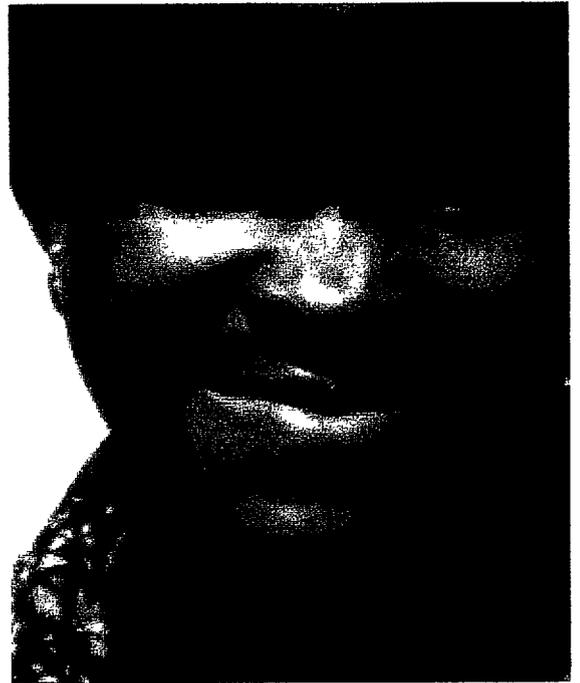


malawi

report on dissemination workshop on youth
and adolescents reproductive health needs
assessment



Chiyambi
cha tsogolo
labwino

Capital hotel, Lilongwe
Funded by:
FOCUS on Young Adults
through RED/SO



Ministry of Health and Population

MINISTRY OF HEALTH AND POPULATION

**REPORT ON DISSEMINATION WORKSHOP ON
YOUTH REPRODUCTIVE HEALTH
NEEDS ASSESSMENT**

MAY 18-19, 1999

CAPITAL HOTEL, Lilongwe

Report compiled by:

**Ministry of Health and Population
Reproductive Health Unit
Lilongwe**

Workshop Funded by:

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TABLE of CONTENTS

ACRONYMS AND ABBREVIATIONS	3
INTRODUCTION	5
PARTICIPANTS	5
THE WORKSHOP	6
BACKGROUND, OBJECTIVES AND METHODOLOGY	7
FINDINGS OF THE STUDY	7
NEEDS ASSESSMENT RECOMMENDATIONS	8
<u>POLICY</u>	8
<u>PROGRAMS AND SERVICES</u>	8
<u>CO-ORDINATION</u>	9
<u>RESEARCH AND EVALUATION</u>	9
YOUTH EXPERIENCES – YOUTH REPRODUCTIVE HEALTH	
ACTIVITIES	11
<u>MCHINJI DISTRICT HOSPITAL</u>	11
<u>MZIMBA DISTRICT HOSPITAL</u>	12
<u>BANJA LA MTSOGOLO (BLM)</u>	12
<u>THE NATIONAL YOUTH COUNCIL OF MALAWI</u>	13
<u>NATIONAL FAMILY PLANNING COUNCIL</u>	14
<u>ZAMBIAN EXPERIENCE</u>	14
<u>DISCUSSION ON YOUTH EXPERIENCES</u>	14
WORKING GROUPS	15
WORKSHOP RECOMMENDATIONS	23
CONCLUSION	25
APPENDICES:	26
APPENDIX ONE.....	27
APPENDIX TWO	29
APPENDIX THREE.....	30
APPENDIX FOUR	32
APPENDIX FIVE.....	33

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-deficiency syndrome
ARH	Adolescent Reproductive Health
BLM	Banja la Mtsogolo
CBDA	Community-Based Distribution Agent
CHAM	Christian Health Association of Malawi
CMS	Central medical stores
DDC	District Development Committee
DEC	District Executive Committee
DEO	District Education Office
DHO	District Health Office
DYO	District Youth Office
Focus	FOCUS on Young Adults
FP	Family Planning
GOM	Government of Malawi
HIV	Human Immuno-deficiency Virus
IEC	Information, education and communications
IGA	Income-generating activities
LCH	Lilongwe Family Planning Training Centre/Lilongwe Central Hospital
MBC	Malawi Broadcasting Corporation
MCHS	Maternal and child health services
M&E	Monitoring and Evaluation
MIE	Malawi Institute of Education
MOE	Ministry of Education
MOHP	Ministry of Health and Population
MOWYCS	Ministry of Women, Youth and Community Services
NFPCM	National Family Planning Council of Malawi
NGO	Non-governmental organization
NYC	National Youth Council
QUECH	Blantyre Family Planning Training Centre
PHRDU	Population and Human Resource Development Unit
PSI	Population Services International
REDSO/ESA	USAID's Regional office for East and Southern Africa
RH	Reproductive Health

RHO	Regional Health Officer
RHU	Reproductive Health Unit
SIDA	Swedish International Development Authority
STD	Sexually-transmitted disease
STI	Sexually-transmitted infection
TV	Television
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
YARH	Young adult reproductive health or Youth/adolescent reproductive health
YRH	Youth reproductive health
ZCH	Zomba Central Hospital

INTRODUCTION

The workshop to disseminate the needs assessment on youth reproductive health needs was organised by the Reproductive Health Unit of the Ministry of Health and Population of Malawi, in collaboration with FOCUS on Young Adults, based in Washington, D.C. The purpose of the workshop was to:

- 1) Disseminate findings of the needs assessment, done in June 1998, to stakeholders; (N.B. All participants in the workshop were given a copy of the full report.)
- 2) Develop consensus on the findings and recommendations; and
- 3) Identify the next steps toward developing a plan of action on youth reproductive health.

