Integrating Innovative Family Planning Strategies into an Adolescent Reproductive and Sexual Health Program in Malawi

September 2008

Save the Children

In 1999, with initial funding from the Bill and Melinda Gates Foundation, Save the Children launched the ***Nchanda ni Nchanda*** (Youth to Youth) program in Mangochi with the goal of improving the reproductive and sexual health of young people between the ages of 10 and 24. The five-year project used innovative approaches such as implementing a peer-to-peer education program within youth clubs; establishing 39 Youth Resource Centers as spaces for adolescents to meet and socialize; engaging health providers in Save the Children's hallmark Partnership Defined Quality for Youth approach to improve the quality of adolescent sexual and reproductive health services; training clinicians in the provision of youth friendly health services; training Youth Community-Based Distribution Agents (YCBDAs), who counsel and provide family planning services to fellow adolescents. When the program ended in 2004, Save the Children continued the program with sponsorship funding, realizing there were still great gains to be made as early marriage and adolescent pregnancy were widespread.

After a program review revealed that an important segment of youth, in particular young married couples and first time mothers, were not having their family planning needs addressed, Save the Children sought to integrate strategies that improve the unmet need for family planning among youth while continuing to delay marriage, reduce teenage pregnancy and limit the spread of sexually transmitted infections, including HIV/AIDS.

With funding from the USAID's Flexible Fund in the Office of Population and Reproductive Health, Save the Children developed a model to integrate family planning, delay motherhood and improve birth spacing into it's ongoing sponsorship-funded Adolescent Reproductive and Sexual Health program. Save the Children piloted a 27-month project in Malawi from July 2006 through August 2008 with the intent to share this model with all it's sponsorship funded Adolescent and Reproductive Health Programs. A second goal was to integrate this model into the sponsorship program framework which is used by all 13 of Save the Children Sponsorship countries. The Flex Fund project's goal was ***to improve the reproductive health of young people aged 10 to 24 through increased voluntary use of family planning services in sponsorship programs in Malawi.***

The project implemented strategies aimed to achieve the following intermediate results:

Immediate Result One: Increased access to family planning services for targeted youth;

Immediate Result Two: Improved quality of facility and community-based family planning services;

Immediate Result Three: Improved knowledge, acceptance of and interest in using family planning services and other protective practices among targeted youth; and

Immediate Result Four: Improved social and policy environment for delaying marriage and motherhood, and youth reproductive health programming

Mangochi District

To meet program results, several interventions from the ***Nchanda ni Nchanda*** program were expanded upon, including the use of YCBDAs to promote family planning and training healthcare workers in the provision of youth friendly health services. Family planning focused strategies were also added, such as training Traditional Birth Attendants to teach the Lactational Amenorrhea Method as a postpartum method of family planning to adolescent clients; using community-based male motivators to engage married men in the family planning decision-making process; and helping teen mothers return to school through the development of Teen Mother Clubs.

This monograph explains the five key strategies used during the project, highlighting the voices of youth involved.

Youth Zone Coordinators are key to connecting the youth social network!

Members of the Monkey Bay Youth Friendly Health Services Club

Youth Zone Coordinators are exemplary leaders within their communities. Youth Zone Coordinators are responsible for organizing youth club activities throughout their catchment area, supporting area Youth Community Based Distribution Agents (YCBDAs) and peer educators with projects and monthly reporting and maintaining constant contact with Save the Children and the District Youth Coordinator regarding area youth activities. Most Youth Zone Coordinators began volunteering as YCBDAs or peer educators and later applied to become Youth Zone Coordinators. Youth Zone Coordinators work with fellow adolescents to help them build valuable life skills; assist them in reducing teenage pregnancy and transmission of STIs; and coordinate activities with other youth in the community to make positive change. One such activity Youth Zone Coordinators are responsible for coordinating is quarterly Youth Days. During each Youth Day, adolescents prepare drama skits, songs and dance performances reflecting different issues, which affect youth. Such issues include prevention of pregnancy and STIs, including HIV. Through these activities, Youth Zone Coordinator's engage area youth to educate themselves to take control of their sexual and reproductive health. Youth Zone Coordinator's make health education fun!

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Strategy One: Mobilizing Malawian Youth as Community-Based Distribution Agents

Background

Malawi's adolescent population aged 10 to 24 account for one-third of the total 12 million inhabitants (Malawi DHS 2004). Thirty percent of Malawian girls aged 15 to 19 report being married while one-third of all girls will have been pregnant or given birth by the time they reach age 20. This age group has one of the highest unmet needs for family planning (26%) with the greatest percentages occurring in Mangochi district in the southern region (Malawi DHS 2004).

Adolescents in Malawi face barriers when attempting to obtain reproductive health information and services and only eight percent of youth aged 15 to 19 report using a modern contraceptive method (Malawi DHS 2004). Additionally, only 36% of sexually active youth report having ever used a method of family planning (Malawi DHS 2004). Lack of awareness and access to contraceptives, coupled with early marriage and adolescent pregnancy compound the problem and contribute to higher rates of school dropout amongst adolescents (Population Council 2006). Correspondingly, adolescents are disproportionately affected by the HIV infection and upwards of 20% of young people aged 15 to 24 are HIV positive (Alan Guttmacher Institute 2005).

