



EVALUATION OF YOUTH-FRIENDLY HEALTH SERVICES IN MALAWI

EVALUATION SUMMARY

June 2014

About the evaluation

The Government of Malawi began its youth-friendly health services (YFHS) program in 2007. Between 2007 and 2013, no comprehensive evaluation of the program was conducted to examine the quality of YFHS in Malawi using the national YFHS standards. Furthermore, no evaluation was conducted to look at the effectiveness of the approaches to delivering YFHS and related strategies applied by the Ministry of Health and nongovernmental organizations. Finally, the voices of youth, which are crucial for ensuring that health services respond to the needs of youth from a youth perspective, were lacking from any document that assessed the state of YFHS.

The Ministry of Health therefore decided to carry out a comprehensive evaluation of the YFHS program to assess its scope, quality, and outcomes. The evaluation, described in this brief, was conducted by the Ministry of Health's Reproductive Health Department, USAID, the USAID-funded Evidence to Action Project, and the Centre for Social Research, University of Malawi. Technical and/or financial support was provided by WHO, UNFPA, and UNICEF.

Introduction

Youth aged 10-24 constitute more than one-third of the population in Malawi. Recognizing that this significant population of young people are exposed to a broad range of sexual and reproductive health (SRH) challenges that include unwanted pregnancies, sexually transmitted infections (STIs), and HIV and AIDS, the Government of Malawi began implementing its Youth-Friendly Health Services (YFHS) program as a strategy to make all health services more acceptable, accessible, and affordable to young people.

The Ministry of Health (MOH) formed a technical working group to create a set of YFHS standards that defined the minimum package of services to be offered to young people by level of care, using the World Health Organization international standards as a guide. Despite the efforts to scale up YFHS across the country, a monitoring exercise conducted in 2010 revealed that only 64 of 266 sites (24 percent) assessed were ready for accreditation.

The MOH decided to carry out a comprehensive evaluation of the YFHS program, which is described in this brief, to assess coverage, quality, and achievements.

The objectives of the evaluation were to:

1. Assess the extent to which YFHS standards and the minimum package of YFHS have been implemented.
2. Determine the coverage of YFHS.
3. Examine factors that influence uptake of YFHS at the district and zonal levels.

Methodology

The evaluation had two components: the qualitative component that focused on gaining deeper understanding of facilitators and barriers to uptake of YFHS in Malawi, and the quantitative component that focused on coverage of the YFHS program, uptake of YFHS, adherence to standards, and satisfaction with YFHS.

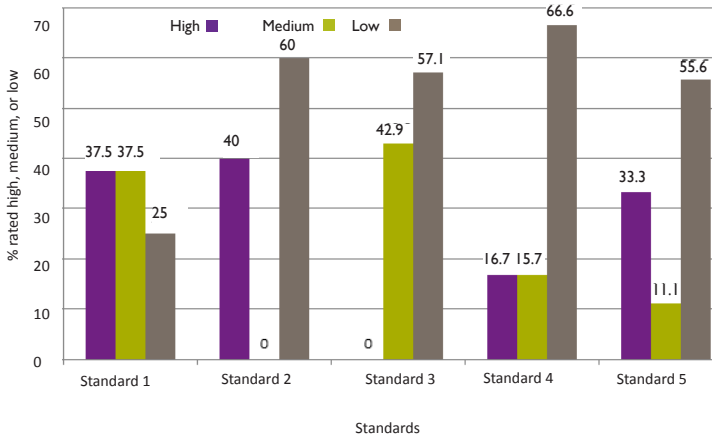
The quantitative component was conducted in 10 districts, selected from the 5 zones of Malawi: Mzimba and Karonga (North), Dowa and Kasungu (Central East), Lilongwe and Ntcheu (Central West), Mangochi and Phalombe (South East), and Nsanje and Chiradzulu (South West). The qualitative data were collected in 5 of the 10 districts (1 district per zone)—Karonga, Kasungu, Lilongwe, Phalombe, and Nsanje.

For the qualitative component, focus group discussions (FGDs) were conducted by trained facilitators using pretested guides with two groups of respondents: youth in the community and parents of youth. FGDs of 8 to 10 members each were conducted in both urban and rural sites, with males and females. The FGD participants were recruited with support from health surveillance assistants using age and gender criteria.

