



Endline Study

of the Nzotheka Project implemented by Theatre for a Change
Improved sexual and reproductive health for women in sex work and girls at risk of sexual exploitation in Malawi.

Report prepared by Tariq Omarshah and Andres Navarrete (One South, LLC)

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BC	Behaviour Change
CA	Contribution Analysis
CBDA	Community-based Distribution Agents
CSO	Community and Social Organization
CP	Child Protection
CPP	Child Protection Policy
CCPT	Community Child Protection Team
DSWO	District Social Welfare Officer
FGD	Focus Group Discussion
FPAM	Family Planning Association of Malawi
GBSE	Girl who has been Sexually Exploited
GBV	Gender-Based Violence
GRSE	Girls at Risk of Being Sexually Exploited
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organization
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
MEL	Monitoring, Evaluation and Learning
MHC	Mobile Health Clinic
MLF	Microloan Foundation
MoH	Ministry of Health (Malawi)
MRC	Malawi Red Cross
NAPHAM	National Association for People Living with HIV & AIDS
SHC	Static Health Clinic
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SRGBV	School-related Gender-Based Violence
STI	Sexually-transmitted Infection
VfM	Value-for-Money
VSL	Village Saving Loan
WiSW	Women in Sex Work

Executive Summary

Intervention Context

Sex work in Malawi is a heavily stigmatised and discriminated against profession. UNAIDS estimates that there are 31,000 sex workers in Malawi (2017)¹. Engaging in sex work is not criminalized. However, section 146 of the Penal code has made it illegal to live off the earnings of sex work, a law deemed by the high court to protect sex workers from those who exploit them. Soliciting services from sex workers is not illegal².

According to national programme statistics from UNAIDS, sex workers have an average HIV/AIDS prevalence rate of 60.0%. This is six-times higher than the national prevalence rate of 9.6%³. UNAIDS data further indicates that this has dramatically increased from 2013, where the HIV prevalence rate amongst sex workers was estimated as being 24.9%⁴.

Many sex workers in Malawi begin work in the profession at a young age. A 2013 study on violence against children and young women in Malawi found that one out of every 5 girls have experienced sexual abuse prior to the age of 18⁵. Many factors result in a climate where girls are vulnerable. These include poor child protection policies at school, a lack of a national ID system to identify underage girls working in bars and bottle stores, as well as harmful traditional practices such as sexual initiation ceremonies⁶.

'Bargirls', who serve as waitresses and sometimes sex workers, are a particularly vulnerable group, more at risk of sexual exploitation and more likely to become sex workers themselves.

Having experienced sexual abuse is widely agreed to lead to adverse health outcomes. In Malawi studies have found that girls who experience any form of sexual abuse prior to the age of 18 were significantly more likely to experience mental distress, to have been drunk recently, and to have STI symptoms⁷.

Through a grant of £979,190 from Comic Relief and in partnership with the Ministry of Health, the MicroLoan Foundation, the Malawi Red Cross and the Good Health Organisation, **Theatre for a Change** is working to improve the lives and well-being of women in sex work and girls at risk of sexual exploitation.

¹ UNAIDS Country Statistics Malawi (2017)

² *Sex Work Law - Countries | Sexuality, Poverty and Law*. (n.d.). Retrieved from Sexuality, Poverty and Law Program: <http://spl.ids.ac.uk/sexworklaw/countries>

³ UNAIDS Country Statistics Malawi (2017)

⁴ *ibid*

⁵ Violence Against Children and Young Women Survey (2013) Findings: available at: https://www.unicef.org/malawi/MLW_resources_violencereport.pdf

⁶ See: <https://www.worldcrunch.com/culture-society/in-malawi-the-horrors-of-a-sexual-initiation-camp-for-young-girls> ; <https://www.theatlantic.com/international/archive/2014/01/confronting-a-sexual-rite-of-passage-in-malawi/283196/>

⁷ VAC (2013)

In Chichewa, Nzotheka can be understood to mean “it is possible”. The Nzotheka Project aimed to empower women in sex work and girls who have been sexually exploited, or are at risk of sexual exploitation, to assert their rights and improve their life chances, through improved sexual and reproductive health.

The intervention aimed to achieve the following outcomes:

1. Women in sex work have the knowledge, attitudes, and skills to assert their rights, and reduce risky sexual practices.
2. Women in sex work, sexually exploited girls, and girls at risk of sexual exploitation are able to access good quality services and opportunities to diversify their livelihoods.
3. Women in sex work, sexually exploited girls, and girls at risk of sexual exploitation are offered greater protection from violence, exploitation and abuse within their communities.
4. Power holders at the local and national levels ensure that women in sex work, girls who have been sexually exploited, and girls at risk of sexual exploitation are able to influence decisions affecting their safety, security, and health.

The project believes that ‘through empowering WiSW and GRSE with the knowledge, awareness and skills to protect their sexual and reproductive health, they will embark on a journey of individual and collective behaviour change’.

The Nzotheka project theory of change embodies Theatre for a Change’s behaviour change approach; focusing on promoting individual, group and social change through a cycle of empowerment. Individual change nurtures confidence and resilience to enable girls and women to communicate effectively and assert their rights. Group change aims to enable women and girls to be supportive of each other and influence people who hold power. Social change targets power holders directly to ensure they can protect the rights of marginalized populations, act on their concerns, and give them equitable access to health and justice.

The intervention was implemented from 2015 – 2018 in three districts: Salima, Kasungu, and Lilongwe. Through the course of the intervention, the project was able to reach 625 women in sex work, and 134 girls who have been sexually exploited and girls at risk of sexual exploitation.

Purpose of the Endline Evaluation

The purpose of the external evaluation at endline is to assess the evidence available on the project’s contribution to its desired outcomes, to identify the lessons that can be learned from the project’s design and implementation, and to assess the extent to which project achievements are sustainable.

As a secondary objective, the evaluation sought to answer project specific research questions relating to the effectiveness of the partnership approach.

Methodology

To fulfil these objectives, the study assessed the extent to which quantitative and qualitative evidence gathered was consistent and complementary of the project's theory of change. This mixed-methods approach borrowed elements from Contribution Analysis (CA) to provide a robust review of the project's contribution to desired results.

Quantitative data was collected through instruments designed by TfaC and administered by workshop facilitators at the beginning and end of the workshop.

Results from pre-tests are understood to establish 'baseline' benchmark findings and results from post-tests are understood to establish 'endline' benchmark findings.

As part of the quantitative approach, TfaC was able to match 48% of pre- and post- tests for girls at risk of sexual exploitation and 20% of pre- and post- tests for women in sex work at the individual level. This sub-sample of the main study sample form part of the longitudinal study, used to assess project achievements between the start and end of the workshop.

Qualitative data was gathered through a mix of in-depth interviews, focus group discussions, and participatory exercises conducted by One South during the endline data collection period.

What changes did Nzotheka participants experience as a result of the project?

Outcome 1: Women in sex work and girls at risk of sexual exploitation have the knowledge, attitudes and skills to assert their rights and reduce risky sexual practices.

Through a 3-month behaviour change workshop with women in sex work (WisW), and a 6-month behaviour change workshop with girls who have been sexually exploited (GBSEs) and girls at risk of sexual exploitation (GRSEs) the project aims to improve participants' sexual reproductive knowledge, attitudes and behaviour.

Women in Sex Work

Knowledge and attitudes: By Endline 79.6% of women in sex work have basic sexual and reproductive health knowledge and rights (SRHR) knowledge compared to 62% at Baseline. This indicator was calculated using 11 items included on both the pre- and post-test. These items assessed participants knowledge across three domains: (1) sexual and reproductive health knowledge, (2) gender knowledge and attitudes towards gender equality, (3) sexual and reproductive health rights knowledge. When each of these domains are examined independently, overall improvements are driven by changes in SRH knowledge between the pre- and post- test. Women in sex work did not exhibit improvements in gender knowledge and attitudes towards gender equality or in knowledge of general sexual and reproductive health rights.

Sex workers rights: Qualitative evidence suggests that women in sex work, however, are more closely aware of their own rights as sex workers after attending the workshop,

supporting evidence that the workshop contributed to sex worker rights knowledge improvements, despite no quantitative improvements in general sexual and reproductive health rights knowledge.

Condom Use: By endline 92% of women report using a condom the last time they had sex compared to 79.9% at Baseline. In all districts, except Salima, self-reported condom use increased. Qualitative evidence supports these findings with women citing that they are aware of the risks of unprotected sex and are better able to negotiate condom use with a partner, since attending the workshop. These findings suggest that the intervention contributed to an increase in condom use amongst participants.

Self-confidence: Self-confidence can be understood as the ability trust in one's abilities, qualities, and judgment. Evidence on self-confidence suggests that participants experienced an increase in levels of self-confidence after attending the workshop. 73.9% of WiSW participants included in the longitudinal sample improved their self-confidence between baseline and endline. Participants linked this explicitly to an improved ability to assert their rights and adopt healthy behaviours.

Self-esteem: Self-esteem refers to the extent to which we like, accept or approve of ourselves, or how much we value ourselves. Self-esteem is widely agreed to relate to wider indicators of general well-being. When a person's ideal self and actual experience are consistent or very similar, a state of congruence exists, which is an important basis for the development of self-esteem. The development of congruence is dependent on the positive regard that we receive from our social context⁸.

Evidence for self-esteem shows that participants exhibited a decrease in overall self-esteem between baseline and endline. However, a minority of women included in the longitudinal sample exhibited self-esteem improvements: 21.4% in Kasungu, 30.7% in Lilongwe, and 14.3% in Salima. Qualitative evidence suggests that self-esteem improvements were experienced, for women who are HIV positive. Several women discussed how engagement with TfaC had allowed them to accept their status and their right to be treated equally.

The lack of improvement in self-esteem, despite improvements in self-confidence, is likely because unlike self-confidence, self-esteem is dependent on the positive regard that individuals receive from their social context. This social element is more difficult for the intervention to have a direct role in influencing, especially in the short period allocated for the behaviour change workshop.

Girls who have been sexually exploited and girls at risk of sexual exploitation

Knowledge and attitudes: By endline, 95.8% of girls who are at risk of sexual exploitation have basic sexual and reproductive health knowledge and rights knowledge compared to 48% at baseline. Similarly, by endline, 92.9% of girls who have been sexually exploited have basic sexual and reproductive health and rights knowledge compared to 68% at baseline. This indicator was calculated using 11 items included on both the pre-

⁸ Self-esteem is determined by ones views of their ideal self, their of actual self, and the 'positive regard' received from social context. Positive regard is driven by (1) the ways in which others, particularly significant others react to us, (2) how we think we compare to others, (3) our social roles, (4) the extent to which we identify with other people.

and post- test. These items assessed participants knowledge across three domains: (1) sexual and reproductive health knowledge, (2) gender knowledge and attitudes towards gender equality, (3) sexual and reproductive health rights knowledge. When these domains are examined independently, GRSEs exhibit improvements across all three domains. GBSEs exhibit improvements on SRH knowledge and gendered attitudes between baseline and endline, but not on knowledge of general SRH rights.

Child rights and recognizing exploitation: Qualitative evidence suggests that girls who participated in the project have an increased awareness of their rights and associate that improved awareness with the ability to assert those rights, particularly through reporting abuse to responsible and trusted adults. Additionally, qualitative findings suggest that the project was able to equip girls with the skills to recognize situations which put them at risk of exploitation. Girls reported an awareness of the risks associated with receiving gifts from older men, spending time in video shows, being out at night, and spending time near bars and bottle stores.

Condom use (for girls who report being sexually active): 63.6% of GRSEs report using a condom the last time they had sex by endline, compared to 28.2% at Baseline. 48.4% of girls who have been sexually exploited report using a condom the last time they had sex by endline, compared to 37.9% at baseline. Qualitative evidence suggests that the project was successful in improving girls' knowledge as to the importance of using a condom to prevent HIV and STI infection as well as teenage pregnancy.

Self-esteem and self-confidence: For both GRSEs and GBSEs, mean self-esteem increased between baseline and endline. Of participants included in the longitudinal study, 33.3% of GBSEs and 84.8% of GRSEs improved their self-esteem after attending the workshop.

Self-confidence: Of longitudinal study participants, 54.5% of GBSEs and 92.6% of GRSEs improved their self-confidence after attending the workshop. Qualitative evidence supports these findings and suggests improvements in self-confidence were brought about through the workshop. Participants stated that improvements in self-confidence also lead to improvements in their ability to engage in healthy sexual and reproductive health behaviours. Participants also observed that a lack of self-confidence often also leads to being at a higher risk of abuse.

Outcome 2: Women in sex work and girls at risk of sexual exploitation are able to access good quality services and opportunities to diversify their livelihoods.

To improve health outcomes, particularly condom use and STI/HIV testing the project runs a Mobile Health Clinic (MHC), which visits hotspot areas throughout Lilongwe, provides testing services, and conducts mini-health talks and condom demonstrations.

To improve the capacity of sex workers to seek alternative forms of income, through partnership with the Microloan Foundation, the project supports WiSWs with business skills training and access to village savings loans (VSL).

Through the work of community child protection teams (CCPTs), girls at risk of sexual exploitation participating in the project are expected to re-enrol in school if they are not already enrolled or stay in school if they are.

Improvements in HIV & STI testing and access to quality health services: At baseline, 44% of women and 52% girls had completed an HIV test in the 6 months prior to the survey. By endline, 93% of women and 94% of girls had completed an HIV test. At baseline, 89% of women and 25% girls reported satisfaction with availability and quality of SRH services provided by TfaC, compared to 38% of women and 98% of girls at endline.

The MHC serves supports health access: Qualitative evidence suggests that the MHC serves a key function for the health access of WiSWs in communities visited. On the MHC, WiSW mentioned: *“the nurse is so open and nice to us.”, “they warmly welcome us”, “they have good care. They are secret and different from the treatments we get when we go to public hospitals”*⁹.

Linking the MHC with the workshop: When MHC visits are combined with workshop days, BC workshop participants have an opportunity to put into practice the SRH knowledge learned through the workshop and reinforce healthy SRH behaviours. By having a qualified health staff present during the BC workshop, participants were also given the chance to ask more technical questions that demanded a higher level of expertise.

Diversification of livelihoods: By endline, 89% of women's household income was generated from sex work compared to 95% at baseline. Qualitative findings suggest that the extra income achieved through VSL groups and entrepreneurship activities has helped women to rely less on sex work to cover basic needs and use additional money from small businesses to afford their costs of living. Women in sex work mentioned this money allowed them to *“strategize and use that money in a very beneficial manner that can improve [our] lives”*¹⁰. Small loans enabled many women to start their own business: *“that was the money I used as capital to start my small business. So, if an opportunity like that came our way again, like my friend has said, it can boost our capital”*¹¹. However, when the Microloan foundation did not provide loans, women found it difficult to diversify their incomes and achieve the level of economic empowerment that was sought.

Unfulfilled expectations with regards to loans: Throughout implementation, the project distinguished between VSL loans and additional loans made by the Microloan Foundation. This distinction is important because loans from the VSL are liabilities that should be maintained on their own for them to be sustainable, rather than boosted through Microloan programmes. However, some WiSW expected to receive further support and became disappointed at TfaC for raising their expectations about this. Project staff additionally noted that women who paid back their loans were often women who already had existing businesses, prior to engaging with the project. This suggests that women may have needed additional support with financial and business management throughout project implementation.

⁹ FGD with WiSW in Kauma on the MHC.

¹⁰ FGD with WiSW on Livelihoods

¹¹ FGD with WiSW Livelihoods

Outcome 3: Communities offer greater protection from violence, exploitation and abuse to women in sex work and girls who are at risk of sexual exploitation

Outcome 3 targets group-level changes in the communities of women in sex work and sexually exploited girls so that they are offered greater protection from violence, exploitation and abuse within these communities. Activities included awareness raising initiatives conducted with community members, radio listening clubs with police, and interactive theatre performances in public spaces.

Increased knowledge or rights: At baseline, 14% women and 18% girls had correct knowledge of female sex workers' rights and, by endline, 77% of women and 56% of girls had correct knowledge of sex workers' rights. Police also report improved awareness of sex workers rights but still list some challenges in upholding those rights: *"[Police] know[s] that it's an abuse and when you are caught you face charges, but they choose to ignore it. I think its part a lack of professionalism of male officers and part a lack of awareness from sex workers. Sex workers can't report this to anyone because of the agreement between them and the officer"*¹².

Increases in reporting of cases of abuse: 42% of gender-based violence (GBV) cases reported to the police that are followed up at Endline on compared to XX% at Baseline. Police mention that they have witnessed an increase in cases reported because both sex workers and police are better informed about sex workers' rights and the need of protection.

Listening clubs improved police awareness of rights: Radio Listening Clubs with police were an important mechanism to raise awareness among police groups about the rights of sex workers, clarify aspects of the law and build social bridges between sex workers and police. At endline, police mentioned that: *"Now, every police officer knows the right way of how to handle a sex worker. They have understood that they are also to be treated just like any other person"*¹³. Police recognized that, even if sex appears consensual, *"it's bad for the police officer to sleep with [a sex worker] because it's an abuse to the sex worker."* Others mentioned that they are bound by their responsibility to model appropriate behaviours to others: *"It's not good because we have the mandate to enforce the law and protect citizens of the nation so it's not setting a good an example"*¹⁴.

CCPTs provide protection for girls at risk: CCPT members report many cases of girls who have faced neglect and abuse and the actions they have taken to support them. Several CCPT members reported cases where parents would neglect their daughters, for example, by kicking them out of the house for being with boys, keeping them from attending school so they can look after younger babies or infants in the household, or by physically punishing their children. CCPT members interviewed felt that communities were now safer for children since they had been established: *"There has been a change*

¹² FGD with Police Listening Club Members

¹³ FGD with Police Listening Club Members

¹⁴ ibid

here in the village of Ngomani because parents feel their children are safe because there are others that are helping to protect them”¹⁵.

Improvements in community protections for WiSW: Interactive theatre performances have led to improvements in community awareness and protection structures, particularly through engagements with community police. As one WiSW stated: *“before the community considered us not important we were stranded but now we can report to community police when our rights have been violated”¹⁶.*

Action plans from interactive theatre are effective but need follow up: Action plans resulting from interactive theatre were also created and preserved, enabling the follow up and increasing their effectiveness. Following up on action plans was most successful with bar owners; whose plans were consistently followed-up on. However, due to the high costs of organising follow up sessions, follow-ups did not occur as frequently as expected with other stakeholders.

Outcome 4: Power holders at local and national levels ensure that women in sex work and girls at risk of sexual exploitation can influence decisions affecting their safety, security and health.

Outcome 4 addresses the ‘social change’ dimension of the TfaC’s organizational theory of change. Social change targets power holders directly to ensure they can protect the rights of marginalized populations, act on their concerns, and give them equitable access to health and justice.

To meet this objective, the project developed an advocacy and communications strategy aimed at improving target stakeholders’ awareness of the health, security, and safety risks faced by women in sex work and girls at risk of exploitation. Messaging on these topics was delivered through legislative theatre performances where key community and district stakeholders were invited to participate.

Outcome 4 also aims to improve the participation of sex workers, and the sex workers network (the Umodzi network), in decision making at the local, district and national levels.

Improvements in community participation: Women generally report significant changes in their levels of participation in community events and attribute these changes to the project. Several sex workers, for example, cited that before participating in the project they did not know what appropriate behaviour at community events was. This included very practical things, such as what to wear at a wedding or funeral so as not to be stigmatized. The project has supported sex workers to reflect more carefully on how they engage within their communities and what they seek to get from that engagement.

Lack of capacity within the Umodzi network: Umodzi network members interviewed as part of this study highlight that they do not have the knowledge of how to raise their issues to different levels of government. Umodzi network members also reported not feeling supported by TfaC throughout the project. To be able to engage community and

¹⁵ FGD with CCPT Members

¹⁶ FGD with WiSW on Protection

district stakeholders and actively advocate for their rights, the Umodzi network requires additional support.

Improvements in awareness of power holders towards WiSW and GRSE rights & needs: WiSW performers reported feeling better acknowledged by chiefs and other local stakeholders after participating in legislative theatre events. Power holders additionally demonstrated improved attitudes towards the rights of girls and sex workers. Several chiefs interviewed as part of this study highlighted an improved awareness of these rights and an improved capacity of how to solve social power imbalances. As one chief summarised *“The goodness was that sex workers think they do not have rights hence they told us that sex workers also have rights. We were told what we are supposed to do when their rights are violated”*¹⁷. Others acknowledge the need to protect sex workers *“from what might happen to them in the future in an instance where they are ignorant of what the rights say about it”*¹⁸.

Improvements in ability of power holders to act on WiSW and GRSE rights to justice, health, and safety: Chiefs interviewed also demonstrated an ability to actively protect GRSE and WiSW rights. Chiefs mentioned reporting abuse cases to the police, when they became aware, and taking an active role in ensuring community police protect WiSW. As one Chief summarised, *“If they find problems in solving some issues I try to help them with ideas. I can set up community meetings for them, try to come up with activities to entertain people and they should not give up”*¹⁹.

Increased safety through engagement with community police: With regards to safety, the project has also made in-roads in supporting sex-workers to join local community policing committees. Sex workers reported that involvement in these committees can reduce some forms of violence. An example was given of community police who set a curfew on bars and would beat sex workers found on the road after the curfew. By participating in these community policing fora sex workers feel they now *“have a voice when the Inkata [community police] did not want us before and this means we are safe”*²⁰.

What lessons can be learned from project design and implementation?

WiSW Targeting: Several women in sex work and project partners reported that less educated sex workers and sex workers facing extreme poverty, were unable to participate in the workshop. Stakeholders explained that this was because they could not give up income that they could be generating instead of attending workshop sessions. The project should consider mapping sex workers in different districts to better understand how more marginalized sub-groups can be targeted for future workshop activities.

¹⁷ FGD with Community Theatre Participants

¹⁸ KII with Chief

¹⁹ KII with Chief

²⁰ FGD with WiSW on Protection

GRSE targeting and video shows: Project targeting strategies were widely agreed to be appropriate based on consultations with the DHSWO and CCPTs. Girls also reported bars and bottle stores as sites where they are at risk, further validating the project's approach in recruiting participants from these places. Girls also mentioned that video shows are places where they are at risk of exploitation. The project should consider this in future recruitment activities.

Behaviour change workshop & knowledge and behaviour improvements: Both women and girls exhibited improvements in sexual and reproductive health knowledge and behaviours after attending the workshop. Additionally, participants report having an improved awareness of sex workers rights and child rights after participating in the workshop. Based on these findings the workshop is well designed to result in improvements in SRH knowledge and behaviours.

Sex workers, boyfriends, and testing: Women in sex work report having one partner they do not use a condom with, a long-term boyfriend. This is in line with the wider literature on sex work in Malawi and anthropological findings on courtship practices (see context section). Women report going to get a single test together with their partner, but not encouraging their partner to get tested regularly. The project should consider tailoring messaging on HIV/STI testing around this finding.

Legislative and Interactive Theatre is engaging and effective at changing attitudes and behaviours: Several participants in legislative and interactive theatre events report that these events were effective at engaging audiences in discussions around the rights of WiSW and GRSE and mobilizing them for action: *"It is like a song because it attracts you to listen and imagine past experiences hence we understand better. Most of the time when you invite people for discussion people think it's about politics ... a play is exciting"*²¹.

Engaging parents as well as girls is an important element in ensuring their protection: For girls at risk of sexual exploitation, the project engaged parents in a holistic way, obtaining informed consent for their daughter to participate in the workshop and offering psychosocial support when they needed it: *"after the first year, we realised that it wasn't only girls that needed counselling and support, some parents needed it too"*²². Since last year, the project engaged a professional counsellor tasked with providing counselling services for girls and their parents and this was found to be an effective strategy to influence the environments girls are in.

Income diversification can lead to exiting sex work: As several WiSWs commented: *"I was a sex worker, but when I attended the TfaC's workshop [it] taught me the importance of being independent. I thought that was very empowering and so I started small businesses like ordering firewood and the like until I got enough money to get a bag of surf [washing powder]"*²³. Another mentioned, *"I used to be a very active sex worker and used to drink a lot. I would leave home and go to the bar to drink and look for men but now I stopped, and I rely on my business. I also have a stable boyfriend"*²⁴.