Mobilizing Youth as Family Planning Counselors

To encourage use of family planning amongst adolescents, Save the Children worked with a large network of youth clubs in Mangochi district to recruit and train 45 Youth Community-Based Distribution Agents (YCBDAs) who provide youth-friendly health services to other adolescents. Providers from the Ministry of Health (MOH) trained youth aged 15 to 19 as YCBDAs during a two-week period and again during a one-week refresher course. Each training included information on: the benefits of birth spacing; information on each method of family planning, including potential side effects; the prevention of STIs/HIV/AIDS; dual protection; client confidentiality; and communication skills for counseling clients. After the training, YCBDAs were linked with a local Health Surveillance Assistant (HSA) who serves as their primary supervisor and provides the YCBDA with a monthly supply of contraceptives.

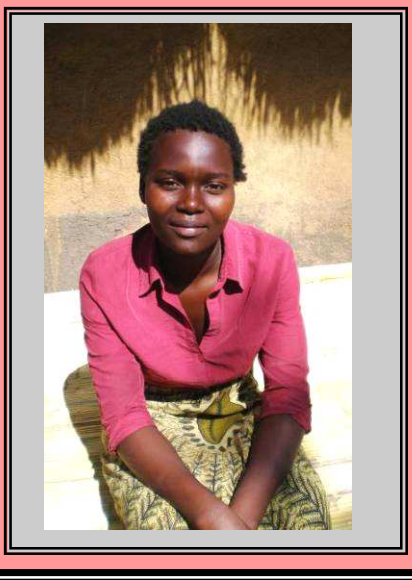
In their communities, YCBDAs provide information on contraceptives and prevention of STIs, including HIV/AIDS and offer condoms and oral contraceptive pills to interested clients. Those interested in contraceptives not offered by the YCBDA are referred to an HSA or other healthcare provider at the health center.

Each YCBDA recruits clients by attending local meetings and youth club activities and during one-on-one visits in the home. They use these meetings as an opportunity to discuss family planning options, dual protection and prevention of STIs with other youth. One YCBDA commented that she enjoys visiting youth at their homes since they can find a private space, "to discuss what's really going on in their lives and find out what their family planning needs are". YCBDAs encourage fellow youth to get tested for HIV and negotiate condom use with their partners. They are also required to meet with their supervisor on a monthly basis to provide information, receive feedback, and give the HSA a detailed monthly reporting form. This form contains information on the number of clients served, contraceptives given, referrals made and types of sexual and reproductive health counseling provided. The HSA then uses this information to place a monthly order of contraceptives with the MOH. Additionally, this information is provided to Save the Children who utilizes this data to monitor the effectiveness of program interventions.

Girl Power: A YCBDA and a youth from Monkey Bay

YCBDAs are unpaid volunteers who do not receive monetary compensation for their work. Save the Children provided each YCBDA with a bicycle to visit clients as well as intensive training and periodically gave materials, including t-shirts, brochures and/or bags to promote program activities. YCBDAs reported receiving job satisfaction from helping other youth within their community.

YCBDAs Empowering Teen Mothers Back to School



Aliness Dangalira (pictured, left) has worked as a YCBDA in Katema, Mangochi since 2006. Similar to other rural areas in Malawi, young women in Katema marry early and often become mother's before age 20. Aliness wanted to empower the young women in her community to rethink their decision to marry young, have a baby and drop out of school. As a YCBDA, Aliness teaches other adolescents the importance of taking control of their sexual and reproductive health. She provides information on methods of family planning and distributes oral contraceptive pills and condoms to interested youth. She goes door-to-door to offer her services and makes herself available to interested clients at community meetings and youth club activities. In addition, Aliness has taken a special interest in helping teen mothers return to school. Aliness says, "I have talked to many teen mothers about returning to school after the birth of their babies. I think it is important for teen mothers to continue attending school so they can have better opportunities". At least two girls have returned to school since receiving encouragement from Aliness and it is her goal to continue working with young women to reduce teenage pregnancy and help teen mothers achieve their goals.

Many YCBDAs cited their reason for participating in the program was to "encourage youth to realize their goals", which will ultimately "make for a better community". Some YCBDAs have been offered permanent positions within the MOH working as HSAs, whereas others were hired to conduct community-based surveys. Many YCBDAs have dreams of becoming nurses, midwives or doctors.

Program Successes

- Forty-five YCBDAs were trained in family planning counseling and provision during the program period. An additional ten primary supervisors and one secondary supervisor were also trained.
- YCBDAs helped negotiate youth-friendly days at their community health center. Youth now feel welcome at the health facility and are more apt to seek services during a youth-friendly session.
- YCBDAs are invited to participate in community meetings and youth club activities, which have given them a venue to promote Family Planning (FP) and has led to increased demand for youth-friendly health services at clinics and hospitals.
- The District Family Planning Officer credits Save the Children's intervention of using YCBDAs FP with an increase in youth utilization. YCBDAs distributed 36,050 condoms and 3,047 packs of pills during the 2 years.

