

Piloting 'Choices & Decisions'- an interactive HIV & AIDS board game for young people.

SUMMARY REPORT



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All the schools

Likangala Secondary School
St. Mary's Secondary School
Songani CDSS
Nsondole Secondary School
Namisongo Secondary School
Malindi Secondary School
Zomba CCAP CDSS
Mponda Primary School
Chikamveka Primary School
Domassi DEM Primary School
Nankunda Primary School
Cobbe Barracks Primary School
Songani Primary School
Masongola Secondary School

Out of school youth groups

Tikondwe Youth Club - Zomba
Tisinthe Youth in Action - Zomba
Yoneco - Chinamwali Drop-in - Zomba
Tipindule Youth in Action - Zomba
Yoneco Cultural Troupe - Zomba
Khama Youth Club - Zomba
Sakata Green Care - Zomba
Nkhota kota Youth Organisation
Usapilanje Group - Nsanje
Mponela Youth Alive - Dowa
Kamwana Primary School – Dowa
Youth Health & Community –Lilongwe
Lingadzi CBO - Lilongwe
Mowe Youth Club – Nkhotakota
Mayaka clubs - Yoneco

Finally, to friends & family from Scotland who provided funding to have the pilot copies of the game produced and the T-shirts printed.

All photographs were taken by Mairi MacDonald, with permission obtained.

BACKGROUND

Youth in Malawi face many challenges and are disproportionately affected by HIV & AIDS. The majority of new infections are amongst the youth, with young women four more times likely to be infected than young men¹. Although knowledge on transmission and prevention of HIV is high, recent research shows that amongst adolescents the majority of sexual acts are unprotected and many myths and misconceptions regarding HIV & AIDS and sexual reproductive health remain², leaving many youth ill-equipped to make well informed decisions on sexual matters.

'Choices & Decisions' is a board game that has been designed to equip the youth of Malawi with life skills, knowledge and confidence to take responsibility for their own actions and lives. The emphasis is on HIV & AIDS, looking specifically at areas of risk taking and decision making. It also incorporates issues of sexual reproductive health (SRH), gender and self-esteem. The target age group for this game is youth aged between 14 and 18, although there is potential to extend the age range beyond this.

'Choices & Decisions' - What does it look like?

The game comprises of a board, a facilitator's handbook, topic cards 8 counter pieces and a dice. Topics include: Decision Time, High Risk/Low Risk, It's a question, Who am I?, SRH and Gender,

They are packaged together in a locally made 'chitenji' bags as shown by two of the facilitators who took part in the pilot.



¹ National Statistical Office (Malawi) (2005) *Malawi Demographic Health Survey 2004*, Calverton, Maryland: NSO & ORC Macro.

² Munthali, A., Zulu, E.M., Nyovani, M., Moore, A.M., Konyani, S., Kaphuka, J. & D. Maluwa-Banda (2006) *Adolescent Sexual and Reproductive Health Survey: Results from the 2004 National Survey of Adolescents*. Occasional Report No.24, Guttmacher Institute, NY.

³ 'Choices and Decisions' – an interactive HIV and AIDS board game for youth, pilot April – June 2007. SUMMARY REPORT

'Choices & Decisions' was piloted in Malawi between April and June, 2007, with the participation of school-based Anti-AIDS clubs (primary and secondary), youth clubs targeting out-of-school youth in Zomba district and Concern Worldwide – affiliated partners in Dowa, Lilongwe, Nkhotakota and Nsanje. The purpose of the pilot was to evaluate the game's potential in contributing to positive outcomes for young people's knowledge, attitudes and self-efficacy regarding HIV and AIDS and related issues and get feedback from various users on the effectiveness of the game as a learning tool, as well as their comments and suggestions for the content, layout and overall appearance of the game.

METHODOLOGY

The evaluation adopted an action research approach, directly engaging trained game facilitators in the piloting of the game and the collection of data. Facilitators played the game over a period of three weeks with groups of young people selected according to agreed criteria and administered pre- and post-pilot questionnaires to all players. A total of 30 facilitators and 240 young people participated (see Table 1). During post-pilot evaluation sessions focus group discussions and other participatory evaluation exercises were used to draw out users' views of the board game and its accompanying facilitators' handbook.