Our sincere gratitude goes to USAID's REDSO/ESA for its financial support and to FOCUS on Young Adults for providing technical assistance.

PARTICIPANTS

The 57 meeting participants were stakeholders of youth reproductive health services, including controllers in the Ministry of Health and Population, district and regional health office representatives, donors, the Nurses Council, the Medical Council, Directors and Principal Nursing Officers of Central Hospitals, training institutions, the Ministry of Women, Youth and Community Services, the Malawi Institute of Education, the Ministry of Education, obstetrician/gynaecologists, non-governmental organisations (NGO's), parastatals and the Reproductive Health Unit (RHU) of the MOHP. (See appendix One for the list of participants.)

THE WORKSHOP

Dr. W. C. Nkhoma, Controller of Preventive Health Services of the Ministry of Health and Population was the chairperson. He welcomed those who were present and introduced the internal and external consultants as well as the various organisations represented in the workshop. In his welcoming remarks, he stated that youth reproductive health is a component of the Ministry of Health and Population's reproductive health services, and has been included in the draft Reproductive Health Strategy as an area that needs to be looked into very well.

Lindsay Stewart, Deputy Director of Focus on Young Adults, also welcomed the participants. She stated that she hoped the dissemination workshop would provide a good base for planning youth reproductive health in Malawi.

The workshop was officially opened by Mr. G.C. Mkondiwa, Principal Secretary for the Ministry of Health and Population responsible for finance and administration. In his speech, he mentioned that youth should be well prepared in order to contribute to the country's development. Youth have been neglected for a long time, especially in terms of their reproductive health needs and, because very little information existed in this area, there was a need for the Needs Assessment that was conducted in June-July 1998.

Mr. Mkondiwa further noted that sexual activity in Malawi starts early and this leads to teenage pregnancy, STDs, HIV/AIDS, abortion and infertility. The existing health services have not fully addressed youth needs. Therefore, youth reproductive health is a challenge to parents and health workers. The Principal Secretary stated that the principle of informed choice needs to be safeguarded. Lastly, he expressed his hope that the deliberations will highlight strengths and weaknesses and provide the way forward for youth reproductive health for all stakeholders in Malawi.

BACKGROUND, OBJECTIVES AND METHODOLOGY

Youth (10-24) make up the major age group in Malawi and the Ministry of Health and Population and other stakeholders are committed to addressing youth health needs, including reproductive health. The assessment team was comprised of Malawians and internationals who gathered information from existing youth and reproductive health documents. They also made site visits to selected youth/reproductive health organisations. This was followed by discussions with stakeholders.

Objectives of the needs assessment were to:

- (i) Identify the reproductive health needs of young adults in Malawi.
- (ii) Identify YRH activities being carried out by government agencies and NGOs in Malawi;
- (iii) Investigate programme needs and/or gaps;
- (iv) Assess youth programmes, youth-friendly health services, and the possibilities for expansion of these services;
- (v) Summarise the situation of YRH in a country assessment report, including how government agencies and NGOs approach YRH, and what policies affect YRH positively and negatively;
- (vi) Provide guidelines for designing effective YRH programmes in Malawi.

FINDINGS OF THE STUDY

There were several leading issues that arose from the study of youth reproductive health (YRH), as summarised below:

1. There is a conflict between traditional Malawian culture and the reality of youth sexual and reproductive health;
2. Low educational levels, poverty and lack of access to contraception contribute to several adverse RH outcomes;

3. Policies are in place but are not well known or applied;
4. There has been inadequate response by the educational, health and legal systems to meeting changing youth reproductive health needs.
5. Most youth reproductive health programmes are new, small in scale, not well documented or evaluated, and operate with limited resources.
6. There has been limited training of parents, teachers and service providers in youth reproductive health
7. There has been limited dissemination of lessons learned and a lack of systematic evaluation of interventions.
8. However, there is increasing interest in and concern about youth reproductive health in Malawi.

NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment recommendations covered four main areas: policy, programs and services, coordination, and research and evaluation.

POLICY

Develop a more supportive environment by:

- Reviewing and updating youth-related legal and regulatory framework.
- Promoting broad dissemination and implementation of youth policies.
- Supporting and strengthening existing structures.
- Involving young people.

PROGRAMS AND SERVICES

Improve quantity, quality and reach of programs and services by:

- Increasing the focus on rural youth and females.

- Strengthening the balance between individual interactions and the use of the mass media.
- Promoting integration of youth issues, especially youth reproductive health as a crosscutting theme in development programs.
- Providing advocacy training.
- Ensuring youth-friendly services are offered.

CO-ORDINATION

Enhance co-ordination of youth reproductive health (YRH) policies and actions by:

- Establishing and strengthening a co-ordinating unit.
- Developing a shared vision of YRH.
- Building on the UN youth theme team experience.

RESEARCH AND EVALUATION

Improve monitoring, evaluation, documentation and research by:

- Developing a YRH research agenda, including a National YRH survey;
- Developing simple monitoring and evaluation protocols for youth programs.

Dissemination of the assessment findings and recommendations was followed by a discussion among the workshop participants. The following issues arose from the discussion:

1. There is a need to make clear distinctions among the different age and other groups within the 10-24 year-old age period so that interventions can be targeted to the correct people, i.e., segment the population by age, gender, place of residence, etc.
2. The Research Unit of the Ministry of Health and Population should facilitate dissemination of various research findings on adolescent issues.
3. Youth should have been more involved in the assessment.

