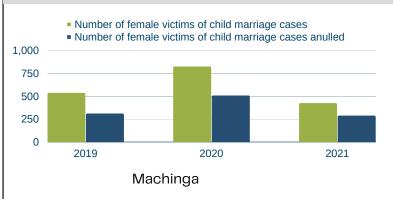
TRENDS IN CHILD, EARLY AND FORCED MARRIAGE (CEFM) AND ADOLESCENT REPRODUCTIVE HEALTH

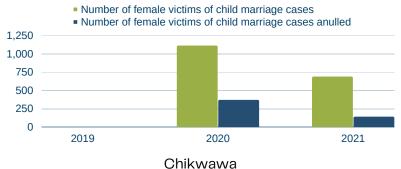
Focal districts: Machinga and Chikwawa

Period: 2019 - 2022

Child marriage cases

Figures 1 and 2: Number of female victims of child marriage cases and annulled cases between 2019 – 2021 in the districts of Machinga and Chikwawa (district data)





In all districts:

The cumulative number of female victims of child marriage cases from 2019 to 2022 is:





2019 2021

20%

38%

(537 to 425)

decrease in Machinga from 2019 to 2021

(1113 to 689) decrease in Chikwawa from 2020 to 2021

Key observations:

- Both districts reported the highest number of child marriages in 2020, the year the pandemic began.
- In Machinga, the proportion of female child marriages annulled increased steadily by year, from 58% to 62% to 68% in 2021. The proportion annulled reflects the efforts of local leaders to rescue female victims of child marriage and return them to school.
- In Chikwawa, the proportion annulled decreased from 33% to 21% in 2021.

Figure 3: Number of child marriage cases in Machinga (district data)

* Male * Female

1,250
1,000
750
500
250
0
2019
2020
2021

In Machinga, there is a large gender gap in child marriage cases with more than 77% (425 out of 545) being female victims.

By comparison

- Reporting and completeness of data on child marriages and annulled cases improved since the start of the project in Breakthrough ACTION areas versus adjacent districts.
- For example, Balaka has no data for 2021 and 2022, Mangochi only has data from 2022 and not gender disaggregated.
 Mwanza only has data available for females, and Nsanje has no child marriage data readily available.

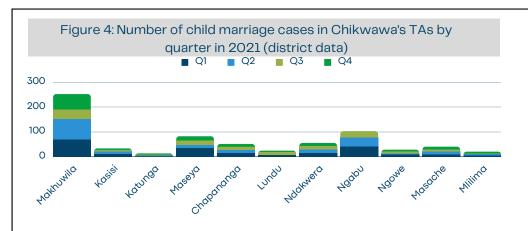
Lessons learned:

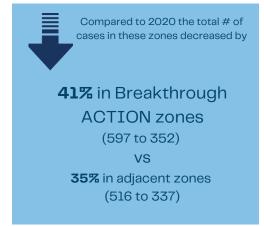
• Breakthrough ACTION districts now have more reliable data on child marriages, but in addition to ensuring the numbers of boys and girls are reported, there is a need to ensure the social safety net is available to return survivors to school and ensure marriages stay annulled, and that communities are actively dissuading child marriage from occurring.





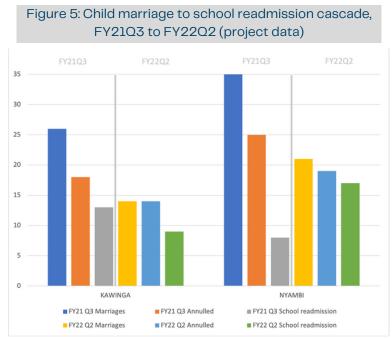






In Chikwawa:

- Makhwila had the highest cases of child marriage followed by Ngabu in 2021. Makhwila and Ngabu are the TAs where
 Breakthrough ACTION is working, which may reflect better reporting as well as a strategic choice to focus.
- Ngabu experienced the highest drop in the number of cases from 2020 to 2021 of 60% (254 to 101).



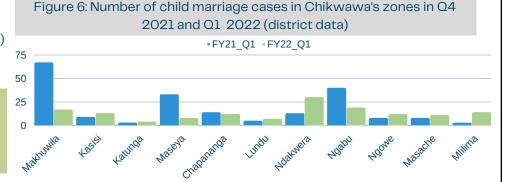
Lessons learned:

- In Machinga's Breakthrough ACTION TAs, from FY21Q3 to FY22Q2, the number of child marriages decreased while the proportion annulled and returned to school improved, reflecting a strengthened cascade.
- Data quality can be strengthened and improved through capacity strengthening in M&E. Better data will enable districts to better track their cases of child marriage and ensure the cases are reported, addressed and survivors are supported to return to school.