A decision was made to use clubs as the entry-point for the pilot, since this would utilise an existing forum for HIV&AIDS activities, with individuals experienced in this field – AIDS-Toto patrons and peer educators – to act as game facilitators. In addition, confining the game playing to extra-curricular activities minimised disruption to participating schools.

Table 1: Selected participants

Sampled Groups	No of facilitators	No of players in the pilot	Who are the players?	Evaluation Sessions (facilitators)	Evaluation Sessions (players)
Peer Educators (YONCEO)	8	64	Out of school youth / school going	8	4 females 4 males
Primary school Urban & Rural (AIDS Toto clubs)	7	56	Primary pupils	7	2 females 3 males
Secondary school Urban & Rural (AIDS Toto clubs)	8	64	Secondary students	8	2 females 2males
Concern partners (4 districts: Lilongwe, Dowa, Nkhotakota, Nsanje)	7	56	Out of school youth / school going	7	N/A
TOTAL	30	240		30	17

Training Activities

A 2-day training session took place in Zomba with all the 30 facilitators. The training session introduced the facilitators to the game, train them in basic action research techniques and how to administer the questionnaires. Each facilitator received a checklist document with a guide/timetable of events and activities to carry out during the pilot. They also received a consent letter to read to their respective clubs, outlining the aims and procedures of the pilot and seeking consent from parents/guardians.



Playing the game

Immediately after the two-day training session, each facilitator went back to their respective stations and identified 8 young people to play the game on a regular basis. Each of these selected players answered a questionnaire administered by the facilitator. At the end of the three-week period, the facilitators then administered post-pilot questionnaires to the same 8 players, in order to assess any measurable change in knowledge and attitudes. The facilitators played the game at least six times with the same 8 players during the three week period. The facilitators were also given notebooks to keep a record of issues that emerged whilst playing the game.

During this period, regular monitoring of the pilot process took place, through visits to clubs and/or phone calls to facilitators.



Likangala Secondary School



Mponda Primary School

Participatory Evaluation Sessions – Facilitators & Youth

Following the three-week period, participants were invited to Zomba for evaluation sessions, which took place over 2 days. The first day was with the facilitators and the second day with 17 youth who were sampled randomly from schools and youth clubs selected to represent the different target groups (primary, secondary and out-of-school youth), including players from both urban and rural locations.

Three key activities guided the evaluation sessions with facilitators: focus group discussions, discussion and critique of the layout of the board and equipment used and a detailed assessment of the content of the Facilitator’s Handbook (English & Chichewa versions)



The youth also participated in focus group discussions to give their perspectives on the content and design of the game, as well as its use as a learning tool. They were also given the opportunity to critique the layout of the board and took part in a FGD, a pair wise ranking exercise to examine the perceived relevancy of topics.



Youth presented with
'Choices & Decisions' T-shirts.

THE PLAYERS

Approximately equal numbers of male and female youth participated in the pilot, drawn from both rural and urban locations, although, out-of-school youth were under-represented due to the inclusion of some school-going youth in the youth clubs targeting out-of-school youth. The majority of the out-of-school youth had received at least some secondary education, although a significantly greater percentage of boys had completed their secondary education compared to girls.

Overall, the average age of players was 16 years, for both boys and girls. The average age amongst the out-of-school youth was slightly higher at 19 years, with ages ranging from 14 to 26 years, reflecting a number of older members of the participating youth clubs that were included in the pilot. Of the 172 players under the age of 18 years, almost a third (31%) were single orphans. About three times as many players had lost their father (23%) as had lost their mother (8%). A significant number of the players had lost both parents (9%).

Mass media is an important means of conveying information and messages about HIV & AIDS and related SRH issues. The majority of the players, in both urban and rural areas, had access to some form of mass media, predominantly radio, although access was more of a problem for rural dwellers: over half of all players from urban areas reported having access to television.

Table 2: Percentage of players' with selected media in their households

Media	No. of times mentioned by players (%)	
	Rural	Urban
Radio	85	89
Television	20	58
Newspapers/magazines/brochures etc.	66	81
Books	76	86

Over two-thirds of players (67%) agreed that they worry about issues related to sex and sexuality and half (51%) worried about their own personal risk of contracting HIV & AIDS. Although many of the players reported multiple sources of information on HIV & AIDS, relatively few appeared to have sought out advice and discussed their concerns with parents or other adult family members, fewer still with health workers.

