



YOUTH-FRIENDLY HEALTH SERVICES IN MALAWI

HOW DOES THE YFHS PROGRAM PERFORMANCE MATCH UP TO NATIONAL STANDARDS?

Brief

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Introduction

In 2007, the Ministry of Health-Reproductive Health Directorate (MOH-RHD) launched the *Youth-Friendly Health Services National Standards* and Youth-Friendly Health Services (YFHS) program, with the aim of providing high-quality services to young people¹ in a friendly manner that is acceptable, accessible, appropriate, affordable, and attractive. Aligned with Malawi’s minimum health package, the YFHS standards outline a clinical health service delivery package that includes health promotion and counseling, delivery of health services, referral, and follow-up at the community, health center, and hospital levels. The five standards—aligned with international World Health Organization recommendations—serve as benchmarks to monitor performance and guide future programming of YFHS delivery in Malawi.

Assessing YFHS Performance

From 2013–2014, the MOH-RHD—with assistance from the USAID-supported Evidence to Action project and the Centre for Social Research, University of Malawi—conducted its first comprehensive evaluation of the YFHS program. The evaluation assessed the implementation of YFHS and level of adherence to the national standards in the context of meeting the sexual and reproductive health

(SRH) needs of youth. The evaluation was conducted in 10 districts² across the five health zones, with both qualitative and quantitative components. This brief, prepared by the USAID-funded Health Policy Project, summarizes the evaluation report’s findings on the implementation of YFHS standards to help inform future planning and implementation by policymakers and stakeholders.

Youth-friendly health services (YFHS) are a key component of Malawi’s National Sexual and Reproductive Health Program and will help facilitate the attainment of Malawi’s FP2020 commitment to achieve a 60 percent contraceptive prevalence rate, with a focused increase among those ages 15–24 years. Managing the performance of the YFHS program is one aspect of safeguarding young people’s transition into adulthood and improving health indicators for 5 million people in Malawi.

Implementation of each YFHS standard in health centers and hospitals across the country has varied significantly. Urban health facilities complied better with YFHS standards than rural-based health facilities, with additional variation across the five health zones. District support to YFHS is mostly channelled into (1) provision of essential medicines and equipment, (2) mobilization of resources for service delivery and trainings, and (3) facilitation of linkages with organizations working in the district. Furthermore, there is little support for data utilization among other non-clinical-based stakeholders or the provision of policies, guidelines, and job aids. Overall, the performance³ was low to medium, with key elements performing poorly, suggesting that the health system has been inefficient and ineffective in providing enough support to health facilities to fully adhere to YFHS standards (see Table 1).

For example, while many healthcare providers have been trained in delivering YFHS, few facilities (1) clearly display YFHS hours of operation; (2) have information, education, and communication (IEC) materials specific to YFHS; or (3) conduct outreach services in the community specifically for youth. Furthermore, while the majority of health facilities have a way for young people to provide feedback on services, only about three-fifths of health facilities have YFHS clinical management guidelines for service providers, as per the recommended package. Less than one-third (33%) of facilities provide in-house supervision of YFHS, and about two-fifths (37%) of facilities are accredited in providing YFHS. Without adequate training and supervision of service providers or the essential tools for their work, the access and quality of YFHS may be compromised.

Data collection and use also need to be strengthened. Most facilities do not collect age-disaggregated data, and only one-third of service providers analyze and utilize data for planning purposes. This suggests the YFHS program is not being versatile in addressing the diverse and evolving needs of its clients, nor is it influencing the prioritization of services at facilities through use of real-time data.

Key Questions to Improve YFHS

Poor implementation and quality assurance of these national YFHS standards is hindering the effectiveness of the overall YFHS program by (1) impeding service providers' capacity to assure high-quality, youth-friendly services; (2) limiting meaningful participation of youth, both as clients and as program developers; and (3) preventing active community support to stimulate and advocate for youth health.

With elements of the YFHS standards performing at medium and high levels, an opportunity exists to improve implementation of other elements that are lagging. For example, performance under Standard 1 highlights that most facilities disseminate information on YFHS to the community, but some service delivery points' engagement of the community on YFHS was rated low under Standard 3. The existing practice of disseminating information to the community could therefore be stimulated to deepen community engagement on YFHS, especially dialogue with youth around their SRH needs.

Informed by the MOH-RHD evaluation data, policymakers and program managers can identify what key YFHS standards need more investment and in which geographic areas and facilities. However, as strategies to strengthen the health system and improve implementation of YFHS in Malawi are developed, some key questions should be addressed:

- What key challenges should be addressed to improve the effectiveness and efficiency of YFHS standards implementation?
- How do we best prioritize YFHS in RH-integrated supportive supervision, and how can we annually accredit facilities in YFHS?
- How can we improve YFHS data collection and use?
- What is the role of young people, local nongovernmental organizations, and key partners in facilitating implementation and ensuring accountability of the YFHS program?
- What strategies can be used to strengthen youth voices in advocating for their health needs?

