



**POUR ELLE**

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REPRODUCTIVE HEALTH SUPPLIES COALITION**

# Chipatala Cha Pa Foni for Adolescents: Improving youth access to sexual and reproductive health information, services and commodities

VillageReach

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Reproductive Health  
**SUPPLIES COALITION**

**VILLAGE REACH**  
*Starting at the Last Mile*

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# Presentation Outline

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# Background

# Introduction

## *Program Funding*

Funded by US Department of State, the DREAMS Challenge is a 2 year initiative with the goal to reduce HIV incidence among adolescent girls and young women by 40%.



## *Target Goals & Beneficiaries*

- Keeping adolescent girls and young women in school
- Linking boys and young men to services

## *Geography*



CCPF for Adolescents in  
Machinga and Zomba  
(2 districts in Southern Malawi)

# Root Cause Analysis: *What Issues Are we Trying to Address?*

## Root Causes:

Challenges with access to:

- Reproductive health counselling and information to prevent pregnancy and STIs
- Contraceptives to prevent pregnancy
- Supportive environments to manage menstruation hygiene or menstruation symptoms
- Youth-friendly health information or services to prevent and treat illness.



## Problem:

Early / teenage pregnancy, inability to manage menstruation, and illness increase absenteeism and prevent girls from staying in school.

# CCPF for Adolescents Program Components:

*Building from what we have done*



## Information

- *Upgrade existing CCPF health hotline* to meet Malawi's Youth-Friendly Health Service (YFHS) standards.

## Services

- *Support partner health centers* with continuous improvement plans to improve the provision of YFHS



## Commodities

- *Extend Pharmacy Assistants (PA) Program* by using PAs as mentors to facilities without specialized staff to improve supply chain management of RHC commodities.

*Photo credit: VillageReach*

# CCPF for Adolescents Expected Outcomes

## Improved Knowledge & Behavior:

- Girls informed about reproductive health, contraceptive options, STI prevention, and menstruation management
- Girls counselled and given skills in sexual health communication & contraceptive negotiation
- Girls referred to youth friendly services
- Increased healthy and preventive behaviors among adolescent girls to prevent pregnancies and STIs and to improve reproductive and general health

## Improved Access to Services:

- Increased utilization of reproductive and general health services

## Improved Access to Commodities:

- Increased availability to reproductive health commodities, including contraception

**KEEPING GIRLS IN SCHOOL**



# Needs Assessment

Design and Key Findings



# Program Needs Assessment → Objectives



Identify existing gaps and preferences in optimal youth access to and use of SRH information, services and commodities.



Identify potential barriers to implementation and adjust program plan accordingly.



Engage community members in program planning, design and community mobilization.

## Program Needs Assessment → Design

### Qualitative study- mixed methods used:

- *Focus group discussions* with religious leaders, community leaders, parents, health center staff, hotline workers, youths
- *Secret caller surveys* by youth to hotline staff
- *Community meetings*
- *In-depth interviews* with health center staff and youths
- *Process flow mapping* at health centers

# Needs Assessment Results →

## *Access to SRH Information*

- Most youths reported that it was difficult for parents/adults to talk to them about SRH.
- Stakeholders reported feeling favorable to increase adolescents' access to SRH information.
- Few parents felt it is important for parents to talk to their children about SRH issues.
- No clear preferences uncovered in the needs assessment, but indications towards:
  - Youths' to access SRH information in anonymous or private way
  - Preference for community based sources of information, but few youths mentioned health facility as a source of health advice.

# Needs Assessment Results→

## *Access to SRH Services*

- A variety of SRH services offered at health facility and community level.
- Youths' perceptions of privacy/ confidentiality at health facility likely to influence decision to access SRH services.
- Health facilities with trained YFHS providers viewed favorably by youths.
- High staff turn over at health facility and stock-outs affect service provision.
- Married youths seeking SRH services likely to be received well by health workers, as opposed to unmarried youths (attitudes of health workers).

