Every day in Malawi, girls and boys face school-related gender-based violence (SRGBV) in the form of physical, sexual, and psychological threats or violence in and around schools. The 2013 Malawi Violence Against Children (VAC) survey indicates that 41% of girls age 13-17 experienced physical violence and 23% experienced sexual violence at least once in the last 12 months.

SRGBV undermines the potential of girls and boys to learn with dignity and confidence. It erodes self-esteem and contributes to absenteeism, poor learning outcomes, and school dropout (Dunne et al., 2013; Kosciw et al., 2013; RTI International, 2016, Kirbriya et al. 2016, SRGBV Global Literature Review, 2019). In Malawi, over 60% of girls reported that their experience with GBV led to performance problems in school (Bisika et. al., 2009).

In Malawi, only 60% of children tell someone about their experience of abuse and less than 10% receive professional services (NPA-GBV, 2014-2020). Interventions to reduce SRGBV tend to focus on prevention, while sustainable and effective response mechanisms remain as a gap.

To address that gap, the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) is implementing a program to reduce SRGBV that focuses on both prevention and response. Funded by the US Department of State/Global Women’s Initiatives under the umbrella of a broader GBV program led by EngenderHealth, WEI/Bantwana and local partners seek to holistically address educator and student norms around SRGBV and to change the threshold of what has long been considered “acceptable”. To this end, the project delivers multi-pronged activities that foster change among students, teachers, and parents/caregivers.

**Outcome: Strengthened school-related gender-based violence prevention and response mechanisms**

**EMPOWER SECONDARY SCHOOL STUDENTS WITH THE KNOWLEDGE, AWARENESS, AND SKILLS TO PREVENT AND REPORT SRGBV**
- Protect Our Youth Clubs following the My Dreams, My Choice-Plus Curriculum
- Student led SRGBV awareness raising activities in schools and surrounding communities
- Bananas linking students to GBV, SRH, HIV services

**EQUIP TEACHERS AND SCHOOL SUPPORT STRUCTURES TO COMBAT SRGBV**
- Teacher training on SRGBV using the Go Teachers-Plus manual
- Capacity building of mothers groups to carry out case management and provide SRGBV-related information and support to learners
- Early Warning System to prevent school dropout

**STRENGTHEN CAREGIVERS’ CAPACITY TO PREVENT AND RESPOND TO GBV**
- Village Savings and Loan Associations for economic empowerment of caregivers
- Positive Parenting training to improve parent-adolescent communication using the Go Families-Plus curriculum

**ENHANCE COMMUNITY EFFORTS TO RESPOND TO GBV ISSUES**
- Interface Meetings for social accountability of GBV duty bearers
- Case Management through Mother Groups
- Linkages with EngenderHealth’s efforts to strengthen traditional leaders and mobile courts

**Aim: 1) Promote positive shifts in underlying norms that perpetuate SRGBV 2) Reduce instances of SRGBV**
As a result of WEI/Bantwana’s coordinated and integrated interventions, attitudes and behaviors are beginning to shift. Program data indicates that tolerance for violence is decreasing; the capacity and commitment of children and adults to speak out against violence is increasing; and there is an uptick in the number of SRGBV cases reported. While this is encouraging, results around case resolution, a critical issue for victims of SRGBV, continue to lag behind. This is due to a number of factors including:

**AGE CONCEALMENT**

Many people seem to know that a child is a person below the age of 18 years. However, in some circumstances, people with key information, like parents, guardians, and teachers, hide the actual age of a child and/or lie that the child is above 18 years of age. Without official documentation to easily determine the true age of the child, it is difficult to take action.

**SETTLING CRIMINAL CASES AT COMMUNITY LEVEL**

Numerous criminal cases are settled at the community level, initiated by community child protection groups like mother groups and child protection committees, caregivers and chiefs. While community interventions can be appropriate for minor cases of SRGBV such as bullying or harassment, the settling of criminal cases, such as rape, at the community level allow for impunity and undermine violence prevention efforts.