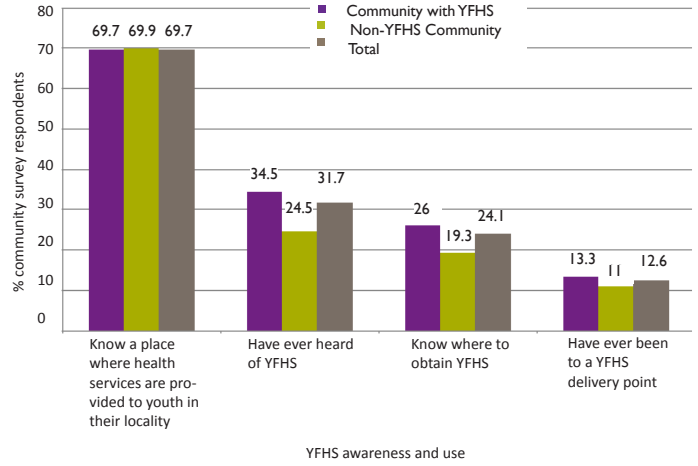
The quantitative component consisted of a community survey with 2,033 young people to determine their knowledge and use of YFHS and exit interviews with 589 young clients at health facilities to determine their satisfaction with services. The quantitative component also included interviews with the following groups: 30 hospital- and 87 health center-based providers to determine the quality and breadth of the health services they offer and challenges they face; 67 peer educators and 86 community-based distribution agents (CBDAs) to determine, among others, how they conduct outreach and offer services; nongovernmental organization (NGO) staff to identify their YFHS-related activities; 61 health facility management staff/senior YFHS providers and 11 district health officers to determine adherence to YFHS standards; 11 district YFHS coordinators to determine successes and barriers to implementation of YFHS; community leaders to assess their perceptions of young people, particularly with regard to SRH; and a review of service statistics from the four quarters preceding the evaluation to assess YFHS uptake.

YFHS in Malawi: Key Findings

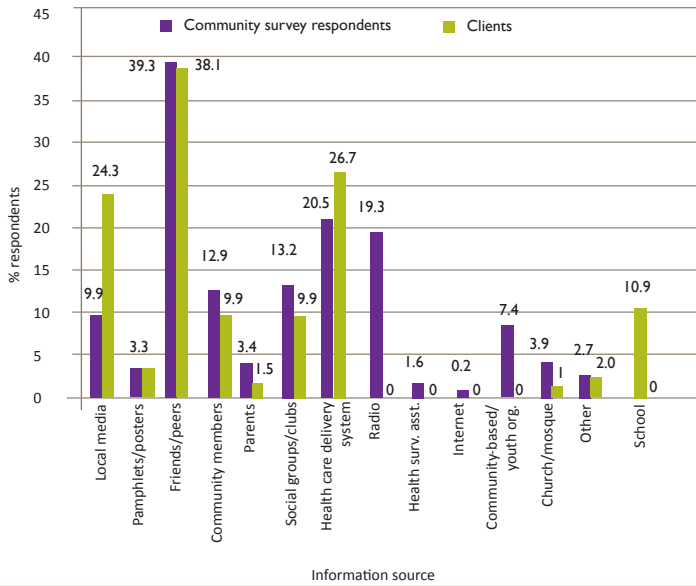
Percent of Standard Elements Implemented at Low, Medium, and High Levels *(see description of standards on next page)



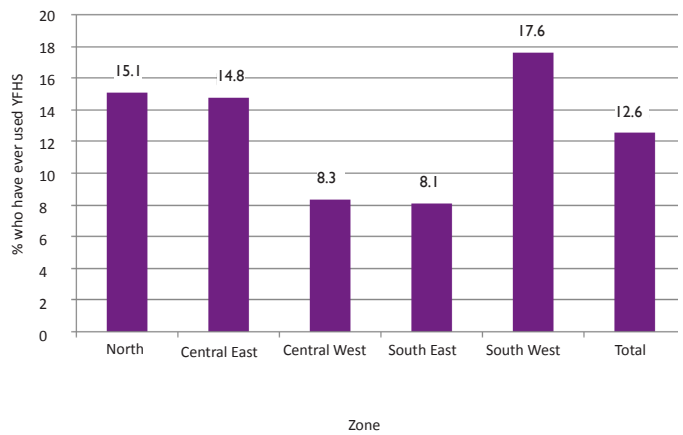
Awareness & Utilization of YFHS: Community Survey Respondents



