Ministry of Health and Population

YOUTH FRIENDLY HEALTH SERVICES KEY INDICATOR BI-ANNUAL BULLETIN

JANUARY-JUNE 2019

1. Background

Youth Friendly Health Services (YFHS) are a key component of Malawi's National Sexual and Reproductive Health Program. YFHS are expected to contribute to the attainment of Malawi's FP2020 target of achieving a 60% contraceptive prevalence rate, with a focused increase among those aged 15-24. Measuring progress of YFHS is a priority for the Ministry of Health and Population to ensure that strategic adjustments to programing are implemented and that sustained positive health outcomes as outlined in the National Youth Friendly Health Services Strategy 2015-2020 (YFHS Strategy) and the Health Sector Strategic Plan II (HSSPII). These kinds of bulletins are produced on a bi-annual basis and provide a synopsis of consumption of services in the YFHS package as well as the reporting performance of YFHS in the DHIS2. The bulletin has been prepared by the Reproductive Health Directorate in collaboration with USAID funded Health Policy Plus, Malawi.

1.1 Data Sources

Data for this bulletin was obtained from DHIS2[1], Malawi's health information software. Of worth to note is that a typical feature of DHIS2 is that data for a specific reporting period can be updated, even when data/reports for that reporting period are submitted at a later date. For example, when data was pulled for the previous version of the bulletin in January 2019, Chikwawa was the highest reporting district with 92% of actual reporting, while Zomba was 65% in actual reporting. When the same reporting period data was re-tabulated in March 2019, Zomba was highest with 98%. This means that Zomba entered data for other facilities later in the quarter that followed. As such, this bulletin can be considered a "snapshot" in time, and actual results may vary as new data is entered into DHIS2.

---

[1] DHIS2 is a tool for collection, validation, analysis, and presentation of aggregate and patient-based statistical data, tailored (but not limited) to integrated health information management activities. It is a generic tool rather than a pre-configured database application, with an open meta-data model and a flexible user interface that allows the user to design the contents of a specific information system without the need for programming.

1.2 Bulletin Outline

The bulletin has three main sections. The first section highlights key data on utilization of health services among the youth. Reports from this section are exclusively drawn from DHIS2 for YFHS program as well as from generic family planning reports. These crude reports are used to show absolute numbers of young people accessing services. The section is important to inform government and partners working in service delivery to know how many young are being reached and reflect on how much more could be reached. The second section highlights performance in reporting for YFHS in the DHIS2 at national and zonal level. The third section narrows focus on reporting performance for 10 districts, the best performing five, and the most underperforming five. The fourth section provides some indicative factors affecting performance.

2. Section 1: Utilization of Services

This section presents data on consumption of the overall YFHS services package as outlined in the Minimum Standards for YFHS and consumption of contraceptives by young people, ages 10-24.

2.1. Utilization of YFHS Services

This section provides the overall picture of how health services are being utilized by young people in Malawi. During the period under review, the DHIS2 data show that young females utilized services offered at YFHS facilities more than males except for condoms. It can also be noted from the table below that access to YFHS increases with the increase in age. This is the case in almost all services. This pattern raises questions on how much (and appropriate) is being done for adolescents. Information and counselling, condom provision, FP information and services, HTC and peer education are the most consumed services among young people during this period. These are the same services that were reported in the YFHS Bulletin Quarter II (2018/19) for Jan-Dec. 2018.

Table 1: Utilization of Services among young people (10-24)

JANUARY- JUNE 2019							
SN	Services Provided	10-14Yrs		15-19Yrs		20-24Yrs	
		Male	Female	Male	Female	Male	Female
1	Information & Counseling	43,019	51,940	91,685	144,477	103,050	189,074
2	FP Information & Services	6,990	13,728	30,170	87,367	33,020	192,208
3	Condom Promotion & Provision	23,861	10,394	132,572	53,366	156,069	68,914
4	STI Management	242	730	4,208	8,504	10,548	19,210
5	HTC	20,953	30,179	57,611	133,767	88,751	187,967
6	PMTCT		359		12,873		17,796
7	ART	3,392	8,449	4,102	6,195	6,010	10,519
8	PEP	71	214	350	427	905	865
9	Peer Education	17,501	25,823	38,487	53,927	50,397	57,317
10	Ante-natal		857		60,753		78,267
11	Childbirth & Postnatal		596		36,480		45,041