Table 3: Percentage of players reporting sources of information on HIV & AIDS and SRH pre-pilot, by gender.

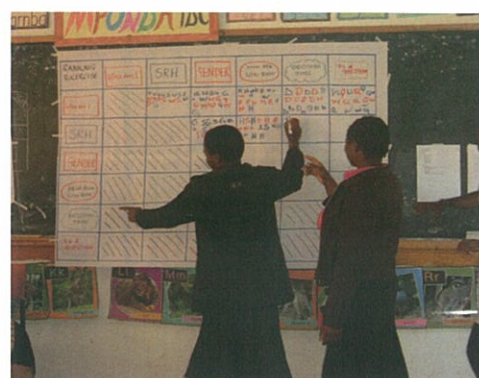
Sources of information on HIV and AIDS and SRH.	No. of times mentioned by players (%)	
	Female	Male
Radio	80	83
Edzi-Toto club	47	52
Youth club/CBO	34	49
Printed media (newspapers, brochures etc.)	28	40
Teachers	34	38
Parents	35	32
Television	31	27
Friends (male)	4	25
Friends (female)	26	7
Health worker/clinic	18	20
Religious institution	14	16
Other family members	8	6

VIEWS ON ‘CHOICES & DECISIONS’

During evaluations sessions, participants stressed that the content of the game was relevant to the youth, providing them with important information about HIV&AIDS and SRH, as they explore their sexuality and need to make decisions on sex-related matters, which can affect their future lives.

We need this information so that we do not do things unknowingly. In addition to this, the youth are the ones more likely to contract HIV & AIDS as they are sexually active. Providing this information helps the youth now and even in their futures

Findings from the pair wise ranking exercise done with the youth show how the youth prioritised the specific topics in the game according to their needs and personal relevancy. During this participatory exercise all youth were asked to compare topics and state which they felt were more relevant to their future lives. Scores for all topics were then collated and final rankings made.



Pair-wise Ranking exercise

Results show that, overall, the youth believed that topics ‘Decision Time’ and High Risk/Low Risk’ – both related to knowledge and attitudes regarding HIV & AIDS – were seen as the most relevant (see Table 4). Topics related to gender, SRH and self-esteem ranked lower, all with similar scores.

Table 4: Relevancy of topics, showing scores and final rank.

Topic	Scores	Rank
Decision Time	64	1
High Risk / Low Risk	61	2
Gender	36	3
It’s a question	36	3
SRH	32	5
Who am I?	26	6

Comparing girls and boys responses (not shown) it was found that ‘Decision Time’ scored very highly amongst girls – and much higher than any other topics. Since this topic encourages young people to think about real issues related to HIV& AIDS and decide how they would tackle such issues, this appears to be a significant finding, given girls’ limited opportunities for negotiation in sexual relationships. The popularity of this topic possibly reflects appreciation amongst girls for the opportunity to face and discuss issues that many are likely to meet in their future lives. With regard to the other topics, ‘Gender’ scored more highly amongst girls and, conversely, ‘Sexual and Reproductive Health’ was ranked higher by boys, although the difference with the girls’ score for this topic was small. Whilst, overall, the topic ‘Who am I’, which relates to building self esteem, was ranked as the least relevant, participants did stress that they liked the topic and it should remain in the game.

There was general agreement, however, amongst both players and facilitators, that the range of topics was not sufficient and that additional issues such as human rights, culture, positive living, stigma and discrimination and others should be included. Despite the sensitive nature of some of the content, the vast majority of players agreed that the language used in both English and Chichewa versions was appropriate for the targeted age group. Participants recommended that both English and Chichewa versions be maintained, with players free to express themselves in either language.



Discussing the Layout

In terms of the design of the board, feedback was generally positive and many spoke of their appreciation of the bright colours and attractiveness of the design. The few concerns raised were mainly regarding the number of times activity squares would be landed on during the course of the game and repetition of the same questions/activities if the game was played several times. Participants recommended that the number of question cards for each topic should be increased.

As a learning tool, 'Choices & Decisions' was welcomed as an innovative and useful resource for learning about HIV&AIDS and related topics, engaging young people in discussion about important issues in a non-threatening environment.