²¹ FGD with Theatre Participants

²² KII with TfaC Community Project Manager

²³ FGD Linga Livelihoods

²⁴ *ibid*

How sustainable are project achievements?

To understand the sustainability of the project, the study created a sustainability score card based on TfaC's organizational theory of change. For each ToC level (individual, social and group) the sustainability of the intervention was assessed on a 4-category scale: negligible, latent, emerging, and institutionalized (See Sustainability section).

At the **individual level** the endline study assessed sustainability as emerging. Whilst women and girls actively demonstrated the ability to assert their rights and adopt healthy sexual reproductive health behaviours, there are limitations to the extent to which these changes can be considered institutionalized.

Condom Access: Based on the findings of this report, the project was successful at promoting condom use amongst both sex workers and girls at risk of sexual exploitation. Despite clear improvements in reported condom use, women report difficulties accessing both male and female condoms. The project should ensure that health outreach activities include reliable information as to where women can obtain condoms regularly. Project staff report that it is difficult to obtain reliable information on this, as condoms are not always available in clinics. However, to ensure condom use is sustained in the long term, the project should monitor on-going condom availability and advocate for additional condoms in cases where they are lacking. This will support women to continue to use condoms in future sexual encounters.

Sustained access to health: Outcome 2 aims to ensure women in sex work and girls at risk of sexual exploitation can access good quality services and opportunities to diversify their livelihoods. For the MHC component of the intervention, while it resulted in improvements in the willingness of WiSW to get regular HIV and STI tests, it did not aim to improve the relationship between WiSW and static health clinics. WiSW raised several concerns with accessing health at government clinics. Future iterations of the project should consider strengthening the relationship between WiSW and local health clinics. This should also aim to build the capacity of frontline health workers, in line with TfaC's MoU with the Ministry of Health, to ensure WiSW confidentiality is respected and that they do not face discrimination when accessing health services.

Transition pathways for girls: For girls who have been sexually exploited, many felt that despite having learned healthier behaviours in the workshop they had been forced to return to sex work or unhealthy relationships, due to a lack of alternative opportunities. The project provided vocational training to the first cohort of girls and should consider this intervention component in future iterations of the intervention, to ensure sustained adoption of healthy behaviours. There were some challenges identified surrounding child protection with the initial project partner, however new partnership opportunities should be explored to ensure girls have alternative options after attending the workshop. The project has also indicated that girls who participated in the workshop will be supported through a future girls' education programme through Girls Clubs to re-enroll in school.

At the **group level**, the endline study assessed sustainability as being latent, indicating a change in attitudes but not a change in behaviours. While both GRSEs and WiSW indicated an improved sense of belonging amongst their peers and within their community, women and girls did not, on their own initiative, organize to advocate for their rights or demonstrate an ability to influence power holders on their own.

Empowerment & advocacy: Women in sex work who are members of the Umodzi network require additional support organizing and engaging in advocacy activities. Several areas of this report highlight that without the project women in sex work would not be able to advocate for themselves with power holders. Additionally, partners report not having support or guidance on how to organize interface meetings with local stakeholders including static health clinics, community leaders, and chiefs.

At the **social level**, the study assessed sustainability of the intervention to be emerging. This is because police, community police, and chiefs exhibit changes in their behaviour and willingness to support the rights of sex workers. However, to ensure these changes are sustained and institutionalized sex workers need to have roles in community bodies and fora and power holders need to actively seek their views.

Chiefs: Chiefs interviewed as part of this study listed key improvements in their attitudes since attending legislative theatre activities. Several chiefs acknowledge the need to better protect the rights of sex workers and engage other power holders, including community police in doing so (see Outcome 4). However, chiefs did not indicate that they would actively seek out the opinions of sex workers.

Police: For police the sustainability outlook is more positive. Police reported that through improvements in rights awareness, they have since been able to more actively protect WiSW. With regards to the institutionalization of consultations with women in sex work, police report having quarterly meetings with sex workers to discuss on-going cases and remain in communication about their rights.

Role of boys: In the case that girls do face abuse, many girls reported this would likely be from boys. The project equipped girls with the skills to recognize situations which put them at risk and attempt to avoid them. However, for a sustained reduction in abuse to occur the project should consider whether future interventions should target boys' directly, explicitly with the aim of improving their awareness of child rights, consent, and appropriate behaviour.

Conclusions

The Nzotheka Project contributed to improvements in the SRH knowledge and behaviours of women in sex work, girls who have been sexually exploited and girls at risk of sexual exploitation. This resulted in healthy behaviours, improvements in safety, and improvements in health outcomes for project beneficiaries. Additionally, improvements in self-confidence amongst participants resulted in improvements in the capacity of these marginalized populations to assert their rights.

The project also contributed to improved access of sex workers to quality health services through the mobile health clinic and in their ability to diversify their incomes through VSL groups and access to loans to engage in small businesses.

With regards to protection, power holders including community police and policing units, chiefs, and other community stakeholders demonstrated an improved awareness of the rights of sex works and girls and an improved capacity to actively protect those rights. CCPTs established by the project also reported significant improvements in the safety of children in their communities.

However, there are several gaps in the sustainability of the programme, particularly with regards to the ability of women to access health at government clinics after the MHC closes, the ability of girls at risk of sexual exploitation to maintain healthy behaviours and in the capacity of the Umodzi network to advocate for the rights of sex workers after the end of the project.

Recommendations

Based on this study, the external evaluator would put forward several recommendations:

- 1) **Consider supporting static health clinic staff to improve their capacity to provide services to WiSW in future iterations of the project.** WiSW indicated that they face discrimination at static health clinics, and do not feel their confidentiality is respected. Additionally, the project should consider strengthening the existing relationship between WiSW and health clinics. While this was an element of the MHC through a referral system, MHC staff faced significant difficulties tracking the quality of these referral mechanisms. TfaC currently has an MoU with the Ministry of Health which includes elements focused on improving health access of women in sex work. This could be leveraged to offer additional capacity building support to frontline health workers.
- 2) **Provide additional entrepreneurship training to VSL groups:** Being a member of a VSL group did not always result in a diversification of livelihoods. Findings indicate that women who had been involved in business activities prior to the project were often more successful at diversifying their livelihoods. The project should also consider linking VSL groups with vocational training opportunities to ensure women obtain the necessary business and vocational skills to run successful businesses.
- 3) **Link VSL groups with other capital sources beyond the Microloan Foundation:** Findings suggest that VSL groups on their own were not able to provide enough capital for women to start viable businesses. The project should consider linking existing groups to alternate capital sources.
- 4) **Provide LT and IT implementation guidance to WiSWs:** IT and LT performances were effective at engaging community members and power holders. However, the project should empower women to organize these activities on their own.
- 5) **Develop a sustainability strategy and monitor progress towards agreed sustainability indicators throughout implementation:** Project partners reported not having engaged in a dialogue with TfaC about the sustainability of the programme at its conclusion. Partners need to be equipped with a strategy to ensure they can continue to support women after the end of the programme.
- 6) **Provide guidance to partners on project advocacy components:** Partners indicated that they did not receive guidance on conducting interface meetings with static clinics, chiefs, and other community stakeholders. While they did employ some of these strategies during the intervention, additional support from TfaC would ensure that advocacy components can be implemented effectively by project partners.

- 7) **Understand sub-groups of women in sex workers:** Several stakeholders commented that not all women in sex work could participate in the workshop. Women with low levels of education or women facing severe economic hardship were unable to commit to attending workshop sessions. The project should map women in sex work in each district to and put in place mechanisms to ensure the workshop is inclusive of the most marginalized. The project can consider providing financial incentives for participation in the workshop.
- 8) **Support the capacity of the Umodzi Network to engage in grassroots advocacy activities.** Several members of the Umodzi network indicated that they require support to know how to engage with local and district stakeholders. The project should provide advocacy training to the network to ensure they can advocate for WiSW rights effectively in the future. While some project staff have argued that this is not in line with the National AIDS Commission's approach to sex workers networks, as this approach focuses solely on health outcomes, it is important for women to have the skills to continue to advocate for their rights, beyond health, to ensure a sustained approach to rights protection after the end of their engagement with TfaC.
- 9) **Establish clear transition pathways for GRSEs participating in the behaviour change workshop after the conclusion of the workshop.** Several GBSEs indicated that they returned to sex work after participating in the workshop due to a lack of alternative income opportunities. While the project has obtained additional financing through a girls' education programme to support girls to re-enrol in school, the project should also consider linking girls with vocational training opportunities as not all girls wish to re-enrol.
- 10) **Add a component to the GRSE BC curriculum to ensure group conflict is better managed:** Some GRSE participants reported challenges getting along with other participants who would disrespect the facilitator and, in some cases, even steal money from group members. Additional components should focus on creating a safe space and supporting facilitators to manage group dynamics.
- 11) **Add a component to the GRSE BC curriculum to support GRSEs to communicate effectively with other girls who have not attended the workshop.** Several participants reported that other girls in similar situations would ask them for advice. The project should support GRSEs to know how to manage and effectively communicate with girls who have not attended the workshop but could still benefit from workshop learning.
- 12) **Consider future interventions targeting boys and their behaviour towards girls.** Many GRSEs mentioned that they avoid risky situations where boys in their communities could abuse them. The project should consider targeting boys to promote a healthy environment for girls to be able to assert their rights.
- 13) **Add a WiSW BC workshop component encouraging WiSW who have unprotected sex with a regular boyfriend to regularly receive testing.** WiSWs report not using a condom with their regular partner. This finding is supported by the literature on sex work in Malawi with WiSW often having one regular partner who they consider to be their boyfriend. Some stated that getting tested once was enough. It is important that they are encouraged to regularly get tested with their partner, if they are engaging in unprotected sex.

- 14) **Support WiSWs to identify points where they can access contraceptives.**
Many WiSWs report not having access to sufficient male or female condoms to ensure they can always have protected sex. The project should ensure that before the intervention ends, specific access points are communicated to current participants relying on the MHC. While there are challenges in accessing condoms in government clinics the project should engage in on-going advocacy with these sites to ensure there is a clear demand for additional condom provision.
- 15) **Improve maintenance of monitoring data:** Monitoring data is currently maintained in multiple excel sheets which are manually entered. There is little consistency across datasets and several errors in data entry. The process is not streamlined which can delay and inhibit analysis of project progress during implementation. The project should consider using a mobile data entry system to ensure datasets are accessible and easy to analyse.
- 16) **Review quantitative monitoring tools to ensure alignment with project theory of change:** Monitoring tools should be reviewed and revised to ensure they are designed to measure underlying intervention assumptions. Several items could be added to better understand project beneficiaries, for example (such as demographic information). Additional questions could probe into how participants viewed the workshop to inform on-going adaptations.

Background

Sex Work in Malawi

UNAIDS estimates that there are 31,000 sex workers in Malawi (2017).

Engaging in sex work in Malawi is not criminalized. However, section 146 of the Penal code has made it illegal to live off the earnings sex work, a law deemed by the high court to protect sex workers from those who exploit them. Soliciting services from sex workers is not illegal²⁵. The previously enforced rogue and vagabond clause in the penal code was widely reported to result in discrimination and abuse of sex workers by police and other power holders. The phrasing of the clause allowed police to arbitrarily interpret it to apply to sex workers. However, in January 2017, the Malawi high court declared that the rogue and vagabond offence in section 184 (1) (c) unconstitutional²⁶.

Sex workers solicit business in bottle stores, bars, and hotels in urban and tourist-laden areas²⁷. Sex workers are additionally often a mobile population, following the seasonal flow of agricultural workers during the harvest in rural areas.

Sex workers in Malawi categorize their relationships with clients in two general categories. Firstly, as commodified 'sex work', and secondly, as 'chibwenzi', an intimate pre-marital category that arose from pre-colonial roots²⁸. For the purposes of this study sex workers are understood to engage in both forms of intimacy.

Commodified sex work is the bounded and transactional understanding of exchange: payment for sexual intimacy. Chibwenzi is not a direct exchange in the same sense but rather encompasses a non-marital intimate relationship which is signaled by the giving of money and gifts as symbols of trust and appreciation. Although sex may not immediately precede or follow the gift of money, there is a mutual understanding that women are expected to provide sex in exchange for the gifts. However, unlike with commodified sex work, there is an expectation that this type of relationship is prolonged, based on a mutual trust between partners, and may lead to marriage.

It is important to note, that there are significant anthropological arguments to suggest that the underlying dynamics of sex work, its transactional nature, are embedded within traditional structures of courtship, even within 'normalized' romantic relationships. Poulin (2007) provides a clear account of how "money and gift transfers in sexual partnerships are part and parcel of the courting practices of young Malawian women and

²⁵ *Sex Work Law - Countries | Sexuality, Poverty and Law*. (n.d.). Retrieved from Sexuality, Poverty and Law Program: <http://spl.ids.ac.uk/sexworklaw/countries>

²⁶ *Website News Release: Malawi High Court declares rogue and vagabond offence unconstitutional*. (2017). Retrieved August 2018, from SALC News. Section 184(1)(c) of the Penal Code provides that "every person found in or upon or near any premises or in any road or highway or any place adjacent thereto or in any public place at such time and under such circumstances as to lead to the conclusion that such person is there for an illegal or disorderly purpose, is deemed a rogue and vagabond."

²⁷ *Malawi sex workers worker estimates*. Available at: <http://aidsinfo.unaids.org/>

²⁸ Sex work and the construction of intimacies: meanings and work pragmatics in rural Malawi. Poulin et al NIH

men”²⁹. Through this lens, sex workers understanding of intimate pre-marital and non-commercial relationships ‘chibwenzi’ can be understood to be unopposed to existing ‘normalized’ courtship practices.

Sex work is a highly stigmatized profession and many sex workers are subject to abuses such as disinheritance by family, physical and psychological abuse and exclusion from their communities.

Girls at Risk of Sexual Exploitation

A 2013 study on violence against children and young women in Malawi found that one out of every 5 girls have experienced sexual abuse prior to the age of 18³⁰. In addition to this, the study found that half of all girls had experienced physical violence prior to the age of 18. The study found that the most common form of sexual abuse experienced by girls was ‘unwanted attempted sex’ followed by ‘unwanted sexual touching’³¹. Boyfriends, romantic partners, and classmates were the most frequent perpetrators of the abuse reported.

Many factors result in a climate where girls are vulnerable. These include poor child protection policies at school, a lack of a national ID system to identify underage girls in bars, as well as harmful traditional practices such as sexual initiation ceremonies³².

Many sex workers report having begun sex work after being ‘bargirls’ in local bars and bottle stores. ‘Bargirls’ perform dual occupational roles service as both waiters and sex workers. Due to the absence of national IDs in Malawi, it is difficult to ensure ‘bargirls’ are over the age of 18. Bargirls are expected to flirt and engage in conversation with clients, to promote sales³³.

Having experienced sexual abuse is widely agreed to lead to adverse additional health outcomes. In Malawi studies have found that girls who experience any form of sexual abuse prior to the age of 18 were significantly more likely to experience mental distress, to have been drunk recently, to have STI symptoms³⁴.

In some rural areas, child traffickers, who are usually facilitators or brothel property owners, have been reported to lure young girls with promises of employment opportunities and clothing for which they were later charged with exorbitant repayment fees. This has been reported to be used as a tool leading to prostitution as a form of debt

²⁹ Poulin Sex, money, and premarital partnerships in southern Malawi. *Social Science and Medicine* (2007).

³⁰ Violence Against Children and Young Women Survey (2013) Findings: available at: https://www.unicef.org/malawi/MLW_resources_violencereport.pdf

³¹ *ibid*

³² See: <https://www.worldcrunch.com/culture-society/in-malawi-the-horrors-of-a-sexual-initiation-camp-for-young-girls> ; <https://www.theatlantic.com/international/archive/2014/01/confronting-a-sexual-rite-of-passage-in-malawi/283196/>

³³ Sex work and the construction of intimacies: meanings and work pragmatics in rural Malawi

³⁴ VAC (2013)

repayment. Some trafficked young girls have been drugged, gang-raped, and exploited in the commercial sex work industry against their consent³⁵.

Sex trafficking has also been reported in Malawi with fraudulent employment agencies recruiting young women and girls for vague employment opportunities in other countries in Southern Africa including Mozambique, South Africa, Zambia and Zimbabwe where they are abused and exploited³⁶. South African and Tanzanian long-distance truck drivers and mini-bus operators have been reported to transport girls across borders by avoiding immigration checkpoints.

Health Outcomes & HIV and AIDS

81% of functioning health facilities in Malawi are in rural areas and 40% of the public health facilities lack a regular electricity supply. In 2016, 11% of facilities reported a stock-out of HIV testing kits. Facilities are not modern and lab systems are often too weak to support viral load testing³⁷.

An estimated 1,000,000 million people in Malawi are living with HIV³⁸. Although the total number of new infections has decreased from 64,00 in 2010 to 39,000 in 2017 (see Figure 1), key populations including women in sex work (WiSW), and men who have sex with men (MSM) have comparatively higher prevalence rates to the wider populous.

According to national programme statistics from UNAIDS, sex workers have an average HIV/AIDs prevalence rate of 60.0%. This is six-times higher than the national prevalence rate of 9.6%. Data further indicates that this has dramatically increased from 2013, where the HIV prevalence rate amongst sex workers was estimated as being 24.9%.

Sex workers in Malawi are confronted with high levels of discrimination and stigma when seeking HIV services, which aggravates their vulnerability to HIV, especially when they seek victim support services from the police. Stigma and violence experienced by sex workers often prevent groups like sex workers from accessing HIV testing, prevention and treatment services³⁹.

Gender-based Violence

Despite the fact there is no law against sex work in Malawi, sex workers are often confronted with abuse and wrongful arrest by police who stigmatize sex workers and misunderstand the law.

Zinenani Majawa, National Coordinator of the Female Sex Workers Alliance, reported that the group's members often cite incidents of physical and sexual abuse by both customers and police officers.

³⁵ Maravi Post. (2017, April 18). *Website Anti-Trafficking Response in Malawi - The Maravi Post*. Retrieved August 2018, from The Maravi Post: <http://www.maravipost.com/anti-trafficking-response-malawi/>

³⁶ See 5.

³⁷ PEPFAR. (2017). *Malawi Country Operational Plan 2017: Strategic Direction Summary*.

³⁸ UNAIDS Malawi 2017

³⁹ AVERT. (2015). *HIV and AIDS in Malawi*. AVERT.

Additional studies, including this project's Midterm evaluation, have found many of the arrests and subsequent abuses were conducted under the aforementioned 'rogue and vagabond law' that allows police to detain any individual on public property whom they suspect of engaging in illegal and disorderly activity.

These laws were used during the so-called sweeping exercises when the police round up suspected criminals usually at night, in which the sex workers are particularly vulnerable. Most of them rarely get charged due to that the police routinely harass them by demanding money or sexual abuse as a condition for letting them go⁴⁰.

The Centre for Human Rights Education Advice and Assistance (CHREAA)'s research has also confirmed allegations by female sex workers of abuse while in police custody, with reports citing "our research proved that most of them were being harassed sexually or were being raped or harassed in other ways while in police custody^{41,42}."

Female sex workers can additionally experience gender-based violence from their clients. Many female sex workers have been abused by clients who refused to give them enough money after having sex with or have beaten them after having sex.

Reports from the Midterm evaluation indicate that some male landlords of the premises used for sex work sleep with their sex worker tenants without paying them in exchange for providing their rooms, without mutual consent. Other landlords have been reported to increase rent payments periodically to oblige their tenants to provide additional sexual services to them⁴³.

Policy Context

The national government has shown an increasing interest in sex workers, as a key population with regards to health outcomes, particularly HIV/AIDS. The Ministries of Gender and Health with the input of the UN Population Fund (UNFPA) and the Joint UN Programme on HIV/AIDS have established strategies to develop a health and social strategy for sex workers⁴⁴.

The Malawian government acknowledges the necessity of a comprehensive approach to sex work and in line with this has adopted strategies broadly based on the UN's five

⁴⁰ CHREAA. (2016, August 1). *Protecting sex workers from abuse*. Retrieved August 2018, from <http://chreaa.org/protecting-sex-workers-from-abuse/>

⁴¹

Anderson, I. J. (2011). *SEX WORKERS' ACCESS TO HEALTH CARE IN LILONGWE, MALAWI*. SIMON FRASER UNIVERSITY.

⁴² Cahill, C. (2015). *Staging a revolution: Malawi's sex workers seize their rights with theatre*. Retrieved August 2018, from The Guardian: <https://www.theguardian.com/global-development-professionals-network/2015/jul/16/how-theatre-is-being-used-to-promote-sex-workers-rights-in-malawi>

⁴³ NSWP. (2015). *Malawi Sex Workers Alliance (MASWA)*. Retrieved August 2018, from Global Network of Sex Work Projects: <http://www.nswp.org/featured/malawi-sex-workers-alliance-maswa>

⁴⁴ UNFPA Malawi. (2018). *UNFPA Malawi HIV/AIDS*. Retrieved August 2018, from <http://malawi.unfpa.org/en/topics/hiv-aids-1>

thematic target areas for sex work: laws, clients, provision of economic alternatives, gender, and human rights.

There are several policy instruments aimed at delivering on these commitments:

1. National HIV/AIDS Policy

In the framework of National HIV/AIDS Policy, the government of Malawi has committed to “ensure that people engaged in transactional sex have access to confidential and respectful health care, particularly sexual and reproductive health services, female and male condoms, and treatment and care of sex workers who are living with HIV/AIDS; ensure that young women and men who are approaching adulthood, and who are engaged in transactional sex, are supported through multi-disciplinary interventions with life skills and sexuality education, so that they make informed decisions about their lives, particularly how to prevent HIV infection; ensure that people engaged in transactional sex (including commercial sex workers and their clients) are aware of and take responsibility for protecting themselves and their sexual partners”.⁴⁵

2. National Strategic Plan for HIV and the National HIV Prevention Strategy 2015 - 2020

Through the 2015 – 2020 National Strategic Plan for HIV and the National HIV Prevention Strategy the government focuses on promoting condom use as an important biomedical intervention to reduce HIV and STI infections and promote family planning. As part of the National Strategic Plan, the Malawi National Condom Strategy 2015 – 2020 aims to improve the availability of and access to quality male and female condoms by all sexually active persons, thereby contributing to prevention of HIV infection, STIs, and unintended pregnancies in Malawi. The strategy itself provides a multi-sectoral framework for sustainable, coordinated, comprehensive condom programming and outlines the roles and responsibilities of all stakeholders within the given five-year time-frame⁴⁶.

3. National Community Health Strategy 2017-2022

In the National Community Health Strategy 2017 – 2022, zonal and national workshops have been adopted to provide a forum where many important issues and proposed interventions related to community health can be discussed and prioritized across six thematic areas. In addition, community health workers, part of the Community Health Services (CHS) constituent of the Ministry of Health, collaborate with the Ministry of Health in the implementation of the programs to strengthen the local community health system, including the key populations infected with HIV and other STIs.

4. Health Sector Strategic Plan 2011 - 2016

In the Malawi Health Sector Strategic Plan 2011 – 2016, one of the key strategies and interventions has been that to create supportive environments by promoting health public policies and other initiatives, including develop and implement national standards and guidelines for the design of health promotion strategies and interventions for EHP

⁴⁵ Government of Malawi: Office of the President and Cabinet National AIDS Commission October 2003. (2003). *National HIV/AIDS Policy: A Call for Renewed Action*. Government of Malawwi.

⁴⁶ Government of Malawi: Office of the President and Cabinet National AIDS Commission October 2003. (2003). *National HIV/AIDS Policy: A Call for Renewed Action*. Government of Malawwi.

priorities, based on geographical targeting and segmentation of key populations to be reached⁴⁷.

Scope of the Evaluation

The Endline Study aims to answer three central research questions:

1. What changes did Nzotheka participants experience as a result of the project?
2. What lessons can be learned from project design and implementation?
3. How sustainable were the activities funded by Comic Relief and how do we continue them beyond the next four years?

These questions were developed by Theatre for a Change in consultation with Comic Relief and informed by the research design undertaken during the Midterm Evaluation.