12	Post Abortion Care		278		2,435		2,964
13	VMMC	4,296		4,826		4,075	
14	HPV			15,438			
15	Sexual Abuse	1	177	101	221	59	115
16	Drug & Substance Abuse	245	301	360	441	841	604

The graph below presents the data in the above table combined with data for the previous 6 months (July-December 2018) for selected services to visually show the trends. There has been an increase in the uptake of HTC services and condoms by young from January to June 2018 to the current review period. Family Planning information and services has experienced almost constant trend over the same period. In light of the limitations that the data is not showing the denominators which would have aided in providing a picture of how many are not accessing the services, the 2019 Census data provides some statics which partners may still refer for national and district youth specific demographic data. Illustrative data is presented in the table below.

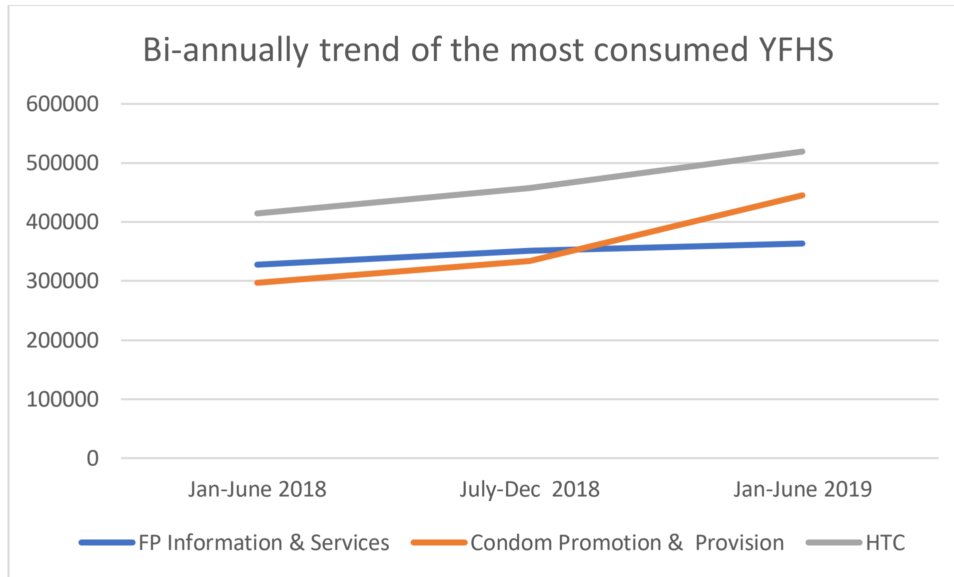
Table 2: Disaggregated data for target group for youth friendly health services

Age Groups	Male Population (#)	Female Population (#)	Total Population	Percent
10-14	1,247,212	1,286,091	2,533,303	14.4
15-19	1,004,780	1,031,165	2,035,945	11.6
20-24	777,576	874,000	1,651,576	9.4
Total Malawi Population			**17,563,749**	35.4

Source: Census Preliminary results: National Statistical Office, page 21

Such data as in above table is available specific for districts. Partners may find it useful to be measuring progress on numbers they are or are not reaching.

Figure 1: Trend in Most 3 Consumed services by the youth



2.2. Top 5 and Bottom 5 Youth Friendly Health Services

Table3: Top five and least five Services Consumed by young People (10-24)

Top 5 Services				
	Services	**Male**	**Female**	**Total**
1	Information & Counselling	237,754	385,491	623,245
2	HTC	167,315	351,913	519,228
3	Condom Promotion & Provision	312,502	132,674	445,176
4	FP Information & Services	70,180	293,303	363,483
5	Peer Education	106,385	137,067	243,452

Least 5 services				
	Services	**Male**	**Female**	**Total**
1	Sexual Abuse	161	513	674
2	Drug & Substance Abuse	1,446	1,346	2,792
3	PEP	1,326	1,506	2,832
4	ART	13,504	25,163	38,667
5	STI Management	14,998	28,444	43,442

From January to June 2019, HTC, condom promotion and provision, FP information and services and peer education were most utilized services by the youth. As earlier indicated, females dominated in most of these services except condom provision. PEP, ART, STI management are among the least consumed services among the youth. In light of the 90-90-90 HIV AIDS targets, these statistics highlights a situation that needs further explanation or analysis of the situation in which more young people going for HTC and yet considerably fewer of them are accessing ART. It could be that due to the high number

of young people accessing condoms, there is in fact fewer HIV infections, meaning fewer young people found HIV positive.