I admire this game, if we are to talk about it as a method of one has one period of teaching, you cannot combine a lot of topics at one time... 'Choices & Decisions' ... manages to teach so many topics at one goal. I mean, let's be realistic, who can manage to do that apart from 'Choices & Decisions'

There were also spin-off benefits in terms of improved teacher-pupil interactions and greater participation of players in other class activities. Generally, after some initial shyness on the part of some girls, boys and girls were reported to have participated equally and all participants agreed that the game should be played in mixed groups. Suggested ages of players ranged from 10 to 25 years, with the proviso that younger and older players be grouped separately.

Discussions with players emphasised the importance of having a facilitator while playing the game. The majority of players were comfortable with a facilitator of either sex, although a significant minority of girls said they would prefer a female facilitator. Over half of the players said they would prefer a teacher or another adult to facilitate, underlining the effectiveness of recruiting and training patrons of school-based clubs and other teachers as facilitators. Whilst the majority of out-of-school youth said they had no preference as to the age of the facilitator, very few players expressed a specific preference for their peers, thus raising questions as to the popularity of using peer educators in this and other youth-targeted programmes.

Key Recommendations from Participants

- With regard to the content, facilitators recommended that an additional topic should be included where issues suggested for inclusion could be located (e.g. human rights, positive living, stigma and discrimination, culture etc.) This topic was provisionally named 'Mixed Bag'. The youth agreed with this idea.
- Facilitators and youth agreed that the number of question cards within each topic was not enough and recommended they be increased from 9 to 15 per set. The reason given for this was that players found that they often answered the same questions twice whilst playing the game.
- With regard to the appearance, the printing needed to be made clearer and changes to the colours of specific squares should also be made.
- Both the youth and facilitators agreed that the behaviour statements around the board should be changed from second person to first person in order to have a greater impact. For example, on square 32 it currently says, '*You have had unprotected sex, go back to the start*'; it was suggested that it should read, '*I have had unprotected sex, go back to the start.*'
- The quality of material used for the handbook and the cards is not durable and therefore needs to be improved upon.

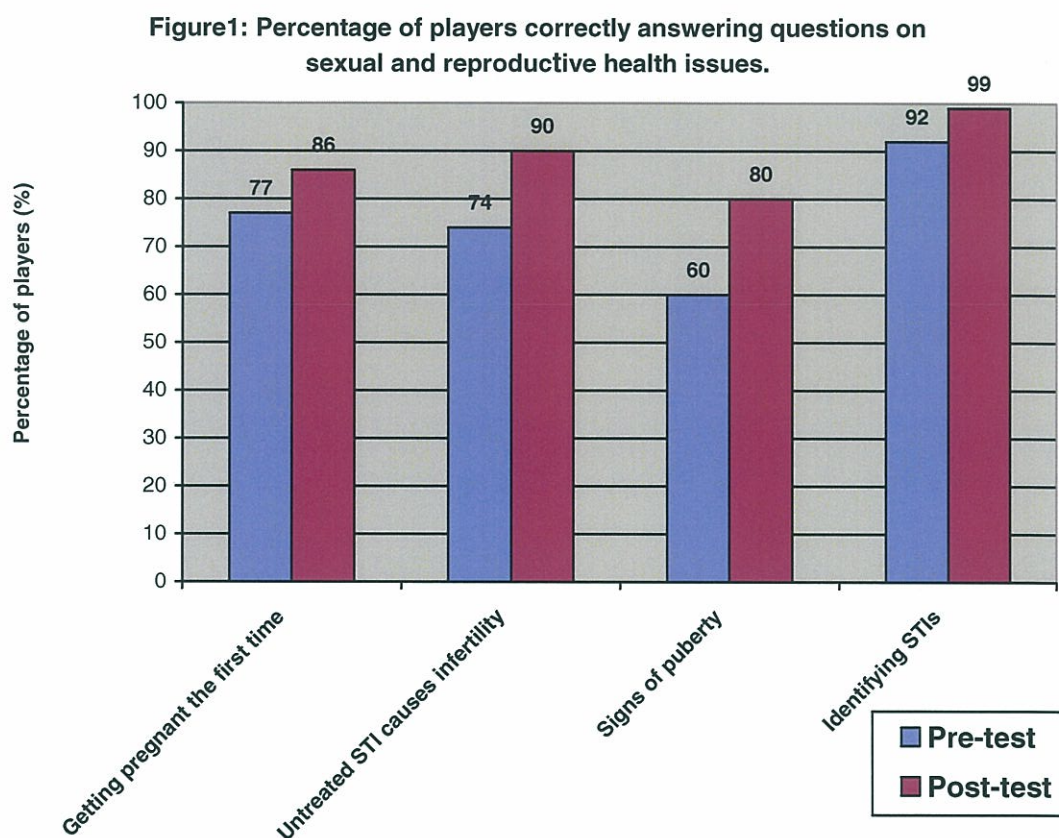
IMPACT OF 'CHOICES AND DECISIONS'