The study was commissioned by Theatre for a Change to support the project to infer project impact, understand project performance, and identify lessons learned to inform future project design and implementation.

The table below displays the research questions and associated sub-questions answered by this study. Sub-questions were developed by the external evaluator with the collaboration of Theatre for a Change.

Table 1. Endline Research Questions & Sub-questions

Domain	Research Questions	Sub-questions
Impact	What changes did Nzotheka participants experience as a result of the project?	<ul style="list-style-type: none"> • What contribution did the project have to changing the capacity and behaviours of target groups? • What are the main needs or barriers addressed by each outcome?
Lesson-learning	What lessons can be learned from project design and implementation?	<ul style="list-style-type: none"> • Why were intervention activities expected to work? • How successful were the project's engagement strategies for project beneficiaries?
Sustainability	How sustainable were the activities funded by Comic Relief and how do	<ul style="list-style-type: none"> • How sustainable are project activities and achievements?

⁴⁷ Ministry of Health, Malawi. (n.d.). *Malawi Health Sector Strategic Plan 2011 - 2016: moving towards equity and quality.*

Domain	Research Questions	Sub-questions
	we continue them beyond the next four years?	<ul style="list-style-type: none"> • How sustainable are the enabling conditions for project achievements? • What steps has the project put in place to ensure its achievements are sustained?

Methodological Approach

To assess project contribution, the evaluation relied on elements of the contribution analysis approach. This approach provides a means through which the study aims to establish the project's contribution to desired outcomes. For a detailed description of this approach, see Nzotheka Midterm Report.

The evaluation adopted a mixed-methods approach to answer key research questions.

Quantitative tools, comprised of a pre- and post- test, were designed by TfaC and administered to workshop participants. Data was provided by TfaC to the external evaluator for quantitative analysis.

Through the quantitative approaches employed by TfaC:

- 696 WiSW workshop participants completed the pre-test
- 597 WiSW workshop participants completed the post-test
- 48 GBSE workshop participants completed the pre-test
- 33 GBSE workshop participants completed the post-test
- 59 GRSE workshop participants completed the pre-test
- 55 GRSE workshop participants completed the post-test

143 WiSW participants were matched at the individual level between pre- and post- tests. 18 GBSE participants were matched at the individual level between pre- and post- tests. 37 GRSE participants were matched at the individual level between pre- and post- tests. These matched participants form part of the 'longitudinal study' aimed to understand changes experienced by participants over time.

Qualitative methods including focus group discussions, in-depth interviews, and participatory exercises were used by the evaluation to further understand project achievements. Sessions were conducted with all key stakeholders including WiSW, GBSEs, GRSEs, police, community members, interactive and legislative theatre participants, and project staff.

Findings

Outcome 1: Women in sex work and girls at risk of sexual exploitation have the knowledge, attitudes and skills to assert their rights and reduce risky sexual practices.

Women in sex work and girls at risk of sexual exploitation have the knowledge, attitudes and skills to assert their rights and reduce risky sexual practices.

Partners and facilitators have improved capacity to deliver behaviour change workshop to WiSW and GRSEs and monitor workshop implementation.

Women and girls have better awareness of SRH, SRHR and risky behaviours.

Curriculum development with external consultant

Capacity audit of possible district partners

Partner staff training in delivery and monitoring of curriculum

Identification and training of core group of FSW peer facilitators

3- month behaviour change workshop with Women in Sex Work

6-month behaviour change workshop with Girls at Risk of Sexual Exploitation

Through a 3-month behaviour change workshop with women in sex work (WiSW), and a 6-month behaviour change workshop with girls who have been sexually exploited (GBSEs) and girls at risk of sexual exploitation (GRSEs) the project aimed to improve participants' sexual reproductive knowledge, attitudes and behaviour. The workshop methodology is centred on understanding how body, voice, and space are used in relationships and how this can enable and empower women and girls.

In line with the project's partnership approach, TfaC conducted a capacity audit on possible district partners in Kasungu and Salima. This resulted in the selection of the Malawi Red Cross as the partner in Salima and initially NAPHAM as the partner in Kasungu. NAPHAM was replaced as the partner in Kasungu in 2017 by the Good Health Organization. Facilitators selected by project partners were trained in TfaC's behaviour change curriculum and partners were provided with on-going support to monitor workshop implementation.

Workshops with women in sex work include core modules on team building, communication skills, self-confidence, STIs, HIV and AIDS transmission, HIV testing and counseling, condom use, negotiating condom use and assertiveness. Reflection exercises are conducted throughout the workshops to ensure learning can be consolidated by participants.

Through project implementation the workshop reached 597 women in sex work, including 112 WiSW from Salima, 343 from Lilongwe, and 142 from Kasungu.

The intervention assumes that changes in knowledge and attitudes, as well as explicit instruction in core inter-personal skills, will lead to the adoption of healthy and safe changes in behaviour.

Women in Sex Work

Project officers and district partners visited brothels, bars, and bottle stores in each district to identify women in sex work and to invite them to attend the workshop. Other participants heard about the workshop through fellow sex workers who had participated in previous cohorts.

Participants list various motivations for joining the workshop, including the opportunities provided to diversify their livelihoods (through other intervention components), the knowledge that the workshops would help equip them to combat violence against sex workers, and the awareness that the workshop taught sex workers about their rights. As participants explained:

"I got motivated because they promised to train us on many activities that can bring us money rather than [the] sex business. For example, engaging in village banks, other cash generating activities."⁴⁸

"I got motivated because they promised to fight against violence against sex workers and [support us to] engage in other business activities apart from sex [which] also was motivating."⁴⁹

"I was motivated because they taught people that sex workers also have rights."⁵⁰

Several participants also mentioned that there were other sex workers who did not want to or could not participate in the workshop because it would not provide them with any alternative form of income for the time they spent attending sessions. As one participant explained:

"This is because the project benefits are not immediate but long term. This means some women can prefer to spend time looking for customers in bottle stores than going for TfaC meetings. This will bring immediate money on the table for her family."⁵¹

One of the project partners supported this view, by stating that in Kasungu they also faced difficulty motivating sex workers who were very poor or had low levels of education to attend to the workshop due to the lack of financial incentives:

"For these women, they do not attend because it is more sensible for them to do things that bring in money...In Malawi when you are very poor the pressures are real... Also, women

⁴⁸ FGD with WiSW BC Workshop Participants 1

⁴⁹ FGD with WiSW BC Workshop Participants 2

⁵⁰ FGD with WiSW BC Workshop Participants 3

⁵¹ *ibid*

who are illiterate... more effort needs to be placed on mapping different types of sex workers so that all types can participate in the workshop”⁵²

The intervention should consider the types of women in sex work who are able to give up the time to attend the workshop to ensure participation is inclusive of the most marginalized. It is likely, that sex workers who are most vulnerable, the very poor or the least educated for example, would be unable to attend workshop sessions without financial benefits of doing so. As several women explained, when asked about the types of sex workers who would be unable to attend the workshop:

“They [those who don’t attend] do not have knowledge on many things compared to us and this leads them to do things anyhow without care and harm to their life.”⁵³

“Yes, we are better off [than those who don’t attend] because we do not just depend on sex work but other businesses like selling snacks.”⁵⁴

At the individual level, the workshop aims to improve sexual and reproductive health knowledge and rights knowledge.

To quantitatively assess knowledge improvements, WiSW, GRSE and GBSE were administered pre- and post- workshop surveys. Results on SRH knowledge items for WiSW are shown in Table 2.

Across most items and districts, participants demonstrated improvements in aggregate SRH knowledge scores between the pre- and post- tests.

One of the largest changes exhibited at the aggregate level, was for workshop participants in Salima on the item “All people who have HIV look sick”. Prior to the workshop 70.7% reported the statement as ‘false’, and after the workshop 87.3% were able to recognize that the statement was false.

Despite these overall indications of changes in SRH knowledge, participants in all districts faced some challenges with several knowledge items. In all districts the proportion of participants who believed that you can get HIV from a mosquito bite, increased. The most dramatic increase was demonstrated by participants in Kasungu. Prior to the workshop 19.3% of participants believed the statement to be true, compared to 93.6% at Endline. In addition to this item, less participants were able to identify the lowest risk method of HIV transmission, sharing a toothbrush, by the post-test.

Table 2. WiSW SRH Knowledge Items Reported as % Correct for Each Item

Item		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
A person can get HIV through witchcraft (false)	True	6.6%	4.9%	5.0%	0.7%	12.4%	2.8%
	False	93.4%	95.1%	95.0%	99.3%	87.6%	97.2%

⁵² Interview with Partner 2

⁵³ Op cit. FGD with WISW Workshop Participants 2

⁵⁴ Op cit. FGD with WISW Workshop Participants 3

Item		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
All people who have HIV look sick (false)	True	23.9%	2.9%	18.9%	6.2%	29.3%	2.7%
	False	76.1%	97.1%	81.1%	93.8%	70.7%	97.3%
You can get HIV from a mosquito bite (false)	True	19.3%	93.6%	15.2%	70.4%	12.8%	83.8%
	False	80.7%	6.4%	84.8%	29.6%	87.2%	16.2%
The risk of HIV transmission can be reduced by having sex with only one uninfected partner who has tested negative and who has no other partners (true)	False	17.3%	0.0%	21.0%	1.5%	14.8%	1.8%
	True	82.7%	100.0%	79.0%	98.5%	85.2%	98.2%
Some medical drugs will prolong the life of an HIV positive person (true)	False	10.3%	1.4%	11.1%	0.9%	10.2%	3.6%
	True	89.7%	98.6%	88.9%	99.1%	89.8%	96.4%
Some medical drugs can prevent the transmission of HIV from mother to child (true)	False	12.7%	1.4%	10.8%	1.2%	6.6%	0.0%
	True	87.3%	98.6%	89.2%	98.8%	93.4%	100.0%
How accurate is HIV testing? (accurate)	Wrong	51.7%	58.6%	39.7%	59.7%	42.3%	61.7%
	Right	48.3%	41.4%	60.3%	40.3%	57.7%	38.3%
What is the lowest risk method of HIV transmission (sharing a toothbrush)	Wrong	95.8%	99.2%	94.0%	99.8%	94.7%	98.2%
	Right	4.2%	0.8%	6.0%	0.2%	5.3%	1.8%
What is the most common risk method of HIV transmission? (unprotected sex)	Wrong	100.0%	58.6%	98.2%	66.1%	98.7%	58.6%
	Right	0.0%	41.4%	1.8%	33.9%	1.3%	41.4%
At which point in the menstrual cycle is a woman most fertile? (9-16 days)	Wrong	91.6%	51.7%	89.9%	58.5%	87.7%	57.3%
	Right	8.4%	48.3%	10.1%	41.5%	12.3%	42.7%

To understand aggregate level changes in SRH knowledge, the study computed an average percentage correct on knowledge items across time periods. Results are shown in Table 3.

Across all districts, on average, participants increased their sexual and reproductive health knowledge between baseline and endline. The largest average SRH knowledge change over time was exhibited by workshop participants in Salima. Participants scored an average of 11.7% better on knowledge by endline on the set of SRH knowledge items.

Table 3. WiSW SRH Knowledge Overall Score

	District					
	Kasungu		Lilongwe		Salima	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Baseline SRH Knowledge Score (% Correct)	62.71%	12.92	64.55%	11.45	64.14%	12.20
Endline SRH Knowledge Score (% Correct)	74.03%	10.05	73.44%	10.87	75.83%	8.66
Average Change	+11.32%		+8.89%		+11.69%	

Qualitative evidence supports the improvements in knowledge exhibited in quantitative data. Several WiSW's mentioned improvements in their knowledge after attending the workshop:

*"TfaC has taught us about the risks when you have plain [unprotected] sex"*⁵⁵

*"We now know that it is important we should stay safe and be alert to these risks."*⁵⁶

*"I learned about living with HIV. Some people nowadays can live for a long time like they don't have the disease."*⁵⁷

Partners supported these observed knowledge improvements. The MRC representative interviewed stated:

*"We observed very strong improvements in the SRH knowledge of participants. The workshop was good at delivering SRH knowledge content."*⁵⁸

Similarly, in Kasungu, the Good Health Organization interview participant stated:

*"We saw knowledge improvements and with knowledge you cannot unlearn what you learn so this is very good for sustainability"*⁵⁹

Both partners mentioned an approach that worked well in delivering SRH knowledge content: engaging health workers from static clinics to attend certain workshop sessions and answer health related questions. For both partners this was an effective strategy to support knowledge gains in the workshop.

These findings suggest that the project had a contribution towards improving the sexual and reproductive health knowledge of WiSW workshop participants.

⁵⁵ Op cit. FGD with WISW Workshop Participants 1

⁵⁶ Op cit. FGD with WISW Workshop Participants 3

⁵⁷ Op cit. FGD with WISW Workshop Participants 1

⁵⁸ Interview with Partner 1

⁵⁹ Interview with Partner 2

At a norm level, the workshops also aimed to improve participants' attitudes around gender equality. If participants view women as having equal rights to men, the intervention believes they will be more likely to assert these rights when they are violated or support others to assert these rights.

Results for gender items included in the pre- and post- surveys are shown in the table following.

On items related to gender equality, specifically regarding women's roles or inherent abilities compared to men's, participants across districts demonstrated strong improvements. For example, on the item, "A woman's most important role is to take care of her home and family", only 6.9% disagreed in Kasungu on the pre-test compared to 46.7% on the post-test. Similar results were found for Lilongwe and Salima.

Participants, however, struggled to distinguish between sex and gender. On the three items asking participants to distinguish between sex and gender, most participants in all districts either maintained their existing view, pre-workshop, or regressed in their understanding. The intervention argues that by understanding the roles associated with gender as being attributed externally as opposed to inherently, participants will be able to disassociate with negative 'fixed' gendered attitudes. While this view makes theoretical sense, based on the empirical data provided, understanding gender as being distinct from sex, and unfixed, is unrelated to improvements in positive attitudes towards gender equality. This may be because linguistically 'gender' and 'sex' are the same word in Chichewa.

Table 4. WiSW Gender Attitude Items

Item		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
[Blank] refers to the expectations that society attaches to being male or female	Sex	71.6%	95.4%	64.4%	86.6%	67.0%	96.9%
	Gender	28.4%	4.6%	35.6%	13.4%	33.0%	3.1%
A man's ability to produce sperm is a result of his:	Gender	59.4%	59.4%	46.6%	59.0%	54.6%	68.3%
	Sex	40.6%	40.6%	53.4%	41.0%	45.4%	31.7%
"Boys are responsible for herding goats and cows" is an example of a	Sex role	68.6%	99.2%	54.0%	96.8%	60.4%	97.4%
	Gender role	31.4%	0.8%	46.0%	3.2%	39.6%	2.6%
A woman's most important role is to take care of her home and family	Agree	93.1%	53.3%	93.7%	53.4%	96.5%	57.7%
	Disagree	6.9%	46.7%	6.3%	46.6%	3.5%	42.3%

Boys are generally smarter than girls	Agree	70.9%	49.8%	64.7%	49.8%	76.2%	53.7%
	Disagree	29.1%	50.2%	35.3%	50.2%	23.8%	46.3%

An overall gender attitude mean was calculated to understand changes across gender attitudes in each district.

Results are shown in the table following. On average, WiSW participants in Kasungu demonstrated improvements in positive gender attitudes, while participants in Lilongwe and Kasungu regressed.

These findings suggest that beliefs about gender roles are entrenched in target communities and the intervention may not have had a role in improving these views in Salima and Lilongwe.

Table 5. WiSW Overall Gender Attitude Means

	District					
	Kasungu		Lilongwe		Kasungu	
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev
Baseline Mean Positive Gender Attitudes	27.28%	30.44	35.32%	32.00	29.07%	29.03
Endline Mean Positive Gender Attitudes	28.58%	28.45	30.89%	31.62	25.20%	28.09
Average Change	+1.30%		-4.43%		-3.87%	

The intervention also aimed to improve the participants knowledge of their rights. The behaviour change curriculum argues that by being aware of one's rights one is more likely to assert them.

Items addressing rights measured through the pre- and post- test are reported in Table 6.

Responses to sexual and reproductive rights items were mixed, although a high number of respondents were supportive of the rights of women by endline, across districts.

The biggest increase was exhibited by participants in Kasungu on the item "A woman has the right to choose how many children she has". During the pre-test, 32.6% of respondents agreed with the statement compared to 47.9% on the post-test.

However, for a few items respondents regressed on their views towards sexual and reproductive health rights. Most notably, in all districts on the item "I think it is acceptable for a husband to cheat on his wife", more respondents agreed with the item on the post-test than on the pre-test.

Table 6. WiSW Knowledge of SRHR Rights

Item	Location					
	Kasungu		Lilongwe		Salima	
	Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
Agree	62.1%	51.0%	50.8%	55.1%	64.8%	52.9%

Item		Location					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
If a woman does not prepare her husband's dinner, he is allowed to beat her	Disagree	37.9%	49.0%	49.2%	44.9%	35.2%	47.1%
I think it is acceptable for a husband to cheat on his wife	Agree	59.0%	96.2%	43.7%	87.3%	48.0%	96.9%
	Disagree	41.0%	3.8%	56.3%	12.7%	52.0%	3.1%
A woman has the right to choose how many children she has	Disagree	67.4%	52.1%	62.4%	52.3%	57.3%	59.9%
	Agree	32.6%	47.9%	37.6%	47.7%	42.7%	40.1%
A 14-year-old girl has the right to refuse marriage to a 40-year-old man	Disagree	65.5%	54.0%	58.4%	52.6%	62.6%	62.1%
	Agree	34.5%	46.0%	41.6%	47.4%	37.4%	37.9%

An overall score for SRHR rights knowledge was calculated to understand overall changes in rights knowledge over time. Results are shown in the table following.

Across sexual and reproductive health rights items, on average, participants in Lilongwe and Salima decreased in their average knowledge of sexual and reproductive health rights between pre- and post- tests. In Kasungu WiSW participants experienced a marginal increase in rights knowledge, on average.

These findings suggest that the intervention played little role in improving average knowledge of sexual and reproductive health rights between the pre- and post- surveys.

Table 7. SRH Rights Knowledge

	District					
	Kasungu		Lilongwe		Salima	
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev
Baseline SRH rights Score	36.49%	39.00	46.15%	39.81	41.85%	40.05
Endline SRH rights Score	36.69%	35.66	38.16%	38.98	32.05%	34.88
Average Change	+0.20%		-7.99%		-9.80%	

Qualitative evidence suggests that women in sex work, however, are more closely aware of their own rights after attending the workshop.

As women in focus group discussions explained:

“There is a difference because we have been taught about our rights to ask a man for a condom, whilst back in the days we did not know that.”⁶⁰

“There is no reason for me to allow myself to engage in unprotected sexual activity as I view that as an infringement of my rights”⁶¹

“I have learned that even as a sex worker we have rights for how we must be treated by any other person.”⁶²

“There shouldn’t be segregation on those with the HIV virus.”⁶³

“We were taught that we have the right to be respected, people do not have to call us names like prostitutes.”⁶⁴

These findings suggest that while the workshop did not result in average sexual and reproductive health rights knowledge improvements, it likely resulted in improvements in sex workers knowledge of their own rights as sex workers. The project should consider adapting monitoring tools accordingly, as these rights are more relevant to wider intervention activities than those included in the current tool, which focus solely on SRH rights.

79.6% of women at Endline have basic sexual and reproductive health knowledge and rights (SRHR) knowledge compared to 62% at Baseline.

The study combined each of the items included in the SRH knowledge, gender, and SRHR rights domains of the pre- and post- surveys, as per guidance provided by MEL staff on the operationalization of the indicator. This resulted in an average overall score, measured as a percentage correct on the items. Results across districts are shown in the table following. Participants who scored 60% or better on the barrage of items were considered to have basic sexual and reproductive health knowledge.

Across all districts the WiSW participants demonstrated positive improvements in overall score. Based on the previous analysis, this is largely due to improvements in SRH knowledge rather than improvements in gender attitudes or knowledge about rights.

Table 8. Overall Score on 11 SRH Knowledge, Gender Equality, and SRHR Knowledge Items

	Location						
	Kasungu		Lilongwe		Salima		All
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev	Mean
Overall Baseline	61.69%	12.45	64.26%	12.44	61.35%	13.40	63.18%
Indicator 1.1							
Average Score (%)							

⁶⁰ Op cit. FGD with WISW Workshop Participants 1

⁶¹ Op cit. FGD with WISW Workshop Participants 4

⁶² Op cit. FGD with WISW Workshop Participants 3

⁶³ Op cit. FGD with WISW Workshop Participants 1

⁶⁴ Op cit. FGD with WISW Workshop Participants 3

	Location						
	Kasungu		Lilongwe		Salima		All
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev	Mean
Overall Endline Indicator 1.1 Average Score (%)	67.13%	9.67	70.16%	11.57	67.20%	8.41	68.73%
Average Change	+5.44%		+5.90%		+5.85%		+5.55%

The study also reviewed scores of participants who could be matched between the pre- and post- test. For these participants, we subtracted their baseline score from their endline score to create an overall measure of “change”. The average change for each of these matched participants and the percentage of participants who improved their overall score, are shown in the table following.

Of participants included in the longitudinal study, 63.6% improved their overall score between periods in Kasungu, 64.7% in Salima, and 46.9% in Lilongwe. Across districts 51.4% of WiSW participants included in the longitudinal study improved their SRH and SRHR knowledge between baseline and endline.

Table 9. Longitudinal Study Results for SRH Knowledge, Gender Equality and SRHR Knowledge items

	District						
	Kasungu		Lilongwe		Salima		All
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev	Mean
Mean Change in Overall SRH, SRHR, Gendered Attitudes Score between Baseline and Endline	+4.56%	11.05	-1.66%	16.52	+8.03%	17.66	+0.49%
Percentage of Participants who improved in their SRH and SRHR Knowledge between Baseline and Endline	63.6%		46.9%		64.7%		51.4%

After attending the workshop participants also reported a reduction in risky behaviours, such as drinking alcohol. The midterm review of the project highlighted this challenge posing additional risks of exploitation to sex workers. Substance use was subsequently added to the behaviour change curriculum. Participants reported that being drunk often put them at risk to being taken advantage of or abused by their clients.

Women explained that they used to drink to remove their shyness, especially when they began working in sex work and this soon escalated to situations where they felt they had lost control. As some women explained:

“Before attending the workshop, I would even be drunk in the morning. I couldn’t go without drinking.”⁶⁵

“It becomes so easy [to do your work when drunk] because you are not shy.. When you are sober you cannot sleep with some of them like your father’s friends.”⁶⁶

Interestingly, however, many participants stated that they preferred drunk clients because they found them easier to handle. This was a surprising finding. Several women explained:

“The drunkards are the best between the two because they are romantic, and they easily pay well.”⁶⁷

“Drunkards are our bosses.”⁶⁸

“You can only meet 2 drunkards that are difficult per 10 drunkards.”

92% of women at Endline report using a condom the last time they had sex compared to 79.9% at Baseline.

The intervention believes that improvements in knowledge and attitudes will lead to the adoption of healthy behaviours.

To understand the contribution of the intervention to condom use, participants were also asked whether they used a condom the last time they had sex. Results across periods and districts are shown in the table following.

In all districts, except Salima, self-reported condom use increased. In Salima, there was a marginal decrease in self-reported condom use between baseline and endline. However, rather than an increase in participants who said no to using a condom, Salima experienced an increase in participants who refused to answer the question.

		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
The last time you	Yes	85.0%	87.1%	74.6%	96.2%	91.2%	88.1%
	No	13.5%	10.7%	24.9%	3.4%	8.8%	7.3%

⁶⁵ Op cit. FGD with WISW Workshop Participants 2

⁶⁶ Op cit. FGD with WISW Workshop Participants 4

⁶⁷ Op cit. FGD with WISW Workshop Participants 1

⁶⁸ FGD with Women on Condom Use 1

had sexual intercourse, was there a condom used?	Refuse	1.5%	2.1%	0.5%	0.4%	0.0%	4.6%
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Results for all WiSW participants across districts are shown in Table 10. 12.1% more participants reported using a condom the last time they had sex, by endline. These findings suggest that after attending the workshop, more participants engaged in safe sex compared to before the workshop.