2.3. Consumption of Contraceptives by Young People

This section focuses on contraceptive initiation. In the DHIS2 disaggregated data is available by age and method for new users of contraceptives only.

The table below has been arranged in descending order, showing the most consumed FP methods by the first-time users. It is clearly seen from the table that male condoms, Depo-IM and Implanon are most consumed family planning methods among the youth. It is also shown that that the Long acting and reversible contraceptives (LARCS) such as IUCD are not much used by young people. Overall in the YFHS package, consumption of contraception is higher among the 20-24 year olds than the lower age groups and is least among the youth aged 10-24.

Table 4: Family Planning Consumption by first time users.

	METHOD OF CONTRACEPTION	AGE GROUPS			TOTAL
		10-14	15 - 19	20 - 24	
1	Male Condoms	5,885	4,133	4,123	**14,141**
2	Depo-IM	493	4,688	5,821	**11,002**
3	Implants (Implanon) insertion	58	933	1,244	**2,235**
4	Combined oral	44	569	928	**1,541**
5	Implants (Jadelle) insertion	35	652	838	**1,525**
6	Depo-SC P	24	541	678	**1,243**
7	Implants (Levoplant) insertion	4	379	533	**916**
8	Emergency contraceptives	93	371	353	**817**
9	Depo-SC SI	8	323	455	**786**
10	Female Condoms	22	204	335	**561**
11	Tubal Ligation	27	259	490	**776**
12	Progestin only	16	91	89	**196**
13	IUCD Insertion	0	63	111	**174**
14	Vasectomy	0	3	7	**10**
15	Any other method	0	0	3	**3**
16	Natural Methods/cycle beads	0	0	2	**2**
17	LAM	0	0	0	**0**

3. Section 2: YFHS Reporting Performance in DHIS2

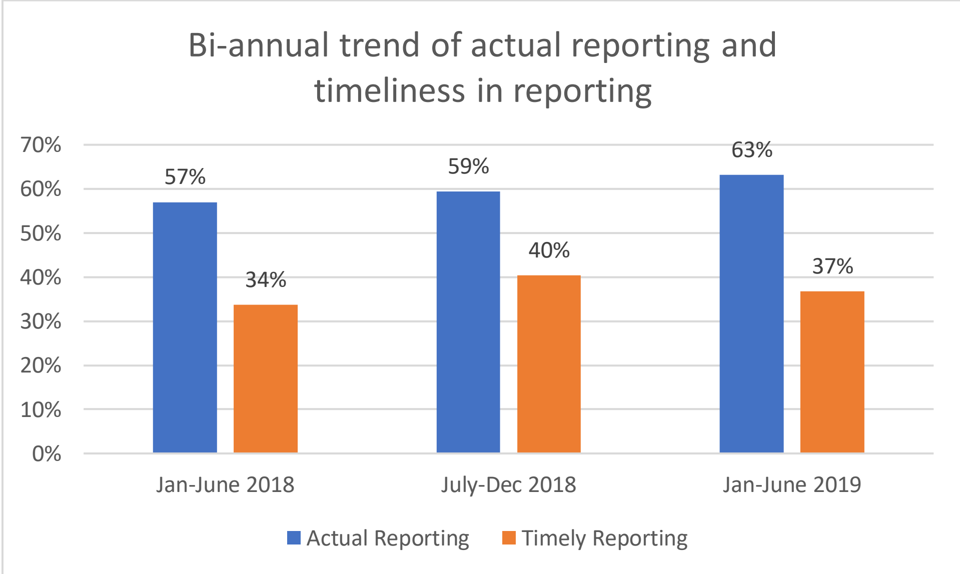
This section focusses on how the country is performing in reporting YFHS data in the DHIS2, based on data entered by DHOs at district level. The performance is measured primarily by focusing on the proportion of reports entered compared to the expected total number of reports, and the timeliness of reporting. In the DHIS2, every service delivery point must produce and have its YFHS data entered in the in the DHIS2. Therefore, the number of expected reports equals the number of service delivery points in the district. The second variable key in measuring the performance is in timeliness of reporting. Data entered in

DHIS2is considered as reported timely if is entered by 14th of the month. Any report entered after 14th of the month is considered late reporting. Timely reporting rate therefore means proportion of actual reported reports by the 14th of the month to the total number of reports entered in DHIS2 at that given time.

