

YOUTH PARTICIPATION IN HIV/AIDS
AND REPRODUCTIVE HEALTH
ACTIVITIES

UNDER THE THEME

*“Reaching Men to Improve Reproductive and
Sexual Health for All”*

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MALAWI

AFRICA

National Association for people living with HIV/AIDS in Malawi

P/Bag 355

Lilongwe

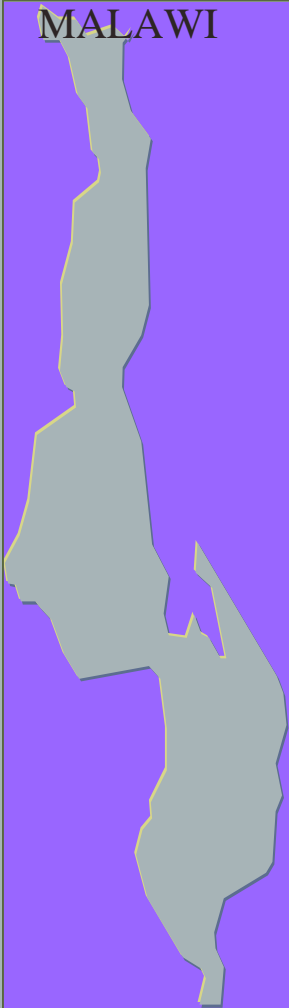
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COUNTRY AND PROJECT PROFILE.(MALAWI)

<i>Country</i>	<i>Malawi</i>
<i>Region:</i>	<i>Africa</i>
<i>Population:</i>	<i>10 million</i>
<i>Half of Population:</i>	<i>Over 15 years old</i>
<i>% of people living in rural areas:</i>	<i>Over 70%</i>
<i>Average Income:</i>	<i>K60 (less than 1 dollar/day)</i>
<i># of patients per doctor:</i>	<i>40000-50000</i>
<i>Morbidity:</i>	<i>1/5 of children fail to reach their fifth birth day</i>
	<i>six in a thousand mothers die in childbirth</i>

MALAWI SITUATION

 A map of Malawi is shown on the left side of the table, with the word "MALAWI" written in the top left corner of the map area. The map is a light blue outline against a purple background. <p>MALAWI</p>	<p><i>First HIV/AIDS case :</i></p> <p><i>Establishment of NAC:</i></p> <p><i>Establishment of Anonymous testing centre</i></p> <p><i>Estimated # of people contracting HIV everyday:</i></p> <p><i>HIV sero-prevalence amongst the reproductive age group remains: This is based on data from the in the main cities.</i></p>	<p><i>1985</i></p> <p><i>1989</i></p> <p><i>1992</i></p> <p><i>250</i></p> <p><i>16.4 % of people (15-45) are HIV+.</i></p>
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HIV/AIDS SITUATION

CONT,D

- ▶ *About 87% of the Malawian populations live in rural and 13% in semi-urban areas and 49% are younger than 15 years.*
- ▶ *Approximately over 1,000,000 people living with AIDS.*
- ▶ *Only about 2000 have come out in the open with their HIV status. This clearly shows that many people are living in denial due to stigma and discrimination surrounding HIV status thereby not being able to lead a positive Living.*

HIV/AIDS SITUATION

CONT,D

- ▶ *There are VCT sites in all the 3 regions of Malawi providing rapid tests results in addition to 22 hospitals using ELISA*
- ▶ *ARV programmes have just initiated in few sites and most of the Malawians are not able to meet the cost*

BACKGROUND

- ▶ *NAPHAM was formed in 1993 to deal with issues concerning people living with HIV/AIDS. It has sixteen branches in the country covering all the regions of Malawi.*
- ▶ *It has three resource center offices, one in each region*
- ▶ *NAPHAM has 2000 registered members living with HIV/AIDS*

OBJECTIVES

- ▶ *To provide basic care and support services to patients and clients*
- ▶ *To intensify and improve quality of HIV/AIDS outreach activities with emphasis on behavior change*
- ▶ *To build capacity of NAPHAM as an organization to be able to support its mission and objectives*
- ▶ *To provide psychosocial support to People living with HIV/AIDS*

ACTIVITIES

- *Group Therapy sessions*
- *Supportive Counseling*
- *Home based care*
- *Children moments*
- *HIV/AIDS/FP/RH education in Communities*
- *HIV/AIDS/FP/RH education in Schools*
- *HIV/AIDS/FP /RH education in Companies*
- *Condom distribution*
- *Distribution of IEC materials*
- *Production of IEC materials*
- *Training volunteers*

INTRODUCTION OF THE PROJECT

- ▶ *NAPHAM introduced HIV/AIDS/STI/RH campaign targeting school and out of school youth in the 3 cities of Malawi in 2000*
- ▶ *The base line survey indicated that the youth had full of misconceptions that kept on misleading them on issues surrounding HIV and sex; HIV positive school boys could see no reason of continuing with education after testing positive.*