**USE OF THREAT AND AUTHORITY TO SILENCE VICTIMS**

Most child abusers use threats, usually about their power and/or status in the community, to prevent the child from revealing the abuse. These threats can also come from a victim’s parents and guardians for the sake of maintaining peace and good relationships in the community, even with the abuser.

**LATE OR NO RESPONSE FROM THE POLICE**

Police, at times, do not handle criminal case offenses with the urgency they deserve. In some cases, they dismiss admissible cases or ‘resolve’ the issues without the involvement of courts.

To address these issues and strengthen response mechanisms, WEI/Bantwana and local partners initiated ‘Interface Meetings’ to increase the social accountability of all duty bearers to take appropriate action in response to reported SRGBV cases and improve case resolution.

**WHAT ARE INTERFACE MEETINGS?**

Interface meetings with duty bearers are platforms where students constructively engage with service providers, traditional and faith leaders, and local government to hold them accountable for their conduct and performance to deliver services, improve community welfare, and protect children’s rights. Accountability is critical in sustainably preventing GBV and improving reporting and help seeking behaviour from survivors of GBV.
WEI/Bantwana and its implementing partners rallied students, through peer educators, to write down their most pertinent concerns about GBV in their schools and communities. Trained peer facilitators consolidated the reports and presented them to a panel of duty bearers and service providers. Prior to this, school authorities, service providers and duty bearers were sensitized on the exercise and invited to the meetings to discuss service provision. Key stakeholders included the police, representatives from the court and the Ministry of Education Science and Technology, clinic staff, social welfare officers, and chiefs. The Malawi Human Rights Commission was also invited to moderate the meetings, as an authoritative voice in social accountability, and to follow up on cases emerging from the meetings.

In preparation for these meetings, peer facilitators at each of the community day secondary schools supported by the project collected anonymous slips of paper with issues and concerns from their peers in 'suggestion boxes'. Peer educators reviewed the issues and compiled them for presentation to the various stakeholders at the meetings.

- Sensitization of students, school authorities, community gatekeepers & service providers
- Peer educators collect anonymous issues on GBV with the aid of 'suggestion boxes'
- Peer educators present issues at the meeting to duty bearers and service providers and discussions are held
- Malawi Human Rights Commission follows up on cases one-by-one
- Cases are resolved and feedback given to students, school authorities, and community gatekeepers

“It was scary presenting the issues, but I also felt empowered. I think after these meetings, our people will start taking GBV issues seriously.”

Benadeta Banda, peer facilitator, Mtunthama CDSS
ACHIEVEMENTS

While suggestion boxes are nothing new and have been used with limited effectiveness for many years, combining the suggestion boxes with the interface meetings elevates social accountability to a new level and shines a light on response mechanisms and where they are breaking down.

At the meetings, the children were given a platform to present SRGBV issues they were facing at the schools; abuse concerns they felt were being neglected by various duty bearers; and reported cases that were still pending or were dismissed dubiously by the justice system within their communities. The duty bearers and service providers were given opportunities to respond to issues raised and discuss how improvements could be made. Participants at the meeting were also informed of the various laws and commitments of the police and judiciary system to protect them.

After the meetings, the Malawi Human Rights Commission compiled a list of cases that needed follow-up, particularly those requiring legal action and wraparound health and psychosocial support for GBV survivors. A total of 24 of such cases were compiled. These cases are still being followed up and most of them are being monitored as ongoing court cases.

“The interface meetings are necessary and important. There is a gap for child representation on child issues in the presence of the stakeholders tasked to resolve these issues. So when the children were able to talk directly to the stakeholders and hear what they have to say, it was really good.”
- Ms. Thawe Deputy Director of the Child Rights Directorate, MHRC

LESSONS LEARNED

The following are crucial in ensuring a holistic response mechanism to SRGBV:

• Engagement of the Ministry of Education, Science and Technology on the criminality of school authorities in concealing relevant information and personal details about child victims of abuse.
• Continuous engagement of the district police regarding the performance of community police units related to timeliness and fairness in handling reported incidences.
• Various parties should support the community engagement meetings and awareness programs on child protection to schools and communities.
• Continuous engagement of key post-GBV justice, health and psychosocial support service providers to resolve cases in a timely manner.