

Mid-Term Report for Pa Mushunguti Project

HIV/AIDS Education and Prevention Project

Overview of the project

Temwa's new Pa Mushunguti project is designed to reduce the vulnerability of young people to sexual and reproductive health risks, such as early marriage, unsafe abortion, teenage pregnancies, and sexually transmitted infections (STIs). The project is primarily targeting individuals under 35 in Nkhata Bay North while recognizing the crucial role of the broader community in supporting sexual and reproductive health and rights (SRHR) services in rural, isolated areas.

Through our community-driven approach, Temwa is supporting youth clubs in schools and communities, empowering young people to challenge harmful cultural norms and taboos, making informed decisions about their SRHR, and advocating for access to comprehensive services and rights. The project is also enhancing the capacity of healthcare providers to deliver youth-friendly SRHR services and facilitating connections between these services, young people, and the wider community. The project is raising awareness of the SRHR issues young people face and encouraging dialogue between youth and community governance structures.

Project activities

Stakeholder engagement

The Project got off to a good start with extensive consultations with relevant stakeholders, including Area Development Committees, Village Development Committees, health workers, and head teachers in Boghoyo, Mkondowe, Mbwana and Siyalimba to assess SRHR issues in Nkhata Bay North.

In May, Temwa conducted an SRHR baseline survey across the 4 Health Centre areas in the catchment areas of Ruarwe, Usisya, Usiska, and Sange. Using a mixed-method approach including key informant interviews (with chiefs, teachers, SRHR providers), one-to-one interviews with young people, and focus group discussions, the survey provided important insights into the state of SRHR awareness, attitudes and service uptake. Findings confirmed widespread knowledge gaps, entrenched social stigma, and limited access to adolescent-friendly services. Findings confirmed significant challenges at each of the Health Centres. For example, at the time of the survey, Ruarwe was experiencing a condom stock-out, Usisya was recording high rates of student abortions and youth STI cases, and at Bula, there were rising HIV cases and teenage pregnancies, most likely linked to increased youth exposure to sex work.

These results are informing the design of more responsive, inclusive, and context-specific set of interventions to improve SRHR outcomes. Moreover, the baseline serves as a vital benchmark against which future progress and impact can be measured. The consultation process led to significant commitments from stakeholders. Health workers pledged to improve youth engagement and service delivery. VDCs committed to mobilising out-of-school youth into Youth Clubs. Youth representatives took on the task of mapping active and inactive youth groups. Head teachers agreed to support SRHR education in Upper Primary years and promote age-appropriate delivery of services. This early mobilisation of key stakeholders has provided a strong foundation for the Project's goals.



Figure 1: Consultations meeting with Boghoyo ADC and Ruarwe health Centre HCMC members on the Pamushunguti project

In April, the Temwa team facilitated discussions with SRHR service providers at Nkhata-Bay District Hospital and 4 Health Centres to clarify the role of healthcare providers in delivering SRHR services and to assess their readiness to meet potential demand generated by the project. The District SRHR Coordinator expressed strong support for the Project, emphasising its timeliness in addressing the high rates of adolescent pregnancies, child marriages, new HIV infections and unsafe abortions amongst young people. The health authorities from all the 4 health centres

committed to providing a youth-friendly approach to delivering services at the Health Centres.

Also in April, Temwa facilitated the orientation of 4 newly elected Hospital Management Committees (HMCs) at the 4 Health Centres, equipping them with knowledge on their roles in health governance, service oversight, and community engagement. Training clarified Committee members roles and responsibilities in supporting community-health worker collaboration, managing medical resources, and improving health care facilities.

This orientation was a significant step in reinforcing community ownership and accountability within the local health system. As a result, the HMCs are now well positioned to act as influencers and advocates for youth friendly SRHR services. The committees committed to make sure that youth-friendly services are always available for young people through continuing advocacy efforts with the District Health Office.

Training Expert Clients

In May, Temwa trained 24 (14 male, 10 female) 'Expert Clients' from hard-to-reach communities surrounding Bula, Khondowe, Ruarwe and Usisya Health Centres. The 2-day training was conducted in partnership with the Nkhata Bay District Health Office, with the aim of transforming community volunteers into frontline advocates and support agents within the HIV care 'cascade'. The training included HIV prevention, ART adherence, defaulter tracing, and co-infection management for TB and malaria. It also equipped participants with counselling skills and behaviour change communication techniques.



Expert clients committed to regular follow-up visits (including to patients at risk of defaulting on treatment), undertaking community sensitisations, and submission of monthly reports to the health facility. It is hoped that decentralising support to trained individuals embedded in the community will lead to sustained follow-up care and improved treatment adherence, as well as early identification of TB and Malaria co-infections to enhance health outcomes in under-served areas.

Figure 2: Training of Expert Clients in Usisya

Youth Clubs

Temwa worked with youth representatives to map active and inactive Youth Clubs. Temwa staff supported the formation of 22 new School-based clubs (4 in Secondary Schools, 18 in Primary Schools) and helped revitalise 30 'Out of School' Youth Clubs that had stopped functioning. Temwa supported the election of new executives in the Kasasile, Kaulasisi, Usingini and Muntherere Youth Clubs. It also supported Committees to ensure the effective leadership of all the clubs for the next two terms. This included encouraging all Committees to hold weekly meetings to discuss critical SRHR issues, support continuous peer learning and support, and to create a safe environment in which young people could address their health and rights concerns.