Table 10. Self-reported Condom Use

		Baseline %	Endline %	Change
The last time you had sexual intercourse, was there a condom used?	Yes	79.9%	92.0%	+12.1%
	No	19.6%	6.3%	-13.3%
	Refuse	0.6%	1.8%	+1.2%

Qualitative sessions further reveal that condom use is an important change which participants attribute to the intervention. Women explained that before attending the workshop they were less aware of the importance of using condoms. However, since attending they report several changes:

*"We try to explain to them [our partners] why it is important to use a condom. If they say no, we let them to go."*⁶⁹

*"We [now] prevent STIs and HIV. Sometimes you are the bread winner so if you play with your life you will make children ... orphans."*⁷⁰

*"We can't put our life at risk."*⁷¹

"We use it with everyone because we can't put our life on risk. In the past we could do it without a condom but after TfaC's workshops things have changed."

"It is easy now after we have been taught by TFAC, they taught how to explain to the customer to use a condom and the importance of a condom. Whilst back in the days it was difficult."

"In my opinion I think its main our responsibility as sex workers to have a condom. We might miss business when a customer doesn't have and have plain sex [which will] put our life at risk."

⁶⁹ FGD with WiSW on Condom Use 1

⁷⁰ ibid

⁷¹ FGD with WiSW on Condom Use 3

“After we have been trained by TfaC we learnt how to use and entice a man to use a condom. After we had explained to the men, they also had learnt to use a condom even when they sleep with others.”

In the past it was sometimes possible for men to pay more money to have unprotected sex. However, participants report that *“there is a change because now we have knowledge, we are not easily taken up by money. If we recall our past, we could sacrifice poor health for huge sums of money”*.

Several participants furthered this view, explaining:

“Back in the days we were ignorant [but] we were taught not allow a customer to have plain sex with us.”

“Things have changed. We used to say that we don’t care because to person that infected us with STIs did not feel sorry for us”

“We used to accept, we used to say that we can’t die now because of the disease.”

These positive results, along with quantitative findings, suggest that the project has had a contribution to promoting condom use.

However, in line with previous project findings, participants continued to report that there is usually one partner, a ‘boyfriend’, with whom they choose not to wear a condom. One participant explained: *“These are real boyfriends that you can depend on. They are different from those men who come and go, come and go”*. Another stated, *“Usually we do plain sex with your boyfriend but for other customers its usually condoms. The boyfriend pays a huge sum of money at the end of month, such men are treated better than other customers because they are the closest.”*

Despite this being a concern, WiSWs report that in these cases they now go with this partner to get tested. However, sometimes not frequently:

“I went to get blood tested with my boyfriend. It is fine. He is clear. We can now have plain sex”

“If we go and get tested we can trust him”

The project should encourage participants through health messaging activities to get tested regularly, even with regular boyfriends.

TfaC also introduced many women to female condoms. In many cases, women report that female condoms are often easier to use because you do not have to rely on the client to be keep the condom on. As one women emphasised: *“it is important to check if the man has really worn the condom”*.

Additionally, some women commented that: *“When you put on female condom it sticks to the skin and a man cannot realise”*. This reportedly works for men who feel they only enjoy plain sex. However, some participants report that while wearing a female condom *“it’s difficult to convince a man that you have put on a condom”*.

Generally, however, women report preferring the female condom because its more reliable and convenient. As one participant summarised: *“It is more reliable. You put on female condom before you have sex or before you find a customer.so you put on and makes you be ready for anything”*.

Female condoms are not readily available in Malawi and the project should consider additional advocacy activities to promote the accessibility of female condoms in public clinics.

93.95% of women demonstrate correct male condom use and 62.5% of women demonstrate correct female condom use

To triangulate findings from the self-reported item on condom use, MEL staff from TfaC administered a tool to assess the extent to which participants could correctly demonstrate using a condom. Results for this tool are shown in the table following.

To demonstrate correct use of a male condom participants had to:

- Check the expiry date
- Open the package carefully without using sharp objects (to prevent damage)
- Press out the air at the tip of the condom before putting it on
- With the rolled rim on the outside put the condom over the erect model penis
- Smooth out any air bubbles and check that the condom fits securely
- Demonstrate how to remove the condom firmly at the base
- Remove the condom and correctly dispose of it

To demonstrate correct use of a female condom participants had to:

- Check Expiry Date
- Check that there is air in the package-feel for a pocket of air to ensure package has not been opened
- Push condom over to one side and rip down side of package following the arrow without sharp objects
- Take condom out of package and unfold it and make sure it is lubricated both inside and out
- While holding sheath at closed end of condom, grasp and squeeze flexible ring so it's long and narrow
- Gently insert the inner ring of the female condom into the vagina (demonstrated by hand)
- Place index finger on inside of condom and push inner ring up as far as it would go and outer ring should remain on the outside of the vagina
- After intercourse, twist the outer ring and gently pull the condom out
- Wrap the condom in a package or tissue and dispose of properly

Findings shown in the table following suggest that more participants were able to demonstrate use of the male condom than the female condom. Based on additional qualitative evidence this is likely due to the availability of male condoms in Malawi compared to female condoms. However, in both Salima and Kasungu most participants scored 100% on both condom demonstrations.

District	Condom Demonstration Results (Mean % correct across 8 items for male condom; and Mean correct across 9 items for female condom)	
	Male Condom	Female Condom

District	Condom Demonstration Results (Mean % correct across 8 items for male condom; and Mean correct across 9 items for female condom)	
	Salima	99.2%
Kasungu	100%	100%
Lilongwe	88.3%	25%
All	93.95%	62.5%

Qualitative evidence suggests that although sex workers were aware of the need to use condoms prior to the workshop, many lacked basic knowledge on safe condom use. As participants stated:

“We never knew how to open the condom; we never knew that it has expiry date.”

“We learned that the condom has air inside and lubricant.”

“We have to remove the condom when the penis is still erect to avoid the condom sticking to your private part.”

“When the condom is not removed whilst the penis is erect the sperms can be poured on you hence not safe.”

These findings suggest that improvements in knowledge of how to use condoms will result in healthier condom use.

Women with change in level of self-confidence and self-esteem

Through the workshop, the project aims to improve how participants view themselves. Self-esteem (also known as self-worth) refers to the extent to which we like accept or approve of ourselves, or how much we value ourselves. Self-esteem always involves a degree of evaluation and we may have either a positive or a negative view of ourselves.

When a person’s ideal self and actual experience are consistent or very similar, a state of congruence exists, which is an important basis for the development of self-esteem. The development of congruence is dependent on the positive regard that we receive from our social context. This includes:

1. The ways in which others (particularly significant others) react to us.
2. How we think we compare to others
3. Our social roles
4. The extent to which we identify with other people

To understand self-esteem quantitatively, TfaC administered a selection of items from the Rosenberg self-esteem scale. Results for this selection of items are shown in the table following.

Table 11. WiSW Self-Esteem Items (Rosenberg Selection)

Rosenberg Items	District						
	Kasungu		Lilongwe		Salima		
	Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %	
On the whole, I am satisfied with myself	Strongly Disagree	3.0%	0.0%	2.4%	0.3%	3.7%	0.9%
	Disagree	2.2%	2.1%	4.5%	1.5%	3.7%	2.7%
	Neither	5.2%	2.1%	2.6%	1.5%	1.5%	0.0%
	Agree	14.9%	9.2%	5.5%	2.3%	11.1%	16.4%
	Strongly Agree	74.6%	86.5%	84.9%	94.5%	80.0%	80.0%
I feel I have a number of good qualities	Strongly Disagree	3.8%	0.0%	3.8%	5.5%	1.5%	0.9%
	Disagree	6.8%	2.1%	4.0%	2.0%	5.9%	6.3%
	Neither	15.2%	2.8%	9.5%	1.5%	9.6%	5.4%
	Agree	12.1%	11.3%	10.5%	5.0%	17.8%	14.4%
	Strongly Agree	62.1%	83.8%	72.1%	86.0%	65.2%	73.0%
I am able to do things well as most other people	Strongly Disagree	3.8%	42.9%	2.9%	37.6%	5.9%	37.8%
	Disagree	3.1%	19.3%	7.0%	16.0%	5.9%	23.4%
	Neither	23.1%	5.7%	13.6%	2.0%	11.9%	6.3%
	Agree	13.8%	11.4%	13.3%	4.4%	17.0%	16.2%
	Strongly Agree	56.2%	20.7%	63.2%	39.9%	59.3%	16.2%
I certainly feel useless	Strongly Agree	35.1%	81.6%	26.9%	62.6%	27.6%	70.3%
	Agree	16.8%	6.4%	7.2%	2.6%	16.4%	7.2%
	Neither	10.7%	3.5%	6.2%	2.3%	6.0%	7.2%
	Disagree	19.1%	5.7%	39.3%	14.3%	33.6%	13.5%
	Strongly Disagree	18.3%	2.8%	20.4%	18.1%	16.4%	1.8%
I feel that I am a person worth at least on an equal plane with others	Strongly Disagree	6.0%	47.2%	3.8%	39.8%	1.5%	44.1%
	Disagree	10.5%	33.1%	8.4%	22.2%	11.9%	38.7%
	Neither	14.3%	3.5%	6.0%	0.6%	9.6%	1.8%
	Agree	12.0%	5.6%	5.8%	1.5%	10.4%	6.3%
	Strongly Agree	57.1%	10.6%	76.0%	36.0%	66.7%	9.0%
All in all, I am inclined to feel that I	Strongly Agree	28.0%	78.7%	26.6%	73.1%	24.6%	72.7%
	Agree	12.9%	9.9%	8.2%	2.3%	13.4%	16.4%
	Neither	12.9%	2.1%	11.1%	0.3%	7.5%	2.7%
	Disagree	28.0%	2.8%	39.1%	9.9%	37.3%	4.5%

Rosenberg Items		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
am failure	a Strongly Disagree	18.2%	6.4%	15.0%	14.3%	17.2%	3.6%
I take positive attitude toward myself	a Strongly Disagree	8.7%	0.0%	7.1%	1.2%	10.5%	0.0%
	Disagree	7.1%	1.4%	16.0%	1.2%	9.8%	3.6%
	Neither	4.7%	0.7%	4.4%	0.3%	6.8%	1.8%
	Agree	22.0%	5.6%	10.3%	3.8%	18.8%	13.5%
	Strongly Agree	57.5%	92.3%	62.1%	93.5%	54.1%	81.1%

Across all districts, self-esteem on average decreased for WiSW participants between the pre- and post- tests.

It should also be noted that although there was an average decrease at the aggregate level in WiSW self-esteem between periods, for both baseline and endline means were above the mid-point in the scale (3). This suggests that although there was an observable decrease in self-esteem, self-appraisal in both periods was still positive.

Table 12. WiSW Mean Self-Esteem

	District					
	Kasungu		Lilongwe		Salima	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Baseline Mean Self-esteem	4.46	.65	4.70	.65	4.59	.67
Endline Mean Self-esteem	3.64	.49	4.02	.90	3.61	.50

Only 20% of participants (142) could be matched between endline and baseline suggesting that these changes were not necessarily experienced at the individual level and may have been because many participants at baseline and endline were different individuals, likely with different levels of self-esteem.

To explore this further, the table below presents mean changes for participants who were matched between baseline and endline, across districts. These, however, findings support the above, with matched individuals exhibiting, on average, slightly lower levels of self-esteem by endline, across districts.

The project should seek to further explore and explain these findings.

Of matched participants 21.4% improved their self-esteem in Kasungu, 30.7% in Lilongwe, and 14.3% in Salima between Baseline and Endline. This suggests that despite aggregate level changes not being visible, self-esteem did improve for a portion of WiSW participants between periods. There is a large difference between the proportion of participants in Lilongwe and Salima who improved their self-esteem, suggesting possible differences in project implementation across the two districts, with greater increases in

self-esteem exhibited by cohorts in Lilongwe. The intervention should review differences in implementation in components of the workshop targeting self-esteem between these two districts.

Table 13. Self-esteem Changes for WiSW Matched between Baseline and Endline

	District					
	Kasungu		Lilongwe		Salima	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Mean change in self-esteem between baseline and endline for matched participants	-0.82	0.99	-0.55	1.00	-0.98	0.83
% of matched WiSW who positively improved their self-esteem	21.4%		30.7%		14.3%	

For participants who improved the way they thought about themselves, many mentioned that this was due to the way they viewed being HIV positive.

As some participants commented:

“When we went to this organization known as TfaC we were taught that being found HIV positive is not the end of life but the beginning of a new life, as such you need to be part of this group so that you can be happy and have joy in your heart.”

“When TfaC came and taught it that a person needs to accept one’s HIV status after going to the hospital and being tested. When you have been tested you are joyous and no one can even think that you have the HIV virus because you are fit therefore it may be that the we are now happy because [we] adhered to the advice and teachings of TfaC.”

“I am very happy, before I had gone for a test I was very sad and worried because I had no peace of mind but after I had been tested and started medication, now I am at peace and I am happy and also I am not facing any problem at all.”

In addition to aiming to improve participant’s self-esteem, the workshop aims to improve participant’s self-confidence. Self-confidence can be understood as the ability trust in one's abilities, qualities, and judgment. Self-confidence improvements are expected to enable participants to be better able to assert their rights to health, justice and safety.

To understand self-confidence, the pre- and post-tests asked participants to respond to 4 self-confidence items. Summary results for these items are shown in the table following.

Table 14. WiSW Self-confidence Items

		District					
		Kasungu		Lilongwe		Salima	
		Baseline %	Endline %	Baseline %	Endline %	Baseline %	Endline %
I feel like I can raise my hand in the group whenever I want	Strongly Disagree	4.6%	0.7%	1.1%	0.6%	5.1%	0.0%
	Disagree	5.3%	1.4%	1.4%	0.0%	6.6%	1.8%
	Neither	12.2%	2.9%	2.7%	2.3%	5.1%	2.7%
	Agree	5.3%	8.6%	3.8%	4.4%	9.6%	13.5%
	Strongly Agree	72.5%	86.4%	91.0%	92.7%	73.5%	82.0%
I feel confident in my ability to learn.	Strongly Disagree	1.5%	0.0%	1.1%	0.0%	0.7%	0.0%
	Disagree	3.7%	0.7%	1.1%	0.0%	4.4%	0.9%
	Neither	6.7%	0.0%	2.5%	0.0%	3.0%	0.0%
	Agree	11.2%	5.7%	3.0%	2.6%	12.6%	12.6%
	Strongly Agree	76.9%	93.6%	92.3%	97.4%	79.3%	86.5%
I am capable of learning the information in the group	Strongly Disagree	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%
	Disagree	0.0%	0.7%	1.4%	0.0%	1.5%	0.0%
	Neither	3.0%	0.7%	0.8%	0.3%	1.5%	1.8%
	Agree	6.8%	8.6%	2.8%	2.9%	11.8%	12.6%
	Strongly Agree	89.5%	90.0%	95.0%	96.8%	85.3%	85.6%
I am able to achieve my goals	Strongly Disagree	0.8%	0.0%	0.0%	0.3%	1.5%	0.0%
	Disagree	1.5%	0.0%	3.6%	0.3%	1.5%	0.9%
	Neither	6.8%	0.0%	2.5%	1.2%	2.9%	2.7%
	Agree	7.5%	7.7%	2.7%	3.2%	11.8%	15.3%
	Strongly Agree	83.5%	92.3%	91.2%	95.0%	82.4%	81.1%

To get a wholistic understanding of self-confidence, the study calculated a mean self-confidence score. The table below displays aggregate results for self-confidence means across districts.

In all districts, participants, on average, increased their self-confidence between baseline and endline.

Table 15. WiSW Mean Self-confidence

	District					
	Kasungu		Lilongwe		Salima	
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev
Baseline Mean Self-confidence on 4 items	4.64	0.51	4.85	0.45	4.65	0.60
Endline Mean Self-confidence on 4 items	4.88	0.31	4.94	0.22	4.80	0.40
Average Change	+0.24		+0.09		+0.15	

When we examine individual level changes in self-confidence amongst matched participants, **73.9% of matched WiSW participants improved their self-confidence between baseline and endline.** Results per district are shown in the table following for matched participants. Improvements were exhibited in self-confidence by all matched participants from Kasungu (100%), 76.9% of matched participants from Lilongwe, and 62.5% from Salima.

Table 16. Self-confidence Changes for WiSW Matched between Baseline and Endline

	District						
	Kasungu		Lilongwe		Salima		All
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev	Mean
Average change in self-confidence for matched participants between baseline and endline	+0.08	0.22	+0.10	0.45	+0.10	0.49	+0.10
% of matched WiSW who positively improved their self-confidence	100.0%		76.9%		62.5%		73.9%

Qualitative findings related to condom use, specifically in asking clients to use condoms, indicate that improvements in self-confidence has in turn led to improvements in healthy sexual behaviours.

One woman in sex work commented that by attending the workshop, participants became more “courageous” and subsequently were better able to assert their rights. She stated:

“After attending the TFAC workshop it became easy because we became courageous and stand for our rights. For those that did not attend the workshop .. they find it hard but not us”

These findings collectively suggest that the project had a contribution to improving participants levels of self-confidence.

Girls at risk of sexual exploitation (GRSE) and Girls who have been sexually exploited (GBSE)

Initially the intervention targeted girls who have been sexually exploited (GBSEs) and these girls were recruited for the workshop through visits to bars and bottle stores. During these visits TfaC would speak to the bar owners and explain the aims of the project

and then look around the bar for girls who were clearly underage. This would allow the project to recruit girls who are currently engaged in sex work.

However, GBSEs were a challenging group for the project to work with. As the project manager explained:

“We’ve had instances when we would go to the first day of the workshop and this girl will be excited to join, but when you go on the second day, they will say they are not interested in anymore... probably the mother or bar owner threatened them with something... We really had issues with dropouts. We also really had issues with attendance, and retention.... Our mission was to remove the girl completely from the bar and take her back to the house, but we’ve had instances where three or four months down the line when we go to check up on her, she dropped out of the school or dropped out of the training session and went back to the bar. So looking at the instances and our capacity, we are not at the right stage now as an organization to properly help the girls who are being sexually exploited.”

This resulted in the intervention instead targeting girls at risk of sexual exploitation (GRSEs) and working with them before they engage in activities like sex work. For the recruitment of these girls, TfaC works with the District Social Welfare Office (DSWO) and child protection committees at the community level to identify girls who could be at risk. Girls at risk of sexual exploitation have therefore included girls who live in child-headed households, girls who have dropped out of school, and girls who live with parents who brew local beer or sell alcohol in the community.

After these girls are identified by the project, a home visit is conducted to assess their home living environment. Based on this assessment girls and parents are informed of the workshop activities and are invited to participate.

As with the workshop with women, the workshop with girls aims to promote improved sexual and reproductive health and sexual and reproductive health rights knowledge with the aim of promoting healthy behaviours and reducing risky practices. Additional workshop components focus on supporting girls to identify situations where they could be at risk of exploitation and how they can assert their rights in these situations.

To understand changes in girls’ sexual and reproductive health knowledge, pre- and post-tests asked the same SRH knowledge questions to participants. Results are summarised in Table 16.

For GBSEs, by the end of the workshop, more respondents were able to answer most knowledge questions correctly. For example, at the beginning of the workshop 13% of GBSE participants believed that all HIV people look sick and by the end of the workshop only 6.1% believed so. The item which exhibited the largest change between periods for GBSEs was being able to identify the lowest risk method of HIV transmission (sharing a toothbrush). Only 4.7% of participants correctly answered this item before the workshop compared to 50% of participants at the end of the workshop.

There were two questions which GBSE participants struggled with at both periods. More participants did not believe that there were medical drugs available to prevent mother to child transmission at endline than at baseline. Similarly, fewer GBSE participants at endline were able to identify the most fertile point of a women’s menstrual cycle. Across other items, however, GBSE’s experienced increases in SRH knowledge.

GRSEs similarly exhibited improvements across most items. The most challenging questions for GRSEs based on these results included the item on whether medical drugs are available to reduce mother to child transmission, the item on the most fertile point of a women's menstrual cycle, and the item asking them to identify the most common HIV transmission method (having sex with an unprotected partner).

Table 17. SRH Knowledge GRSEs and GBSEs

Item		At Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
A person can get HIV through witchcraft (false)	True	9.7%	0.0%	19.0%	1.9%
	False	90.3%	100.0%	81.0%	98.1%
All people who have HIV look sick (false)	True	13.0%	6.1%	45.6%	3.7%
	False	87.0%	93.9%	54.4%	96.3%
You can get HIV from a mosquito bite (false)	True	23.3%	0.0%	27.8%	4.2%
	False	76.7%	100.0%	72.2%	95.8%
The risk of HIV transmission can be reduced by having sex with only one uninfected partner who has tested negative and who has no other partners (true)	False	44.7%	33.3%	17.5%	1.9%
	True	55.3%	66.7%	82.5%	98.1%
Some medical drugs will prolong the life of an HIV positive person (true)	False	22.9%	6.1%	31.0%	0.0%
	True	77.1%	93.9%	69.0%	100.0%
Some medical drugs can prevent the transmission of HIV from mother to child (true))	False	0.0%	100.0%	19.6%	100.0%
	True	100.0%	50.0%	80.4%	32.5%
How accurate is HIV testing? (accurate)	Wrong	28.1%	50.0%	40.3%	67.5%
	Right	71.9%	85.9%	59.7%	97.4%
	Wrong	95.3%	14.1%	87.0%	2.6%

Item		At Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
What is the LOWEST RISK method of HIV transmission (sharing a toothbrush)	Right	4.7%	50.0%	13.0%	32.5%
	Wrong				
What is the MOST COMMON RISK method of HIV transmission? (unprotected sex)	Wrong	48.4%	50.0%	51.9%	67.5%
	Right	51.6%	79.7%	48.1%	31.2%
At which point in the menstrual cycle is a woman most fertile? (9-16 days)	Wrong	98.4%	20.3%	79.2%	68.8%
	Right	1.6%	0.0%	20.8%	1.9%

To understand overall changes in SRH knowledge, the study calculated an average knowledge score, measured as a percentage of knowledge items answered correctly. Results for this score are shown in Table 16.

Both GRSEs and GBSEs exhibited on average improvements in SRH knowledge across periods. GRSEs outperformed GBSEs, improving their SRH knowledge score by an average of 26.1% between periods.

Table 18. GRSE & GBSE SRH Knowledge Score

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Baseline SRH Knowledge Score (% Correct)	72.00%	9.13	62.40%	20.26
Endline SRH Knowledge Score (% Correct)	82.14%	10.67	88.54%	8.25
Average Change	+10.14%		+26.14%	

Qualitative findings support these observed improvements, with several girls noting the changes in their knowledge after attending the workshop. One GRSE stated:

“We learnt a lot that we did not know, we learnt that in our stomachs there is an egg that is capable of fertilization. Also, that there is a womb where if the egg and a sperm meet, you make a baby. Also, about menstruation cycles that for instance if your period on the 21st this month then you should expect the periods on the 21st of the next month but that pregnancy is

not possible during your periods when you have sex but if you are done with your period and you have unprotected sex, you can get pregnant.”⁷²

Other girls supported these knowledge improvements, affirming that they learned things they did not know before. Several girls mentioned examples of their learning: “[We learned] ways in which one may contract diseases... unprotected sex, needles”, “They taught us about prevention of diseases”, “I learnt a lot on abstinence, how one can get pregnant, contraception, humility and on early marriages”, “when the monthly period has taken a long period I, you can go the hospital to seek treatment. We learn about female condoms and contraceptives pills.”

Qualitative sessions highlighted that girls generally enjoyed learning things that they did not know before. There was some disagreement however amongst participants as to the effect of this learning on their later behaviours. Several GRSE participants were concerned that improving knowledge about sex would result in more risky sexual behaviours. As GRSE’s stated:

“I think they should remove that discussion on sex because when people are taught about that it is like they have been told what to do and they are doing it. However, they want and when they go out, young ones like these are going to indulge in these sexual activities”

“They should remove it because they teach us the advantages and disadvantages and how we can protect ourselves. So when we go out there we want to experiment and we end up getting ourselves in problems because we would have maybe misunderstood and wrongly applied the information. So I think they should change that.”

