

## **KEY RESULTS FOLLOWING THE PUBLIC INQUIRY IN MALAWI**

The Public inquiry was conducted in the last quarter of 2014. Thus preparations and other preceding activities were done from October to November, with the actual hearings done in December, 2014.

The Public Inquiry was preceded with a comprehensive literature review aimed at carrying out a general desk-based analysis of the sexual and reproductive health rights situation in Malawi. The review specifically involved the analysis of relevant available documents including laws, policies, reports and other publications on SRHR. The review contributed to the identification of current gaps and areas for improvement which hinder the enjoyment of SRHR in Malawi. The review therefore analyzed the extent to which SRHR are realized in Malawi. The findings of the desk review were consolidated and informed the discussions during the public hearings, the high-level national conference and the report and communiqué on the public inquiry on the enjoyment of SRHR in Malawi.

Prior to the inquiries, MHRC conducted Focus Group Discussions with communities (FGDs) on the enjoyment of Sexual Reproductive Health and Rights (SRHR) in the target districts at Health facilities. The FGDs were conducted in preparation for the Public Inquiry exercise on SRHR. Specifically, the exercise was conducted to establish the level of understanding of people in the area on issues of SRHR. The areas of focus during the FGDs included issues of availability, accessibility, quality and affordability of SRHR services and products.

From the recommendations of the public Inquiry report, UNFPA also has supported the formation of a National task force to monitor the implementation of the recommendations from the Public Inquiry and will continue to follow up on the implementation of the recommendations and other emerging issues relating to the SRHR of women and girls.

The task force has an action plan to follow up on the recommendations of the Public Inquiry. This included **Dissemination Meetings of Recommendations of the Sexual and Reproductive Health and Rights** which have been done in 10 districts in Malawi. The meetings provided a

very unique platform for communities to air out various short falls in the health delivery system in Malawi. Apart from touching on specific areas highlighted in the reports, communities talked about the problems associated with the general performance of district health committees. The other issue was that youth patronization was very Low. A follow up action from the dissemination meetings was that the Commission should engage with government on the possibility of having “independent” public health facility “Quality Officers” at all public health facilities and who would be responsible for handling users’ complaints and have legal powers to take necessary action to resolve complaints or refer them to relevant authorities.

The next activity on the action plan was to conduct training for service providers and Civil society organisations based at the districts to be following up on the recommendations with district health officials. The training Workshops targeted stakeholders like the Police, prison officials, Health workers, Legal officer, Education officers, Judicial officers, Social welfare officers, Tradition and Community leaders, Civil Society organisations and other service providers and duty bearers. The specific objectives for the trainings were Strengthen the human rights capacity of service providers with rights based approaches to Sexual and Reproductive Health ; Establish real time reporting and early warning signs of human rights violations in SRH; and Promote rights based service delivery models to increase their access to SRH services.

The areas covered in the training included : Background to the public inquiry; Legal framework of SRHR in Malawi; Access to family planning services and information; Maternal and Neonatal Health; Youth friendly sexual and reproductive health services; HIV and AIDS and other related infections; Obstetric cancers and Reproductive cervical, prostate and breast cancers; Gender based violence and harmful cultural practices; The Role of the Commission and other stakeholders in the promotion and protection of SRHR.

Observations from the trainings by service providers and civil society were that :

- There is need for husbands or men in relationships to accompany or go together with their partners to hospital for medical attention.
- There is need for stakeholders to mainstream messages in their programs that would encourage men to contribute to the enjoyment of SRHR for their partners.

- Effective enjoyment of SRHR by women and girls is very much negatively affected by issues such as traditional beliefs, Gender Based Violence, male chauvinism, power imbalances between men and women.
- Generally the youth are denied access to information about SRHR by adults be them parents or teachers or services providers etc. They get wrong information from their peers and eventually put themselves at risk of pregnancies of HIV and AIDS and related infections.
- The training also discussed that youth friendly sexual and reproductive services are few and also have to be accessible, of good quality. It was also highlighted that parents do not discuss issues of sexual and reproductive health with their children which is a challenge.

UNFPA through the Safeguard young people, Girls education and Gender programmes has intensified Youth Friendly health facilities in the target districts and is also reaching to the young people through the One stop Centres which are located at health facilities.

The task force on the implementation of the recommendations will again do a follow up to the health facilities and meet with the trained team to see progress.

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