Although the players' initial knowledge of HIV & AIDS transmission and prevention and SRH was relatively high, their involvement in the pilot has shown to have had a positive impact, further increasing knowledge levels, assisting many to distinguish correctly between low and high risk behaviours and dispelling certain myths regarding HIV transmission and sexual reproductive health. Findings also show improved levels of awareness amongst the players of their own personal risk from HIV&AIDS and an increased confidence to both go for VCT and to disclose their status if found to be HIV positive.

Discussions during focus groups with both youth and facilitators attested to the contribution 'Choices & Decisions' had made to improved knowledge and awareness of HIV&AIDS, noting that it had helped to clear up a lot of misconceptions. Interestingly, discussions indicated that facilitators too had gained additional knowledge through their involvement with the pilot. One teacher commented,

The game has some topics that are in the life skills and social studies. It has an impact to the players and the teachers. The game added knowledge to both sides...

Figure 1 shows that whilst the majority of players could correctly answer questions on SRH prior to playing the game, in all cases this increased, indicating a positive impact on knowledge levels. Perhaps the greatest impact seen was with regard to players' knowledge of the signs of puberty: an increase of a fifth (20%) of players able to answer correctly. In addition, the vast majority of players (90%) were able to correctly say that untreated sexually transmitted infections (STIs) can cause infertility – an increase from 74%. Interestingly, further analysis shows a greater increase amongst the number of girls able to correctly answer this question, compared to boys (an increase of 22% compared to 10%) and a greater increase still for girls in rural locations. Only two-thirds (64%) of rural girls knew that untreated STIs can cause infertility prior to the pilot, a figure which increased to 97% following the pilot. Such an increase reflects a positive trend across several knowledge-based questions used in this study and is indicative of a potential significant impact on this target group.



In terms of knowledge and attitudes regarding HIV&AIDS, this study confirms other research that indicates high levels of knowledge amongst young people in Malawi. Whilst on such existing levels of knowledge, impact of the game appears less pronounced, the ability to assess the potential personal risk of various activities in relation to HIV is a valuable skill and, thus, it was encouraging to note that by the end of the pilot knowledge levels amongst players had further increased, so that the great majority could successfully distinguish low and high risk activities (see Figure 2). Such an impact was seen most in relation to the ability to identify a low risk activity from amongst several activities of higher risk: a jump of 53% to 84%.