Program Challenges

- Frequent stock outs of FP methods may lead to poor contraceptive uptake amongst adolescents. Several YCBDAs reported that condoms had not been available for six months or longer.
- There is a high YCBDA dropout rate (about 20%) attributed to the intense level of commitment, competing demands, and graduation from the program.
- The Malawian MOH is supportive of the program, but has limited resources for training new YCBDAs or conducting refresher trainings for existing ones.
- Many YCBDAs felt the training they attended was very informative, yet they are often asked questions they cannot answer. One YCBDA said it is challenging when potential clients ask her (sarcastically), "so where is your nursing or medical certificate," in an effort to point out she is not a trained medical provider.
- Late or inconsistent reporting by YCBDAs or HSAs result in discrepancies in the monthly contraceptive order placed by the HSA to the MOH.

Lessons Learned

- **YCBDAs were successful in promoting family planning to other youth**. With minimal training and supervision, YCBDAs were successful in increasing contraceptive uptake amongst adolescents within the program intervention area.
- **Supportive supervision is key!** The relationship with their primary supervisor (HSA) played a large role in the success of each YCBDA and reinforcing that YCBDAs are not substitutes for medical providers.
- **It is impossible to ignore the sexual and reproductive health needs of adolescents.** Since the Ministry of Education does not promote reproductive health education in the classroom it is crucial for adolescents to access this information elsewhere. Adolescents must be linked with local YCBDAs and youth-friendly health providers who can teach them the importance of birth spacing and offer contraceptives.

Strategy Two: Teen Mothers Supporting One Another through Teen Mother Clubs

Background

Pregnancy amongst adolescents in Malawi can be attributed to a host of issues, including poverty, early sex, ignorance of reproductive health and contraception, nonuse of family planning and relationships with older men (Alan Guttmacher Institute 2004). Teenage pregnancy is associated with greater possibilities of miscarriage, still birth, premature birth and babies of low birth weight; whereas babies born to teen mothers face a 50 percent higher risk of death during their first year of life (UNESCO 1996). Additionally, early marriage and pregnancy contribute to higher rates of school dropout amongst adolescents and decreased likelihood that an adolescent will resume schooling after the baby is born (Population Council 2006). 11% of out of school girls attribute school leaving to pregnancy (Guttmacher Institute 2007).

Teen Mother Clubs Mobilizing Communities

As a way to connect teen mothers to each other, learn about family planning and birth spacing and be encouraged to return to school, Save the Children worked with a large network of youth clubs in the district to promote and facilitate teen mother sessions for both married and unmarried teen mothers. Thirty-six Teen Mother Clubs (TMC) were established during the program period, with a total of 2,035 teen mothers participating in these clubs. Each TMC meets one to two times a week. TMCs were facilitated by group members and linked to local Youth Community-Based Distribution Agents (YCBDAs) who provide contraceptive information and services. Typical TMC meetings include discussions on: safe motherhood and birth spacing; benefits and side effects associated with family planning use; negotiating family planning and condom use with their partner; prevention of STIs and HIV; care of the newborn; the return to school; independence, self reliance and economic opportunity; self esteem; domestic violence prevention and outreach; and teaching the importance of belonging to a community organization.

One strategy of the TMC is to encourage community mobilization from within. Teen mothers conduct community outreach through door-to-door campaigns, music, dance and drama and during community meetings. The TMC gives young women a venue whereby to discuss pertinent issues in their lives as well as advocate against unwanted pregnancy within their community. Most importantly, TMCs are important in providing a trusted space where young mothers can share their challenges openly and with out stigma and get support from fellow teen mothers and friends. One young mother commented that being a part of the TMC helps her to be more independent, which she, "hopes will lead to employment and a brighter future". Other adolescents value learning how to take care of their child and the importance of birth spacing. Lastly, one teen mother learned how to negotiate family planning and condom use with her partner, stating, "If I knew then all that I know now, I wouldn't be a teen mother today". She credits her participation in the TMC with giving her the tools necessary to make positive life choices.

Alice and Brenda, two teen mothers active in a SC-supported Teen Mother Club in Mangochi district

Teen Mother Clubs were designed with the initial goal of linking married girls with non-married girls who are also attending school as a means to offer more support and encourage teen mothers to continue their education. In time, it was found that the original program design of conducting sessions for teen mothers within existing youth clubs was not a useful approach. Teen mothers preferred to meet separately. While TMCs have become separate entities from local youth clubs, a strong linkage remains.