4. Youth should have been well represented in this workshop, but were not.
5. The various strategic documents from the Ministry of Health and Population, MOWYCS, National Youth Council, and the AIDS Control Programme should be made available to stakeholders as guiding documents for YRH programs.
6. Traditional leaders' opinions should also have been solicited apart from the literature review, since youth cannot make all the decisions concerning their reproductive health. These decisions are often made by the community leaders, e.g. chiefs and counselors.
7. In designing YRH programmes, adults' involvement cannot be over-emphasized because youth may not recognize some critical issues as their problems, e.g., HIV/AIDS. Therefore, adults need to supplement the missing information.
8. It is better to strengthen the capacity of an existing co-ordinating unit, the National Youth Council, instead of creating a new one. There is also a need to share information among all stakeholders, e.g. with the RHU of the MOHP which is not kept abreast of many YRH programme interventions.
9. The situational analysis/needs assessment presented also highlights youth reproductive health needs.
10. The working definition of YRH should have been stated in this assessment.
11. It is important that adolescent reproductive health programmes are tailored to meet the needs of the country's adolescents and not to meet donor needs.

YOUTH EXPERIENCES – YOUTH REPRODUCTIVE HEALTH ACTIVITIES

MCHINJI DISTRICT HOSPITAL

A comprehensive needs assessment – aimed at improving the accessibility of health services and meeting the sexual and reproductive health needs of adolescents in schools -- was conducted in February 1999.

The main health issues among Mchinji's adolescents include STDs and abortion due to early, unwanted pregnancies. The presentation noted that the Government is a leader in providing adolescent health services in the district. Multi-sectoral collaboration is achieved through working with key government departments, NGOs and commercial agencies.

The main activities being implemented include the following:

- Setting up youth clubs, training peer educators in STDs, HIV/AIDS, awareness campaigns on HIV and teenage pregnancies, providing voluntary testing services for HIV, initiating income-generating activities, training youth CBDA's and establishing information centres.

According to the needs assessment, some of the main issues suggested by adolescents for improving ARH service delivery in the district include:

- Youth clinics should be close to schools.
- A separate consultation room or clinic should be set aside for adolescents.
- The school health education curriculae should be reviewed and strengthened to include in-depth YRH details.

MZIMBA DISTRICT HOSPITAL

A brief and clear presentation was made on the collaborative effort between the district hospital and the Department of Education and district youth office on youth reproductive health. The report highlighted the following youth reproductive health programme areas: training in healthy living and life skills; forming Anti-AIDS "ToTo" clubs, and disseminating HIV/AIDS and family planning messages through drama, role plays and music.

Emphasis is placed on providing life skills to adolescents, including on decision-making, assertiveness, communications and negotiation skills that are essential to empower adolescents to resist peer pressure. Twelve peer educators (6 boys and 6 girls) have been trained in eight pilot health centres in the district. The main problems faced in the peer education programme include high peer educator drop-out rates and inadequate financial support for training. It was also disclosed that, out of 25 Anti-AIDS clubs formed in the district, only half (12) are active. This is because schoolteachers do not support the programme's activities. Teachers have not been oriented on the subject and, as a result, do not appreciate the importance of the clubs' activities.

The district intends to extend adolescent health activities to eight more health centres, train more peer educators and conduct refresher courses. In addition, a youth technical sub-committee will be trained. (Currently sub-committees from four out of the eight centres have been trained.)

BANJA LA MTSOGOLO (BLM)

BLM's youth reproductive health programme was initiated in 1997 with UNFPA funding. Activities are being conducted in six districts in the country. The following activities have been conducted:

- 102 youth CBDA's have been trained – out of these 88 are active;
- 22 clinic service providers have been oriented on youth-friendly concepts;

- 10 community outreach officers and 7 service providers have been sensitized on gender and youth-friendly services;
- In collaboration with the district youth offices, nine youth officers have been oriented on youth activities and 12 have been equipped with supervisory skills.

According to the report, one of the major problems BLM experiences in its youth reproductive health programme is the high drop-out rate of youth CBDA's.

With funding from SIDA, the youth reproductive health programme has been instituted and youth activities have been extended to cover 10 more districts in the country.

THE NATIONAL YOUTH COUNCIL OF MALAWI

A brief overview of the National Youth Council of Malawi was presented. The National Youth Council is a statutory corporation established by the government in 1996 through an act of Parliament with a view to facilitating, implementing, co-ordinating and evaluating youth programmes. Since 1997, the council has registered 50 youth groups.

The main role of the council is to empower youth to use their potential in order to realize their aspirations and ambitions. The Council aims at promoting participation of disadvantaged youth, including street youth, unemployed youth, illiterate and semi-literate youth.

The Youth Council's priority areas of action are: education, training and employment, population, health and nutrition, science, technology and environment, social services, recreation, sports and culture.

Due to inadequate financial and human resources, only two programmes are currently being implemented: projects on youth participation and youth reproductive health.

The youth reproductive health project is funded by UNICEF and is in its early developmental stages. In order to ensure youth-friendly health services, the council aims at undertaking the following:

- Liaising with the Ministry of Health and Population;
- Training young people in life skills;
- Developing and disseminating YRH IEC materials;
- Establishing national and community counseling centres;
- Introducing television and radio programmes on YRH;
- Organising a national forum on YRH.

A youth congress was held on the 3rd and 4th of May 1999 in Lilongwe, attended by over a hundred youth from different parts of the country.

NATIONAL FAMILY PLANNING COUNCIL

The National Family Planning Council has produced a number of IEC materials such as leaflets, posters, and flyers targeting youth. In addition, the Council has conducted several advocacy seminars and IEC campaigns. It has also assisted partner agencies with youth training programmes. Furthermore, the NFPC has played a vital role in reviewing and standardising youth skills training curriculae.