“They should just be telling them in a manner of cautioning them without expanding on these things because we are talking about things that have happened around us. There are number of people who have gotten pregnant because they wanted to experiment. So they shouldn’t be explaining them to such great detail because that is what lands most of us in trouble”

The project should consider explicitly addressing these concerns in the workshop, to ensure participants understand the relevance of what they are learning and to reduce feelings of shame and taboo around discussing such topics.

Several participants also mentioned that since the workshop other girls who had not attended would approach them for advice or to hear what they had learned. To ensure messaging remains consistent and that girls can pass on SRH knowledge to their peers, the intervention should consider adding a module on how girls can manage these types of interactions.

Several additional items included on the test aimed to measure improvements in the gendered attitudes of workshop participants. Results are summarised in Table 18.

Whilst both GBSEs and GRSEs improved their ability to identify gender as being associated with the expectation society places on somebody for being male and female, they exhibited some difficulty distinguishing it from sex.

One item provided an example of a boy being responsible for goats and cows and asked participants to state whether this was an example of a sex or gender role. While the

⁷² FGD with GRSEs

percentage of participants able to identify it as a gender role increased between periods, most participants in both the pre- and post- test identified it as a role associated with sex. Collectively these findings indicate that GBSEs and GRSEs still confuse sex and gender. As with findings for WiSW this may be due to the linguistic fact that gender and sex are not different words in Chichewa.

When asked whether they agree with the statement “A woman’s most important role is to take care of her home and family”, more GBSEs agreed with the statement by endline. GRSEs by comparison exhibited positive results with only 16.9% of participants disagree at baseline and 69.1% disagreeing with the statement by endline.

Table 19. GRSE & GBSE Gendered Attitude Items

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
[Blank] refers to the expectations that society attaches to being male or female	Sex	87.5%	76.6%	67.5%	33.8%
	Gender	12.5%	23.4%	32.5%	66.2%
A man’s ability to produce sperm is a result of his:	Gender	29.7%	56.3%	98.7%	40.3%
	Sex	70.3%	43.8%	1.3%	59.7%
.“Boys are responsible for herding goats and cows” is an example of a	Sex role	76.6%	68.8%	62.3%	100.0%
	Gender	23.4%	31.3%	37.7%	0.0%
A woman’s most important role is to take care of her home and family	Agree	89.1%	92.2%	97.4%	39.0%
	Disagree	10.9%	7.8%	2.6%	61.0%
Boys are generally smarter than girls	Agree	90.6%	65.6%	83.1%	39.0%
	Disagree	9.4%	34.4%	16.9%	61.0%

To understand overall changes in gendered attitudes an average score was calculated by awarding 1 point for each positive response to the set of items and calculating a percentage score. Results for this overall score are shown in Table 18.

Whilst both groups improved their gendered attitudes before and after the workshop, GRSEs made far greater improvements on average. This suggests that in line with the adjusted targeting strategy, GRSEs have more to gain from participating in the workshop, with regards to changing gendered attitudes than GBSEs.

Table 20. GBSEs & GRSEs Gender Attitude Scores

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Baseline Gender Score (%)	25.31%	20.23	18.18%	20.05
Endline Gender Score (%)	28.13%	32.41	49.61%	35.48
Average Change	+2.82%		+31.43%	

As well as aiming to improve SRH knowledge and gendered attitudes the intervention also aims to improve knowledge of sexual and reproductive health rights amongst girls.

Results for the SRH rights items asked are displayed on Table 19. Across most rights items, GRSEs and GBSEs demonstrate aggregate levels of improved knowledge of women and girls' rights. The biggest change between pre- and post- tests was demonstrated by GRSEs on the item "If a woman does not prepare her husband's dinner, he is allowed to beat her". Before the workshop only 24.7% of girls disagreed with this statement compared to 66.2% after attending the workshop.

For GBSEs the item "I think it is acceptable for a husband to cheat on his wife" exhibited similar results to the WiSW groups, with more girls agreeing with the item in the post-test than in the pre-test. As girls who have been sexually exploited were identified and recruited from bars, this item may relate to their previous roles as sex workers.

Table 21. GBSEs & GRSEs SRHR Knowledge Items

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
If a woman does not prepare her husband's dinner, he is allowed to beat her	Agree	57.8%	54.7%	75.3%	33.8%
	Disagree	42.2%	45.3%	24.7%	66.2%
I think it is acceptable for a husband to cheat on his wife	Agree	42.2%	51.6%	44.2%	31.2%
	Disagree	57.8%	48.4%	55.8%	68.8%
A woman has the right to choose how many children she has	Disagree	70.3%	65.6%	59.7%	58.4%
	Agree	29.7%	34.4%	40.3%	41.6%
A 14-year-old girl has the right to refuse marriage to a 40 year old man	Disagree	57.8%	57.8%	46.8%	40.3%
	Agree	42.2%	42.2%	53.2%	59.7%

Overall scores were calculated for SRH rights items. Results are shown in the table following. As with SRH knowledge items and gendered attitude items, changes exhibited by GRSEs outperformed changes by GBSEs. On average GRSEs improved their knowledge of SRH rights by 15.58% between pre- and post-tests. This finding suggests that the project had a contribution to improving knowledge of SRH rights for GRSEs. It also

supports the project's adjustment in targeting, as GBSEs exhibited no improvements in rights knowledge.

Table 22. GBSE & GRSE SRH Rights Knowledge Scores

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Baseline SRH rights knowledge score (%)	42.97%	34.92	43.51%	32.80
Endline SRH rights knowledge score (%)	42.58%	43.57	59.09%	41.93
Average Change	-0.39%		+15.58%	

For GRSEs the project explicitly aimed to teach them about child rights. This was mentioned by several GRSEs as being useful and having real application to their understanding of what they are entitled to. In the phrasing of how they understood their rights participant tended to take a pro-active approach focusing on how their rights could be enforced. As participants mentioned: *“Right to report... to police when abused”*, *“Right make family want you”*, *“Right to report abuse”*. These findings suggest that the interventions approach to supporting participants to improve their rights knowledge went beyond sole knowledge improvements and supported participants improve their skills in self-advocacy with specific means to help them realise their rights.

With regards to the realization of rights, session participants also emphasised the need for the project to engage parents and caregivers to make them aware of the rights of children. Participants highlighted that this was needed to prevent future rights abuses. As several GRSEs stated:

“Parents usually do not treat you fairly hence do not give you food sometimes and force girls into sex working”

“We also ask TfaC to train parents on child rights because you see children around 7 am selling goods instead of being at school and that's against child rights.so sometimes cruelty is connected to ignorance, so they have to be taught.”

Girls also felt that engaging parents more actively in intervention activities will also help support them to improve their behaviours. As some girls stated:

“Just to add up on wrong advice. Some parents encourage us to indulge in immoral behaviour by praising our beauty.”

“Lack of guidance affects our behaviour.”

“Some parents say negative words against the girls about bearing children hence disturb the girls and end up getting pregnant.”

The project has already addressed some of these concerns through the Amplify project. The Amplify project set up and supported Community Child Protection Teams, to conduct additional outreach and educational messaging activities with parents and guardians.

In discussions on rights with girls there was a strong emphasis on the right to education. Several participants stated that this was often decided upon by their parents and they did not have any power to change these decisions.

The intervention's focus is on sexual and reproductive health rights, but it is likely that supporting girls to realise other rights associated with healthy outcomes will have an impact on reducing abuse.

Several workshop components also focused on improving girls' skills at recognizing situations which put them at risk. Qualitative evidence suggests messaging on this was successful. Girls mentioned that participating in the workshop made them more aware that *"people who are close to us are the ones who exploit us"* and that *"Assessment of the situation is always important."* Others listed that they had become more aware of *"the signs of exploitation. [For] example by giving you money"*.

Many girls agree that *"because of training we now have knowledge on sexual exploitation and how to handle it."*

Girls identified bars and bottle stores as being places which put them at risk. One girl explained that in bottle stores and bars *"You meet older men who can entice you to have sex with them. They can easily have plain [unprotected] sex with you"*. Others agreed, stating:

"In the bars sometimes men will pull you and try to force you to go with them."

"Sometimes when you are passing by the bars they are talking about you just find a bottle has landed on you when the men are fighting. So it is really unsafe."

Attending video shows was often mentioned as being risky:

"I used to be found at the video shows because my mother did not care to restrict me. video shows are not good places for girls to be found. Parents should not allow their children to be found at the video show and unlikely to continue school because there are so many men."

"If you sit close to a man, he can touch your breasts."

These findings collectively suggest that the intervention was well placed in conducting recruitment of girls in bars and bottle stores. Recruiting participants from video shows, may be an additional strategy for the intervention to consider.

Additionally, these findings also suggest that workshop components have improved girls' ability to recognise situations which put them at risk.

By Endline, 95.8% of girls who are at risk of sexual exploitation and 92.9% of girls who have been sexually exploited, have basic sexual and reproductive health knowledge and rights (SRHR) knowledge compared to 52% of 48% of girls who have been sexually exploited at Baseline and 68% of girls at risk of sexual exploitation at Baseline.

To benchmark the indicator, an overall score across SRH knowledge, gendered attitudes, and SRH rights knowledge was calculated. Results are shown in Table 21. Girls who scored an average of 60% or greater were considered to have basic sexual reproductive health knowledge and rights knowledge.

Both GRSE's and GBSEs exhibit average improvements in their score between baseline and endline. GRSEs, as found for each individual domain, outperformed improvements experienced by GBSEs participants.

Table 23. GBSE & GRSE Overall Baseline Indicator 1.1

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Overall Baseline Indicator 1.1 Average Score (%)	62.11%	8.73	50.21%	17.09
Overall Endline Indicator 1.1 Average Score (%)	75.00%	12.04	83.00%	10.48
Average Change	+12.89%		+32.79%	

To further understand these changes at the individual level, Table 22, reports the main findings for the overall score for participants who could be matched between baseline and endline. 90% of GRSEs matched and 96.2% of GBSEs improved their overall scores between the two periods.

Table 24. GRSE and GBSE Improvements in Overall Scores by Matched Participants

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Mean Change in Overall SRH, SRHR, Gendered Attitudes Score between Baseline and Endline	8.77	10.12	33.00	17.14
Percentage of Participants who improved in their SRH and SRHR Knowledge between Baseline and Endline	90.0%		96.2%	

The intervention expects that improvements in girls sexual and reproductive health knowledge will lead to a reduction in risky sexual and reproductive health behaviours.

63.6% of girls at risk of sexual exploitation and 48.4% of girls who have been sexually exploited report using a condom the last time they had sex compared to 37.9% of GBSEs at Baseline and 28.2% of GRSEs at Baseline.

To understand condom use, GRSE and GBSE participants were asked whether they used a condom the last time they had sex. Self-reported condom use results are shown in the table following, for girls who report being sexually active.

The same proportion of girls reported being sexually active at the start of the workshop and at the conclusion of the workshop.

Interestingly, while the proportion of GRSEs who reported using a condom increased between the pre- and post- test, the proportion of GBSEs reporting so decreased. This suggests that the intervention had its strongest contribution to condom use with GRSEs.

Table 25. GRSE & GBSE Self-reported Condom Use

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
The last time you had sexual intercourse was there a condom used?	No	37.9%	41.9%	28.2%	30.3%
	Yes	55.2%	48.4%	53.8%	63.6%
	Refuse	6.9%	9.7%	17.9%	6.1%

Results for matched participants across tests are shown in the table following. For participants matched at the individual level, a higher proportion of respondents in both the GRSE and GBSE group reported using a condom the last time they had sex in the post-test than in the pre-test.

Table 26. GRSE & GBSE Matched Participants Self-reported Condom Use

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
The last time you had sexual intercourse was there a condom used? (Matched Participants only)	No	77.8%	43.8%	25.0%	33.3%
	Yes	22.2%	43.8%	55.0%	66.7%
	Refuse	0.0%	12.5%	20.0%	0.0%

Several qualitative sessions supported these findings, with girls exhibiting more knowledge on how to use condoms:

"We were taught how to use condoms."

"We were taught how to use a condom and where to throw the condom after sex"

Qualitative evidence indicates that girls improved their knowledge on correct condom use. As GRSEs stated:

"I have learnt new things example, how to use a condom properly, that is by checking the expiry dates and air inside if it is not torn."

"We were trained that we should be checking at the tip of condom if there is air it means it is ok but if not it is torn."

Girls with change in level of self confidence and self-esteem

The workshop also aims to improve girls self-esteem with the underlying assumption that improvements in self-esteem will lead to improvements in self-confidence.

To understand self-esteem quantitatively, TfaC administered a selection of items from the Rosenberg self-esteem scale. Results are summarised in Table 25.

Table 27. GRSE & GBSE Self-Esteem Items (Rosenberg Selection)

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
On the whole, I am satisfied with myself	Strongly Disagree	4.3%	3.1%	3.4%	0.0%
	Disagree	2.2%	0.0%	8.5%	3.7%
	Neither	6.5%	0.0%	10.2%	1.9%
	Agree	32.6%	21.9%	32.2%	9.3%
	Strongly Agree	54.3%	75.0%	45.8%	85.2%
I feel I have a number of good qualities	Strongly Disagree	2.2%	18.8%	3.4%	0.0%
	Disagree	21.7%	18.8%	15.3%	1.9%
	Neither	17.4%	18.8%	6.8%	1.9%
	Agree	37.0%	28.1%	39.0%	15.1%
	Strongly Agree	21.7%	15.6%	35.6%	81.1%
I am able to do things as well as most other people	Strongly Disagree	4.4%	3.1%	5.1%	1.9%
	Disagree	11.1%	3.1%	13.6%	0.0%
	Neither	20.0%	25.0%	10.2%	1.9%
	Agree	40.0%	18.8%	37.3%	11.1%
	Strongly Agree	24.4%	50.0%	33.9%	85.2%
I feel I do not have much to be proud of	Strongly Disagree	30.4%	32.3%	27.1%	29.6%
	Disagree	30.4%	32.3%	32.2%	22.2%
	Neither	21.7%	19.4%	10.2%	9.3%
	Agree	13.0%	9.7%	22.0%	11.1%
	Strongly Agree	4.3%	6.5%	8.5%	27.8%
I certainly feel useless at times	Strongly Disagree	13.0%	21.9%	33.9%	7.4%
	Disagree	45.7%	31.3%	22.0%	5.6%
	Neither	15.2%	21.9%	16.9%	20.4%
	Agree	15.2%	9.4%	18.6%	14.8%
	Strongly Agree	10.9%	15.6%	8.5%	51.9%
I feel that I am a person of worth, at least on an	Strongly Disagree	11.4%	25.0%	15.5%	0.0%
	Disagree	4.5%	15.6%	5.2%	0.0%

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
equal plane with others	Neither	9.1%	25.0%	5.2%	0.0%
	Agree	45.5%	18.8%	31.0%	7.4%
	Strongly Agree	29.5%	15.6%	43.1%	92.6%
I wish I could have more respect for myself	Strongly Agree	43.2%	56.3%	39.7%	84.6%
	Agree	38.6%	18.8%	24.1%	13.5%
	Neither	9.1%	18.8%	13.8%	1.9%
	Disagree	9.1%	6.3%	12.1%	0.0%
	Strongly Disagree	0.0%	59.4%	10.3%	1.9%
All in all, I am inclined to feel that I am a failure	Strongly Agree	13.9%	21.9%	21.1%	1.9%
	Agree	33.3%	15.6%	22.8%	20.4%
	Neither	13.9%	3.1%	22.8%	16.7%
	Disagree	19.4%	0.0%	21.1%	59.3%
	Strongly Disagree	19.4%	0.0%	12.3%	11.1%
I take a positive attitude toward myself	Strongly Disagree	2.7%	0.0%	15.8%	1.9%
	Disagree	0.0%	0.0%	8.8%	1.9%
	Neither	21.6%	21.9%	14.0%	9.3%
	Agree	37.8%	78.1%	35.1%	75.9%
	Strongly Agree	37.8%	3.1%	26.3%	0.0%

To understand overall changes in self-esteem the study calculated a mean self-esteem score. Results are shown in the table following. For both GRSEs and GBSEs mean self-esteem increased on average between pre- and post- tests. This suggest the intervention may have had a contribution to improving girls self-esteem.

Of participants who were matched across periods, 33.3% of GBSEs and 84.8% of GRSEs improved their self-esteem after attending the workshop. GRSEs average improvements in self-esteem exceeded improvements experienced by GBSEs.

These self-esteem improvements stand in contrast to the lack of improvements in self-esteem exhibited by women in sex work. The intervention should explore differences in the implementation of the workshop to better understand why the workshop with girls was better able to improve participants' self-esteem.

Table 28. GBSE & GRSE Self-esteem Means

Participant Type

	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Self-esteem Mean at Baseline	3.28	0.44	3.25	0.54
Self-esteem Mean at Endline	3.08	0.25	4.01	0.37
Average Change	+0.20		+0.76	
Percentage of matched participants who experienced and increase in self-esteem between periods	33.3%		84.8%	

As well as aiming to improve self-esteem, the workshop aimed to nurture girls' self-confidence. The intervention assumes that by improving girls' self-confidence girls will be better equipped to assert and advocate for their rights.

To quantitatively assess changes in self-confidence, pre- and post- tests included 4 items on self- confidence. Results are shown in Table 27.

For GRSE's self-confidence "*means having inner trust of yourself. When talking, you have to look forward not down*"⁷³.

Across most self-confidence items participants exhibited clear improvements between pre- and post-tests.

Table 29. GRSE & GBSE Self-confidence Items

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
I feel like I can raise my hand in the group whenever I want	Strongly Disagree	2.2%	0.0%	5.1%	0.0%
	Disagree	2.2%	0.0%	10.2%	0.0%
	Neither	4.4%	0.0%	11.9%	0.0%
	Agree	24.4%	27.3%	20.3%	5.6%
	Strongly Agree	66.7%	72.7%	52.5%	94.4%
I feel confident in my ability to learn.	Strongly Disagree	2.3%	0.0%	0.0%	0.0%
	Disagree	0.0%	0.0%	1.7%	0.0%
	Neither	0.0%	3.0%	8.5%	3.7%
	Agree	34.9%	18.2%	35.6%	3.7%
	Strongly Agree	62.8%	78.8%	54.2%	92.6%
I am capable of learning the	Strongly Disagree	0.0%	27.3%	5.2%	0.0%

⁷³ FGD with GRSEs Lilongwe

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
information in the group	Disagree	13.0%	9.1%	6.9%	0.0%
	Neither	21.7%	15.2%	8.6%	1.9%
	Agree	30.4%	15.2%	31.0%	13.0%
	Strongly Agree	34.8%	33.3%	48.3%	85.2%
I am able to achieve my goals	Strongly Disagree	2.2%	3.2%	3.4%	0.0%
	Disagree	10.9%	3.2%	8.6%	0.0%
	Neither	13.0%	6.5%	5.2%	0.0%
	Agree	23.9%	19.4%	32.8%	9.4%
	Strongly Agree	50.0%	67.7%	50.0%	90.6%

Mean self-confidence scores were calculated by the study and are summarised in the table following. Both groups improved their self-confidence after attending the workshop on average. Of matched participants, 54.5% of GBSEs and 92.6% of GRSEs improved their self-confidence after attending the workshop.

Table 30. GBSE & GRSE Mean Self-confidence

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Baseline Self-confidence Mean	4.23	0.55	4.19	0.79
Endline Self-confidence Mean	4.27	0.67	4.89	0.29
Average Change	+0.04		+0.70	
Percentage of matched participants who experienced an increase in self-confidence between periods	54.5%		92.6%	

Qualitative evidence supports these findings and suggests improvements in self-confidence were brought about through the workshop. Participants stated that improvements in self-confidence also lead to improvements in their ability to engage in healthy sexual and reproductive health behaviours. As one GRSE states: *“On sexual intercourse we were taught about condom use. This time am confident and speak without fear to ask a man to use a condom.”* Another GRSE commented: *“When [you are] beaten by a boyfriend, you need to stand up and tell him that he doesn’t have rights to beat you and that’s confidence”*.

Participants also observed that a lack of self-confidence often also leads to abuse: *“If a man wants to beat you do not fear and when a man scares you so you sleep with them we don’t give in to them because when you look weak that’s when they bet you”*. This validates

a core project assumption that girls with improved self-confidence are more able to stand up for themselves.

Some girls also mentioned that improvements in self-confidence allowed them to be more assertive about communicating their needs to their parents:

“[For] me there is a market at Chinsapo and a lot of boys who smoke marijuana hang around the road there and I was being sent there...I told them [my parents] that I don’t feel safe going there and they don’t send me that side anymore.”

Two additional items on pre- and post-tests were administered to understand whether participants changed their sense of belonging. Results are summarised in the table following. On both items, both GBSEs and GRSEs exhibited improvements, with more respondents reporting feeling loved and wanted and accepted by those around them by endline.

Table 31. GBSE & GRSE Belonging Items

		Participant Type			
		GBSE		GRSE	
		Baseline %	Endline %	Baseline %	Endline %
I feel loved and wanted	Strongly Disagree	0.0%	0.0%	1.7%	0.0%
	Disagree	2.2%	0.0%	5.1%	0.0%
	Neither	13.0%	21.2%	18.6%	0.0%
	Agree	34.8%	24.2%	30.5%	9.3%
	Strongly Agree	50.0%	54.5%	44.1%	90.7%
I feel people around me accept me	Strongly Disagree	4.3%	0.0%	3.5%	0.0%
	Disagree	15.2%	3.1%	7.0%	0.0%
	Neither	13.0%	37.5%	10.5%	1.9%
	Agree	32.6%	25.0%	36.8%	7.4%
	Strongly Agree	34.8%	34.4%	42.1%	90.7%

Mean scores for belonging items are shown in Table 30. 77.8% of GBSEs and 92.9% of GRSEs improved their sense of belonging, after attending the workshop.

Table 32. GRSE & GBSE Belonging Mean Scores

	Participant Type			
	GBSE		GRSE	
	Mean	Std. Dev.	Mean	Std. Dev.
Baseline Belonging Mean	4.05	.78	4.08	.79
Endline Belonging Mean	4.11	.74	4.90	.30
Average Change				

Percentage of matched participants who experienced an increase in belonging	77.8%	92.9%
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Qualitative evidence explained these findings further. Senses of belonging were often argued to be due to the increased number of friends that resulted from participating in the workshop:

"I liked it because I got to meet new people and make new friends"

"I have more friends now than before and that can make me feel safe with people to go to".

"In the past I used to be associating with people with bad behaviour but after attending TfaC training I am changed person."

However, the several girls also mentioned that the workshop setting was often not conducive to making friends. According to girls, facilitators were not always respected, and stealing and arguments sometimes broke out. As several girls mentioned:

"What I did not like was that amongst ourselves we used to steal each other's transport money and we would quarrel so that is what I did not like"

"Others also reached the extent of fighting"

"Some stole money from a teacher so much so that the teacher complained a lot. That class was difficult, even ours there was a lot of theft and fighting daily there was an incident of theft and use of foul language."

"When we are in a group we need to respect one another"

The intervention should consider supporting facilitators to improve group management skills to ensure these occurrences do not affect the achievement of project outcomes. Whilst the project does include a session on creating a 'safe space', in light of these findings, the content of this session should be reviewed.

Project staff report that recent workshops have included a 1-week pre-session focused on team building. The project should monitor the effectiveness of this strategy in light of these findings to ensure they are fully addressed.

Outcome 2: Women in sex work and girls at risk of sexual exploitation are able to access good quality services and opportunities to diversify their livelihoods.



As in other low-income countries, a significant percentage of Malawian women live in chronic poverty. For 31,000 of these women⁷⁴, sex work represents the means to generate a form of subsistence living. In Malawi, these dynamics causes more women to sell sex than there is demand for sexual services. The sex industry in Malawi is, therefore, a 'buyers' market' through which most WiSW and GBSE find subsistence livelihoods.