Another important component of the program was the strong advocacy Save the Children's FP Officer conducted during the program period. By building linkages with the Ministry of Education (MOE) and local NGOs, the FP Officer helped raise awareness of this important issue both within Mangochi district and other neighboring districts. Save the Children worked closely with the MOE and NGOs to secure funding for teen mothers to return to school. The FP Officer conducted home-based meetings with family members of teen mothers to sensitize them on the importance of finishing school.

Program Successes

- Thirty-six TMCs were established from July 2006 though August 2008 with 2,035 teen mothers ac-

Mpondasi Teen Mothers Club: A Success Story

Members of the Mpondasi Teen Mothers Club

The Mpondasi Teen Mothers Club is an active group of more than 35 members. One challenge for this TMC has been finding a regular meeting space. Sometimes the club meets in the patio of someone's house; other times they are able to meet at the local school. Frustrated with the lack of a private space where they could openly share the challenges of teen motherhood, the Mpondasi TMC gathered the necessary supplies to hand-mold bricks and build their own meeting space. Although it is uncommon for young women to mix cement and build bricks, this TMC was determined to succeed. When the rains came and destroyed their bricks, these young women were disappointed, but have not given up. Their desire to continue organizing remains alive and the Mpondasi TMC still hopes to one day have their own meeting space. Nonetheless, their activism within the community to deter teenage pregnancy does not glamorize their participation in the TMC.

tively participating in regular club meetings.

- To date, 55 teen mothers have gone back to school.
- Strong linkages were established with local NGOs (National Aids Commission of Malawi, Fouema) and the Ministry of Education, leading to increased success in assisting teen mothers back to school.
- The MOE conducted sensitization meetings with district school administrators to increase awareness of the policy allowing teen mothers back to school.
- Adolescents active in TMCs learn valuable information on birth spacing and use of family planning methods, which has led to increased community mobilization and decreased social isolation amongst teen mothers.
- TMCs are often invited to participate in community meetings to talk about the negative consequences of teenage pregnancy and early marriage. Exposing other adolescents to the difficulties of being a teen mother has opened a dialogue on this issue and will hopefully lead to a decrease in teenage pregnancy amongst teen mother's peers.

Program Challenges

- Societal norms make it difficult for teen mothers to return to school. This includes the belief that a teen mother must forgo her education to raise her child and take care of her husband. Some parents refuse to provide financial support or childcare to a teen mother wishing to return to school.
- Once a teen mother returns to school it is often difficult for her to remain in school. Lack of financial resources, time and/or adequate childcare can prohibit teen mothers from staying in school.
- Stigma associated with being a teen mother can lead to harassment at school by classmates and/or teachers.
- More advocacy is necessary with the District Youth Office to see the importance of separating TMCs from regular youth clubs as desired by youth.

Lessons Learned

- **Adolescent mothers prefer Teen Mother Clubs to regular Youth Clubs.** Save the Children's original intervention called for teen mother sessions within youth clubs; however, it was found that teen mothers prefer to meet separately from other youth populations, without fear of discrimination. As one young mother stated, "we can talk about issues that really matter to us and are relevant to our lives, which we can't discuss during regular youth club meetings".
- **Helping teen mothers back to school requires a holistic approach.** Getting just one teen mother back to school requires extensive outreach with the teen mother, her family and community. This was achieved through linkages with local schools and NGOs who provide school fees to teen mothers. Sensitization through community mobilization activities was a key component in assisting teen mothers back to school.
- **A teen mother's access to financial resources is key to her ability to stay in school. Attending school requires additional financial resources to pay for uniforms, school supplies and transportation.** In addition, teen mothers often need additional resources to help pay for the care of their child. Although complimentary school fees are helpful in getting teen mothers back to school, without additional financial support teen mothers are often unable to stay in school. Community mobilization is key to achieving improved financial support for these girls.
- **It is impossible to ignore the sexual and reproductive health needs of teen mothers.** Teen mothers must be linked with local YCBDAs and youth-friendly health providers who can teach them the importance of birth spacing and offer contraceptives.

Strategy Three: Using Male Motivators to Influence Husbands

Background

Thirty percent of Malawian girls aged 15 to 19 report being married while one-third of all girls will have been pregnant or given birth by the time they reach age 20. Nearly a third of young married women reported an unmet need for family planning and while demand for family planning is high amongst adolescents who desire contraceptives to space their next pregnancy, only 47% of that demand is satisfied (Malawi DHS 2004). Unmet need for family planning is highest in Mangochi district (33%) whereas knowledge of modern methods of contraceptives amongst married men is the lowest (90%). Similarly, young married couples are not targeted in traditional family planning and adolescent reproductive and sexual health (ARSH) programs, which has led to gaps in the healthcare delivery system. Men are the primary decision-makers in the household and have strong influences over a women's access to healthcare. In Malawi, cross-generational marriages result in greater disproportions of power in the family planning decision-making process between men and their wives. Male involvement in birth spacing and family planning programs is critical for determining family size and which method of family planning the couple will use.

