

A Case for Prioritisation of Youth Friendly Health Services in Malawi



Ministry of Health

National Youth Friendly Health Services Strategy

2015–2020



It was developed in response to the findings and recommendations that came out from the national YFHS Programme Evaluation study which was conducted between 2013 and 2014 by Ministry of Health and Population through the Reproductive Health Directorate with assistance from the U.S. Agency for International Development (USAID). It was estimated that for the strategy to achieve its objectives it would need an investment of MK9,671,182,040. Funds for the implementation of the YFHS programmes is expected to be realised through resource mobilisation primarily through government and the integration of YFHS components in other donor-funded programming.

3. Evidence Used During Strategy Development

The report for the 2013/2014 National Evaluation of the YFHS program established that only 31.7% of young people had heard of YFHS and 13% had ever used these services. Further findings pointed to negative provider attitudes, long distances to YFHS access points coupled with long waiting times, and lack of confidentiality as some of the reasons for discontinued use of health services by youth. Such results called for an urgent need to revisit, revamp, and reinstitute a robust and successful YFHS programme in the country particularly because of the significant youthful proportion of young people Malawi has which is faced with overwhelming multiple challenges. The country presently registers a high number of adolescent pregnancies and high STI/HIV incidence among youth.

1. Background

Out of 17.5 million, the current total Malawi population, 35% are within the age group 10-24, 49% is a proportion of young people between the age group 10-34 and 78% is under the age 35. In responding to this pattern of high proportion youthful population, Malawi is one of the few countries in the region to have implemented youth-friendly health services (YFHS) from as early as 2007 through the Ministry of Health (MoH) Reproductive Health Directorate (RHD). These services are offered to young people between the ages of 10 and 24 years. This age groups is targeted recognising that this is a vulnerable time for adolescent transition to young adulthood. YFHS described as high-quality services that respond to the general health, especially sexual and reproductive health and rights (SRHR) and needs of young people. YFHS are meant to be relevant, accessible, attractive, affordable, appropriate, and acceptable to young people.

2. National Youth Friendly Health Service Strategy 2015–2020

In 2015, the National Youth Friendly Health Service Strategy (YFHS) was developed and launched with the main goal to increase knowledge and improve awareness, access and utilisation of YFHS for all young people aged 10 to 24 years.

Strategic Objectives

1. Enhance the enabling environment for planning, programming and delivery of YFHS information and services to young people.
2. Increase adherence to national standards on YFHS in service delivery, improve access to comprehensive age-appropriate sexual and reproductive health (YFHS) information and promote utilisation of quality services by young people through informed choice.
3. Strengthen ownership, coordination and collaboration among MOH-RHD, other line ministries, district structures, and key stakeholders at the national and district level, including community leaders and young people.
4. Mobilise parents, community leaders and young people to actively advocate and support YFHS uptake.
5. Mobilise resources to adequately support the effective management and implementation of the national YFHS programme

4. What Evidence Suggest Post- YFHS Strategy Launch

The Malawi Demographic Health Survey report released in 2016 showed that adolescent pregnancies increased from 26% in 2010 to 29% in 2016. This is critical indicator to prompt reflection on whether the YFHS program is working or not. That need is supported by the evidence coming out from different studies that have been conducted post YFHS Strategy launch in 2015. A study conducted by GIZ in 2018, even though at a small scale compared to the 2013/2014 national evaluation, found that less than 10 percent of young people were visiting YFHS, which is slightly lower than the 13% found in 2013/2014 YFHS evaluation. This study may suggest that there may not be improvements in the utilisation of YFHS by the youth. This could be the case partially because YFHS in Malawi is being implemented sporadically and is heavily relying on donor support as established in a 2018 study conducted jointly by Malawi's National Statistical Office in collaboration with Johns Hopkins Bloomberg School of Public Health, Malawi College of Health Sciences and Reproductive Health Directorate of Ministry of Health and population.

5. YFHS program is Beyond Health Sector

The YFHS strategy applies what is called a Life Cycle Approach. This approach necessitates a wide range of programmatic components which ensure that each age group is served with appropriate services in a holistic manner. Therefore, because of this approach, in addition to Ministry of Health and Population, other ministries such as Ministry of Health and Population, Ministry of Education Science and Technology, Ministry of Gender, Children, Disability and Social Welfare and Ministry of Youth, Sports and Culture have significant roles to play as outlined in the YFHS Strategy.

LIFE CYCLE APPROACH (WHO 2002, UN 1998)

- Early adolescence 10–14 years;
- Middle adolescence 15–17 years;
- Late adolescence 18–21 years; and
- Early adulthood 22–24 years

6. Call to Strategic Action

The current evidence from program data as well as the studies that have been conducted since the YFHS strategy was launched suggest a few areas that need urgent consideration by our Honourable Members of Parliament

1. To champion the advocacy for allocation and expenditure of funds specifically to the youth friendly health program in the national budget. While doing this, they must recognise that the push for investments in YFHS program should not be limited to Ministry of Health and Population only, it must also include Ministry of Education Science and Technology, Ministry of Gender, Children, Disability and Social Welfare and Ministry of Youth, Sports and Culture
2. To champion allocation of and expenditure of funds towards YFHS implementation at the district level. The overall pattern in the District Implementation Plans (DIPs) show that YFHS activities have literally no allocation of funds from government. Only those districts that are privileged to have partners that have YFHS programs implement some components of the program which makes impact minimal and un sustained impact
3. To champion push for investments by leading by example. Recognising that the Honourable Members of Parliament have a Constituency Development Fund, we kindly ask that they should invest significant proportion of those funds to YFHS program components such as construction of youth corners or youth centres as well as other low cost grassroots activities implemented by youth clubs, youth networks and youth organisations
4. To champion meaningful participation of the youth in decision making structures at all levels so that they speak for themselves issues they are facing in their respective geographical locations and also that they offer and justify solutions to the issues. The meaningful participation would be possible if in those structures the youth also have voting powers.