Figure 2: Percentage of players correctly answering questions on HIV and AIDS

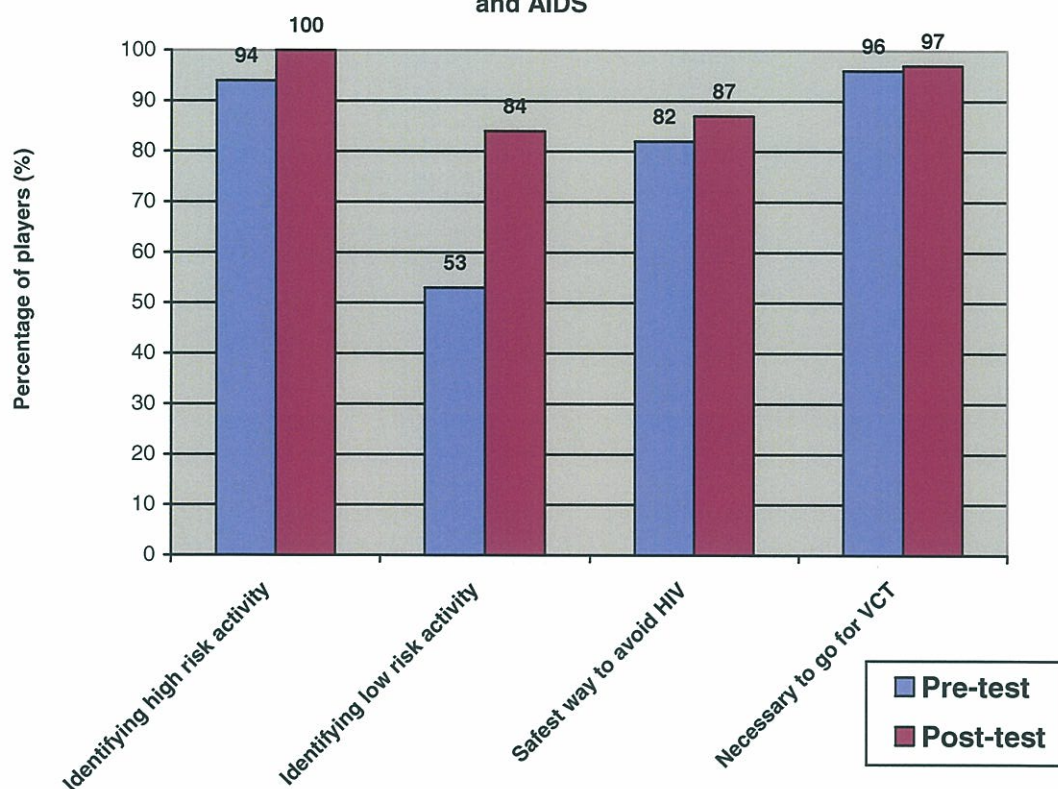
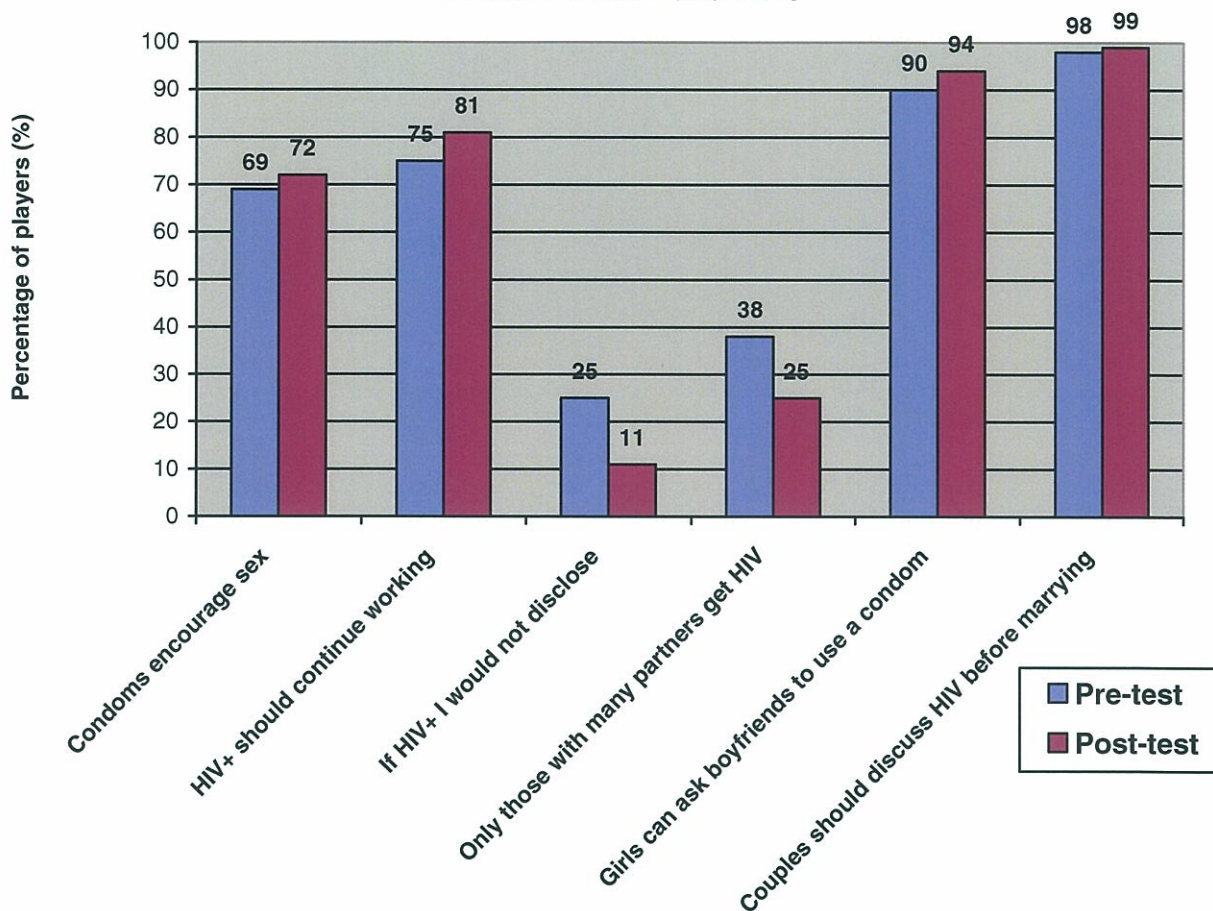