Offering Men a Place at the Table

An innovative project to encourage men to become involved in family planning decision-making is the use of male motivators to promote family planning among men who are married to young women. With additional research support and funding from Family Health International (FHI), Save the Children is conducting an 18-month study which began in April 2007 to provide young married men with gender-sensitive and comprehensive family planning peer counseling. Project objectives are to:

- Increase contraceptive use among men and their young wives;
- Increase favorable attitudes towards family planning among these men;
- Improve self-efficacy using contraception; and
- Enhance couple communication skills

Motivating Men for Change

Save the Children implemented a randomized controlled trial among 400 married men with wives/co-habitating partners under the age of 25 to test the effectiveness of utilizing male motivators to increase contraceptive uptake among target couples. Half of the selected couples were assigned to a control group and the remaining participants were selected for participation in the program intervention. The project consisted of selecting and training 40 male motivators - men who use contraceptives and are known throughout their communities for their enthusiasm towards family planning use – to provide information about contraceptives and to give participants the information and skills needed to adopt a method of family planning. Prior to the intervention, a baseline study of all 400 participants was conducted to assess their current level of contraceptive knowledge and family planning preferences.

Male motivators were chosen by community leaders to attend a five-day training based on the Information-Motivation -Behavioral skills (IBM) theoretical model. As a means to increase husbands' knowledge and acceptance of family planning, male motivators were trained in communication skills that reinforce more equitable gender roles, particularly with respect to family planning. To emphasize equitable decision-making male motivators practiced discussing fertility and contraceptive desires with their wives (e.g. optimal number of births, birth spacing, use of family planning to decide how many children to have). Additionally, they were trained on correct condom use, STI prevention, dual protection, and healthy timing and spacing of pregnancies. After the training each male motivator was assigned five couples to visit during the program intervention period. Save the Children provided each male motivator with a bicycle to visit clients, which also served as an incentive for participating in the project.

Male motivators were asked to visit each couple at their home five times over a six-month period with each visit comprised of an informational , a motivational and a skill-building component. Each male motivator was given a backpack with locally adapted games to use with couples, family planning flip charts and a model penis with condoms. Male motivators were taught to use the "Future Island" activity with couples – a visioning exercise developed by Malawi's Bridge project– to give them the opportunity to envision how family planning use could help them obtain their desired family size. Those couples that chose a method of family planning were referred to a Youth Community-Based Distribution Agent (YCBDA) or another family planning provider for contraceptives. At the end of the program study, an end line assessment was conducted to determine program outcomes, including increases in contraceptive uptake and a more favorable attitude towards family planning.

Convincing Communities to Make Positive Change: Manfred's Story

Manfred teaches couples about FP use

When the village chief chose Manfred, a father of five, to be trained as a male motivator he, "felt honored". Manfred and his wife had been using Depo-Provera to space her pregnancies and found the opportunity to participate in Save the Children's initiative, "important, especially since it is a community-based program, which teaches couples to look past traditional gender roles to take control of child-spacing and make positive change". Manfred worked with five couples throughout the research study – four of which adopted a modern method of family planning. He says he felt the training organized by SC US was well organized and provided him the opportunity to meet other men who were interested in promoting the use of contraceptives. Another male motivator, Joseph Ntila, also liked this aspect of the program. Joseph says he appreciated working with other men during the training and refresher course offered by Save the Children and liked helping other men understand family planning. Additionally, he offered, "I am very happy and thankful that Save the Children brought this initiative to Mangochi district. Increased use of family planning means less maternal mortality, which leads to a healthier family and a healthier life. Most importantly, it makes for a better community and ultimately, a much better Malawi".

Program Successes

- Male motivators were successful in challenging gender stereotypes to encourage couples to use a modern method of family planning. Most couples that participated in the study chose to use contraceptives.

- Male motivators were excited to meet other men who felt similarly on the importance of family planning and its impact on the well being of their community. Male motivators occasionally met privately to share experiences and problem solve.

- Male motivators played an important role in the community-based referral system, they referred clients to YCBDAs and Health Surveillance Assistants (HSAs) for contraceptives.

Program Challenges

- Some male motivators felt religious and cultural beliefs served as barriers to contraceptive uptake amongst couples. Not all male motivators felt equipped to challenge their client's religious beliefs.

- Male motivators worked in very rural areas which made it difficult to ensure male motivators had the support they needed to accomplish program goals. Because this strategy was an innovation, previous supervision structures did not exist with in the MOH as those that were created for YCBDAs.

- Although male motivators referred clients to YCBDAs and HSAs for contraceptives, frequent stock outs meant that some couples had difficulties in obtaining methods of family planning.

Lessons Learned

- **Male motivators were successful in encouraging cross-generational couples to discuss and choose a method of family planning.** Integration of the male motivator model into the existing health extension network would result in increased family planning use amongst Malawian couples, especially those with younger wives who lack contraceptive decision making power.

- **Men are not opponents to family planning; rather they often do not have adequate information to help them make equitable decisions.** When given the appropriate information, most men support the use of family planning. One male motivator shared, "at first some couples were reluctant to choose a method of family planning, but those who initially refused ended up visiting me in my home to obtain additional information about available methods".