One of the major weaknesses in YRH, as presented in the report, is the lack of youth involvement in planning youth programme activities.

ZAMBIAN EXPERIENCE

A brief account of the activities of the more than 27 youth organisations in Zambia was presented by a member of one Zambian youth NGO. A fundamental issue in Zambia is the importance of involving youth in planning, implementing and evaluating youth programme activities. Youth NGOs collaborate and co-ordinate through regular meetings and workshops during which youth play a crucial and leading role.

DISCUSSION ON YOUTH EXPERIENCES

The key issues that emerged from the panel presentation were:

- Although activities were well presented, lack of adequate funding means that sustainability of the YRH programmes remains a dilemma.
- Since the youth reproductive health activities are currently being implemented by various organizations in isolation, there is a need to identify a co-ordinating institution/mechanism (focal point).
- Encouraging IGA's among in-school youth to be looked at seriously, including consideration of ethical implications, e.g., "disturbing school attendance and concentration".

WORKING GROUPS

The participants were divided into five working groups, each with its own theme, based on the areas identified by the Needs Assessment.

Working Group One : Developing and maintaining quantity, quality and reach of youth reproductive health services

Working Group Two : Developing a more supportive Environment for viable youth reproductive health

Working Group Three: Improving the quantity, quality and reach of youth reproductive health through IEC

Working Group Four : Enhancing co-ordination of youth reproductive health policies and actions

Working Group Five : Improving monitoring, evaluation, documentation and research for youth reproductive health.

The key issues that emerged from the working group discussions are presented below:

Working Group One: Developing and maintaining quantity, quality and reach of Youth Reproductive Health Services

Barriers to quantity, quality and reach

- Unavailability of youth-friendly services
- Lack of material, human and financial resources
- Lack of integrated services
- Illiteracy
- Use of inappropriate communication strategies and channels
- Harmful traditional practices

Opportunities

- Donors are interested in supporting youth reproductive health services.
- Politicians and stakeholders are committed to providing youth reproductive health services.
- Co-ordination structures are available and exist.
- Community participation can be achieved and enhanced.

How Youth Reproductive Health Services could be Developed and Maintained

- Efforts initiated by the youth themselves should be supported and strengthened.
- Existing human resources should be utilized.
- Projects should be taken to young people to ensure their participation.
- Youth should play a leading role in organizing meetings and workshops.
- Youth should be trained as trainers in life skills.
- Involvement of influential stakeholders, such as youth organizations, youth clubs, NGO's, religious and traditional leaders, is crucial.
- Youth and adolescents should be involved and play a leading role from the initial planning stages.

- Youth and adolescents should be consulted on all matters that affect them.
- Youth and adolescent workshops should be attended by young people themselves.
- Committed volunteers should be identified to carry out important duties on day-to-day basis.
- All stakeholders should be actively involved at all levels, i.e. national, district and community levels, in monitoring and evaluating youth reproductive health activities.

Working Group Two: Developing a More Supportive Environment for Viable Youth Reproductive Health

Barriers

- Bias in favor of adult services
- Increased availability of pornographic materials
- Gender bias – preference for boys who have more freedom than girl children
- Poverty – selling sex
- Youth and adolescent unfriendly services

Opportunities

- Many organizations have already embarked on YRH.
- Multi-sectoral collaboration can be achieved.
- A number of donor agencies already support YRH efforts, such as UNICEF.

Steps to ensure a more Supportive Environment

- Youth and adolescents should be clearly defined. The group defined adolescents as those in the 10 – 19 age ranges and those in the 20 – 24 age groups as youth.
- Youth and adolescent reproductive health should be carried out through existing structures, such as schools and clinics.
- Equipment and essential commodities/supplies should be provided through an effective logistics management system and supervisory monitoring and evaluation mechanism.
- Technical assistance, where necessary, should be solicited in areas such as training and research.

- Youth and adolescent reproductive health should be incorporated into pre-service training curriculae for students at nursing schools and colleges, university colleges, including the College of Medicine, the College of Health Sciences, and teacher training colleges.
- Community leaders should be involved in planning and implementing YRH programmes.
- Health and other non-health service providers should be trained in YRH.
- Youth/Adolescent-friendly services should be established.
- More staff should be deployed and motivation provided through such means as promotion.

Working Group Three: Improving the Quantity, Quality and Reach of Youth Reproductive Health through IEC

Barriers: Quantity

- Inadequate resources for production and dissemination
- Culture: negative traditional practices

Barriers: Quality

- Inadequate training of personnel in youth reproductive health
- Service providers' negative attitudes toward youth
- Poor IEC distribution system
- Unavailability of youth resource centres
- Youth not involved in service provision
- Culture/traditional practices
- Inadequate marketing of services
- Inadequate dissemination of information
- Low literacy levels of youth

Opportunities

- Donors interested in providing funding
- Can easily build on positive traditional practices
- Structures for implementation exist
- Community, parents and youth interested and willing to participate
- Youth, especially from rural areas, are willing to participate

Steps to ensure a supportive environment

- Commitment from political and traditional leaders through sensitization
- Commitment of service providers through sensitization
- Separate clinics/facilities for youth (consider changing opening and closing times)
- Standardized reporting, monitoring and evaluation tools
- Dissemination of available efforts and research findings to stakeholders – National, DEC, DDC, the community.
- Review existing IEC materials
- IEC committee to involve all stakeholders, including youth

Organisations/Agencies, Individuals to be involved

- Health, education, community services, Youth Council, National Family Planning Council, CHAM
- NGOs – Banja La Mtsogolo, Population Services International, International Eye Foundation, etc.
- Donors
- Community leaders – traditional, political, religious
- Youth/Adolescents
- Teachers
- Parents
- Private practitioners

