is to complete the majority of the literature review and have a draft of my outline before I leave, so I will have ample time to reflect on the analysis upon returning to Edinburgh.
Overview:

The theme of the last two weeks has been literature review, fieldwork, and the election. On May 20th Malawians set off to the polling stations to choose their next President; it was a very exciting time and I was fortunate enough to accompany my friend, Denis, as he voted for the first time. The polling stations were outdoors and basic, but it was clear that people took their civic duty seriously and a peaceful atmosphere prevailed. The aftermath of the elections, however, was not so smooth. According to the Constitution, it illegal to withhold the results for more than eight days after the polls close. The voting procedures were extended for two days because of delays, and suspicion began to circulate as in some districts there were more votes than registered voters.

The country stalled as people waited with bated breath for almost two weeks and our monitoring visit the Lilongwe Teacher Training College was delayed. The election results were finally announced on May 31st and proclaimed Peter Mutharika, former president and current leader of DPP, as the victor. Though the legitimacy of the election procedures remains somewhat dubious, it is a relief to move forward. We have managed to make progress in southern Malawi at the TTCs in Chilangoma, Amalika, and Blantyre respectively.

My Role:

My colleagues at Theatre for a Change have been very supportive in providing a solid foundation for understanding how the organization functions, while allowing me the freedom in how I conduct my research. Because of this approach, I’ve learned an incredible amount in the last month, both from the literature review and monitoring visits.

An outline of a typical monitoring visit: we arrive at the TTC early in the morning, meet the training officer, Principal, and any additional members of the staff who help facilitate TfaC’s work. My colleagues conduct a meeting with the Training Officer, and I ask a group of ten students (five male and five female) to perform condom demonstrations. They walk me through the steps of using male and female condoms and I track their capabilities using a checklist. In the afternoon, I meet with ten students—again, equally represented—for an hour-long focus group discussion. The meeting is recorded, but I inform the participants that they will remain anonymous in the report. We discuss their motivations for joining TfaC, the benefits of the program, misconceptions around sexual reproductive health, and Malawian cultural practices that influence HIV rates. The purpose of my report is to document the successes, but also highlight gaps in knowledge—as TfaC’s strategy will be revised in September is important to address both matters in equal measure.

I have found the focus groups to be extremely interesting and believe they will be helpful for TfaC’s mission to understand the perspective of the teachers participating in these programs. Of course, there have been a few challenges. One of the monitoring issues TfaC has faced in the past, for example, has been over-collecting data. Though the focus groups are only an hour long, I am attempting to keep the discussion focused on relevant questions. I am also conscious of the fact that often students will highlight the positive elements of a program, so I am explicit in relaying the message that without their insight the program cannot be improved; that they have a powerful position to
implement changes as the strategy is revisited. This approach seems to be working and I have received some great suggestions for future programming.

**Literature:**

The literature review is becoming more focused on HIV in Malawi, gender roles, and cultural practices. I find the three-fold approach to be very helpful in providing a grounded perspective on the interconnected nature of education, disease, poverty, and cultural norms. I have also explored journals on facilitation. Though I doubt these will be mentioned in my final report, they have been helpful in preparing me for the focus groups. The most important takeaway has been that, as a facilitator, you are not a participant—it was good, and early, reminder that active listening is key.

It has also been useful to have a literature background, and to continue to explore various journals, because it does give me more credibility in the discussions—especially when I can cite specific statistics and cultural practices. For example, some of the teachers I’ve talked to are unaware their profession puts them as particularly high risk of HIV infection—being able to reference current trends and rates will hopefully help shift their perspective.

**Report 3: June 2nd - June 16th**

**Overview:**

These past two weeks have had two themes: monitoring visits and report drafting. The first week in June was spent in the field; we visited the Teacher Training Colleges in Maryam and Machinga. Maryam was particularly interesting because it is Muslim affiliated, so sexual education is approached more cautiously; however, the women displayed a great deal of knowledge when it was time for condom demonstrations and we had a candid discussion about gender and why sexual reproductive health is especially important for women.