3.1 National Trend in Reporting Performance

Below is a graph showing the national reporting pattern for the past 18 months, analyzed per every six months.

Figure 2: National Bi-annual reporting patterns of YFHS in DHIS2



There is a sustained improvement by the District Health Offices in entering YFHS data in the DHIS2. The graph shows a considerable increase from 57% in January to June 2018 to 63% in 2019 in the same period. The sustained increase in actual reporting is also reflected by the 59% reporting rate which was recorded by the end of July to December 2018 period, which shows consistency in the increase. However, while there is sustained progress in reporting progress, performance in reporting timely is relatively low and has declined to 37% in the current reporting period of January to June 2019 from 40% recorded by end of July to December 2018 period. While there is that constant increase in reporting rate, the pattern in timeliness is different. Overall comparison of the period January to June 2018 and January to June 2109 show an increase from 34% to 37%. The 6 percent increase in timeliness observed in 2018 between January to June and July to December was not sustained for another six months, instead, it dropped by 3 percent. The results show that while districts are increasingly committing to report, they are however not adhering to deadlines set by the Ministry of Health and Population. There is obviously a need for improvement in both actual reporting and timelines in reporting of YFHS in the DHIS2 to match other programs such as HIV and AIDS, which are consistently above 80% every time the YFHS reporting analysis is done.

3.2. Zonal Reporting Performance

Based on the same DHIS2 data, an analysis was made on how different zones are performing. This analysis only compared the July to December 2018 bi-annual data to the current bi-annual period. There have been mixed results from the patterns observed at the zonal level. While all the zones experienced a slight improvement in actual reporting from the previous bi-annual, the Northern Zone experienced a consistent decline for the past three bi-annuals. In timely reporting, all zones but the Central East Zone experienced a decline in the reviewed bi-annual as compared to previous bi-annual. Only Central East Zone had consistently improved but it is the least performing zone in as far as timeliness of reporting is concerned.