Meaningful ways to involve youth in IEC

- Planning
- Participatory representation
- Involve youth technical sub-committee in:
 - Implementation
 - Needs Assessment
 - Materials Development
 - Pre-testing
 - Monitoring and Evaluation

Working Group Four: Enhancing Co-ordination of Youth Reproductive Health Policies and Actions

Barriers

- Lack of funds to sustain co-ordination and maintain the necessary structures that are in place
- Negative cultural beliefs and religious values towards youth reproductive health issues
- Lack of understanding and involvement by interested community parties
- Lack of dissemination of policies
- Lack of a link between/among stakeholders and other agencies at the national level
- Little or no monitoring and evaluation of existing activities

Opportunities

- Collaboration mechanisms already exist in the District, such as the District Education Office (DEO), District Youth Office (DYO) as a secretariat and the District Health Office (DHO)
- A curriculum for teachers exists on youth and adolescent reproductive health
- Donor agencies are interested and committed to YRH.

Steps to be taken to ensure a supportive environment: -

- Involve youth in planning their activities
- Find ways to motivate peer educators to train other youth.
- Close supervision by immediate supervisors
- Identify a desk officer in the Reproductive Health Unit (RHU) of the Ministry of Health and Population to enhance co-ordination, collaboration and identify technical assistance and resources

Organisations, Agencies and Individuals to be involved:

- The Ministry of Health and Population
- The Ministry of Youth, Women, Community Services and Social Welfare
- Health training institutions
- The Ministry of Education and Culture
- NGOs - Banja La Mtsogolo (BLM)
- Population Services International (PSI)

- Youth Council

- The National Family Planning Council of Malawi
- Youth (in- and out-of-school)

Meaningful Ways to Involve Youth:

- Involve youth from planning to evaluation
- Create another forum for youth to help adults learn about youth's concerns.
- Disseminate the results of the needs assessment to young people.

Working Group Five: Improving Monitoring, Evaluation, Documentation and Research in Youth Reproductive Health.

Barriers

- Inadequate co-ordination - no focal point on YRH
- No specific tools/guidelines for monitoring and evaluation
- No documentation system in place
- Lack of training for personnel, e.g., teachers and youth leaders
- Lack of collaboration among youth organizations/clubs
- Lack of financial resources for research
- Research agenda is not known by stakeholders
- Youth are not involved in research
- Lack of funds for monitoring and evaluation

Opportunities

- Research agenda has been realized, i.e. following the YRH needs assessment
- Donors are interested in funding research initiatives
- Implementers are interested in monitoring and evaluation
- Effective collaboration exists at the local and district levels
- Documentation is available from individual organizations and agencies

- Knowledgeable personnel are available for monitoring, evaluation, documentation and research

Steps for a Supportive Environment

- Consensus building on recommendations
- Develop guidelines
- Strengthen collaboration/coordination at the national level
- Mobilize government and donors to fund and support monitoring, evaluation, documentation and research
- Utilize youth fora/meetings to share experiences and research findings
- Utilize research findings in programme planning

Existing/Potential Materials and Technical Assistance

- Donors
- Technical expertise from different organisations, including the MOYWCS, the NYC, the MOE, the MIE, the UNFPA and UNICEF
- Youth
- FP/RH clinics
- Other health facilities
- Youth- related IEC materials

Organisations to be involved

- Ministry of Health and Population
- Ministry of Youth, Women and Community Services
- Ministry of Information and Broadcasting (MBC, Dept. of Information)
- Ministry of Education
- National Youth Council
- National Family Planning Council of Malawi
- Malawi Institute of Education
- NGOs
- CHAM

Professional Organisations:

- Medical Council of Malawi

- College of Medicine
- Nurses and Midwives Council of Malawi
- Kamuzu College of Nursing
- College of Health Sciences
- Tertiary educational institutions

Agencies

- Donors
- Youth: clubs and organisations
- Churches and Moslem agencies

Community Network

- Traditional Leaders
- Religious/church counselors
- Peers
- Parents

Meaningful ways in which youth could be involved

- Youth should define their needs
- Youth should be involved in YRH programme implementation, research, monitoring and evaluation

WORKSHOP RECOMMENDATIONS

The participants in the workshop made the following recommendations:

1. There is a need to identify a specific co-ordinating body with terms of reference to co-ordinate YRH-related efforts with other agencies, including donors, government ministries and other stakeholders. For effective co-ordination to be achieved, this co-ordinating body should not be responsible for implementing

activities. Approach, accountability and quality of information should be carefully studied.

2. Before identifying the co-ordinating institution, the National Family Planning Council of Malawi and National Youth Council's Acts of Parliament should be reviewed.
3. A suggestion was put forward that the Reproductive Health Unit of the Ministry of Health and Population could be an overall co-ordinating body since it already deals with RH and YRH is one of its components. It was emphasized that this arrangement could be economical and would avoid duplication of efforts.
4. Workshop participants should be informed of the decision about the co-ordinating body.
5. The organizing committee should convene another workshop that should include major youth participation. The importance of holding regular follow-up YRH meetings was emphasized.
6. A timetable should be set for developing a co-ordinated YRH plan of action, with youth involved from its inception
7. Co-ordination should be strengthened in the strongest terms possible if YRH stakeholders are to facilitate follow-up.
8. The Reproductive Health Unit should call follow-up meetings to identify a co-ordinating body. Facilitators need to keep in touch with participants by providing the workshop proceedings to all participants.
9. The Ministry of Health and Population should strengthen its Reproductive Health Unit at the national level.
10. The NFPC should ensure that a follow-up to this meeting takes place.
11. The workshop organizers should give feedback on the workshop recommendations to the Principal Secretary of the Ministry of Health and Population.