METHODS AND PROCEDURES

- ▶ *20 communities were mobilized and 6200 youth were identified, and were oriented on the importance of participating in HIV/AIDS activities.*
- ▶ *24 youth were trained in peer education and interactive drama*
- ▶ *40 football teams and 30 netball teams were formed and balls were purchased and provided to the youth. 100 peer educators were trained in HIV/AIDS and sexual health education.*

METHODS & PROCEDURES

CONT'D

- *NAPHAM peer educators were educating youth in communities and schools twice a week using the following tools as teaching methodologies:*
 - ▶ *Focus group discussions*
 - ▶ *Interactive drama*
 - ▶ *Personal testimonies*
 - ▶ *Picture codes*

Cont,d

- ▶ *HIV positive youth were sharing personal testimonies in schools and gathering of out of school youth*
- ▶ *36 peer educators and 24 dramatist were trained*

METHODS AND PROCEDURES CONTINUED

- ▶ *Every Saturday before sport, the youth were having discussions surrounding HIV/AIDS and sexuality issues, places where they could access reproductive health information.*
- ▶ *Factors that influence sexuality such as ethical, spiritual, cultural, and moral factors were covered.*
- ▶ *NAPHAM health educators were monitoring and conducting follow up visits to see progress of the implementation of activities.*
- ▶ *At the end of 3 months, HIV/AIDS/STI/RH quiz and sport competition was conducted.*

METHODS AND PROCEDURES CONTINUED

- ▶ *Prizes were given to the winning team especially those who scored in the quiz.*
- ▶ *Marching around locations with car floats and singing was done once in 3 months carrying placards and banners during sensitization day.*
- ▶ *Youth were referred to VCT centers for testing .*
- ▶ *Clients tested positive were encourage to join support groups with people living with HIV/AIDS or post test clubs*

INDICATORS

- ▶ *Reaching 100,000 school youth, 50,000 out of school youth with HIV/AIDS and RH information*
- ▶ *Recruit 80 youth living with HIV/AIDS*
- ▶ *Distribute 40,000 IEC materials covering information on positive living care and support services*
- ▶ *Establish 20 post test clubs*