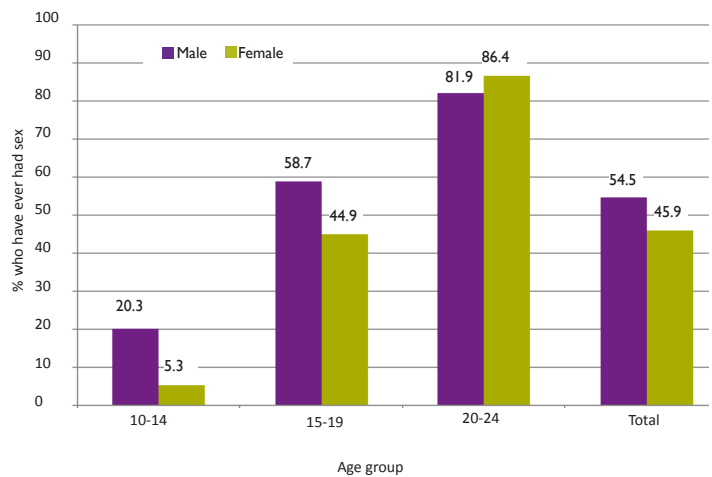
Sources of Information on YFHS



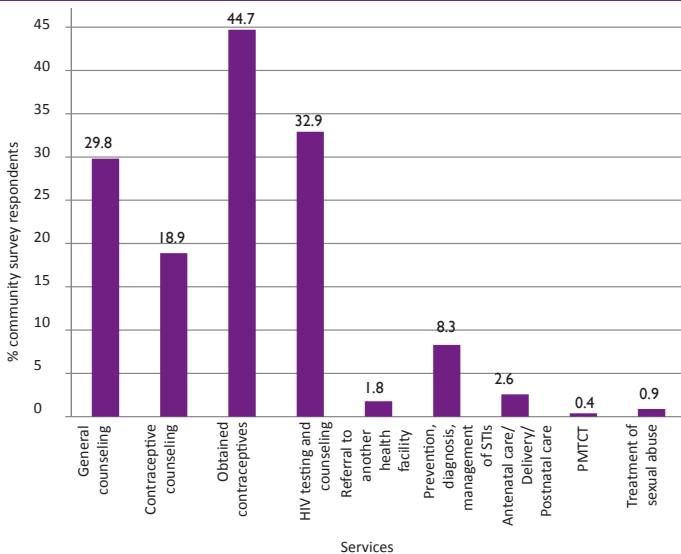
Ever Use of YFHS by Zone: Community Survey Respondents



Percentage of Youth Who Have Ever Had Sex by Age & Sex



Services Obtained During Last Visit to YFHS Delivery Point: Community Survey Respondents



YFHS in Malawi: Key Findings by Evaluation Objectives

Objective 1: Implementation of YFHS Program & Standards

Training, supervision of service providers:

- About half of CBDAs and 64% of peer educators reported being trained in YFHS, including counseling on contraception, HIV and AIDS, and STIs, and information about condoms and condom distribution. Both groups reported supervision from higher-ranking officers as generally weak.
- 68% of health center providers and 73% of those in hospitals said they had been trained to offer YFHS, with varying percentages trained in the aforementioned counseling services, as well as prevention of mother-to-child transmission of HIV, and treatment and care for adolescents living with HIV. Some health center providers had been trained to provide antenatal care and treat abortion complications.

NGO support:

- More than half of NGOs reported to support YFHS at both the community and health facility levels, with around one-quarter supporting programs in either communities or facilities. At health facilities, NGOs reported to support activities including supply of information, education, and communication (IEC) materials, and commodities and equipment. At the community level, NGOs support the training of YFHS providers, supply of contraceptives and IEC materials, and provision of space for youth to meet.
- Of the five approaches to delivering YFHS identified in the evaluation, the most widely applied is the integrated approach, in which services for youth are provided in the same room where health services to adults are provided.

Please see **Chapter 4** of the evaluation report for details on NGO support, training, and supervision of providers, including variations by zone.

Implementation of YFHS standards:

- Evaluators rated the implementation of the government's five YFHS standards¹ as medium (implementation was considered low if less than 50% of health facilities reported implementation; medium, if between 50 and 75% reported implementation; and high, if more than 75% reported implementation); however, this evaluation demonstrates vast variation among the five zones in terms of scope of implementation and which standards and elements are implemented.
- The implementation of the standards was rated as low-medium based on the number of elements implemented at low-medium levels. For example, of the 7 Standard 3 elements, implementation was low for 4 and medium for 3; Of the 18 Standard 4 elements, implementation was low for 12, medium for 3, and high for 3; Of the 9 Standard 5 elements, implementation was low for 5, medium for 1, and high for 3.

- More than 60% of health facilities reported to have copies of the YFHS standards on-site. Less than one-third of health facilities reported the following: having a clear sign advertising YFHS, providing outreach services specific to youth, having trained providers on the YFHS standards, and having youth-specific IEC materials. About half of health facilities have organized community meetings to provide information on YFHS, and less than 40% reported disaggregating data by age, sex, school, and marital status.

Please see **Chapter 5** of the evaluation report for details on implementation of the YFHS standards, including variations by zone.