- **Use of male motivators help strengthen the community-based referral system.** Male motivators have become advocates for the promotion and use of contraceptives within their communities. Links with the other community-based health workers and providers within the community has resulted in increased contraceptive uptake.

Data analysis is being conducted in October and November 2008.

Strategy Four: Training Malawian Traditional Birth Attendants in the Use of Lactational Amenorrhea Method

Trained TBAs promoting use of LAM by teen mothers

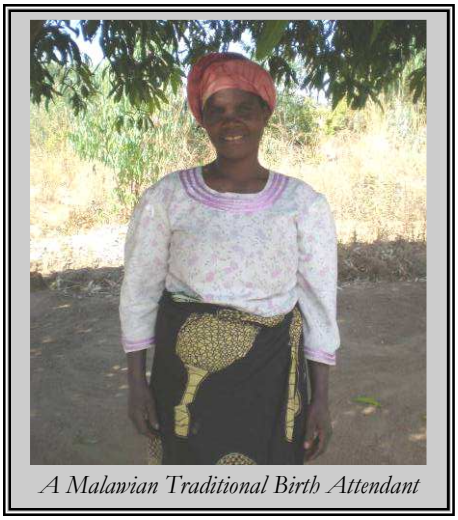
In Malawi, a third of young women will have been pregnant or given birth by the time they reach age 20 (Malawi DHS 2004). At 26 percent, married women between the ages of 15 and 19 have one of the highest unmet needs for family planning with the greatest percentages occurring in Mangochi district in the southern region. Most young married women seek family planning to space their next birth (41%) however, only 16 percent (of the 95 percent who were aware of at least one method of family planning) reported ever having used a method (Malawi DHS 2004).

Trained Traditional Birth Attendants (TTBAs) play a critical role in providing reproductive health and maternity care services in Malawi. In 2004, TTBAs assisted 26 percent of births– an increase from the previous Demographic and Health Survey from 2000 (23%) (Malawi DHS 2004). TTBAs work in mainly rural areas where access to services is limited and serve as a critical link in the healthcare referral system. Previously, TTBAs attended an initial month-long training course sponsored by the government and were then licensed to provide both ante- and postnatal care to mothers and infants, information on family planning and birth spacing, breastfeeding support and delivery services for uncomplicated pregnancies. In addition, TTBAs were taught how to recognize danger signs and refer out complicated pregnancies and deliveries, as needed.

In 2007 the Malawian government began rethinking the role of TTBAs. But with nearly 64 percent of the positions for nurses in government hospitals vacant (White Ribbon Alliance 2006), previously trained TTBA's are clearly a part of the reproductive health referral network. TTBAs have filled a critical gap in Malawi's human resource crisis among Malawi's health workers. Although TTBAs roles are being changed by the MoH, they will continue to provide information on family planning, the importance of immediate and exclusive breastfeeding and referral services for maternity care.

Trained TBAs Promoting Family Planning Amongst Adolescent Mothers

Save the Children initiated a strategy to use TTBAs to promote the Lactational Amenorrhea Method (LAM) as an intentional contraceptive method amongst teen mother because the situational analysis highlighted that TTBAs could be a critical link to young mothers as they are more easily accessible to counsel and support them in the use of LAM. LAM is based on the physiologic effect of suckling to suppress ovulation. LAM, when used as a method of family planning for up to six months postpartum, is 99.5% effective for ideal use and 98% for typical use (WHO 2007). Correct use of LAM is contingent upon three criteria: 1) the women's menstruation has not yet resumed postpartum; 2) the infant is fully or nearly fully breastfed frequently, both day and evening; and 3) the infant is under six months of age (USAID ACCESS-FP Program, 2007).



A Malawian Traditional Birth Attendant

Another critical aspect of teaching this method is the transition from LAM to a modern method of family planning at the six-month mark or when the LAM criteria is no longer met.

Twenty-one previously trained TBAs from Mangochi district were trained in LAM and provided with counseling materials to promote exclusive breastfeeding for the first six months of life. One program strategy was to provide follow-up to adolescent mothers who, as first-time mothers, require additional breastfeeding support. Additionally, TTBAs were trained in the importance of conducting a six-month postpartum visit in the client's home to check on the mother's breastfeeding progress and encourage switching to a modern method of contraceptives for those that have not yet adopted one. TTBAs were given simple data collection forms to track both the use of LAM and referrals made for modern methods of contraceptives during the six-month postpartum visit.