To support their families and afford decent living, WiSW targeted by the project expect to make anywhere between 3500 MWK to 5000 MWK per day (5 -7\$)⁷⁵, just slightly above the national poverty gap of \$3.10 a day⁷⁶. Currently, however, members of the same group claimed to earn anywhere between 1000 and 2000 MWK (£1 to £2) per day⁷⁷. Due to the risks associated with sex work, the gap between income and cost of living, increases women's vulnerability to HIV as they are more willing to engage in risky practices such as unsafe sex⁷⁸.

⁷⁴ Middleton-Lee (2012) *End-of-Project Evaluation: 'Interactive Theatre and Legislative Theatre for Sex Workers and their Clients' Theatre for a Change, Malawi.*

⁷⁵ FGD with WiSW on Livelihoods: Mgoni, April, 2016.

⁷⁶ World Bank Group (Ed.). (2012). *World Development Indicators 2012.* World Bank Publications.

⁷⁷ FGD with WiSW on Livelihoods: Mgoni, April, 2016.

⁷⁸ Kim, J., Pronyk, P., Barnett, T., & Watts, C. (2008). Exploring the role of economic empowerment in HIV prevention. *Aids*, 22, S57-S71.

For WiSW, the route to healthy SRH behaviours must therefore contain an “economic empowerment” component. It is important to explore what 'economic empowerment' means for WiSW and identify how the Nzotheka project supports them to achieve it. Many WiSW want a livelihood that can enable them to absorb economic shocks, access resources and services, provide for their families, retire from sex work or escape from violence, criminality and abuse associated with sex work.

To support the changes at the individual-level sought through Outcome 1, Nzotheka offers women in sex work (WiSWs), clients, and girls at risk of sexual exploitation (GRSEs) the opportunity to access health services and diversify their incomes, thereby “provide the avenue for community members, clients, [WISW] and [GRSE] to make positive changes to their SRH through accessing HIV / STI testing and free condoms”⁷⁹. Almost 65% of MHC users are WiSW, 32% male clients and 3% of GBSE. According to the project, around half of the WiSW who visit the health clinic are HIV positive.

Through the Mobile Health Clinic (MHC), TfaC visits sex work hotspots and distributes condoms, provides free testing for HIV and other sexually transmitted infections (STIs), and provides HIV counselling and support, and treatment for a range of STIs to women in sex work, clients and MHC workshop participants. The mobile health clinic also visits BC workshop locations and provides SRH services to women and girls participating in the behaviour change workshop.

In parallel, the project offered women the opportunity to diversify their incomes and if they choose, set up small businesses. This aimed to incentivize healthy behaviours.

Through the work of child protection teams, girls at risk of sexual exploitation participating in the project are expected to re-enroll in school if they are not already in school or stay in school if they are enrolled.

At baseline, 44% of women and 52% girls tested for HIV in 6 months prior to the survey, by endline 93% of women and 94% of girls had tested for HIV.

The MHC is believed to be an important mechanism towards healthy SRH behaviours as it provides an alternative form of access to SRH services, different to static health clinics, where sex workers usually face discrimination. When combined with a health workshop, the MHC aims to promote healthy SRH behaviours by disseminating information on condom use, STIs and HIV/AIDS.

When MHC visits are combined with workshop days, BC workshop participants have an opportunity to put into practice the SRH knowledge learned through the workshop and reinforce healthy SRH behaviours. By having a qualified health staff present during the BC workshop, participants were also given the chance to ask more technical questions that demanded a higher level of expertise. *“We connected the days of the workshop to days the mobile health clinic would come... so that the women and the girls would be able to ask the more technical questions about STIs and HIV that our facilitators would not know how to explain”⁸⁰.*

‘Queen Mothers’, older women in sex work who often serve managers of brothels, were used during the mobilization of either the girls or the women for the workshops and visits

⁷⁹ Project Document: Proposal, I.

⁸⁰ KIIs with Project Staff

of the mobile health clinic. Project staff report that this strategy worked well to recruit participants for the clinic, as Queen Mothers had knowledge of the local context in which sex workers operate.

Going into hotspot areas, providing friendly and WISW-relevant services, and working with other stakeholders gave the MHC access to communities across Lilongwe and other areas of the intervention. This in turn, provided WISW, GRSE and other actors the opportunity to test for HIV and other STIs.

Other participants mentioned that accessing free condoms was an important motivational factor for their attendance to the workshop and the ensuing visit to the MHC.

Indicator 2.2: At baseline, 89% of women and 25% girls reported satisfaction with availability and quality of SRH services provided by TfaC compared to 38% of women and 98% of girls at endline.

The qualitative evidence at endline showed positive responses towards the engagement of the MHC clinic. On the MHC, WiSW mentioned: *“the nurse is so open and nice to us.”*, *“they warmly welcome us”*, *“they have good care, they are secret and different from the treatments we get when we go to public hospitals.”*⁸¹

After experiencing the MHC visit, women became aware of SRH issues, treatment and accessible forms of support and therefore increased in their demand for SRH services. These contribution claims are consistent with the evidence, many WISW claimed that MHC visits were *“an opportunity to know what we are ignorant about”*, in particular with regards to the risks of unprotected sex: *“if a man accepts to sleep with you without a condom that means his health is not good.”*

There is a range of possible mechanisms through which the MHC reinforced key behaviours. Many WiSW cite the importance of understanding the consequences of unprotected sex and lack of STI treatment to their own health, creating an internal motivation to seek SRH services.

The clinic also provides an immediate avenue for this to happen and, to many, a first-hand experience with STI testing. This leads to a diffusion process and to a critical mass of persons seeking services. This is because people close to the sex worker will receive information about the MHC visit and seek condoms or services: *“when you have a customer you know has been infected with STIs you can take him to TfaC’s (mobile health) clinic.”*

After the visit, the nurse may also refer a woman or girl to primary health care stations, dispensaries or hospitals to access specific SRH treatments or medication. However, due to the high mobility of the women in sex work populations, *“it was difficult to find and trace whether patients followed up with treatment”*⁸². Therefore, it is difficult to evaluate whether the project contributed to women following up on treatment.

⁸¹ FGD with WiSW in Kauma on the MHC.

⁸² Interview with project staff

Indicator 2.3: By endline 89% of women's household income from sex work⁸³ compared to 95% at baseline

At baseline, a WiSW in Lilongwe explained that: *“If I meet someone out there and wants plain sex and is willing to pay more I will do it because all I need is money”*⁸⁴. Other members of the group claimed to be able to reject unprotected sex. One participant summarised the general attitude: *“You’re all liars nobody denies money”*. This is crucial for women in sex work, who often avoid visiting static health posts out of fear of stigma and discrimination.

To support their families and afford decent living, WiSW targeted by the project aim to make between 3500 MWK to 5000 MWK per day (£3 -£5)⁸⁵, just slightly above the national poverty gap of \$3.10 a day⁸⁶. At baseline, however, members of the same group claimed to earn anywhere between 1000 and 2000 MWK (£1-£2.10) per day⁸⁷. Due to the risks associated with sex work, the gap between income and cost of living, increases women’s vulnerability to HIV as they are more willing to engage in risky practices such as unsafe sex⁸⁸.

For TfaC, the route to healthy SRH behaviours must therefore contain an “economic empowerment” component at the individual-level.

Through Nzotheka, TfaC and the Microloan Foundation provided high quality and accessible village savings opportunities and financial skills training for WiSW. The objective was to enable WiSW to reach economic empowerment outside sex work through the effective use of Village Savings and Loans (VSL) groups.

For Nzotheka, economic empowerment rightly involves the provision of means through which WiSW *“engage in economic activities that are beneficial to their households and enabling them to have access to food, good diet and a healthy living”*⁸⁹.

VSL encourages “savings up” (save first) and promotes a savings culture through which profits are shared after a cycle, typically a year, that allows participants to make an investment into a small business. This allowed many WiSW to obtain a meaningful lumpsum amount that would have otherwise not being available: *“as for me I save the little amounts I get little by little like that so that when the time comes to divide the money among ourselves, I should be able to get it lump sum so that I can be able to do something discernable with it”*.

A one-week intense VSL training occurred after the workshop with women in sex work to enhance WiSW income opportunities and diversify their livelihoods through small

⁸³ Annual 2017 Report

⁸⁴ *Ibid.*

⁸⁵ FGD with WiSW on Livelihoods: Mgoni, April, 2016.

⁸⁶ World Bank Group (Ed.). (2012). World Development Indicators 2012. World Bank Publications.

⁸⁷ FGD with WiSW on Livelihoods: Mgoni, April, 2016.

⁸⁸ Kim, J., Pronyk, P., Barnett, T., & Watts, C. (2008). Exploring the role of economic empowerment in HIV prevention. *Aids*, 22, S57-S71.

⁸⁹ TfaC (2012) International project grant 2009-2012 End of grant report

businesses. Participation in this training is voluntary and targets WiSW who are interested in joining.

This resulted in the establishment of VSL groups across the three districts of the intervention, which have been supported and monitored since the onset of the project. FGD data suggest improvements to well-being as sex workers reduce risky practices and find a means of subsistence other than sex work: *“it has uplifted the livelihoods of our families”*⁹⁰.

The MicroLoan Foundation provided loans to women who received training and are recommended by TfaC based on their tracked progress and observed commitment to the process. This ensures that loans, risky as they are to a persons' well-being⁹¹, are given only to individuals that that can pay them back.

Women in sex work mentioned this money allowed them to *“strategize and use that money in a very beneficial manner that can improve your life”*. Small loans enabled many women to start their own business: *“that was the money I used as capital to start my small business. So if an opportunity like that came our way again like my friend has said, it can boost our capital.”* In FGD's, women mentioned an example in Chipoka where a group *“opened and manage their own bakery, they bake scones through TfaC”*.

After VSL training, the Microloan Foundation assessed the group and selected individuals for training, and then offered their own training in VSL, financial literacy (such as basic accounting and interest) and business management. For now, this partnership has been working with one group in Kasungu, two groups in Lilongwe and two groups in Salima and has been found to make an important contribution to a change on the quality of opportunities and livelihoods of women.

However, when the Microloan foundation did not provide loans, women found it difficult to diversify their incomes and achieve the level of economic empowerment that was sought: *“But it is not as if the village banking is for a lot of money the way other people do no, it is just something to help each other, it's not as if one can find any capital from it to start a business no. It is not possible.”* In FGDs, women mentioned they needed amounts ranging from 200,000 MKW to 300,000 MKW (£140-£210) to be able to create a sustainable small business.

Others mentioned that the maximum limit for a loan was too small to create a “discernible” business: *“they have a limit of MK70,000 now what can one do with MK70,000?, That is one of the reasons a lot of people are discouraged”*⁹²

Throughout implementation, the project rightly distinguished between VSL loans and additional loans made by the Microloan Foundation. This distinction is important because loans from the VSL are liabilities that should be sustained on their own for them to be sustainable, rather than boosted through microloan programmes.

For most sex workers, the extra income achieved through TfaC programmes has helped them to rely less on sex work to cover basic needs and use additional money from small businesses to help them cost their living: *“the money from there we just use that as a way*

⁹⁰ FGD Linga Livelihoods

⁹¹ Loans as liabilities

⁹² FGD Livelihoods, Kamuzu Road.

*of making a bit of extra cash. When we find a man, we agree on the price whether it is K1000 or K1500, we have sex with him and he gives us that. When we get it, we just use it to buy food for the children to eat and that money is finished. Now, there's a bit extra I can use for food"*⁹³.

Relying less on sex work had meant that WISW have search for other work and kept busy with it. WISW mentioned: *"we received this project with two hands that our bodies have rested because back in the days we only depended on sex work but now we are busy with other businesses and make money."*

Given that many sex workers rely on sex work to cover basic needs, the money from small businesses help them cost additional things to improve their living: *"the money from there we just use that as a way of making a bit of extra cash. When we find a man we agree on the price whether it is K1000 or K1500, we have sex with him and he gives us. When we get it, we just use it to buy food for the children to eat and that money is finished."*

Some even found the means to leave sex work behind and they relate leaving sex work with being "independent". During a FGD with women in sex work, someone mentioned *"I was a sex worker, but when attended the TfaC's workshop and [it] taught me the importance of being independent. I thought that was very empowering and so I started small businesses like ordering firewood and the like until I got enough money to get a bag of surf"*.⁹⁴ Another mentioned *"I used to be a very active sex worker and used to drink a lot. I would leave home and go to the bar to drink and look for men but now I stopped, and I rely on my business. I also have a stable boyfriend."*

In some cases, VSL groups enhanced the work of existing saving groups as described by women in sex work during an FGD: *"we have a group where we contribute money and give to one person in the group, then we would contribute again and give it to another person until everyone receives. That's how we started our businesses. And also when the Theatre for Change program came and taught us on the village bank, the money from there also supplemented."*

Women who pay back are typically women who were in business before they joined the VSL group. This is *"because they found it easier to use the money obtained from VSL loans or the MF to add onto the business that they were already doing"*. Project staff cited examples on how successful cases frequently used loaned money to expand the business that they were already doing.

The groups from the first year of the intervention were successful in paying back their loans. However, in the second year, a group in Kasungu has not yet finished paying back their loans. After a visit to Kasungu and talks with their partners at the Microloan Foundation and the women, it was found that *"loan recipients move a lot, and this is a big challenge"*.

In FGDs, women in sex work mentioned that this was also due to the unpredictability involved in a new venture: *"We struggle because the businesses can be unpredictable. Sometimes business does well and other days it does not, so we somehow struggle."*⁹⁵

⁹³ FGD Linga livelihoods

⁹⁴ FGD Linga Livelihoods

⁹⁵ FGD Linga Livelihoods

This is likely due to specific contextual reasons where women would go elsewhere outside of the tobacco season, as little work would be available there. During periods outside agricultural seasons, women in sex work go to the cities for work, making it difficult to sustain a business or VSL group⁹⁶. The project learned from this contextual circumstance and adapted the intervention calendar to match these seasons.

From the longitudinal study it was also found that the money generated through the VSL groups was not sizable enough to start a sustainable business and the partnership with the MF was therefore a key strategy to bring these groups to the next level. Project staff mentioned that *“currently many individuals are currently doing micro-loan businesses at such a small scale that it was so easy for them to give up or for that business to not be successful”*. This is because smaller amounts are harder to turn into a profitable investment, poor financial management of the funds obtained and lack of experience managing a business.

The project may also enhance its contribution by providing business training or linking them with training institutes on basic business skills such as costing, pricing, scale-up, book-keeping, and relationship management to women in sex work. Many women mentioned that: *“TfaC taught us that we must re-invest in our business”* and yet few admitted having received any training on these topics.

While most VSL support individuals to set up businesses, groups can also be set up to channel resources into a common objective. For example, the project connected one of the groups to TEVET where they received training in baking. A group set up a baking cooperative for a few months and shared rental costs for the oven and place of work, which was successful for a few months. In Chigwirizano, near Lilongwe, another group began a restaurant business where they would cook lunches and was successful for some time.

However, in both cases, misunderstandings among group members or lack of capacity to manage conflict or disagreements caused some these groups to disband.

Training may thus be expanded to cover topics in conflict management, such as the setting up of ground rules based on mutual respect, complaint and response systems, and emotional intelligence. While TfaC supports the selection of group leaders during the workshop, the experience show that groups require further training on how to work with each other if they are to operate as a successful group.

Indicator 2.4: At endline, women and girls experienced a change in quality of life opportunities and livelihoods by improving their self-reliance, income diversification, aspirations and social safety net.

The evidence at endline shows that the project has made a contribution into the self-reliance and self-confidence of WISW, the diversification of their livelihoods, the improvement of their aspirations and the creation of a safety net where they can rely on each other “when things do not go well”. These are important mechanism through which the intervention contributed as seen through the evidence.

⁹⁶ FGD with WISW in Kasungu

Changes in Self-Reliance and Self-Confidence

For some WiSW 'economic empowerment' means *"being more confident and are less dependent on sex work"*⁹⁷, for others, it means leaving sex work behind. This is because WiSW gain confidence through the workshops and have a different perception towards the possible uses of money.

Confidence and "control" are therefore important qualities for those women who have gone without cash or income for many days and who want to remain safe and diversify their incomes. After diversifying their incomes, the project observed that *"the women are more confident and are less dependent on sex work"*. This is resonated by the women in the FGD who mentioned that *"after the coming of Theatre for Change, we learnt how important it is to be self-reliant."*, *"it will improve our lives because we have reduced the use of our bodies as business."*, *"we are self-reliant and we are looking forward."*, *"we are counting money now and we are able to refuse to meet a man because of our busy schedules"*, *"we used to be ignorant and now we know what we are doing."*⁹⁸

This contribution towards economic empowerment and self-reliance were achieved through training to WiSW in Village Saving Loans (VSL) schemes to provide an opportunity to create mechanisms for WiSW to improve access to capital and a safety net to vulnerable WiSWs. The Microloan Foundation offers loan venture to WiSW who successfully complete VSL training to provide them with a means to start their own businesses and access alternative livelihoods.

Changes in Aspirations

Another important contribution of having participated in VSL training is the change in aspirations. For many, sex work represents the only means of subsistence, but this can change once they hear about VSL and microloan programmes: *"as sex workers we were not self-reliant hence the starting the business made us settle. After TfaC has fought for us at Microloan, we could not let this opportunity go."*

At endline, an WiSW mentioned: *"I used to be a sex worker and drunkard then I used to sleep around with even young men which was not helpful at all. so I thought that when I start business I will be settled feed my children that the bad work that I was doing and settle down. I chose that business because I could manage to repay the loan and feed my children."*

However, many WiSW were expecting to receive further support and became disappointed at TfaC for raising their expectations about this: *"Every one of us who is of TfaC thought that as we complete this we will be given money for us to be doing businesses. With how they presented things, it was like they will find some organizations for us that will loan us money and we should be repaying it slowly, but it seems up to now nothing has happened"*.

Many WiSW also were under the impression that through VSL they would eventually find a means out of sex work: *"Our main concern is that we have worked with TfaC but we are not seeing any benefit because the whole point of teaching us all this was so that prostitution must be reduced."* While this was not the intention of the programme, the project can clarify in future workshops the expected benefits of VSL programmes.

⁹⁷ KII with project staff

⁹⁸ FGD Linga Microloan Recipients

For GRSE, vocational training with the support of SOS Children’s Village was discontinued as the programme changed its focus towards getting GRSE to back to school rather than vocational training where they would stay at risk of sexual exploitation.

Without re-enrolment data, it is questionable whether the project made a contribution towards the improvement of aspirations of GRSE, who are often at risk due to their own hardship conditions. During free-listing exercises with GRSEs at endline, many girls agreed that: *“as girls we need money, so we had no choice but go back to our past means. We changed but the capital was not provided hence discouraged and got demotivated”*⁹⁹. Others mentioned that *“after I attended the workshops they promised that will provide vocational training. They failed and they have stopped visiting which is a demotivation to the change. for example, myself I have stopped going to school now I go to video show”*.

For girls at risk of sexual exploitation, the project engaged parents in a holistic way, obtaining informed consent for their girl to participate in the workshop and offering psychosocial support when they needed it: *“after the first year, we realised that it wasn’t only girls that needed counselling and support, some parents needed it too”*. Since last year, the project engaged a professional counsellor tasked with providing counselling services for the girls and their parents and this was found to be a key strategy to affect the environments where girls are in.

In their future programming, the project will study how to deepen their relationships with parents and guardians by doing more activities with them. It was recognized that parents and guardians have a *“big impact on the lives of the girls”*. Project staff mentioned cases of girls who were not able to go back to school because parents did not prioritise paying their school fees, did not value school, or were not aware of child rights.

To strengthen this process and learn as an organization, the project found it necessary to come up with standard operating procedures that covered not only how the project should engage community members but also how TfaC as an organisation can engage with parents, guardians, chiefs and other important local actors.

For girls at risk of sexual exploitation, the project originally emphasised two typical transition pathways for girls who were sexually exploited to follow, either returning to school or enrolling into vocational training (through a partner with SOS Children Villages). However, since the project began targeting girls at risk of sexual exploitation, it deemed it more appropriate to encourage girls to return to school and required from workshop participants under the age of 18 to return to school.

This is mostly due to:

- The fact that the project could not support girls to stay for the full period it takes to learn a skill, which was typically longer than three months.
- Lack of resources to provide start-up at the end of training.
- Low capacity at training institutes to manage project girls in the classroom.
- Schools are better prepared to receive girls who have been sexually exploited.

⁹⁹ Free Listing Exercise with GRSE in Mgoni

While these girls are not supported financially, the project has found it a successful strategy to follow up and track the progress of these girls at school through home visits. However, project staff recognized these follow ups to be constrained by the limited resources available for them: “we do not do as many visits as we would like to do”¹⁰⁰.

Safety Net Changes

WiSW also reported that VSL schemes create networks of solidarity that help them through difficult times “if they can come through TfaC, not just any organization because we have been together for so long hence that understand us and if our finances cannot go well they can be there for us.”¹⁰¹.

Outcome 3: Communities offer greater protection from violence, exploitation and abuse to women in sex work and girls who are at risk of sexual exploitation

FSW and SEG are offered greater protection from violence, exploitation and abuse within their communities

Chiefs, community police, bar owners and the wider community are aware of risks of sexual exploitation and treat sex workers with respect.

Police logs cases of abuse and address these cases

Partner Linkages

Interactive Theatre

Positive Living and VSL training Workshop

Police Listening Clubs

In many communities of Malawi, sex work is generally seen as immoral and little protection is offered to WiSW when they suffer abuse. Other forms of stigmatisation included also exclusion from community activities and government programmes administered by community members.

In FGDs, police mentioned: “sexual intercourse is not something Malawian culture looks at as a minor thing, it’s something like taboo to talk or do it. It’s something passed on from our fore fathers that you can’t talk of sex or have sex anyhow so the manner in which these sex workers are doing it makes it difficult for Malawian people to accept them.”. Others

¹⁰⁰ Ibid.

¹⁰¹ FGD with Linga Microloan Recipients

mentioned that “*the church views the sex workers as sinners*” and “*mostly criminals will use sex worker to conduct missions, so to us we see sex workers promoting crime.*”¹⁰²

Outcome 3 targets group-level changes in the communities of women in sex work and sexually exploited girls so that they are offered greater protection from violence, exploitation and abuse within their communities.

A member of project staff mentioned:

*“The objective is simply that communities treat [women in sex work] as people... in the little things. For example, funerals are important events in our culture but if a woman in sex work dies, people don’t go to the funeral... they are also not invited to weddings or hold any positions in society... they can’t access services. For example, we had the National Fertilizer Input Subsidy programme that is funded by the government and each community gets coupons that they give to people in the community. Women in sex work can’t access that, they are told ‘you are not from here, you just came here so we can’t give you any fertilizer’”*¹⁰³

Activities included awareness raising with community members, radio listening clubs with police, and interactive theatre performances in communities.

TfaC's work at the community-level and with police is expected to result in women and girls being better able to report cases of abuse to the police, and that these cases are followed up. As it will be seen throughout this section, qualitative data suggest that, in the communities where TfaC has conducted advocacy work, women in sex work feel better able to report abuse and obtain justice. This stands in contrast to communities where this advocacy work did not occur.

Over time, TfaC sustained work within sex work hotspots has contributed to safer and less violent communities and has measured reported changes in levels of abuse experienced by women and girls participating in the workshop, as well as an improvement in the attitudes of community stakeholders toward sex workers and girls at risk of sexual exploitation.

Nzotheka activities under outcome 3 also aim to connect the women in sex work with power holders and stakeholders at the community- and district-level. The objective is that “these stakeholders can protect women in sex work and protect girls at risk of sexual exploitation by recognizing their rights... not from their profession, but because they are human beings”.

Indicator 3.1: At baseline, 14% women and 18% girls had correct knowledge of female sex workers' rights and, by endline, 77% of women and 56% of girls had correct knowledge of sex workers' rights (5/5 correct).

This was achieved through workshops under the expectation that knowledge about rights will lead to women and girls reporting abuse and seeking protection.

Through FGDs, Police mentioned that they had witnessed an increase in cases reported because both sex workers and police are better informed about sex workers’ rights and

¹⁰² FGD with Police Listening Club in Kawale.