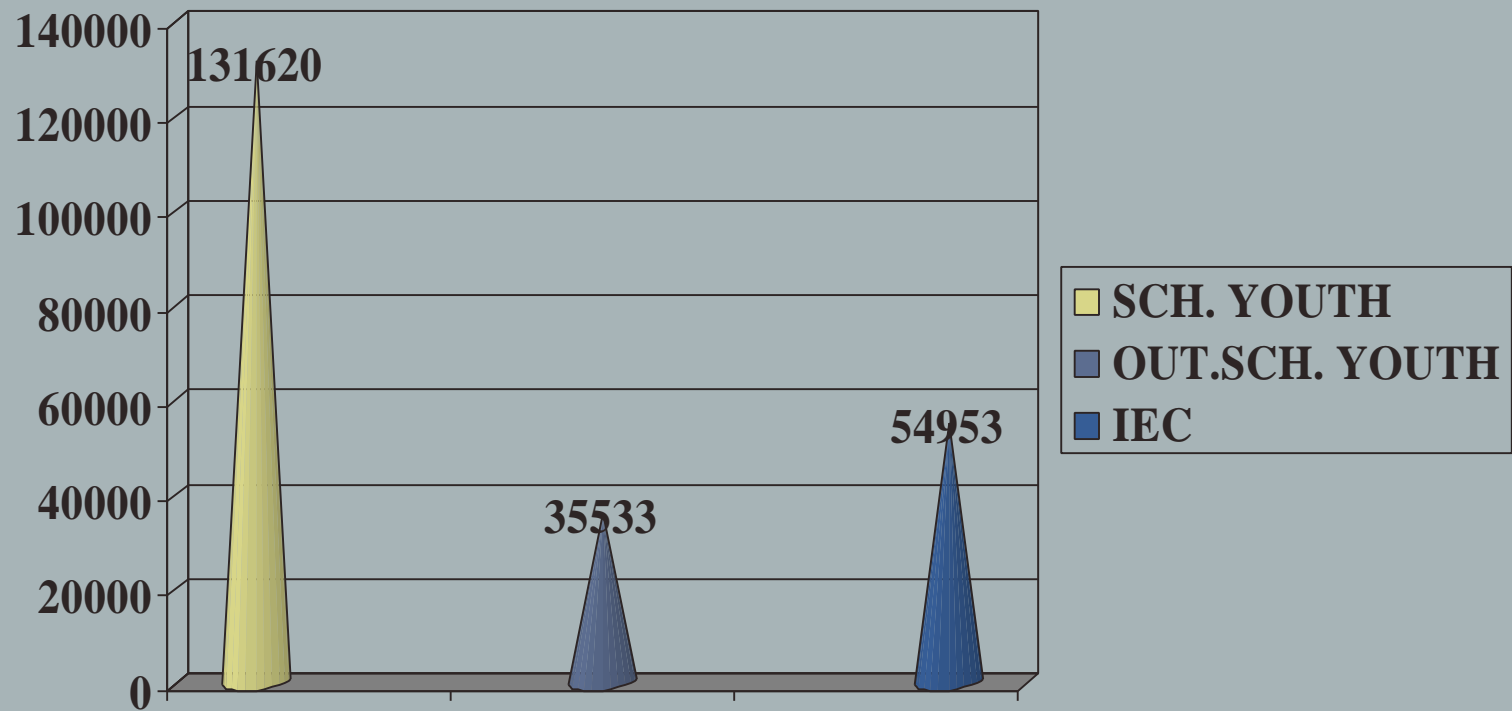
RESULTS

- ▶ *22 out of school youth clubs were formed.*
- ▶ *NAPHAM participatory evaluation indicated that youths were able to go for VCT services.*
- ▶ *14 post-test clubs were formed composed of youth who went for the HIV test.*
- ▶ *35,533 out of school youth were reached with HIV/AIDS/STI/RH messages within 36 months period(2000-2002).*
- ▶ *131,620 school youth were reached with HIV/AIDS/STI/RH health information within 36 months*
- ▶ *102 HIV Positive youth joined Napham centers for psychological, regular counseling and care support services*

RESULTS CONT,D

- ▶ *49,953 leaflets capturing reproductive health information were distributed*
- ▶ *5,000 booklets containing positive living guidelines were distributed*

RESULTS OF REPRODUCTIVE HEALTH ACTIVITIES



MONITORING

- ▶ *The field supervisors supervising the activities on weekly basis. Data forms and questionnaires were used to collect data. Data Officer compiling data at national level*
- ▶ *The baseline and second round survey provided information on impact indicators and this helped NAPHAM to develop key indicators.*
- ▶ *Quarterly review meetings provided guidance and helped NAPHAM to modify the implementation of the activities*
- ▶ *Quarterly and annual reports compiled and distributed to donors, partners and some beneficiaries*

STAKEHOLDERS AND THEIR ROLES

NAPHAM has good set up of networking with the following:

- *Malawi network of people living with HIV/AIDS (MANET) especially in the area of advocacy*
- *Malawi network of AIDS service organisation (MANASO) in the area of networking*
- *National AIDS Commission (NAC). In the area of technical support*
- *Malawi AIDS Counselling and Resource Organisation (MACRO) in the area of VCT and referrals*

STAKEHOLDERS AND THEIR ROLES CONT,D

NAPHAM as a national organisation works jointly with District AIDS Coordinating Committees. Through DACC NAPHAM has a good partnership at District level in such away that NAPHAM volunteers have been providing counselling services in several hospitals around the country.

STAKEHODERS AND THEIR ROLES CONT,D

- ▶ *UNAIDS has been and is a partner mainly through GIPA project which recruits people living with HIV/AIDS and place them in host institutions in order to break the silence and promote positive living.*
- ▶ *NAPHAM supplied 99% of the volunteers who were placed in different companies. NAPHAM members got jobs and this promoted publicity of NAPHAM at national level.*

CHALLENGES

- ▶ *Condom use attitude among school youth*
- ▶ *Disclosure of HIV status*
- ▶ *Stigma and discrimination in schools*
- ▶ *HIV positive clients wanting to get married*

STRATEGIES TO OVERCOME CHALLENGES

- ▶ *Intensified condom use education covering advantages.*
- ▶ *Provision of supportive counselling outlining benefits of disclosure in line with shared confidentiality. Advantages and disadvantages of getting married while living with HIV*
- ▶ *Stigma and discrimination campaign conducted targeting schools, companies and communities highlighting effects*

OPPORTUNITIES

- ▶ *Government commitment to fight HIV/AIDS and provision RH services in all government hospitals and other NGOs*
- ▶ *Culture of acceptance in the communities in line with new interventions*
- ▶ *In flow of funding from donors especially the global fund*
- ▶ *Spirit of volunteerism among Malawians to assist others*
- ▶ *Sound government policies leading to creation of HIV/AIDS Ministry*

CONCLUSION

- ▶ *One of the best strategies to involve the youth in HIV/AIDS/RH activities is through sports.*
- ▶ *There is need to educate the youth in HIV/AIDS /RH prevention strategies.*
- ▶ *There is also need for youth to have access to information of care and support services in reproductive health*

CONCLUSION CONT,D

- ★ *Young people need information for them to make informed decisions. Behaviour change can be achieved with appropriate information depending on proper methodologies of programme implementation.*
- ★ *People living with HIV/AIDS have proved to be best educators and have more to share to others for them to learn and accept the situation of being infected.*

CONCLUSION CONT,D

- ▶ *Young people should have information on where to access care and support services and reproductive health services. NGOs and Governments should make sure that these services are available in urban and rural areas.*
- ▶ *When implementing VCT programmes, plans for supportive structure should be in place in order to take care of those who test positive.*
- ▶ *NGOs should concentrate on involving people in HIV and reproductive health activities. There is no room to preach BUT involve people in the system in order to get the underlying issues that prevent people from changing their behaviors.*

THE END

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