Objective 2: YFHS Program Coverage

- Awareness and ever use of the YFHS program is low in Malawi, with less than one-third of community youth survey respondents reporting to have heard about YFHS and 13% reporting to have ever used a YFHS.
- Those living in communities where health facilities offer YFHS report knowing more about YFHS than those living in communities where facilities do not; about 35% versus 25%, respectively.
- Knowledge and use of YFHS varied by districts and zones as well as by age, sexual experience, and school attendance status of the young people being interviewed. Sexually experienced youth, those who were out of school, and those who were older more often accessed YFHS than their counterparts, suggesting that where young people are in their lifecycle plays a significant role in their knowledge and use of YFHS.
- The majority of young people who reported visiting YFHS did so for the first time in the 12 months prior to our interviews with them, conveying that the YFHS program has gained more prominence over the last year or two. Most of those who had accessed YFHS expressed satisfaction with the services they received.

- More than 60% of those who reported accessing YFHS went to government health facilities for those services; the role of the private sector and NGOs in YFHS has been limited.

- Among young people interviewed, misconceptions about who should benefit from YFHS were evident, with more than half saying that YFHS are only for married youth.

Please see **Chapter 6** of the evaluation report for details on program coverage, including variations by zone.

Objective 3: Factors Influencing Uptake of YFHS

- Young people, parents, and community leaders lack knowledge about the YFHS program, and young people's doubts about privacy and confidentiality in the YFHS provided inhibit the uptake of YFHS.
- Some young people interviewed pointed out that when service providers require youth to undergo an HIV test before being offered other health services, they become discouraged from visiting the facility.

- Other factors impeding the use of YFHS include inadequate outreach to young people in communities surrounding the YFHS; low self-confidence among clients and the tendency to be 'shy,' particularly with girls; weak parental and community support for young people seeking SRH services; long commutes and inadequate transport to facilities offering YFHS; and contradictory religious beliefs.

Please see **Chapter 7** of the evaluation report for details on factors influencing uptake, including variations by zone.

¹ Standard (S)1: Health services are provided to young people according to existing policies, procedures, and guidelines at all service delivery points; S2: Young people are able to obtain health services that include preventive, promotive, curative, and rehabilitative health services appropriate to their needs; S3: All young people are able to obtain health information (including SRH and HIV) relevant to their needs, circumstances, and stage of development; S4: Service providers in all delivery points have the required knowledge, skills, and positive attitudes to effectively provide YFHS; S5: Health information related to young people is collected, analyzed, and utilized in decision making at all levels. Each of the five standards was defined by a set of elements.

Other Findings: Sexual and Reproductive Health

- From young people involved in this evaluation, we found that: awareness about sex is high, even among the youngest age group—those 10-14 years old. More than 76% of males and 66% of females in this age group had heard or talked about sex. Half of all young people (aged 10-24) who reported knowing about sex had actually had sex, with the likelihood of reporting to have had sex increasing with age.

- Of the sexually experienced youth, interviewed, high percentages—more than 85% of males and about 75% of females—expressed the intention to use contraception during future sex. There was a strong preference among males for use of condoms, while around 40% of females would like to use condoms and around 40% injectables.

- Most young people reported a preference for obtaining their contraceptives from public health facilities.

- In terms of pregnancy, 72% of sexually experienced females had been pregnant, with the tendency to report pregnancy increasing with age; around 43% reported to want the last pregnancy, while 31% said they did not.

RECOMMENDATIONS: Malawi's Youth-Friendly Health Services Program

- Train all youth service providers in YFHS and ensure that designated officers monitor the quality of services through supportive supervision.
- Work with stakeholders to develop strategies for implementing and monitoring the Government of Malawi's YFHS standards, support these efforts with adequate resources, and ensure engagement of district YFHS coordinators in monitoring efforts.
- Strengthen the quality of monitoring and use of data to improve services for young people and inform future programming.
- Develop appropriate strategies to create awareness about the YFHS program, particularly in catchment areas surrounding YFHS-implementing health facilities, including the package of services offered, and the program benefits and its intended beneficiaries; gain the support of parents and community leaders for YFHS, reach young persons at their different lifecycle stages with information and services that meet their needs, and address health providers' attitudes towards youth.
- Have peer educators, CBDAs, and health facility providers assist with developing and implementing programs that address young people's misconceptions about SRH services.
- Address personal, social, and structural barriers that hamper access to and use of services by youth.
- Involve village chiefs and parents in YFHS program activities, especially with regard to their role in promoting YFHS and access to SRH services for young people.
- Coordinate with NGOs to streamline the different approaches to YFHS applied in Malawi.
- Review the content of sex education to ensure 10-14 year olds, in particular, are getting the information they need about sex, contraception, and pregnancy.
- Leverage the opportunity to disseminate accurate SRH information through peers, the most commonly cited source of information on YFHS among young people.
- Increase access to contraceptives by making them more affordable and attractive to youth, particularly at private and NGO facilities.
- Develop a costed comprehensive strategic plan for delivering health services to youth in Malawi.

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