

Malawi German Health Programme

Cross-cutting issues: mainstreaming HIV prevention, gender, human rights and youth-sensitive approaches to strengthen sexual and reproductive health systems

Background

The Government of Malawi is committed to addressing gender, human rights and HIV/AIDS as cross-cutting issues in the development agenda, as outlined in the second Malawi Growth and Development Strategy (MGDS II). This strategy serves as a single reference document for all development partners in Malawi and forms the basis for the Malawi German Health Programme's action to support the Ministry of Health in its work to strengthen sexual and reproductive health (SRH) service provision for better maternal and child outcomes.

Gender, HIV, reproductive health and sexual rights

Most cases of HIV infection are linked to sexual and reproductive health and rights. HIV is primarily acquired through sexual relations, which themselves are greatly influenced by gender power imbalances (UNFPA, 2013). Studies have also shown that gender inequalities have negative implications on reproductive health outcomes (WHO, 2009), hence the importance of linking HIV/AIDS and sexual and reproductive health and rights.

As a result of the low economic, cultural and social status of women and girls, gender inequalities persist in Malawi (Government of Malawi, 2004), and they are a key factor inhibiting women and girls' access to quality SRH services. The Gender Assessment of the Malawi National HIV Response (March, 2014) reveals that HIV prevalence rates are highest among females (the male to female ratio being 1:3) and in particular among girls aged from 15 to 19 years. HIV prevalence rates for adult males have also been dropping at a much faster rate than for women: the rates for men tumbled from 13% in 2001 to 8% in 2010, whereas the rates for women only declined from 15.9% in 2001 to 13% in 2010.

Contraception, reproductive health and sexual rights

Sexuality and the right to reproductive health are fundamental to the human experience; all women and men should be able to

attain these rights through access to appropriate information, education and counselling on human sexuality and reproductive health services (UNFPA, 2008), regardless of one's educational, social, economic and legal status.

Over the past decade, Malawi has made impressive progress in expanding access to modern contraception. Yet, more than four in 10 Malawian women who want to avoid pregnancy are still not using a method of contraception, with the result that 54% of all pregnancies in Malawi are unintended. If pregnancies were appropriately planned, maternal deaths would drop by 43%, which means 1,500 fewer women dying from pregnancy and childbirth each year (Guttmacher Institute and the University of Malawi Centre for Social Research, 2014).

Population data shows that 46% of Malawi's 15.8 million people are under 15 years of age (National Statistics Office of Malawi 2014, projected estimate). Malawi's adolescents also experience high levels of teenage pregnancy, which, in turn, indicates that female adolescents also face a high risk of HIV infection. Child protection systems are limited and are further weakened by a culture of silence around issues of sex and sexuality. Underage sex between married adolescents is not outlawed by the Constitution of Malawi. Due to gender norms, men are much less involved in sexual and reproductive health work, yet culturally it is men who make SRHR-related decisions.

Facts and Figures

Total population of Malawi (2014 estimate)	15,805,240
Percentage of Malawi's total population aged under 15 years	46%
Fertility rate	5.7%
Unmet contraceptive need	54%
HIV prevalence rate in the general population*	10.3%
Proportion of adolescent females (aged 15-19) who have ever used any modern family planning methods**	19.5%
Percentage of 19-year olds who have begun bearing children***	63.5%
Number of new HIV infections per year	70,000
Number of adolescents living with HIV****	100,488

Sources: *Malawi MDG Endline Survey 2014

**Malawi Demographic and Health Survey 2010

***Malawi Education Management Information System 2013

****Figure estimated by the Malawian Ministry of Health



left: Teen Clubs are monthly district-level events that provide a space where adolescents can learn in a playful way to assume their sexual and reproductive health rights.

right: Children and adolescents learn in small groups about their rights and discuss issues like the importance of nutrition when living with HIV.



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Objectives and approach

From October 2012 to September 2016, the Malawi German Health Programme (MGHP) is supporting the Ministry of Health to strengthen health systems with a focus on sexual and reproductive health. The programme's aim is to reduce maternal and neonatal deaths through the delivery of quality maternal and newborn health services by skilled birth attendants and, at the same time, to build data, planning, monitoring and accountability systems.

In order to achieve these results, the MGHP is supporting the external and internal mainstreaming of gender-transformative and human-rights-based approaches to sexual and reproductive health care within government health facilities. This will be carried out in collaboration with delivery partners, which include UNICEF, Lighthouse Trust, Baylor, Banja La Mtsogolo and 10 selected district councils.

Results

MGHP has contributed to the following:

- Since January 2013, MGHP has targeted and reached 33,000 adolescents aged from 10 to 19 years (an age group that is usually overlooked) with HIV testing and counselling. This outreach was undertaken in 10 districts using age-appropriate, youth-sensitive sexual and reproductive health and rights messages and services.
- 1,100 adolescents living with HIV (most of whom were positive at birth) have been enrolled in 21 monthly Teen Clubs run in 10 districts. In these clubs, 7,754 adolescents have received family planning services, 1,479 have been treated against sexually transmitted infections and 136,559 have been provided with condoms.
- Since 2002, the Ministry of Health has maintained two full-time clinical advisors at the Lighthouse Trust (an open-access HIV clinic) who are supported by an integrated expert and provide the full spectrum of HIV clinical care to 27,000 patients.
- MGHP, in collaboration with the Malawi German Programme for Democracy and Decentralisation (MGPDD), rolled out

service charters for the key sectors of health, education, agriculture, water, policing and social welfare across eight districts in the country with the aim of promoting client satisfaction through downward accountability in public sector service delivery.

- To strengthen the mainstreaming of gender and human rights in Malawi's national HIV response, GIZ's Back-up Initiative supported the Southern African Aids Trust (SAT) Malawi. The Trust coordinated the 2014 National Gender Assessment of Malawi's HIV Response, with technical support provided by UNAIDS, and it also worked with the Country Coordinating Mechanism (CCM) to bring them up to speed on gender-transformative programming.
- In March 2014, the mainstreaming of gender and human rights was strengthened at the global level: MGHP, supported by the Malawian Human Rights Commission, delivered a two-week course to clinicians from 19 different countries at the University of Heidelberg, Germany on mainstreaming gender, human rights and HIV management in health care service delivery.
- MGHP is actively participating in the HIV/AIDS Development Partner Grouping (HADG), which provides technical support to Global Fund principal recipients and bridges the gap between policy and implementation by issuing policy briefs and joint statements.

Challenges

The following challenges remain amongst others:

- The lack of social protection services means that the scope of the human-rights-based approaches employed is limited and unsustainable. As such, the very marginalised continue to be excluded from accessing quality health services.
- The limited numbers and skills levels of health professionals lower the quality of services.
- Accountability structures remain weak, with insufficient downward accountability mechanisms for examining levels of client satisfaction.
- Data systems are incomplete and disjointed. As such, they are often considered to be too unreliable for informing, guiding and shaping implementation and budgeting.