# Needs Assessment Results→

## *Access to SRH Commodities*

- A variety of SRH services and commodities are provided by most facilities at no cost.
- Health workers reported that commodities are available to adolescents without restriction.
- Community health workers extend the reach of some commodities like condoms, pills and Depo-provera.
- Cycle beads not available and were generally unknown to most of the study respondents.
- Sanitary pads (for menstruation management) largely unavailable.
- Preference by some youths towards condoms (dual protection role) and Depo Provera.
- Some misconceptions for unmarried youths to access FP methods (affecting future fertility).

# Needs Assessment Results →

*More Details on SRH Services and Commodities*



## Services

- Health worker bias: method provided can be based on their own values regarding client sex, age, marital status



## Commodities

- Male condoms and Depovera most popular

# Needs Assessment Results→

## *What's Important to Youth for Accessing SRH*

- Adolescents value privacy and confidentiality in service provision.
- Adolescents do not want to travel very far to access services.
- Adolescents, as clients value respectful and non-judgmental attitude when they seek services.
- Adolescents appreciate thorough counseling and education about available FP methods and other SRH services.
- Stock-outs frustrate youths who have made the decision to come to the health facility.

# Needs Assessment Results →

## *Barriers to Accessing SRH Services and Commodities*

### **Myths & Misconceptions**

- Long term methods best for married youth
- Fear of future infertility with family planning methods
- Perceptions that FP services for married or youth over 18 years old

### **Access Points & Availability**

- Few access points specific for youth
- Frequent stock outs for some methods

### **Geographic Barriers**

Long travel distances can prevent access

### **Provider Bias**

Stigma against all youth accessing SRH services

### **Community Attitudes**

Stigma against youth accessing SRH services



# Lessons Learned →

## *Youth Participation in Program Design*

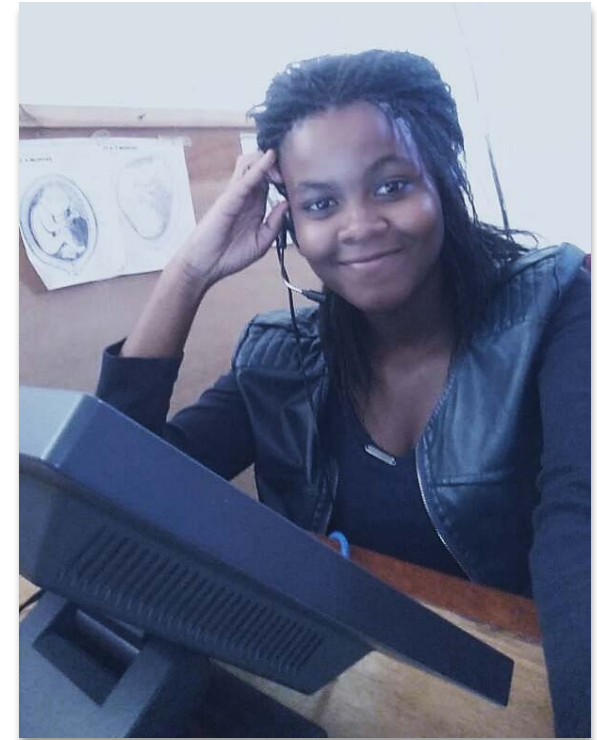
### Using “Adolescent Advisors” in Program Design & Implementation

#### *Roles*

- Advocate for adolescent needs in Malawi
- Serve as health center by phone hotline consultants/advisors
- Provide a youth perspective to program activities

#### *Impact*

- Supported the health center by phone hotline to be a youth friendly service
- Sensitized and mobilized youths and communities about the hotline (CCPF)
- Increase in youth callers at the hotline



*Tinnah supporting the CCPF hotline, Adolescent Advisor based in Balaka  
Photo credit: VillageReach*

# Lessons Learned →

## *Using Results to Fit Adolescents Needs*

- Adolescents face number of barriers in accessing SRH information, services and commodities.
- Need to provide training to hotline and health workers on YFHS to tackle myths, misconceptions as well as value judgements.
- Tackling stock-outs, particularly on RH commodities that are commonly used by adolescents, is critical.
- Adapt the CCPF hotline service to better serve adolescents- privacy, objectivity in advice, strengthening referrals.

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Thank You!



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