Figure (3a): YFHS actual reporting by Health Zone

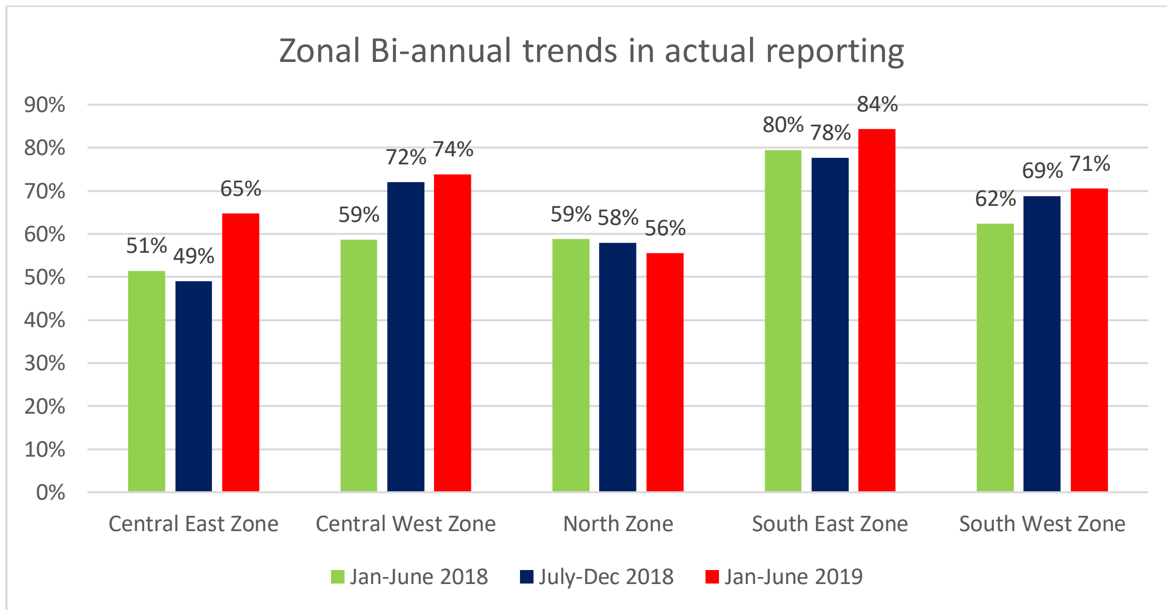
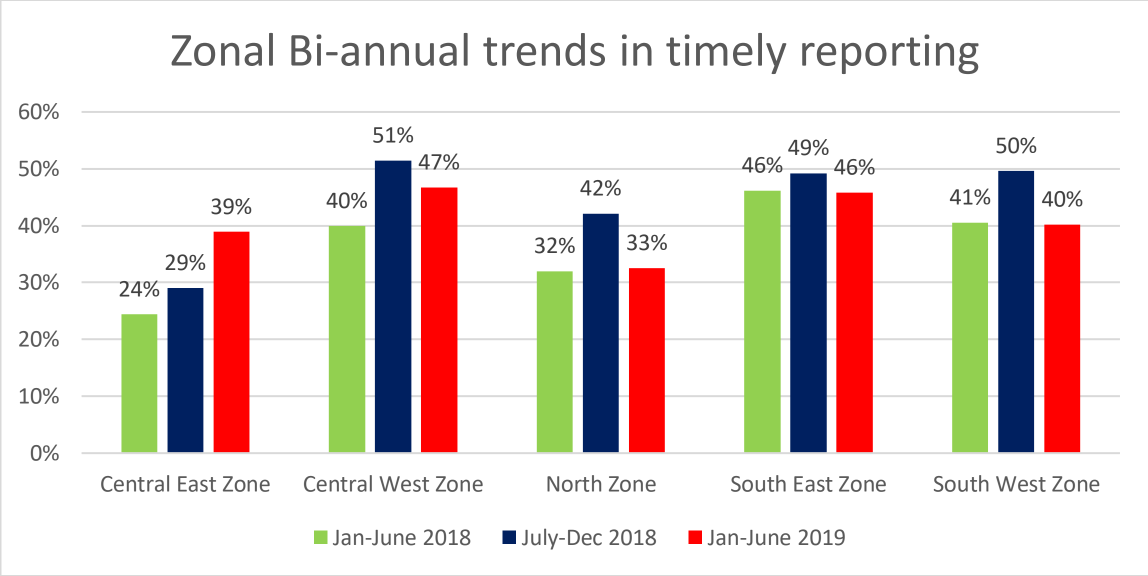


Figure (3b): YFHS timely reporting by Health Zone



4. Spotlight on Districts

3.1 Top 5 performing and Bottom 5 performing Districts in YFHS reporting in DHIS2 for Quarters 3 and 4 of 2018/19

There have been improvements in several districts with regards to YFHS reporting in DHIS2 , although some districts are still struggling in either actual reporting or timely reporting and in some cases struggling in both.

In the reviewed bi-annual, Mwanza DHO was the highest performing district in actual reporting with all the expected reports been submitted except for timeliness. Mzimba DHO was the least performing district with only 21% of the expected reports been submitted. On timely reporting, Salima DHO which was second highest in actual reporting, emerged the highest performer in timely reporting with 80% of its expected report been submitted in time. Mzimba North, Chiradzulu, Karonga and Ntcheu DHO seem to be poor in both actual and timely reporting. There is a need to engage the HMIS officers and YFHS coordinators in these districts to understand the problems that account for this poor performance.

Table 5(a): District Performance in actual reporting

Actual Reporting Performance (Q3 and Q4_2018/19)					
Top 5 Districts			**Bottom 5 Districts**		
Position	**District**	**Percentage**	**Position**	**District**	**%**
1	Mwanza DHO	**100%**	1	Mzimba North DHO	**20.7%**
2	Salima DHO	**98.8%**	2	Chiradzulo DHO	**28.9%**
3	Zomba DHO	**95.8%**	3	Karonga DHO	**41.7%**
4	Nsanje DHO	**95.2%**	4	Ntcheu DHO	**41.7%**
5	Nkhatabay DHO	**94.4%**	5	Dowa DHO	**47%**