Sikilina's Story: Teaching LAM to Teen Mothers in Chilipa, Mangochi

Traditional Birth Attendant, Sikilina Abeki, teaches LAM to a young mother in Chilipa

Sikilina Abeki, a TBA who has been delivering babies since 1986, has delivered no less than 2,000 babies during the past 22 years. Sikilina was excited to participate in Save the Children's LAM training, which focused not only on the use of LAM as a method of family planning, but on the importance of exclusive breast feeding. Sikilina feels LAM is an excellent method of family planning since it provides protection against unwanted pregnancy and stresses the importance of exclusive breastfeeding. She has been successful in promoting LAM and the majority of her clients have adopted the method. In addition to promoting LAM, a critical component of her work has been to teach young mothers how to properly breastfeed. Many new mothers are unsure of how to properly position their baby for breastfeeding or do not know how many times a day they should feed their babies. The biggest benefit of this initiative has been the healthier mothers and babies in her community. She explains, "now with the increased use of LAM our babies are healthier and so are our mothers since they are using this method to space their next birth".

Program Successes

- Twenty-one TTBAs from Mangochi district were trained in promotion of LAM and exclusive breastfeeding, supervised by Health Surveillance Assistants.
- Young mothers were more apt to exclusively breastfeed if they had been taught to use LAM. Three hundred and sixty young mothers reported using LAM during the project period after counseling by the TTBA's.
- Because TTBAs are working in the community, it is easy for them to link up with expecting mothers before they give birth and to begin discussing LAM and what to expect once their babies are delivered.
- TTBAs easily learned how to teach LAM to clients. One TTBA thanked SC for promoting this initiative since it has led to "increased breastfeeding rates and improved nutritional status within her community".
- Since TTBAs are not paid, refresher trainings provide additional incentives such as continuing education and per diem, which TTBAs appreciated.

Program Challenges

- The policy environment in Malawi is such that it is not looked upon favorably when working with TTBAs, yet local health offices support the role TTBAs can play in increasing family planning utilization.
- Lack of TTBA supervision from trained healthcare professionals can lead to poor professional development and a breakdown in the referral network. Supervisors were not always available to these community based TTBAs.
- Job aids, although designed for low literate populations, were not utilized consistently. TTBAs preferred hands on demonstrations with oral explanations.

Lessons Learned

- **TTBAs are capable of learning and promoting LAM.** With proper training and minimal supervision, TTBAs can successfully promote the use of LAM and exclusive breastfeeding to their clients.
- **The use of TTBAs to systematically and intentionally promote LAM is a promising approach.** Bringing family planning information closer to young mothers in their homes postpartum can be a critical time to promote healthy birth to pregnancy spacing and reduce the unmet need for family planning. Young mothers need the extra support to make healthy decisions and understand the consequences of pregnancies while they are still adolescents.
- **LAM is a simple intervention that can be scaled-up with minimal cost.** Beyond the initial training of providers and linking them with supervisors, use of LAM requires minimal resources.

Strategy Five: Engaging Malawian Providers to Become Youth Friendly

Making Reproductive Health Services Youth Friendly

In 2002, the Minister of Health and Population launched a new National Reproductive Health Program. The goal is to promote accessible reproductive health services through informed choice and safer reproductive health practices by men, women and young people, including increased use of high quality reproductive health services (Malawi Ministry of Health and Population Reproductive Health Unit 2007). As a part of this initiative, the government is in the process of finalizing a Youth Friendly Health Services (YFHS) policy, which would formalize guidelines for providers in the provision of sexual and reproductive health services for adolescents. Malawi's current *Family Planning and Contraceptives Guidelines*, which were last revised in 1996, recognizes the right of adolescents to reproductive health services and encourages family life education within families and throughout all levels of education (Alan Guttmacher Institute 2005). In 2006, a national call from the National Youth Council of Malawi asked government agencies and NGOs to wait for a revised YFHS curriculum before training additional providers. In 2008, the revised curriculum has yet to be completed and the training of health workers in YFHS is currently on-hold.

With no formal mechanism in place within the Ministry of Health to ensure that adolescents receive sexual and reproductive health services, very few providers are being trained as youth friendly health providers. To fill the gap, the training of community-based health workers, such as Health Surveillance Assistants (HSAs) and Youth Community-Based Distribution Agents (YCBDAs) has resulted in an increase in the number of youth accessing YFHS, including contraceptives and testing for sexually transmitted infections (STIs) within health facilities and in the community.

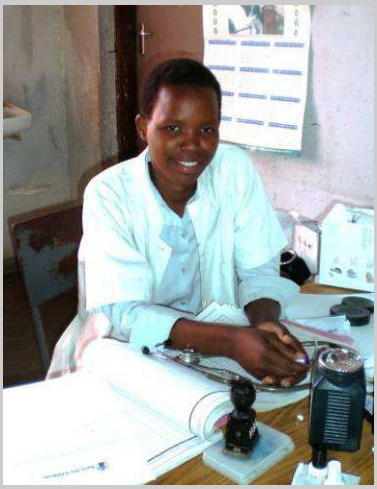
Bridging the Gap: Helping Providers Become Youth Friendly

During the life of the ***Nchanda ni Nchanda*** program, which began in 1999, Save the Children utilized their hallmark quality improvement approach, Partnership Defined Quality for Youth (PDQ-Y), to bring adolescents and service providers together to define a quality improvement reproductive health package to meet the needs of Mangochi's youth. PDQ-Y is a methodology which engages youth and health workers in a process for exploring and sharing perceptions of quality, while also emphasizing mutual responsibility for problem identification and problem solving. In these early years, Save the Children trained 17 service providers and 19 support staff from private and government clinics on a youth friendly health package and skill-building to address the sexual and reproductive health needs of young people in Mangochi district.