The following week, Patrick Young and Fiona Morrell, who head the London office, along with Jo Feather, a Theatre for a Change trustee and independent consultant, led a workshop on work quality. Representatives from the Ghana office were also in attendance and we spent all of Monday involved in office-wide activities. The curriculum was interesting because quality is a universally important issue, and the methodology that TfaC uses in its training was implemented—meaning a lot of participation, touch tags, improvisation, and group discussions. We concluded the day with each member defining what quality means to them, and the answers were used for the strategy framework that was to be unveiled that Friday.

While the rest of the office buzzed with meetings with the trustees, I set off with the framework of my report. The first task was to finish transcribing the five hours of interviews from the previous week. After that was complete, I finished the notes on my literature review. I anticipate that this portion is not quite “complete,” but progress has been made—the next step is to condense and critically analyze the information.

I was also able to visit Lilongwe Teacher Training College. This was one my favorite visits for two reasons. First, the students were incredibly energetic and we were able to cover all the topics I was hoping to explore. Second, this was meant to be the initial visit, but it was postponed due to elections—and I remember being slightly relieved because I was a bit nervous about conducting my first focus group. Now, it felt very comfortable and it was clear, based on the lively participation, that the members...
were eager to share their thoughts—so, it's personally satisfying to know my facilitation skills have improved over the past two weeks. A good facilitator is meant to be a mirror—therefore I’m glad that my confidence reflected in their willingness to feel open, relaxed, and honest.

My role:

TfaC will be using my final report to inform their TTC strategy that will be reviewed this September. It’s helpful to know that they will be my primary audience when writing the report—of course keeping in mind that this is also a dissertation. As a researcher, I have initially found the tendency is to collect as much information as possible. This is also a habit TfaC is trying to veer away from—instead focusing on the relevant questions that will gauge the efficacy of their programs. I have also experienced challenges in staying completely focused on one project for a substantial period of time—though I appreciate eight weeks is a scratch on the surface.

One of the best elements of my specific role is that I have the privilege of speaking to the people who ultimately make the project successful: the participants. Many of trainee teachers discussed the tangible and intangible ways that the program has influenced them—from the ability to negotiate condom use, to technical understanding of how male and female condoms are used, to newfound compassion towards the members of their community who are living positively. I have also made sure to ask each group about the changes they would like to see in future programming; while initially hesitant, I have received creative and sensible recommendations that have the potential to make TfaC’s impact even more substantial. I look forward to using this opportunity to represent those voices in my report.

Plan of Action:

I am currently in Mzuzu, and setting off for Karonga tomorrow to conduct my last monitoring visit. I look forward to having all the fieldwork data in place so I can begin to analyze and outline my report around it. I will be presenting my findings to the Monitoring and Evaluation and Education teams next week, so again a good opportunity to organize the work I have performed and feed it into my final report.

The endline surveys are currently being sent out to all the TTCs, and Zoe, the MEL Manager, assured me that they would be ready in early July so I will be able to use them for the report as well. As my time in Malawi comes to a close, I realize that a researching role has a longevity and legacy that I did not originally anticipate. While my time at Theatre for a Change has been relatively brief, it is wonderful to know that this work can affect the future generations of TfaC participants for years to come. That’s a great and empowering feeling.

Report 4: June 16, 2014- July 1, 2014

Overview:

A few days before leaving Malawi, I was speaking to the Monitoring and Evaluation Manager, Zoë Dibb, about how work in the NGO sector is never quite finished: another donor, another report, another evaluation usually looms on the horizon. Becoming a part of Theatre for a Change’s network has allowed me to
understand the organization’s mission and how my role—however specific—plays a part in the bigger picture. From a personal and professional perspective, that has been a tremendous learning point.

Eight weeks of research have yielded 20 pages of literature review, 9 hours of interviews, and 80 pages of transcripts. The challenge now will be to synthesize that information into something concrete, relevant, and useful both for myself and for Theatre for a Change. It occurred to me while I presenting my findings on the last day in the office that this strategy can potentially influence thousands of future teachers—and their students—in Malawi. That is very empowering.

It has been a privilege and pleasure to work an organization that remains so loyal to its core values, respects the opinions of its staff, and seeks to expand its influence while maintaining the integrity of its work. Seeing the theory in practice has allowed me to gain a greater appreciation for the coursework at University of Edinburgh and understand how many of the concepts we discussed in class work in the field. TFA’s vision has touched me, because I have changed, too—I am better equipped to put this degree to use, to have a running start professionally, and to know what to expect when I step into the international development sector.