¹⁰³ KII with project staff

the need of protection: *“Yes they come, we even have former sex workers who reported such abuses and now they are educating others. So they mention such instances to the community in form of storytelling or drama”.*

In terms of policy, whilst there is no law penalizing the sale of sexual services in Malawi, it is illegal to “live on the proceeds of sex work”¹⁰⁴. Vague language, such as that used in the Penal Code including “rogue” and “vagabond”, enable wide interpretation and subsequent abuse on the part of authorities¹⁰⁵.

This leads to exploitation on the part of authorities. In FDGs, police mentioned that *“[Police] know[s] that it’s an abuse and when you are caught you face charges, but they choose to ignore it. I think it’s part a lack of professionalism to male officers and part lack of awareness from sex workers. Sex workers can’t report this to anyone because of the agreement between them and the officer.”*

Indicator 3.2: 42% of gender-based violence (GBV) cases reported to the police that are followed up on

Police in general as well as members of the army are generally reported by sex workers to be perpetrators of abuse. Several participants reported:

“Sometimes when we are coming from the bars, it was the same inkata people who were beating us as such it was worrying because they were supposed to be protecting us but they were the one perpetuating violence.”

“when one was coming from the bar going home, if they meet the inkata people they would be beaten for no particular reason and also have their money taken away from them.”

“The police and soldiers are the most difficult [clients] because they exercise authority.”

“They force them sometimes to sleep with them and fail to pay them at the end. They also demand plain sex.”

WiSW also report that police demand payment from them to lodge and address the complaint: *“Every time we go to lodge a complaint they demand money for units, you go to day they demand money, you go the next day they demand money, now with such can you continue going there to seek help?”*¹⁰⁶.

To respond to this the project established 15 Police Radio Listening Clubs. These clubs aimed to promote awareness on sex workers rights through a monthly radio broadcast. Police Peer Facilitators were trained by the project to organize club meetings.

These listening clubs were described as occurring regularly and being of great interest to participants: *“At first two of us participated in 3 days workshop as voice facilitators where we heard that theatre for change [sic] had established police listening clubs. We were given a phone and a radio so that we can form a club at area 24. After returning we told our boss about forming the club. The boss gave us permission to start the program at area 24, 23 and Kawale. The members joined after introducing the program to them. People have received*

¹⁰⁴ Sexual Rights Initiative (2015). Universal Periodic Review: Female Sex Workers

¹⁰⁵ *ibid*

¹⁰⁶ *Ibid.*

the program because the program talks about sex workers. We have had five meetings... since April 2018”.

Listening Clubs were an important mechanism to raise awareness among police groups about the rights of sex workers, clarify aspects of the law and build social bridges between sex workers and police. At endline, police mentioned that:

*“Now, every police officer knows the right way of how to handle a sex worker. They have understood that they are also to be treated just like any other person. They are able to know confidential and send them to victim support rather than making fun of them. In the past a sex worker had no rights to report some issues to the police, we know that in other branches we are handling this issue the same way. Here at Kawale people are helped and the sex workers are free to come because they are helped when they come here, and the programme taught us this is a responsibility of every policeman”.*¹⁰⁷

FGDs with police suggests that Nzotheka has contributed to an improvement in the attitudes of police towards sex workers their protection in communities through the radio listening club. Women in sex work now say: “the police and traditional leaders are our friends now.”

Police recognized that, even if sex appears consensual, *“it’s bad for the police officer to sleep with [a sex worker] because it’s an abuse to the sex worker.”* Others mentioned that they are bound by their responsibility to protect others: *“It’s not good because we have the mandate to enforce the law and protect citizens of the nation so it’s not setting a good an example.”*

Police also recognizes the contribution of the project in improving their relationship with sex workers: *“Our relationship has been great now with the sex workers due to these lessons they are getting from TFAC, now we understand each other better.”*

Police identified the Police Listening Club as an effective mechanism because *“they know what is really happening on the ground and knowing what is wrong and what is ok”*. They mentioned that they would like it to occur even more frequently than it does currently *“if you miss it you have to wait two months”*, and done in a longer session *“so that the facilitator has time to address every question”*.

For behaviour to change among police, it was important that police would:

- **Recognize the importance of sex worker rights and recognizing them as people:** *“in the past I didn’t know that sex workers have rights so we could treat them harshly.”, “We were not friendly to sex workers because we saw them as unimportant people.”, “. The program has changed us because we have learnt that sex workers have rights and that their names is not prostitute”*
- **Critically appraise their behaviours:** *“For example, in past if a sex worker is rapped or beaten we could curse them and tell them that it’s their fault.” “As friends have said, we did not know how to best help sex workers.”*
- **Gain knowledge about victim support:** *“it eases our work in victim support because every police officer knows the right way of how to handle a sex worker.”*

¹⁰⁷ FGD PLC at Kawale.

- **Strengthen their relationship to sex worker by interacting with them in the workshops:** *“the workshops are important because they help to strengthen our relationship with sex workers.”*
- **Be interested in the stories of sex workers:** *“I like their acting because the play is based on real stories.”, like doing the program live on an open truck will attract many people because of the music and drams while there are learning that this abuse.”*
- **Realise sex workers can be an asset to their work:** *“in addition to informants I can expound that they help us to identify notorious criminals who steal money and cars. For example, they make come across criminals who are dangerous and they come and explain to us that there is a criminal. We don’t disclose the source of our information”*

This has also been the result of information awareness campaigns carried out by the police themselves after participating in the police listening club:

“Sometimes we visit them at their residence and bottle stores. For example, we went to culture club at Biwi where we had a meeting with them and young men that work at the club. We explained to them their rights and told them that they should not violate other people’s rights. For example, report come to us that sex workers steal money and phone from their clients. We told them that they have the right to refuse any man if they don’t like. They should not be forced to sleep with any customer. We told them that they have a right to report to the police if a customer has not paid so that we can summon the customer. This makes them to be open to the extent that we chat when we meet in any other places or they come here freely.”

To promote on-going engagement between both sex-workers and police and improve the existing relationship, the project organized several joint sessions with police and sex workers. Qualitative findings suggest that these sessions were successful at promoting a positive environment to speak about issues relating to both groups.

Due to low attendance at larger police stations, the project established an additional 7 clubs at police units, which are smaller. This strategy was successful at improving police participation in club sessions¹⁰⁸.

In FGDs, police also mentioned that sex workers now have many more ways to report abuse and these channels were opened due to the project’s contribution: “At first for a sex worker to report to the police it was a challenge. The one who receives the visitors at the police stations are the most junior officers, so it is a big chain to reach the senior officers. So, junior officers will try as much as possible to protect their friends from the senior officer by making sure the matter doesn’t reach the bosses. They did this because they knew that if such a matter reaches the senior officer the offender will be suspended. So, because of the awareness campaign by TFAC there are some changes for they have made a lot of ways of reporting abuses. For instance, the sex workers will pretend as if they are just relatives to the senior officer and they ask to meet them.”

¹⁰⁸ Interview with Community Programme Manager

Engaging women in sex work with female police has also been an effective strategy as recognized by police: “the police department has made it possible that women can meet fellow women police officers for them to open up and talk freely of the abuses they meet.”.

The project also considers it best to organise a meeting with all stakeholders one-week prior to the session and inviting them to participate. This ensured that the audience had the right composition and a good level of attendance. This is because these stakeholders also help mobilise their peers for the sessions. For these meetings, incentives in the form of refreshments are provided.

Training the junior police officers as facilitators to know more about sex workers and HIV/AIDS has really helped in civic educating other officers, so these trainings should continue to go on don't stop.

Officers recommend *“Training the junior police officers as facilitators to know more about sex workers and HIV/AIDS has really helped in civic educating other officers, so these trainings should continue to go on don't stop.”*. As well as expanding the reach of the listening clubs to include community policing members: *“Some think the program is targeted for police officers only”*

On the organization of listening clubs police mentioned: *“we were told at the workshop that have a maximum of 15 in the club but here at Kawale we have more police employees. we are asking that TFAC should not out a maximum figure instead it should give chance to kore people and add extra resources.”* and *“a drawback is the time because it ends around 5pm hence people rush to go home.”*.

TfAc may consider these suggestions in future programming of police listening clubs.

Indicator 3.3: 58% of women report experiencing GBV in their community in the last year

Other community actors are also reported to be more receptive towards instances of abuse experienced by sex workers. *“When a woman is abused and has reported the incidence to the chief, we have seen that the chief has responded to the claim... we've also had instances of chiefs wanting information about child rights and asking us where it can be reported so they've been in changes in attitudes and behaviours from the chiefs”*¹⁰⁹

As communities demand information about rights and reporting mechanisms, they are better able to respond and follow up to cases of abuse and provide justice to the victims. In communities where the project does not operate the police mentioned that: *“It's a challenge because even we police officers don't know that prostitution is not condemned in our constitution. So, some police officers took it as an advantage to abuse these ladies hence we need some civic education to the public on this issue.”*¹¹⁰

Action plans resulting from interactive theatre were also created and preserved, enabling the follow up of cases and increasing their effectiveness. Following up on action plans was most successful with bar owners; whose plans were consistently followed-up. However,

¹⁰⁹ Ibid.

¹¹⁰ FGD with Police

due to the high costs of organising follow up sessions, follow-ups did not occur as frequently as expected with other stakeholders.

These activities have contributed to safer communities for women in sex work. They mentioned they are now able to report abuse and seek justice: *“before the community considered us not important we were stranded but now we can report to community police when our rights have been violated.”*¹¹¹ *“at first we could just keep the problems to our self. We were beaten but keep quiet until the sores heal. Now, when we have been beaten during the night we could report”*.

The advocacy work with chiefs had an important impact on the lives on WiSW. Wherever this advocacy work was not carried out, abuse was less likely to be addressed. In Mgoni, WiSW mentioned that *“we had some workshops with the police but there’s no help that we get from them at all so we face these abuses but we have nowhere to take our concerns.”*¹¹² WiSW mentions that *“This is mostly because most of these things we learn with TfaC, those security people or the chiefs do not know about so maybe it would help if we were brought together with them so that they also get to learn”*. By describing the scenario where power holders did not receive TfaC messaging, WiSW highlight the contribution Nzotheka has made in those communities where interactive theatre sessions were organized.

For GRSE, CCPT teams were strengthened or, where not available, established.

This was done first by studying who holds the power in the community and inviting a range of stakeholders to form part of the teams. These included chiefs, bar owners, community-based organizations, community policing, parents and guardians as well as girls who had participated in Tingathe before.

The project established 5 CCPTs in the areas they were working on first by doing an IT and then an action plan where the CCPT was established. These groups are tasked to educate parents on child rights and protection, reporting and following up on those cases. If there are Tingathe workshops, CCPTs also help TfaC with follow-ups.

As a CCPT members explained:

*“It was started due to other challenges that TFAC had seen mainly because of abuse towards children such as dropping out of school, other abuses like giving young kids things to sell. When they saw this they realised that they could not be able to see everything as it is that is why they established this as that on some things they can ask us and we can also explain to them as their eyes here.”*¹¹³

“Theatre for a Change started this group its true because a lot of girls had gone astray, they would drop out of school not completing because of abuse in their homes as well as engaging in sex at a young age, getting pregnant at a young age. So when they came here they saw that this was a challenge that’s when they came and started this committee”

CCPTs were trained by TfaC on child rights, the law, child abuse and protection, and reporting cases through the official government form so they go into the system. The

¹¹¹ FGD MHC Clinic Kauma

¹¹² FGD Mgoni community structures and protection wisw

¹¹³ FGD CCPT Members Mgoni

project also did a refresher training as part of the Amplify Project. A CCPT member described the training:

“The first time we were called we went to Chisomo to learn how we would do the work that when we come back to our locations we start working with girls, we mainly work with girls who just roam around, we should be able to reach out to them, how we can approach them, how we can start and where we should stop, we learnt for one week and when we came here we indeed started the work with energy after we had been given the skills how when we see a girl looking or behaving a certain way, when you fail go here, go there even the police. We have gone to the police that’s how we started our training”¹¹⁴

When they are effective, they raise a good level of awareness in communities and the project thus expects community members themselves to be the ones who report the abuse, relying less in CCPTs. Since their establishment, the project believes that a system of protection is now in place as more cases of child abuse are reported and followed up.

CCPTs have had an impact on child safety in project areas. As several members explained:

“I had an incident at my home and being in this committee really helped .my son was a dating a certain girl aged 16 and when her family found out they chased her out of the home to come and get married. she came to our house to stay but when I found out and recalled what we have taught and government laws I went against this idea and went to meet the parents and explained the consequences of their decisions. We resolved the issues and all is well now however without TFAC project I couldn’t have solved this issue like this instead I could have allowed the girl to get married to my son.”

“There was a certain child who stole MK500 and the father tied her hands with a rope for so many hours that the blood stopped to flow around that area. her hands became swollen as if she has been burnt by fire. When people saw this they called me and we went with my fellow members of the committee to rescue the child. When we reached there the father lied to us that the child has been burnt however the mother opened up and told us the truth and she said the husband threatened to kill her if she unties the child. We took the father to the police and arrested him.”

“There has been a change e here I the village of Ngomani because parents feel their children are safe because they are others that are helping to protect them. Every violence that take place is reported to us and we apply power of the law which has transformed our community.”

“There was a girl 7-8 years old usually sitting close to my business bench carrying a baby. One day I called her and bought her food so I make her talk, I asked why she is not school and answered that her mother has a little baby to take care of and she has to take care of this other baby to because the mother had no good spacing of two children. She told me that the father works in kanengo and the mother sells vegetables. i informed my friends in the committee and followed her to her home .so we can say that sometimes we discover violence against children through observing”

Of CCPT members interviewed there was a wide agreement that communities were safer for children since they started working: *“as a committee we find out what are their needs are and then we provide”*.

¹¹⁴ FGD with CCPT member

The project mentioned that the distinguishing factor between active and non-active CCPTs is whether members had participated in CCPTs or child protection activities before. This is because having work experience is related to a stronger vocation and commitment. Equal membership of women and men is found across CCPTs.

Some CCPT members did mention that they faced financial constraints in conducting visits with vulnerable girls. The project should consider linking CCPTs with relevant district officials to ensure they have the resources to continue to support at risk children.

At the district-level Nzotheka aimed to mobilize groups of women in sex work and send them to meetings, but it has not been as consistent as they expected it to be. Since then, the project has deemed it an important strategy to ensure that women sex work are able to advocate for themselves in those committee or join them as full-time members or as guests. These meetings occur quarterly.

At the national-level Nzotheka had the National Sex Workers Alliance, under the National AIDS Commission. However, this alliance was disbanded to set up district-level committees of women in sex work that will be connected to the districts' AIDS coordinating committees. Currently an annual meeting is held between the City Council, the police and the Umodzi Network.

At times, the project also recognized that it was difficult to operate within highly superstitious environments¹¹⁵, causing them to stop activities for a month in those sites where killings had occurred because of superstition relating to “vampirism” and risking staff to mob violence.

Indicator 3.4: Community stakeholders who report a change in attitude at community level towards FSW and SEG (qual)

A periodic review on female sex workers in Malawi conducted by the Sexual Rights Initiative in 2015, found that sex work is heavily stigmatized and discriminated againstⁱ. Police, health workers and sex workers themselves are not aware of the laws and policies that protect sex workersⁱⁱ. The study also demonstrated that sex workers are more exposed to sexually transmitted diseases including HIV/AIDS due to pervasive low sexual and reproductive healthⁱⁱⁱ.

At the community, the project aims to create an environment where this can happen for women in sex work and girls who have been sexually exploited. The project relied on interactive theatre (IT) as a means of engaging chiefs, community policing¹¹⁶, and bar owners to motivate them to come to meetings and have discussions with women in sex work. Whenever possible, members of the police listening club were also invited to participate.

Sessions are facilitated by the Training, Curriculum and Methodology department at TfaC, who travel around organizing IT or LT sessions (LT sessions are organized under outcome 4).

¹¹⁵ C.f. Malawi cracks down on 'vampire' lynch mobs in BBC News: <https://www.bbc.com/news/world-africa-41692944>

¹¹⁶ Community policing groups are groups established by the police in communities.

Currently two members are part of that department and are tasked with organizing all sessions. While this has endowed them with extensive knowledge of the context, it was also mentioned that they have found the work to be challenging as two persons *“can’t be everywhere at the same time and to be responsive, this is required”*¹¹⁷.

Prior to these performances, the project investigates the issues that women in sex work face in their communities through FGDs carried on site. Findings from FGDs are then used in the creation of the role play to ensure that they are contextualised and realistic.

Examples of issues addressed by these sessions included addressing violence and abuse carried out by members of the community policing groups towards women in sex work or community policing groups demanding a fee to take these cases to the police once reported. The project learned of the importance of community policing group through these sessions and later targeted them as stakeholder which was deemed a successful strategy by project staff.

Through TfaC’s facilitation, women in sex work then do performances in their own communities addressing local issues. Engaging the women in sex work themselves was deemed important by project staff because theatre sessions *“come out as real as they should be”*. Women were recruited from the second cohort of the workshop and were trained by the project on legislative and interactive theatre across all three districts.

To ensure that women are not shamed by others after a session, women who do performances do not necessarily come from the community where the session takes place. This strategy was learned after performances in Salima led to shaming of the women participating after the performance. The project cited the example of a session on police abuse where the police felt the women had misconstrued them in their act and the police was therefore *“on their case”*¹¹⁸ after the workshop. To keep girls safe, trained facilitators carry out IT and LT sessions on issues pertaining to girls at risk of sexual exploitation.

Stakeholders find these sessions *“fascinating, in particular the touch-tag part”*¹¹⁹. Due to cultural reasons, in most communities it is men who are most frequently touch-tagging and it is difficult to engage female community members: *“This process has given us not just knowledge but also a peek into people’s attitudes on the issues we are trying to raise awareness on”*¹²⁰.

Project staff cited the example of a chief that was touch-tagging but *“clearly did not have the right kind of information, especially regarding child rights and protection”*. Facilitators were trained on how to handle these circumstances and correct the knowledge of the audience whenever needed. Other WiSW mentioned that many chiefs still lack respect for them suggesting a limited contribution in this regard: *“The thing is even if we go to the chiefs to lodge complaints they castigate us and say we are prostitutes we make money and before our issues are heard they require us to pay K2000.”*

¹¹⁷ Op cit. 1

¹¹⁸ *Ibid* 1.

¹¹⁹ FGD with LT participants (Location needed)

¹²⁰ Op cit. 1

The project carried out all 24 planned interactive theatre sessions spread throughout the year. The project also did additional sessions to deal with emergent issues in communities, raise awareness and promote dialogue.

At the end of each session, performers and facilitators organize a debriefing session to summarise issues and opinions. *“We found this to be more effective because you find that when you go back to the same community, it’s easier to follow up on issues or commitments made by the stakeholders and expressed during this session”*¹²¹.

Outcome 4: Power holders at local and national levels ensure that women in sex work and girls at risk of sexual exploitation can influence decisions affecting their safety, security and health.

Power holders at local and national levels ensure that FSW and SEG are able to influence decisions affecting their safety, security and health.

Chiefs, district officials, and other power holders have increased awareness of the safety, health and security risks faced by women in sex work and girls at risk of sexual exploitation and have increased capacity to act on these risks.

Women in sex work have the capacity to represent themselves and advocate for their rights to power holders.

Advocacy and communications strategy developed

Legislative theatre performances

Organize and support Sex Worker Network Meetings

Training Sex Workers Network

Outcome 4 directly targets the ‘social change’ dimension of the TfaC’s organization theory of change. Social change engages power holders directly to ensure they can protect the rights of marginalized populations, act on their concerns, and give them equitable access to health and justice. At its core for the Nzotheka project this aims to ensure that *“sex workers can access the same services, protections and the same privileges that every other Malawian can access”*¹²².

To meet this objective, the project developed an advocacy and communications strategy aimed at improving target stakeholder’s awareness of the health, security, and safety risks faced by women in sex work and girls at risk of exploitation. Messaging on these topics was delivered through legislative theatre performances where key community and district stakeholders were invited to participate.

¹²¹ Ibid.

¹²² Interview with Community Programme Manager

Outcome 4 also aims to improve the participation of sex workers, and the sex workers network (the Umodzi network), in decision making at the local, district and national levels.

The approach to support the network has continually changed throughout project implementation. By the final year of the project, TfaC had provided behaviour change training to members of the network, basic supplies, and support for their annual general meeting¹²³.

Umodzi network groups at the community level meet once a month, although the project has noted that attendance in community level meetings is not consistent¹²⁴. Project staff believe that this is because sex workers fail to see the relevance of the network¹²⁵.

In response to these initial challenges the project planned to support linkages between the Umodzi network and the National Sex Workers Network. However, after the national network dissolved, this was no longer possible, and since the project has aimed to support Umodzi network groups at the community level to engage with the National AIDs Commissions local and district bodies. However, these groups focus solely on key populations with regards to health outcomes, specifically HIV/AIDs and do not encourage a rights-based approach, otherwise consistent with TfaC's methodology.

Project staff support this view. As several explained: "The AIDs commission only engages with sex workers as a key population to do with HIV prevention it's not about human rights it's about the health side of it"¹²⁶; *"We are a member of the key population technical working group, but the agenda is more health related. They make it quite clear that we don't talk about human rights"*.

The project has provided training to the Umodzi network on the behaviour change approach and on reporting rights abuses. Findings from qualitative data suggest that the main foci of Umodzi network meetings and additional engagements with TfaC has subsequently been on these topics:

"When we meet like umodzi network, we firstly discuss how our day to day lives are going, we talk about different sexually transmitted diseases, HIV/AIDs and the importance of getting tested and we encourage each other on the importance of taking ARVs because three quarters of our umodzi network members are on ARVs. These are the issues we discuss."

"Yes, the coming of the network has enabled us to know a lot of things that we did not know before. It enables us to stand up among our friends and tell them of the benefits of going to the hospital the time that they are sick. If they are uncomfortable going to the public hospitals, we are able to help them get help from the Theatre for Change medical personnel who know how to assist us properly. Also the network and the coming in for Theatre for change opened up avenues where we could get assistance in cases of abuse as we conduct our sex work which was never there before."

¹²³ Interview with Project Staff

¹²⁴ *ibid*

¹²⁵ *ibid*

¹²⁶ Project Staff Interview 2

100% of women in the Sex Workers' Network demonstrate the capacity to represent themselves

Based on the project's 2017 annual report 100% of sex workers in the sex workers network have the capacity to represent themselves. This indicator was collected from monitoring sources through visits with Umodzi network members.

Capacity of Sex Workers' Network (qual)

Umodzi network members interviewed as part of this study emphasise that they do not have the knowledge of how to raise concerns to different levels of government. As several Umodzi members commented:

"We have not been trained in how to do make our voices be heard. It is like we walking in the dark when it is nice to have a network"

"The DC [District Executive Committee] will not take us seriously like other projects unless we are taught how we can talk on them about the things that are of matter of importance to us".

"We participate in... this annual meeting.. it is good to practice our knowledge of what we learn and how we should behave but we do not know where to take it from there".

"For the chiefs the challenge we would face is that if we went there to discuss with them they would ask for some sort of payment for their time that is why we have challenges reaching out to them. But also, how can we just go there without any identification, how would they believe that we are indeed part of umodzi network? They may think that these are just sex workers who don't have anything to do."

The project should provide advocacy training to Umodzi network members to support them to understand how grassroots advocacy works and how to access the platforms through which they can raise their health, safety and security concerns.

Project staff interviewed as part of this study, mentioned that there were efforts to support Umodzi network members to attend Village Development Committee (VDC) and Area Development Committee meetings but these efforts focused solely on awareness raising of the project's activities and not any advocacy issues raised in Umodzi meetings.

To ensure the network is relevant to its participants, the project needs to take an active approach to improving advocacy capacity within the network.

Additional qualitative findings suggest that Umodzi network members would appreciate receiving more on-going support from TfaC:

"The other thing I notice as a shortfall is the lack of follow up on the part of the TfaC office. There is really no follow up on our network, like the way you have come today you will find that you will just go quiet on us and as a result our network is weakened...Let me begin with TfaC, they should be calling us frequently so that they can be refresh our memories on the things we learn. But also in our groups they should be making time to be visiting us regularly as their children."