12. A report of this meeting should be shared with all those who attended the dissemination workshop and other stakeholders as well. Other YRH actions and plans should also be shared.
13. When soliciting views on the YRH needs of youth, a cross-section of people, e.g. community leaders, church leaders and parents, need to be involved.
14. Ideally, YRH issues should be discussed by youth/adolescents. Currently, most YRH issues are being discussed by adults.
15. Consideration and attention should be given to the gender biases/misunderstandings and the conservative attitudes of health care providers, existing and potential YRH policy makers and other stakeholders.
16. YRH-related guidelines and standards should be developed and disseminated to co-ordinating and implementing bodies, stakeholders and partners.
17. A broader perspective on YRH research study findings would have provided more pertinent issues for discussion in this area.

CONCLUSION

The workshop evaluations filled out by participants showed that most felt that the majority of the workshop objectives were achieved. However, participants felt that more time should have been allotted to group work and youth experience presentations. In addition, they suggested that the needs assessment report could have been presented to participants well in advance so that people would have had time to study it.

Although on a number of occasions the workshop got sidetracked, and at times dwelt more on discussing in-house issues rather than

the YRH report, the participants put forward valuable suggestions for improvement. The main propositions included involving youth representatives and other stakeholders, such as the Ministry of Education, religious groups and traditional healers. It was emphasized that youth from different youth clubs in the country, regardless of their educational background, could have been invited to the meeting. (See appendix Five for more details on the Workshop Evaluation and Recommendations.)

APPENDICES:

- Appendix One: List of participants
- Appendix Two: The Workshop Programme
- Appendix Three: The workshop opening speech by the Principal Secretary (PS2) of the Ministry of Health and Population
- Appendix Four: The concluding remarks by Lindsay Stewart
- Appendix Five: Workshop Evaluation and Recommendations.

APPENDIX ONE

LIST OF PARTICIPANTS

Ms. L. Andrews	USAID/Malawi
Mr. T. Asmussen	UNFPA
Mr. B. Banda	Youth Cultural Promotion Association, Zambia
Mr. B.I. Banda	RHU
Mrs. M. Bokosi	Safe Motherhood Project (RHO)(S)
Mrs. R. Chamanga	Malawi College of Health Sciences
Mrs. N. Chando	NFPCM
Mr. H. Chavula	ZCH
Mrs. W.B. Chinthiti	RHO
Ms. T. Chipeta	ZCH
Mrs. R. Chisiza	RHO (N)
Mr. A. Dimba	Mchinji DHO
Mrs. G. Hiwa	PHRDU
Mrs. F. Kachale	LCH
Mr. N. Kaperechera	Malawi Institute of Education
Dr. C. Kaponda	KCN
Mrs. B. Khundi	Mchinji DHO
Mr. A.R. Khuwi	CMS
Dr. E. Libamba	Mzimba DHO
Mrs. D. Machinjili	RHO (S)
Mr. J. Malewezi	RHU (MOHP)
Mr. R. Mapemba	MOHP
Mrs. P. Masepuka	RHU
Mrs. R. Mbewe	BT FP training Centre (QUECH)
Mr. S. Mchiswe	MBC
Mrs. S. Mgawi	Nurse & Midwives Council
Mrs. K. Mhango	LL FP training Centre (LCH)
Mrs. H. Mphande	RHO(N)
Mr. J. Mpola	Mzimba DHO
Mrs. F. Msiska	QECH
Mr. R. Msowoya	RHU
Mr. G. Mughogho	Population Services International
Mrs. J. Mwafulirwa	RHO (S)
Mrs. T. Mwale	WHO

Mr. R. Nalikungwi	Medical Council of Malawi
Mr. C. Naunje	BLM
Mr. S. Ngwira	MOHP
Mrs. E.C. Nkhata	MCHS
Dr. W.C. Nkhoma	MOHP
Mrs. J. Nyasulu	RHU
Mrs. J. Nyondo	UNICEF
Dr. R. Pendame	MOHP
Mrs. E. Perekamoyo	NFPCM
Mr. S. Phiri	MOWYCS
Ms. W.K. Phiri	UN Youth Theme Group
Mrs. M. Pindani	KCN
Mrs T. Rashidi	RHU
Mr. N. Silungwe	RHO (N)
Mrs. Alice D. Soko	RHO ©
Prof. E. Tadasse	College of Medicine
Mr. F. Thengeza	National Youth Council of Malawi
Dr. H. Vollert	LCH

FACILITATORS

Ms. S. Kachingwe	KCN
Mrs. J. Namasasu	RHU
Ms. Lindsay Stewart	FOCUS on Young Adults

OBSERVER

Ms. Carolyn M. Jefferson	USAID/REDSO/ESA
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APPENDIX TWO

WORKSHOP PROGRAM

DAY ONE: May 18, 1999

8:00 – 9:00	Registration and Administrative Announcements
8:30 – 9:00	Welcome Remarks and Introduction
9:00 - 9:30	Opening Speech: Mr. G.C. Mkondiwa
9:30 – 10:00	Tea Break
10:00 – 10:45	Background, Objectives and Methodology
10:45 – 11:45	Needs Assessment Findings
11:45 – 12:30	Discussion
12:30 - 1:30	Lunch
1:30 – 2:30	Youth Experiences: <ul style="list-style-type: none">- Mchinji District Hospital- Mzimba District Hospital- Banja La Mtsogolo- The National Youth Council- The National Family Planning Council- Zambian Experience
2:30 – 3:20	Discussion
3:20 – 3:30	Introduction to Group Work
3:30 – 4:00	Tea Break
4:00 – 5:00	Group Work
5:00 – 5:30	Facilitators' Meeting