Table 5(b): District Performance in reporting on time

Timely Reporting Performance (Q3 and Q4_2018/19)					
Top 5 Districts			**Bottom 5 Districts**		
Position	**District**	**Percentage**	**Position**	**District**	**Percentage**
1	Salima DHO	**79.8%**	1	Mzimba North DHO	**10.0%**
2	Zomba DHO	**77.3%**	2	Rumphi DHO	**10.4%**
3	Nkhatabay DHO	**72.2%**	3	Ntcheu DHO	**11.9%**
4	Balaka DHO	**60.0%**	4	Chiradzulu DHO	**15.6%**
5	Mchinji DHO	**58.8%**	5	Karonga DHO	**18.5%**

3.2 Big Margin Movers

This section presents two contrasting results focusing on districts. The first part shows the districts that showed the biggest margins of improvement since last quarter, referred to in this bulletin as "5 Star Performers". When it comes to temporal improvements in actual reporting within districts, Salima DHO was the most improved district with 58% actual reporting during the previous review to 99% during the current review representing a 41% increase. On the other hand, Thyolo DHO was the least improved district from 86% to 61% representing a 25% decrease.

Table 6 (A): Most Improved Districts in actual reporting

Position	Top 5 Districts	July-December 2018	January-June 2019	Margin of increase
1	Salima DHO	58.3%	98.8%	**40.5%**
2	Phalombe DHO	20.2%	53.6%	**33.4%**
3	Nsanje DHO	69%	95.2%	**26.2%**
4	Neno DHO	70.8%	93.8%	**23.0%**
5	Mwanza DHO	79.2%	100%	**20.8%**

Table 6(B): Big performance drops in actual reporting

Position	Bottom 5 District	July-December 2018	January-June 2019	Margin of decrease
1	Thyolo DHO	86.1%	61.1%	**-25.0%**
2	Chiradzulu DHO	53.5%	28.9%	**-24.4%**
3	Rumphi DHO	68.8%	55.2%	**-13.6%**
4	Mchinji DHO	82.4%	71.6%	**-10.8%**
5	Chikwawa DHO	79.6%	72.2%	**-7.4%**

4. Section 4: Success Factors and Challenges in YFHS Reporting in DHIS2

The following section explains some of the factors that may be causing these improvements or drops in the districts. The districts highlighted in the preceding section, the "Big Margin Movers" are identified as samples to give responses on factors they identify to be contributing to the changes in their performance.

RHD with support from HP+ conduct monthly virtual check-ins to verify DHIS2 reports. These figures are then verified quarterly at both national and district level. All five districts with high reporting rates have reported that **effective coordination between the HMIS officers and the Youth Friendly Health Services Coordinators** has led to good reporting rates.

On-job mentoring has also helped with reporting around YFHS. Some YFHS Coordinators use the retrieval of reports as an opportunity to mentor the facility in-charges and data collection personnel on how to compile the reports. This initiative has also helped some districts to improve on their reporting performance. **Partner support** to YFHS Coordinators is also seen as a great help in data collection, overcoming transportation challenges and lack of available airtime. In the previous bi-annual analysis, the USAID funded ONSE[2] was cited as one of the most helpful partners in the district to support YFHS Coordinators. During this period the UNFPA has been mentioned to be assisting in that regard as reported by Salima, which is the most improved district.

The use of **WhatsApp groups** to remind all facility focal persons to compile the reports when its time, has also been cited by many districts as one of the effective ways to coordinate the reporting structures in the districts. This mechanism helps the coordinators to receive reports easily because facility focal persons take pictures of the reports and post them on the group chat. This saves on the associated travel costs and transportation problems encountered by YFHS coordinators when trying to retrieve reports from facilities.

Poor internet connection and lack of transportation are the main challenges often cited by HMIS officers and YFHS Coordinators respectively during monitoring check-ins. HMIS officers require good internet connection to enter data in DHIS2, while YFHS Coordinators need transportation to collect reports from facilities, to mentor the data collection personnel in the facilities, and to verify the data to ensure better data quality. **Inadequate training in YFHS reporting by staff at health facilities,** both health care providers and data clerks is also one of the problems faced by YFHS coordinators in the districts.

Overall, YFHS and HMIS Coordinators have begun to **routinely** collect data around YFHS which is encouraging and will assist greatly in tracking progress going forward. As the results show, there is sustained improvements albeit to mention that there is more that must be done to improve reporting rate from 63% to possibly 100%.

---

[2] Management Sciences for Health (MSH) under the USAID funded flagship project called Organized Network of Services for Everyone's Health Activity (ONSE)