More recently in Chikwawa:

- Looking at Q1 2022 vs Q1 2021, the # of cases in Makhwila was 75% lower (67 v 17)
- Ngabu cases were 53% lower (40 v 19)

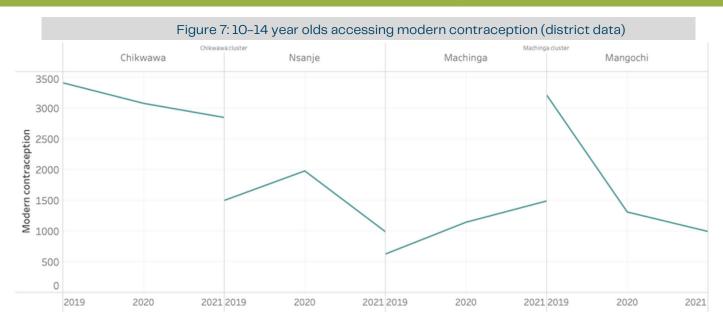
Note: Lack of child marriage data in adjacent districts prevented a district-level comparison.



Lessons learned:

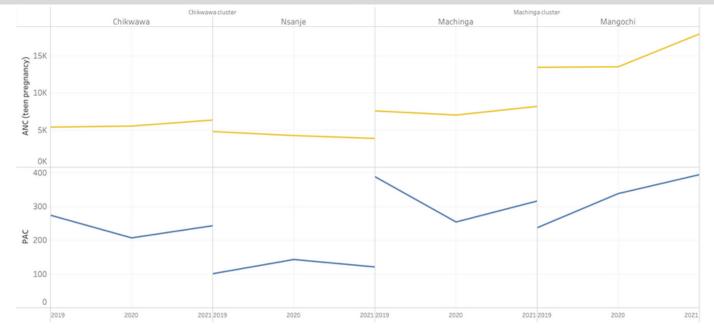
- The disaggregated data from Chikwawa will help the gap between boys and girls currently in child marriage, and there is a need to support Machinga to disaggregate their data by sex.
- More effort is needed to ensure the best practices from this project are shared with other TAs in the district; chiefs, men, girls, and boys are sharing their successes at ending child marriage within their communities and with other communities and social change is beginning to occur as successes are realized.

Reproductive health: Modern contraception, ANC/teen pregnancies, and post-abortal care



- Chikwawa saw a 16% decrease (3411 to 2847) in modern contraceptive uptake among 10–14 year olds, but adjacent district Nsanje saw a decrease of 34% (1496 to 988).
- The total # of young people (10–19) accessing modern contraceptive methods between 2019–2021 is 35218 in Machinga.
 For 10 to 14 years olds accessing modern contraception, there was a 129.6% (624 to 1488) increase in Machinga vs adjacent district Mangochi which had a decrease of 69% from 3212 to 992.

Figure 8: 15–19 year olds seeking ANC visits (teen pregnancy) and post–abortal care (PAC) (district data)



Observation & Comparison

- In Chikwawa there was an increase in teen pregnancies of 17% (5407 to 6356) vs a decrease of 19% in adjacent district Nsanje (4803 to 3877). Chikwawa had an 11% decrease in the number of girls 15–19 accessing PAC (274 to 243) while Nsanje increased by 20% (101 to 121).
- There was an 8% increase (7589 to 8198) in Machinga in teen pregnancies among girls 15–19 vs a 33% increase in adjacent district Mangochi from 2019 to 2021. Female 15–19 year olds seeking post abortal care decreased in Machinga by 18% and increased by 66% in Mangochi.

Reproductive health: Modern contraception, ANC/teen pregnancies, and post-abortal care

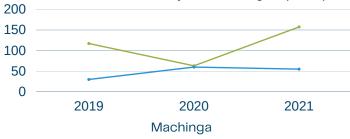
Figure 9: Number of adolescent girls aged 10 to 14 attending ANC and number of deliveries in Chikwawa

- Number of adolescent girls (10-14) attending ANC
- Number of deliveries by adolescent girls (10-14)



Figure 10: Number of adolescent girls aged 10 to 14 attending ANC and number of deliveries in Machinga

- Number of adolescent girls (10-14) attending ANC
- Number of deliveries by adolescent girls (10-14)