Figure 3 shows that over a third of players (38%) believed that only individuals who had several sexual partners were at risk from contracting HIV. Post-pilot scores saw fewer players agreeing with this, with an overall reduction to 25%. Further analysis indicated that such a change in attitude was more prevalent amongst girls, with an initial 42% of girls agreeing with the statement falling to 26% following the pilot. Results also show that, whilst the majority of players would disclose their HIV status if found to be positive, a significant minority (25%) said they would not tell anyone. Following the pilot, it is encouraging to note that this figure had dropped to just 11%. Further analysis showed that a greater proportion of girls had reported a change in attitude to disclosure. Whereas pre-pilot almost a third (29%) of girls had said that they would not disclose their status to anyone, this fell to just 10% post-pilot.

Attitudes to condoms remain predominantly negative, however, with approximately 70% believing that 'condoms encourage young people to have sex.' Further adaptation of 'Choices & Decisions' should incorporate opportunities to debate this issue further.

Figure 3: Percentage of players agreeing with statements related to attitudes to HIV and AIDS



Clear gender disparities exist in Malawi. Women’s participation in development activities and decision-making at all levels is limited, and gender stereotyping of workloads and household responsibilities reinforces their subordinate position. Adult illiteracy is significantly higher amongst women and, despite gender parity in enrolments on entry to primary, girls still drop out in greater numbers than boys and fewer girls access secondary and tertiary education³

Findings from this pilot study also indicate an improvement in gender-based attitudes amongst some of the players, particularly boys. Whilst pre-pilot over a third (37%) of players agreed that boys were more intelligent than girls (43% of boys and 30% of girls), findings do indicate that the number of players reflecting such attitudes fell during the course of the pilot, so that post-pilot fewer players (24%) agreed with the statement. Discussions during evaluation sessions suggested that this change was related, in part, increased opportunities for both sexes to interact and share ideas through playing ‘Choices & Decisions’. In addition, a greater number of players demonstrated positive attitudes to gender roles following the pilot, as well more positive attitudes to girls negotiating relationships.

³ Educational Management Information Systems (EMIS), 2005 data, Ministry of Education, Lilongwe.

In terms of self-esteem, however, findings were less conclusive: there was some indication that self-esteem was already high and there was little evidence of improvement over the period of the pilot, although this may have been a reflection on difficulties of finding a useful measure for self-esteem. Evidence from discussions with both participants, however, were indicative of increased confidence, self-efficacy and greater engagement in classroom activities amongst some of the players, particularly girls.

In addition, findings suggest that, through their involvement in the pilot, the likelihood that young people would discuss and seek advice regarding their concerns about HIV&AIDS had increased. Results showed that post-pilot there had been an increase in the numbers of players who said they had sought information from health clinics/workers, most noticeably amongst boys, particularly those who were out of school. Prior to the pilot, just 17% of male out-of-school youth mentioned health clinics as a source of information on HIV& AIDS and SRH, a figure that rose to 37% following the pilot. However, surprisingly, reported access to information from health clinics remained low for in-school youth in urban areas, less than 10%.

Prior to the pilot, fewer girls mentioned youth clubs as a source of information on HIV&AIDS and SRH, compared to boys, a situation more pronounced amongst the out-of-school youth. Post- pilot there was an increase in the numbers of female out-of-school youth who reported accessing information from youth clubs: an increase from 57% to 70%. This, perhaps, reflects the use of 'Choices & Decisions' in the clubs and is indicative of its potential as a learning tool in clubs, as well as to improve access of out-of-school girls to much-needed information on HIV&AIDS and SRH.