DAY 2: May 19, 1999

8:30 – 10:00	Plenary I
10:00 – 10:30	Tea Break
10:30 – 11:30	Plenary II
11:30 – 12:00	Discussion
12:00 – 12:30	Group Recommendations
12:30 – 1:00	Closing Remarks
1:00 – 2:00	Lunch

APPENDIX THREE

OPENING SPEECH

FOR THE DISSEMINATION WORKSHOP ON YOUTH REPRODUCTIVE HEALTH NEEDS ASSESSMENT BY THE PRINCIPAL SECRETARY OF THE MINISTRY OF HEALTH AND POPULATION, MR. G.C. MKONDIWA, 18 MAY 1999

Controller of Preventive Health Services,
Assistant Controller of Preventive Health Services,
Controller of Health Services,
Consultants,
The Donor Community,
Distinguished Participants,
Ladies and Gentlemen.

It is a great pleasure and honour to come and open this important workshop on the Youth Reproductive Health Needs Assessment. It is the first of its kind. As you all know, this group (youth) have been neglected for a long time in many ways, especially in their reproductive health and welfare.

Sexual activity in Malawian society starts early. According to the 1992 DHS, 65% of teenagers had started childbearing, 55% were mothers and 10% were pregnant with their first child. The same survey showed that three-quarters of girls were married by the age of 20, while most boys are not married until after age 20. This early sexual activity exposes adolescents to pregnancy, STDs, including HIV/AIDS and subsequent infertility.

Despite this evidence of early sexual activity, the existing RH services have not fully addressed the needs of adolescents. Our family planning clinics have not been youth-friendly. Therefore, youth have not benefited from the service. I feel it is a milestone and a step forward for the Ministry of Health and Population to consider this group as an at-risk group in terms of reproductive health. This is just the beginning and there will be

a lot more activities being carried out for the improvement of the life of our youth.

However, other organisations have made some achievements. For example, the National Youth Council has been formed and a youth policy has been promulgated. A youth curriculum has been developed and various NGOs have established youth activities.

May I appeal to all stakeholders that our responsibility should always be to safeguard the principle of informed choice by providing comprehensive, factual information on youth reproductive health and services that will result in reducing the rates of STDs, HIV/AIDS, unwanted pregnancies and unsafe abortion. The aim should be to support youth in making responsible, voluntary decisions about childbearing and methods of fertility regulation to meet the changing needs over the life cycle.

It is my hope that the deliberations at this workshop will highlight the strengths and weaknesses of youth reproductive health and provide the way forward for the Ministry of Health and Population and other stakeholders to improve the provision of youth reproductive health services. My gratitude goes to USAID for funding this workshop and to the Reproductive Health Unit for its organisation.

I wish you all the best during the deliberations. Ladies and gentlemen, I declare this workshop open.

APPENDIX FOUR

CONCLUDING REMARKS BY LINDSAY STEWART, DEPUTY DIRECTOR OF FOCUS ON YOUNG ADULTS, MAY 19 1999

It is an enormous pleasure for me to return to Malawi, to see old friends and to make new ones, and to participate in this workshop to disseminate the findings of our team report, "Assessment of Youth Reproductive Health Needs in Malawi". I am pleased with the report's findings and gratified that you seem to have accepted the major findings and recommendations of the team report, and have suggested many positive ways to move youth reproductive health forward in Malawi. I am also delighted to have had the opportunity to listen to the many interesting and innovative program initiatives already underway in Malawi, and to the ideas for improving and expanding youth reproductive health.

I want to thank a few of the people who helped make this event a success: USAID's REDSO/ESA office for funding the meetings and Carolyn Jefferson of that office for participating so actively in the workshop; Drs. Nkhoma and Pendame for so ably and charmingly chairing the workshop; all of you for participating so openly and giving your time, energy and enthusiasm to youth reproductive health, not only here, but in your daily work as well; Mrs. Namasasu and Miss Kachingwe for their mammoth efforts to plan and carry out this meeting; and many others at the Ministry of Health and Population who have helped, especially Mr. Julius Malewezi and Mrs. Tambudzai Rashidi.

I wish you great success in improving youth reproductive health in Malawi and challenge you to find and implement meaningful ways to involve youth in planning, implementing and evaluating youth/adolescent reproductive health.

Thank you so much for inviting me to participate in your very stimulating meeting. I happily anticipate learning about what you do in the future to move the youth reproductive health agenda forward in Malawi.

APPENDIX FIVE

EVALUATION OF THE DISSEMINATION WORKSHOP ON YOUTH NEEDS ASSESSMENT.

Workshop participants were offered the opportunity to evaluate the usefulness of the workshop activities and outcomes and to make recommendations for improvement and follow-up. Thirty-six people responded (63% of the participants). Constructive criticism was provided by many of the participants, as noted below. The comments present participants' concerns and insights about how the workshop could be improved and how to address follow-on activities.

1. Rating the Workshop and Suggestions for Improvement.

Rating the workshop on a scale of 1 to 10, (with 1 being poor, 5 being good, and 10 being excellent), the workshop participants' average rating was about 7, showing an overall satisfaction with the workshop.