During the USAID-funded family planning integration period which began in 2006, Save the Children desired to train additional providers in YFHS and help other clinics reach youth friendly health status. With a national halt on the training of providers on YFHS, Save the Children used an innovative participatory approach to overcome this challenge. After completing a youth-friendly health service assessment of all 15 health centers in the ***Nchanda ni Nchanda*** catchment area, the Monkey Bay health center was viewed as being he most youth-friendly because of it's separate hours for youth, the appointment of a youth-focal person, and the high level of youth club involvement at the health center and in the community increasing demand for reproductive health services. An exchange visit to the Monkey Bay health center was organized for all health centers within the program impact area in Mangochi district. During the visit, providers had the opportunity to learn about the youth friendly strategies implemented at the health center and witness youth accessing these services. At the exchange visit, all providers developed a collective criteria of YFHS, organizing these criteria into a checklist. The health centers were encouraged to use this checklist in their own centers as a means of achieving the same YFHS status achieved in the Monkey Bay clinic. Although Save the Children hoped to eventually train providers from these 14 health centers in YFHS, the delay in finalizing a national level curriculum prohibited this from happening.

Malawian Youth at Monkey Bay Health Center

Voreen: A Youth Friendly Health Provider Fellow Youth Can Rely On



Youth Friendly Health Provider and Medical Assistant, Voreen Malonda

Voreen Malonda, a youth friendly health services provider at the Kukalanga Health Center, has worked as a Medical Assistant at the facility for over three years. Serving a catchment area of over 30,000 people however, has not been easy. "I supervise 21 HSAs and 6 YCBDAs," says Doreen, who sees around 200 clients each day. Regardless of her busy schedule, Doreen has been an avid supporter of YFHS. She was trained as a youth friendly provider in 2005 and has since organized a youth friendly day – on Fridays - at her clinic. Although youth are welcome at the clinic at any time, they tend to come to the clinic on the YFHS day. On these days, YCBDAs will gather at the health center to give talks on use of family planning and voluntary counseling and testing for HIV. Doreen says they also reach adolescents during the Outreach Clinics conducted by HSAs and YCBDAs in the communities. YCBDAs also promote YFHS during the quarterly Youth Days, which are organized by Youth Zone Coordinators, YCBDAs and peer educators. Doreen feels it is important for youth to attend these activities to educate themselves about family planning, birth spacing and prevention of STIs. When asked why she likes working with youth, Doreen responds, "I like to provide YFHS because [at 25 years of age] I am also a youth".

While challenges remain to maintain the current group of YFHS providers and increase their numbers, it is clear the intervention is working. Youth report feeling more comfortable in health centers where youth friendly providers work. Providers who are "youth friendly" are well known amongst adolescents. When asked what makes a health center youth friendly, adolescents cite, "providers that treat you well," or, "takes you right away". And most importantly, adolescents like youth friendly providers who, "keep our secrets".

Program Successes

- During ***Nchanda ni Nchanda*** (pre-2004), 17 providers and 19 support staff from Mangochi district were trained in YFHS.
- During the FP USAID-funded project, health providers from all 15 health centers participated in an exchange visit to Monkey Bay Health Center which is seen as "Youth-Friendly."
- A large network of providers are instrumental in building demand for YFHS including HSAs, YCBDAs, Youth Zone Coordinators (YZC) and peer educators. When asked where they learned about YFHS available at their facility, many youth stated, "through youth clubs, open day activities, YZCs or YCBDAs".
- Many providers have organized youth days at their clinics to encourage youth to access services.
- From methods distributed from both YCBDAs and at the health center, the program achieved 446 couple years of protections in year 1 and 3,538 couple years of protection in year 2.

Program Challenges

- Without providing formal national guidelines regarding adolescent reproductive and sexual health to practitioners it is difficult to enforce youth friendly health policies within Mangochi district.
- Several YFHS providers trained in Mangochi district no longer work in the region, which makes it difficult to promote a district-wide initiative for increasing YFHS.

Lessons Learned

- **Training providers in "youth friendliness" is a worthy investment.** Adding Youth Friendly Health Services can lead to decreases in teenage pregnancy and sexually transmitted infections. Youth who seek services at health centers with youth friendly providers show increased use of family planning, voluntary counseling and testing for STIs. Youth feel more comfortable seeking services from known "youth friendly" providers.
- **Using Save the Children's PDQ-Y approach to train providers in YFHS is an effective method to engage youth in improving the quality of reproductive health services for youth.** Save the Children incorporated the PDQ-Y approach into the YFHS training curriculum, which led to greater understanding between health workers and their adolescent clients. The result was an increase in the number of adolescent clients who accessed reproductive health services at health clinics.