To further support these positive outcomes, it is recommended that a list of possible contacts, such as youth-friendly health services and youth NGOs, be included in the facilitators' handbook.

THE WAY FORWARD

When asked how they envisioned 'Choices & Decisions' being used in the future, participants said that they would like to see it going nationally, into schools, churches, youth clubs and even into homes. All were keen to maintain and extend activities started under the pilot, by, for example, setting up competitions between participating clubs and schools. Others noted the importance of utilising trained facilitators to train colleagues and establish more opportunities for playing the game. All participants stressed the need to provide additional copies to existing clubs and increase production overall.

Facilitators were also in agreement that the game could be mainstreamed into schools as a class-based activity, in addition to its role in AIDS-Toto clubs, to complement existing life skills and social studies curricula. Given the overwhelmingly positive feedback from both facilitators and young people, as well as evidence of positive outcomes and longer term potential impact, it is recommended that government, through the Ministries of Education and Youth, Sports and Culture, partner with other key stakeholders to support the mainstreaming and phased roll-out of this resource into schools and youth clubs across Malawi.

Further Developments

Currently, Mairi MacDonald, the game's designer, alongside several of the facilitators trained during the pilot, is working to incorporate recommended changes to 'Choices & Decisions', including the inclusion of additional topics and question cards. Suggestions for changes to the board design are also being addressed.

Since the completion of the pilot phase, there has been a lot of interest from stakeholders working in Education and HIV & AIDS programmes in Malawi. Many were eager to embrace the concept of 'Choices & Decisions' even before the completion of this report or the outcomes and impact of the game had been disseminated. Below is a list of the specific stakeholders who have expressed an interest in taking 'Choices & Decisions' forward.

- Dr Abagi, (consultant) Nairobi, who recommended during an evaluation exercise of Ministry of Education's HIV & AIDS programme that "Choices & Decisions' is mainstreamed into schools.
- Officers at Malawi Institute of Education (MIE) have expressed interest in incorporating the game within the Primary School Standard 7 & 8 Life Skills curriculum and implementing nationally.
- Staff members at Chancellor College have expressed interest in including the game as a resource for HIV and AIDS seminars for undergraduates.
- 4 NGOs have expressed interest in utilising the game within their own HIV & AIDS programmes targeting youth groups and Anti-AIDS clubs.



Life after the pilot....

APPENDIX: Names of the Facilitators

Zomba District

Mr Fletcher Mushani	Malindi Secondary School
Mr Kumalo Mtambo	St Mary's Secondary School
Mrs Kalemba	Likangala Secondary School
Ms S Kapawe	Zomba CCAP CDSS
Mr R G Gadama	Songani Secondary School
Mr Richard Chipata	Namisongo CDSS
Mr N Nsomba	Nsonsole CDSS
Mr Josmas Kaiya	Masongola Secondary School
Mr J Maganga	Mponda Primary School
Mrs C Maere	Chikamveka Primary School
Mrs E Chitedze	Nankhunda Primary School
John Gondwe	Songani Primary School
Ms Kajasiche	Cobbe Barracks Primary School
Mrs Grace Zintambira	Namilongo Primary School
Mr Kawiza	Domasi Demonstration Primary School
Dorothy Salimi	Sakata Green Care
Violet Nkupala	Tipindule Youth in Action
Richard Nkonjera	Khama Youth Club
Emmanuel Pherani	Yoneco - Cultural Troupe
Lucius Chiripo	Yoneco Chinamwali Drop in
Clarah Kalibeti	Tisinthe Youth in Action
Peter Chipata	Tikondwe Youth CBO
Moses Banda	Yoneco, Mayaka

Other Districts

Charles Madalitso	Nkhotakota Youth Organisation, Nkhotakota
Maliko Madengu	Usapilanje Group, Nkhotakota
Lonely Thuwala	Mponela Youth Alive, Dowa
Temwanani Banda	Kamwana Primary School, Dowa
Maxwell Chienda	Youth Health and Community, Lilongwe
Wickson Maluzi	Lingadzi CBO, Lilongwe
Leonard Zuze	Mowe Youth Club, Nsanje

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