In Breakthrough ACTION districts:

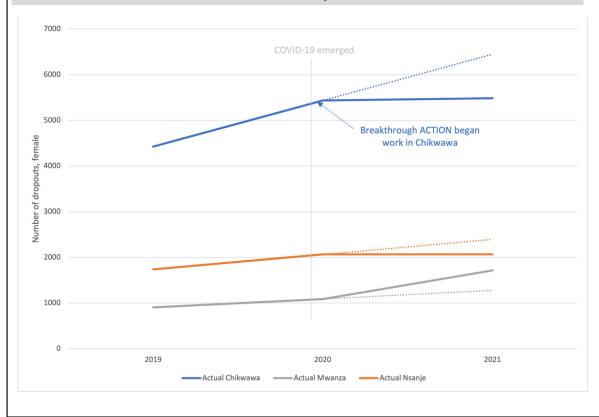
• The total # of young people (10–19) accessing modern contraceptive methods between 2019–2021 is 35218 in Machinga and 43083 in Chikwawa. For 10 to 14 years old there was a 129.6% (624 to 1488) increase in Machinga and a drop from 3411 to 2847 (16.5%) in Chikwawa.

Lessons learned:

• There is a need for broader discussions/information around SRH and life skills with young people, so that girls (and boys) can make decisions about what they want in life, and how to get there; among other life skills, this should include knowing how to prevent teen pregnancy and where to get contraceptives. Additionally, youth friendly services must be available.

Education: Enrollments and dropouts

Figure 11: Number of school dropouts from 2019 to 2021 in Breakthrough ACTION district Chikwawa vs adjacent districts



By comparison

- In Chikwawa, the dropout trend was increasing but stabilized at a level lower than projected from 2020 to 2021.
- In adjacent districts,
 Nsanje also stabilized
 whereas dropout
 numbers in Mwanza
 increased from
 projected.

Education: Enrollments and dropouts

Figure 12: Number of female school dropouts from 2019 to 2021 in Breakthrough ACTION district Machinga vs adjacent districts

From 2019 to 2021

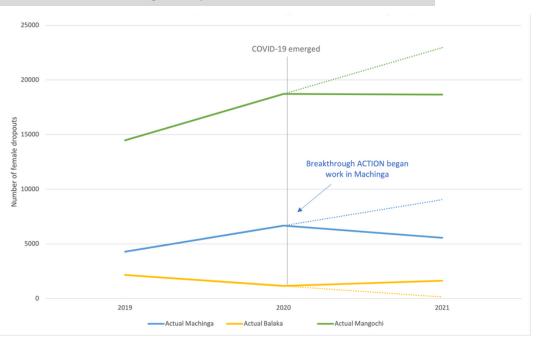
1.6%

decrease in girls enrollment in Machinga (110,098 to 108,340)
vs a 5% decrease in adjacent

0.1%

increase in girls enrollment in Chikwawa (90,010 to 90,139)

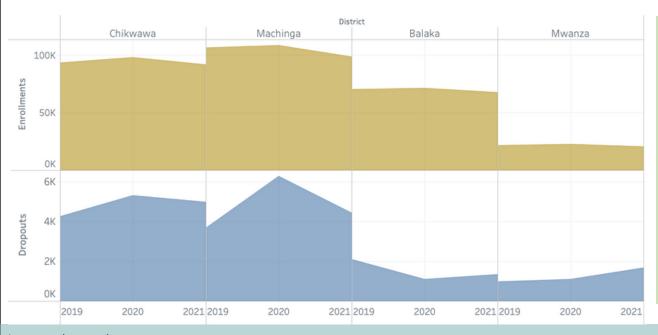
vs a 1.8% decrease in adjacent district Mwanza



By comparison

- In Machinga, the dropout trend was increasing but began dropping 2020 to 2021.
- In adjacent districts, Mangochi leveled out in 2020 whereas the trend for dropout numbers in Balaka reversed and began climbing.

Figure 13. Male enrollment and dropouts, Breakthrough ACTION districts and adjacent districts



For male students, in all districts, enrollment grew and then declined from 2019 to 2021, but dropouts began declining rather than increasing in Breakthrough ACTION districts vs adjacent districts.

Lessons learned:

More efforts are needed by all stakeholders including government, CSOs, development partners, and community leaders
to ensure that all children are enrolled and remain in school. Those children who have already dropped out should be
supported both psychologically and materially to go back to school. Both districts need to revamp their bursary
committees and strengthen them to provide the necessary oversight on bursary administration.