Among the suggestions for improvement were: inclusion and participation of other stakeholders, for example, greater representation of young people, and the participation of the Ministry of Education, educational institutions, religious groups, and traditional leaders. In terms of youth, the participants suggested that: the youth contribution is invaluable; youth need to be invited at random or from different youth clubs within the country, regardless of their educational background or age; and youth involvement should include those in the various age groupings (e.g. 10-14, 15-19 and 20-24). It was also suggested that a smaller workshop focused on national gatekeepers would have been more useful, and that more YRH stakeholders could have made presentations.

Other comments included: that the workshop participants were too homogeneous; workshop attendees should have been encouraged to participate "reasonably", and irrelevant discussion, such as dwelling too much on issues not directly on the agenda, tended to sidetrack the workshop on a number of occasions. One participant suggested that better meeting facilitation would have improved the meeting.

Another participant felt the workshop discussion went more into discussing in-house issues than the assessment report.

A number of people noted that the workshop should have been longer and the assessment report should have been distributed before the meeting to give people time to read it. There was also a felt need for more time, especially for group work, for a more thorough presentation of youth experiences in Malawi, and for time to go through the needs assessment chapter by chapter.

2. Workshop Objectives

Overall, participants felt that the workshop objectives had been met: 28 out of 36 (77.7%) said they had been. Four people felt they had partially been met, and four felt they had not been met.

Comments on the workshop objectives varied. One participant stated that only the first objective (making the YRH Needs Assessment known) was satisfactorily met, while the other objectives were partially met. Another person noted that while she was not sure the objectives were fully met, a consensus was reached on accepting the assessment report, and some next steps were identified towards [developing] a YRH plan of action. Another person felt that the workshop expectations were achieved, and some initial steps were taken towards making recommendations. Another person stated that clear steps were not taken towards the plan of action nor were technical assistance needs identified.

3. Comments and Recommendations for Other Actions Needed to Move the YRH Agenda Forward.

The majority of the participants (29 people, i.e., 80.5%) felt that the recommendations made at the workshop on actions needed to advance the YRH agenda forward were adequate. Four people said they were not adequate, and three said they were not able to assess this, were uncertain or had no answer.

Despite the majority consensus that the recommendations were adequate, concern exists about whether appropriate follow-up steps

are in place to ensure a YRH plan of action will be implemented in a timely fashion. One person noted that the recommendations were fine, "as long as they are operationalized", and recommended that "The steps as presented by various groups should be considered seriously". Another person suggested [accelerating] follow-up action on the proposed recommendations immediately to "get things moving".

The issue of identifying co-ordinating mechanisms and/or a co-ordinating institution and the political will needed for co-ordination was mentioned prominently in the evaluations. There is a felt need to identify who will co-ordinate YRH actions. One participant stated that this could have been decided by the workshop participants and not by the policy makers. Others noted that the issue of ownership and co-ordination should be resolved. Otherwise it will be difficult to move forward. There is a confusion and duplication of YRH work. The issue of co-ordination should be looked into and should include the Ministry of Education for school programmes. The membership profile of the co-ordinating body is not very clear and there is a need to disseminate this information to youth. One participant noted that "Having a co-ordinating body that does not implement [the recommendations of the workshop] may make the YRH archives well co-ordinated".

Another participant recommended that "In keeping with Dr. Nkhoma's statement, RHU [should] be [the] overall co-ordinating body dealing with RH and ARH; otherwise we are duplicating and not being economical."

One person suggested that all stakeholders are expected to be abreast of YRH work and information whenever there is new information.

4. Additional Recommendations

Participants were offered the opportunity to make additional recommendations, and many did. Among their suggestions are the following, arranged by category.

- (a) Need for co-ordination. [There is a] definite need for a co-ordinating body with terms of reference within the RHU to: (i) co-ordinate [ARH-related efforts] with other agencies (donors, government ministries and other stakeholders); (ii) channel and disseminate all reports and proposals; at the local and district levels, the actions being taken seem to be in place. Co-ordination [is needed] of YRH guidelines currently in use at all levels. Accountability, quality of information and approach should be studied carefully. Co-ordination [should] be strengthened in the strongest term if [YRH stakeholders] are to facilitate follow-up. Workshop participants should be informed of the decision on the co-ordinating body.
- (b) Youth participation. It was recommended that the organising committee organise another workshop that would include a majority of youth participants.
- (c) Follow-up. A number of participants suggested various steps to be taken to follow up on this meeting. Among them were the following:
- (i) There should be follow-up meetings on YRH. The co-ordinator at MOHP should follow up the issue. RHU should call a follow-up meeting to identify a co-ordinating body. There is a need for facilitators to keep in touch with participants by providing proceedings to participants after the end of workshop.
 - (ii) The NFPC could ensure that follow-up to the meeting takes place or UNFPA could take the lead. (UNAIDS organizes monthly meetings for the NACP of all donors, implementing agencies and non-governmental organisations).
 - (iii) Share a report of this meeting with all present and other stakeholders. Share other YRH actions and plans with all stakeholders.

Workshop organisers need to give feedback on the recommendations made to the PS.

- (iv) All stakeholders should be contacted to identify what their contribution is, and can be, toward the ARH agenda. When soliciting views on the needs of youth on YRH, there is a need to involve a cross-section of people, e.g. community leaders, church leaders and parents. The obvious thing is that most of the issues concerning YRH are being discussed by adults.
- (d) Plan of action. A timetable should be set for developing a YRH co-ordinated plan of action with youth involved in its development.
- (e) Capacity Building. The capacity of the RHU should be strengthened by the MOHP at the national level.
- (f) Research findings. More perspective is needed in terms of research studies on YRH. This would have made a great contribution to the richness of the findings in this area.

One person noted that the group recommendations were sufficient for ensuring moving the YRH agenda forward.