With regards to legislative theatre, by the end of the project, 12 legislative theatre (LT) performances have taken place and were attended by 148 men and 149 women¹²⁷. Typically chiefs and other local leader, community police, and community members are invited to participate in legislative theatre events. One sex worker described the audience as including:

“Police men, pastors, traditional leaders, our fellow se workers, community police men, beer brewers and all the people in the community”.

These theatre performances resulted in a total of 94 touch tag interventions, many signalling widespread community participation in performances focused on the health and safety needs girls at risk of sexual exploitation and women in sex work.

Several chiefs commented that the diversity of participants attending the legislative theatre was important to achieve the key messaging objectives. Some identified bottle star and bar owners as key groups to engage:

“All things which were being discussed concerned them [bar owners] so much.”

“The bottle store owners are the people that host such people. therefore, we wanted to move together”

Others emphasised that it was important that the community police were attending. They stated:

“These people are important on such issues... As chiefs we were called because the people stay in our community.as the community police they’re responsible to act when the sex worker’s rights are violated.”

“I want to express that during the play I argued so much with the community police about these rights”

With regards to who else should be included as audience members, chiefs commented on the importance of also engaging court representatives:

“The court representatives were supposed to be there because when the crime is over the powers of the police the court takes over. even the ministry health was also supposed to be there too.”

“The most wanted to be available are the court representatives, we may ask that next time TFAC is holding a workshop they make sure they invite the court.”

To provide a concrete example, one LT performance focused on a story where a 22 year old sex worker is ridiculed on the way to work because of how she dresses and then raped by a police officer. The following interventions were recorded by the project:

- One community member came and carried the sex worker to the hospital.
- Community police members helped her standup against the abusive community police member.
- Another community police member stood up with the victim against the rapist and an abusive landlady

¹²⁷ Annual Report 2016

- One even played the role of the brother of the sex worker to stand up against the abusive landlord.

Several sex workers report clear outcomes of legislative theatre activities, suggesting this component of the intervention is successful at engaging power holders:

“The fact that the chief was there made it easier for us to realise he was interested in what the performance was saying”

“It is important... so our voices are heard We like these performances.”

For chiefs who participated in legislative theatre activities, there are generally mixed views of the outcomes and effectiveness of messaging activities.

One chief commented:

“Let me explain at the beginning... people told us that the organization has given the sex workers the rights to come in public which will make them worse which I opposed.... I now understand that their aim is to provide other activities like theatre so that they stop their bad behaviour. we went there and watched them, they danced very well.”

This suggests that for this chief, he understood the aim of the legislative theatre to be to reduce sex work and not to promote sex workers rights.

However, other another chief took a different message from participating:

“It was good because I could participate and tell them they need to get health. I told these people we must make sure they get health”

In this case, the chief seemed to understand the role of the LT was to identify ways through which community members could support.

Another chief interviewed as part of the study highlighted an improved awareness of the need to protect girls at risk of sexual exploitation. However, he also highlighted a continued challenge with the police. He stated:

“Now they come to let me know what is happening within the community. Someone was having sex with a 12 year girl... so i did my best to report the matter to the police. He was arrested but the police bailed him out on grounds that they agreed to have sex for money.”

This suggests that in some cases, although community leaders may have the power and authority to act, change requires concerted action between multiple stakeholders.

Community police, were listed as a key stakeholder by chiefs to ensure rights are protected:

“Community police are the first because when the sex workers ask for help they ask for bribes inform of money which is bad and as chiefs we have fought to stop this behaviour.”

Several chiefs stated that since attending the workshop they are eager to help support girls at risk and women in sex work. They stated:

“If they find problems in solving some issues I try to help them with ideas, I can set up community meetings for them, try to come up with activities to entertain people and they should not give up”

“The goodness was that sex workers think they do not have rights hence they told us that sex workers also have rights. We were told what they are supposed to when their rights are violated. We found solution with the community police on how to help the sex workers in times of need.”

Another chief commented that since attending the performance he is now aware of the need *“To protect them from what might happen to them in the future in an instance where they are ignorant of what the rights say about it”*.

Another chief spoke about a difference between the rights of sex workers and the rights of girls. He explained that it was easier to identify when rights were violated for those who were underage:

“Women come because of disagreements... which is harder to understand... but for young girls it happens mostly because of the men trying to take advantage of the little one.”

Based on these findings project messaging has success with various chiefs through legislative theatre. There are indications that some chiefs have changed their views and are willing to support the rights of girls at risk and women in sex work.

Several audience members appreciated the interactive nature of the performance. As some summarised:

“It is like a song because it attracts you to listen and imagine past experiences hence understand better. most of the time when you invite people for discussion people think it’s about politics hence a play is exciting.”

“A play is exciting hence makes listen and watch attentively hence understand the message.”

To ensure women and girls can continue to stand up for their rights in communities, the project aimed to improve their capacity to engage in community decision making and participate in community events.

16% women and girls who report meaningful participation in decision-making bodies at community level

Based on the project’s annual report (2017) 16% of women and girls report meaningful participation in decision making bodies at the community level representing a 7% increase from baseline.

Women and girls who report a change in levels of participation in local and national for a (qualitative)

Women generally report significant changes in their levels of participation in community events and attribute these changes to the project. Participants in focus group participants commented:

“Because we are the ones who used to shun away its now like we opened up to them more. We used to think that they had ill thoughts about us but that was not the case so we are now freer with them ever since we started associating with them. There has not been any ridicule that we have experienced in our associating with them.”

“We were also taught that we have rights to take part in all activities e.g. in the community, church. We also have a right to join various groups. For example, at church we should be

given parts to participate in. we were also taught that we have a right to be treated fairly by landlords, any bad treatment we can report them to authorities.”

Chiefs supported these views with several commenting:

“We have also spread and announced in the community that we have the same rights so we stopped the segregation. in the past sex workers were not allowed to cook at funeral ceremonies and we banned that rule and they used to bath the dead bodies of sex worker themselves but now we are there for them.”

Based on these findings the project has contributed to the extent to which sex workers feel they can participate in community activities. Sex workers state this is largely due to their own changes in how they see themselves or how they behaved. Several sex workers, for example, cited that before participating in the project they did not know what appropriate behaviour at community events was. This included very practical things, such as what to wear at a wedding or funeral so as not to be stigmatised. The project has supported sex workers to reflect more carefully on how they engage within their communities and what they seek to get from that engagement.

With regards to safety, the project has also made in-roads in supporting sex-workers to join local community policing committees. Sex workers reported that involvement in these committees can reduce some forms of violence. An example was given of community police who set a curfew on bars and would beat sex works found on the road after the curfew. By participating in these community policing fora sex workers feel they now *“have a voice when the inkata [community police] did not want us before and this means we are safe”*.

Sustainability

To understand the sustainability of the project, the study created a sustainability scorecard based on TfaC’s organizational theory of change. The approach to understanding sustainability across the various components of the intervention is summarised in the table following. The review of sustainability at the outcome level sought to answer the question “how sustainable are project achievements?”. Scores attributed to the project through the endline study are shaded in the table following and justified in the discussion below the table.

Table 33. Sustainability Scorecard

Level	Individual	Group	Social
0 – Negligible (no or negative changes)	Women and girls only exhibit changes in knowledge or do not exhibit any changes in knowledge or higher-level outcomes at all.	Women and girls do not offer any support to each other and are unaware of the benefits of working together	Power holders remain unaware of the needs of women in sex work and girls at risk of sexual exploitation.
1 – Latent (changes in attitudes)	Women and girls exhibit changes in attitudes towards: <ul style="list-style-type: none"> • Their rights 	Women and girls demonstrate improvements in their attitudes towards:	Power holders have improved attitudes and capacity towards:

Level	Individual	Group	Social
	<ul style="list-style-type: none"> • Health-seeking behaviours • Community involvement • Self-confidence & Self-esteem 	<ul style="list-style-type: none"> • Community involvement • Group membership • Belonging 	<ul style="list-style-type: none"> • Protecting women and girls • The rights of women and girls
2 – Emerging (changes in behaviours)	Women and girls exhibit changes in their: <ul style="list-style-type: none"> • Ability to assert their rights & report abuse • SRH behaviours 	Women and girls exhibit changes in their ability and capacity to: <ul style="list-style-type: none"> • Stand up for the rights of other sex workers or girls • Organize for social change 	Power holders act to act on the concerns of women and girls and protect their rights.
3 – Changes are institutionalized	Women and girls exhibit changes in their: <ul style="list-style-type: none"> • Ability to seek health access • Ability to advocate for their health needs and rights • Ability to communicate effectively • Ability of girls to avoid situations which put them at risk of sexual exploitation 	Women and girls: <ul style="list-style-type: none"> • Initiative events and community action to stand up for their rights to safety, health and security • Effectively organize to communicate their needs to power holders 	Power holders seek the opinions of women in sex work of and girls at risk of sexual exploitation regularly to ensure justice, and equitable access to social protection.

Individual: Confidence, resilience, communication, and rights assertion

At the individual level the endline study assessed sustainability as emerging. Whilst women and girls actively demonstrated the ability to assert their rights and adopt healthy sexual reproductive health behaviours, there are limitations to the extent to which these changes can be considered institutionalized, based on the scorecard.

The project exhibited strong improvements in SRH knowledge changes for sex workers and girls. At a higher level, outcome 1 sought to improve behaviours. Based on the findings of this report, the project was successful at promoting condom use amongst both sex workers and girls at risk of sexual exploitation. However, despite clear improvements in reported condom use, women report difficulties accessing both male and female condoms. Several women commented:

“Condoms are very expensive to buy. Only TfaC donates condoms which is not on regular basis.”

“They should provide us with more contraceptives and medication for STIs. this is because we have hope that they can help us. This will help them avoid unwanted pregnancies.”

Some women even reported having to rely on the black market to access condoms when they could not find them in government clinics.

The project should ensure that health outreach activities include reliable information as to where women can obtain condoms regularly. Project staff report that it is difficult to obtain reliable information on this as condoms are not always available in clinics. However, to ensure condom use is sustained in the long term and institutionalized the project should monitor on-going condom availability and advocate for additional condoms in cases where they are lacking. This will support women to continue to use condoms in future sexual encounters.

With regards to the assertion of their rights, many women and girls reported knowing where to report abuse. Several women commented:

“Because of TfaC, I was able to learn that now we have a place to go and report whereas back then there was nowhere to go but now we have somewhere to go should any violence be carried out on me.”

“We were taught to report any violence against our rights to the community police, TfaC, police and chiefs.”

“If a customer beats us or done any violence we should report to the police, chief and community police.”

Girls interviewed exhibited similar awareness:

“[it is important to report to] another responsible adult for [their] intervention.”

“We can also report to the victims’ support unit... to avoid harmful situations in our lives”

“I can confide with an intelligent adult. The one who is my role model.”

Based on qualitative evidence, is likely both girls and women will continue to use these approaches to report violations when they arise.

For girls, however, there is an additional need to ensure that cases of violence against them are reduced. In the case that they do face abuse, many girls reported this would likely be from boys. As girls commented:

“At the school there are some boys who smoke, and they can rape you.”

“Also when we go to the river to wash or swim you sometimes meet boys who smoke marijuana who can rape you or harass you.”

“Where I stay there is a ground where there are some boys who come to ask for water or matches to light their cigarettes and when you refuse to give them they cuss you so I feel it is not safe”

“There are a lot of boys who smoke marijuana in this area who make me feel unsafe.”

The project did equip girls with the skills to recognize situations which put them at risk and how to avoid them. However, for a sustained reduction in abuse to occur, the project should consider whether future interventions should target boys' behaviour explicitly with the aim of improving their awareness of child rights and consent.

For the MHC component of the intervention, while the MCH resulted in improvements in the willingness of WiSW to get regular HIV and STI tests, it did not improve the relationship between WiSW and static health clinics.

The risk in this approach is that some WiSW may have become dependent on MHC visits. Qualitative evidence demonstrated that some WiSW expected the MHC to visit their area more regularly: *"The mobile clinic should visit us more often because we have hidden health problems to be sorted out"*.

Several others explained the challenges they face in visiting a static health clinic:

"The nurses and doctors shout at us when misunderstandings arise."

"It's usually crowded and no confidential room where you are given space to share your real problems in public hospitals. As a result, we fail to give our real problems hence get no help."

"There is no confidential or special treatment with those infected with STIs. Therefore, patients get ashamed. There is a problem with Malawi hospitals they have special areas for those with HIV hence when you are going that direction people actually point at you that you are HIV. This is violating rights of those with HIV."

Future iterations of the project should consider strengthening the relationship between WiSW and local health clinics. This should also aim to build the capacity of frontline health workers to ensure WiSW confidentiality is respected and that they do not face discrimination when accessing health services.

For girls at risk of sexual exploitation, many felt that despite having learned healthier behaviours in the workshop they had been forced to return to sex work or unhealthy relationships. As girls explained:

"Let me say my opinion, after I attended the workshops they promised that will provide vocational training. They failed and they have stopped visiting which is a demotivation to the change. for example, myself I have stopped going to school now I go to video show."

"Because they failed to provide resources. As girls we need money so we had no choice but go back to our past means."

"We changed but the capital was not provided hence discouraged and got demotivated"

"Workshops used to keep us busy because we could come back home late afternoon and had no time for other things. even the traditional leaders appreciated the work of TfaC but after TfaC stopped things went back to normal."

The project provided vocational training to one cohort of girls and support others to re-join school. However, to ensure that changes can be sustained and institutionalized the project should consider strengthening these transition pathways to ensure girls can leave sex work and avoid situations which put them at risk of exploitation.

It is important to note, however, that the project has secured additional funding to help address this through DFID's Girls Education Challenge's Leave No Girl Behind Window.

At risk girls will be supported through this project to join girls' clubs and re-enrol in school.

Without changes in the ability of girls to leave sex work, the behaviour of boys, improvements in the wider access of health, and improvements in the availability of condoms, individual level changes demonstrate emergent elements of being sustained but these have not been institutionalized.

Group: Supportive together, stronger together, ability to influence power holders

At the group level, the endline study assessed sustainability as being latent, indicating a change in attitudes but not a change in behaviours.

With regards to group belonging, endline findings indicate that both women and girls felt an improved sense of belonging after attending the workshop (see Outcome 1).

Additionally, several sex workers mentioned that through exposure to the project they developed an improved sense of belonging to their wider community (See Outcome 4). As one WiSW summarised:

"Before now as sex workers we were shunned from taking part in such activities. We were not attended to nor where we looked at as part of the village as such even ourselves as sex workers we used to shun away from associating with married women but with the coming of TfaC, we were told that we are the same, we are both human beings and there is no any kind of difference as our lives are one as such we ought to do similar things. In this way it is like TfaC made way for us to be able to participate and associate with our fellow villagers regardless of the fact that we are sex workers."

Despite improvements in their sense of belonging to a group and to their community, women and girls did not, on their own initiative, organize to advocate for their rights or demonstrate an ability to influence power holders.

Outcome 4 focuses on supporting sex workers to participate in decision making at the local and national level to ensure they have a say on issues that affect their safety, health, and security. However, the Umodzi network is ill-equipped and does not have the capacity to fulfil a grassroots advocacy strategy (See Outcome 4). WiSW remain demotivated because they do not see the value of the Umodzi network.

WiSW also reported that VSL schemes create networks of solidarity that help them through difficult times *"if they can come through TfaC, not just any organization because we have been together for so long hence that understand us and if our finances cannot go well they can be there for us."*¹²⁸.

LT and IT performances were organized by the project in all cases. This served as an effective conduit for participants to communicate their needs to power holders but was largely TfaC led.

The project has used the Umodzi network to continue to promote healthy behaviour change. However, to ensure the rights of WiSW are respected after the end of intervention, and that WiSW and girls have the capacity to advocate for these rights to

¹²⁸ FGD with Linga Microloan Recipients

power holders on their own, the project needs to support the Umodzi network to engage in advocacy activities independently.

Additionally, although project partners were supported by TfaC to implement and monitor the behaviour change workshop, they report not being provided with any support with regards advocacy activities.

Partners mentioned that it was extremely useful and beneficial to the program to engage in interface meetings with chiefs, static health clinics, and district officials throughout implementation but did not receive guidance from TfaC on how to engage women in sex work in these processes or how to facilitate these wider stakeholder engagements. Where these engagements occurred, partners agreed that they were through their existing relationships with these stakeholders or the feedback they had gotten from women who participated in the workshops.

Social: Power holders protect the rights of WiSW and GRSE, act on their concerns, and provide equitable access to justice, health, and safety

At the social level, the study assessed sustainability of the intervention to be emerging. This is because policy, community police, and chiefs exhibit changes in their behaviour and willingness to support the rights of sex workers. However, to ensure these changes are sustained and institutionalized sex workers need to have roles in community bodies and fora and power holders need to actively seek their views.

Chiefs interviewed as part of this study listed key improvements in their attitudes since attending legislative theatre activities. Several chiefs acknowledge the need to better protect the rights of sex workers and engage other power holders, including community police in doing so (see Outcome 4). However, chiefs did not indicate that they would actively seek out the opinions of sex workers.

Police also reported that through improvements in rights awareness they have since been able to more actively protect WiSW. With regards to the institutionalization of consultations with women in sex work, police even report having quarterly meetings with sex workers to discuss on-going cases and remain in communication about their rights.

Partnership approach

The partnership approach adopted by the project sought to create an environment where achievements could be sustained through the improved capacity of local district partners to offer on-going support to women in sex work.

Partners in Kasungu and Salima believe this approach is sensible as they have the context specific knowledge to support WiSWs. Partners in both Salima and Kasungu report that since the project has ended they have continued to maintain contact with sex workers who participated in the workshop and support them with reporting rights abuses. This would suggest that some aspects of the partnership approach were successful in ensuring ongoing support to women outside of Lilongwe.

Conclusions

The Nzotheka Project contributed to improvements in the SRH knowledge and behaviours of women in sex work, girls who have been sexually exploited and girls at risk of sexual exploitation. This resulted in healthy behaviours, improvements in safety, and improvements in health outcomes for project beneficiaries. Additionally, improvements in self-confidence amongst participants resulted in improvements in the capacity of these marginalized populations to assert their rights.

The project also contributed to improved access of sex workers to quality health services through the mobile health clinic and in their ability to diversify their incomes through VSL groups and access to loans to engage in small businesses.

With regards to protection, power holders including community police and policing units, chiefs, and other community stakeholders demonstrated an improved awareness of the rights of sex workers and girls and an improved capacity to actively protect those rights. CCPTs established by the project also reported significant improvements in the safety of children in their communities.

However, there are several gaps in the sustainability of the programme, particularly with regards to the ability of women to access health at government clinics after the MHC closes, the ability of girls at risk of sexual exploitation to maintain healthy behaviours and in the capacity of the Umodzi network to advocate for the rights of sex workers after the end of the project.

Recommendations

Based on this study, the external evaluator would put forward several recommendations:

- 1) **Consider supporting static health clinic staff to improve their capacity to provide services to WiSW in future iterations of the project.** WiSW indicated that they face discrimination at static health clinics, and do not feel their confidentiality is respected. Additionally, the project should consider strengthening the existing relationship between WiSW and health clinics. While this was an element of the MHC through a referral system, MHC staff faced significant difficulties tracking the quality of these referral mechanisms. TfaC currently has an MoU with the Ministry of Health which includes elements focused on improving health access of women in sex work. This could be leveraged to offer additional capacity building support to frontline health workers.
- 2) **Provide additional entrepreneurship training to VSL groups:** Being a member of a VSL group did not always result in a diversification of livelihoods. Findings indicate that women who had been involved in business activities prior to the project were often more successful at diversifying their livelihoods. The project should also consider linking VSL groups with vocational training opportunities to ensure women obtain the necessary business and vocational skills to run successful businesses.

- 3) **Link VSL groups with other capital sources beyond the MicroLoan Foundation:** Findings suggest that VSL groups on their own were not able to provide enough capital for women to start viable businesses. The project should consider linking existing groups to alternate capital sources.
- 4) **Provide LT and IT implementation guidance to WiSWs:** IT and LT performances were effective at engaging community members and power holders. However, the project should empower women to organize these activities on their own.
- 5) **Develop a sustainability strategy and monitor progress towards agreed sustainability indicators throughout implementation:** Project partners reported not having engaged in a dialogue with TfaC about the sustainability of the programme at its conclusion. Partners need to be equipped with a strategy to ensure they can continue to support women after the end of the programme.
- 6) **Provide guidance to partners on project advocacy components:** Partners indicated that they did not receive guidance on conducting interface meetings with static clinics, chiefs, and other community stakeholders. While they did employ some of these strategies during the intervention, additional support from TfaC would ensure that advocacy components can be implemented effectively by project partners.
- 7) **Understand sub-groups of women in sex workers:** Several stakeholders commented that not all women in sex work could participate in the workshop. Women with low levels of education or women facing severe economic hardship were unable to commit to attending workshop sessions. The project should map women in sex work in each district to and put in place mechanisms to ensure the workshop is inclusive of the most marginalized. The project can consider providing financial incentives for participation in the workshop.
- 8) **Support the capacity of the Umodzi Network to engage in grassroots advocacy activities.** Several members of the Umodzi network indicated that they require support to know how to engage with local and district stakeholders. The project should provide advocacy training to the network to ensure they can advocate for WiSW rights effectively in the future. While some project staff have argued that this is not in line with the National AIDS Commission's approach to sex workers networks, as this approach focuses solely on health outcomes, it is important for women to have the skills to continue to advocate for their rights, beyond health, to ensure a sustained approach to rights protection after the end of their engagement with TfaC.
- 9) **Establish clear transition pathways for GRSEs participating in the behaviour change workshop after the conclusion of the workshop.** Several GBSEs indicated that they returned to sex work after participating in the workshop due to a lack of alternative income opportunities. While the project has obtained additional financing through a girls' education programme to support girls to re-enrol in school, the project should also consider linking girls with vocational training opportunities as not all girls wish to re-enrol.
- 10) **Add a component to the GRSE BC curriculum to ensure group conflict is better managed:** Some GRSE participants reported challenges getting along with

other participants who would disrespect the facilitator and, in some cases, even steal money from group members. Additional components should focus on creating a safe space and supporting facilitators to manage group dynamics.

- 11) **Add a component to the GRSE BC curriculum to support GRSEs to communicate effectively with other girls who have not attended the workshop.** Several participants reported that other girls in similar situations would ask them for advice. The project should support GRSEs to know how to manage and effectively communicate with girls who have not attended the workshop but could still benefit from workshop learning.
- 12) **Consider future interventions targeting boys and their behaviour towards girls.** Many GRSEs mentioned that they avoid risky situations where boys in their communities could abuse them. The project should consider targeting boys to promote a healthy environment for girls to be able to assert their rights.
- 13) **Add a WiSW BC workshop component encouraging WiSW who have unprotected sex with a regular boyfriend to regularly receive testing.** WiSWs report not using a condom with their regular partner. This finding is supported by the literature on sex work in Malawi with WiSW often having one regular partner who they consider to be their boyfriend. Some stated that getting tested once was enough. It is important that they are encouraged to regularly get tested with their partner, if they are engaging in unprotected sex.
- 14) **Support WiSWs to identify points where they can access contraceptives.** Many WiSWs report not having access to sufficient male or female condoms to ensure they can always have protected sex. The project should ensure that before the intervention ends, specific access points are communicated to current participants relying on the MHC. While there are challenges in accessing condoms in government clinics the project should engage in on-going advocacy with these sites to ensure there is a clear demand for additional condom provision.
- 15) **Improve maintenance of monitoring data:** Monitoring data is currently maintained in multiple excel sheets which are manually entered. There is little consistency across datasets and several errors in data entry. The process is not streamlined which can delay and inhibit analysis of project progress during implementation. The project should consider using a mobile data entry system to ensure datasets are accessible and easy to analyse.
- 16) **Review quantitative monitoring tools to ensure alignment with project theory of change:** Monitoring tools should be reviewed and revised to ensure they are designed to measure underlying intervention assumptions. Several items could be added to better understand project beneficiaries, for example (such as demographic information). Additional questions could probe into how participants viewed the workshop to inform on-going adaptations.

ⁱ Sexual Rights Initiative (2015). Universal Periodic Review: Female Sex Workers

ⁱⁱ *Ibid.*

ⁱⁱⁱ *ibid*