Temwa staff visited the out-of-school Youth Clubs to assess their progress and found that many of them were embedding key SRHR topics such as family planning, STI prevention, menstrual hygiene, and gender-based violence into their regular discussions and community outreach. Club members also demonstrated improved knowledge and willingness to address SRHR issues within their peer groups.

Figure 3: Some members of Bigha youth club posing for a photo after their weekly session

Teen Clubs

Progress was also made with Teen clubs for young people living with HIV, aimed at providing psycho-social and nutritional support. Temwa supported the Usisya Teen Club meetings every month, starting in March. This club comprises 38 adolescents drawn from Khondowe, Ruarwe and Usiska. These young people used to meet separately in their villages but are now travelling to Usisya for meetings conducted over the first weekend of every month. During the first session in March, participants shared their experiences, with girls aged 14 to 16 describing encounters with older males pressuring them into sexual relationships, highlighting the need for empowering young people with knowledge and skills to protect themselves. In April, the session included interactive discussions on ART adherence, tackling internalised and externalised stigma, and building emotional resilience amongst the HIV-Positive adolescents. Participants gained support and peer encouragement. The teens showed high levels of engagement and motivation and expressed renewed commitment to health-seeking behaviour.

Further sessions were conducted in May and June, with the team focused on ART adherence, stigma reduction, and emotional resilience. Discussions helped foster trust and has started a positive cycle of engagement which we believe is critical to improving the take up of essential SRHR services in the longer term. Through regular visits to the Clubs, Temwa was able to provide ongoing mentorship and guidance to peer educators and club leaders, building their confidence, enhancing their facilitation skills, and enabling them to lead more structured and impactful SRHR dialogues with their peers. Youth leaders are now better equipped to act as role models and refer peers to health services, thereby playing a crucial role in the Project's impact at community level.

The month of June saw improved engagement between health workers and young people (including through the Youth and Teen clubs). Feedback from health workers highlighted increased clinic attendance and greater engagement during follow-ups, and improved treatment adherence.

Young people with HIV at Bhula do not yet have access to a Teen Club due to a lack of trained personnel. Temwa supported the District Health Office to conduct training of personnel in July, so that the Bhula Teen Club can be established from August.

Awareness events on accessing youth-friendly health services



In April, Temwa participated in the World AIDS Day commemorations at Chombe.

Through its pavilion, Temwa highlighted the achievements of its previous HIV project, including the increased use of provider-initiated testing, index testing and mobile outreach clinics.

Figure 4: Temwa Staff members at the Temwa Pavillion at the World Aids Day commemoration.

Through drama, testimonies, peer-led discussions, and information booths, Temwa was able to reach hundreds of community members with messages on HIV Prevention, reducing stigma, the need to adhere to treatment, and the need to access youth friendly SRH services. The event provided a safe space for young people to discuss sensitive health issues, ask questions and receive confidential guidance from 4 trained facilitators and health personnel.

The District Health Authorities and traditional leaders commended Temwa for its leadership and visibility at the event, recognising its previous contribution to advancing adolescent health in rural communities.

Early indications are that the event is spurring new demand for SRHR Services and has shifted community attitudes towards more open, supportive dialogue on HIV, sexual health and the rights of adolescents to access information and care.

Figure 5: Temwa participating in the world aids day at Chombe, Nkhata Bay district



Conclusion

The Project started well and has laid the groundwork for a sustainable ecosystem for improved access to SRHR services for young people. Youth have been empowered to lead discussions on their health; and communities and health systems have started to collaborate effectively, with increased community ownership of health service delivery.

Key achievements included the training of Expert Clients to support ART adherence and defaulter tracing, and the orientation of Hospital Management Committees to enhance local health governance. The visibility of Temwa's work during World AIDS Day further increased youth confidence in the availability and quality of services and has contributed to creating the space for honest conversations around sexual health, rights, and decision-making.

Evidence from monitoring and training visits indicates growing youth engagement, increased service utilisation, and stronger community ownership of SRHR efforts. At the mid-way point in the first year, there are over 1,300 young people attending Out of School Youth Clubs, and over 3,500 In-School Youth Clubs. Teen Club membership is currently 38 and is likely to increase to 45 once the Bula Teen Club is established. Finally, Nkhata Bay District Health Office is responding to increased demand with more steady provision of materials, including family planning methods, and STI screening and treatment.

Community Story: Youth Chair at Boghoyo (Ruarwe) Youth Network Appreciates TEMWA's Support



Madalitso Phiri, 27, Chairperson of the Ruarwe Youth Network, recalls how limited resources and lack of technical guidance were stalling youth empowerment initiatives in the community. The network struggled to engage young people meaningfully due to minimal funding and insufficient skills to design impactful programs. Temwa has stepped in with targeted support. Through capacity building workshops, technical mentoring, and resource mobilisation efforts, Temwa helped the network transform its vision into action. “Temwa’s support has been invaluable,” says Madalitso. “Our programmes are now more

effective and we’ve seen increased youth participation across all our activities.”

With strengthened leadership and sustainable programme implementation, the Ruarwe Youth Network now stands as a beacon of youth-led community development thanks to a partnership that empowered them from the ground up.



Figure 6 above – Madalitso Phiri, and Figure 7 to the right - Youths at Ruarwe youth club interacting through games such as Bawo, Chess and draft. Such games help in attracting more youths to attend the sessions

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