Notes

1. The 2007 *YFHS National Standards* define young people as those ages 10–24 years, regardless of marital, social, or economic status.
2. Mzimba and Karonga (Northern Health Zone), Dowa and Kasungu (Central West Health Zone), Lilongwe and Ntcheu (Central West Health Zone), Mangochi and Phalombe (South West Health Zone), and Nsanje and Chiradzulu (South West Health Zone).
3. For the evaluation, implementation of a YFHS standard element was considered low if less than 50 percent of health facilities reported implementation; medium if between 50 and 75 percent; and high if more than 75 percent.

Table 1. Percentage of health centers and hospitals implementing YFHS standards

Status of YFHS Standards Implementation in Malawi	Health Center (n=33)	Hospital (n=10)	Level of Implementation
Standard 1: Health services are provided to young people according to existing policies, procedures, and guidelines at all service delivery points			
1. Facility has a copy of the National Sexual Reproductive Health and Rights Policy and National Youth Policy	48.5	100	Medium
2. Reproductive health and youth policy documents are made available to all service delivery points in the hospital (departments/wards) ^b	-	50	Medium
3. Facility has copies of the YFHS standards	57.6	70	Medium
4. YFHS standards are made available to all service delivery points in the hospital (departments/wards) ^b	-	40	Low
5. Facility disseminates information about YFHS to the community ^a	97	-	High
6. Service providers have been trained/oriented on the YFHS standards	78.8	80	High
7. Measures put in place by the hospital/health center to ensure YFHS providers provide services according to YFHS standards	100	60	High
8. The facility administers exit interviews ^b	-	40	Low
Standard 2: Young people are able to obtain health services that include preventive, promotive, curative, and rehabilitative health services appropriate to their needs			
1. Facility is providing the minimum package of YFHS to young people	100	90	High
2. Facility has adequate space for the provision of YFHS	100	40	High
3. Facility has a clearly displayed sign that shows available YFH services, locations, and hours of operation	21.2	50	Low
4. Facility provides outreach services specific to youth	33.3	30	Low
5. Outreach services are being provided according to schedule	15.2	10	Low
Standard 3: All young people are able to obtain health information (including on SRH and HIV) relevant to their needs, circumstances, and stage of development			
1. Facility has information, education, and communication (IEC) materials that target young people	42.4	60	Low
2. Facility has youth-specific and appropriate IEC materials on display for young people to take away	64.3	10	Low
3. Facility distributes IEC materials ^b	-	30	Low
4. Facility has established linkages with other organizations/institutions in the area that are providing information, counseling, and education on health for young people (including sexual and reproductive health)	63.6	100	Medium
5. Facility has organized community meetings to provide information about YFHS	48.5	60	Medium
6. Facility has organized community meetings to provide information about adolescent and youth sexual and reproductive health (AYSRH) and rights	36.4	40	Low
7. Service providers from the facility conduct community meetings to discuss the value and availability of health services for adolescents/youth with community members ^a	66.7	-	Low
Standard 4: Service providers in all delivery points have the required knowledge, skills, and positive attitudes to effectively provide YFHS			
1. Facility has service providers who have been trained in YFHS	81.8	80	High
2. Facility has support staff (e.g., pharmacy attendants, laboratory attendants, and hospital attendants) trained in YFHS	12.1	10	Low
3. Facility provides/organizes training for service providers in YFHS ^b	-	10	Low
4. Facility has standard operating procedures or clinical management guidelines for service providers to provide health services to adolescents and youth as per recommended package	63.6	60	Medium
5. Facility refers young people to other health facilities	81.8	60	High
6. Referral system was developed in collaboration with the community ^a	18.2	-	Low

Status of YFHS Standards Implementation in Malawi	Health Center (n=33)	Hospital (n=10)	Level of Implementation
7. Facility has a resource directory of organizations providing health services not provided at the health facility ^b	-	10	Low
8. Facility has a functional one-way referral system with other facilities delivering RH services ^b	-	30	Low
9. Facility has functional back referral system with other facilities delivering RH services	-	0	Low
10. Facility initiated/conducted exit interviews with young people in the last quarter	18.2	10	Low
11. Facility has a way for young people to provide feedback on their satisfaction with YFHS	97	90	High
12. Facility analyzes and utilizes data on feedback to improve services for young people	42.4	40	Low
13. Facility provides supportive supervision to peer educators ^a	36.4	-	Low
14. Facility provides supportive supervision to community-based service providers ^a	66.7	-	Medium
15. Facility provides feedback to service providers/community-based service providers	54.5	40	Medium
16. Facility gives recognition to service providers/community-based service providers who provide high-quality YFHS	21.2	0	Low
17. Facility provides in-house supervision of YFHS ^b	-	30	Low
18. Facility is accredited in providing YFHS	45.4	10	Low
Standard 5: Health information related to young people is collected, analyzed, and utilized in decision making at all levels			
1. Facility has disaggregated data for young people's profiles in the catchment area (age, sex, school status, and marital status)	39.4	30	Low
2. Facility has a service register/reporting form to record the age of the adolescents/youth separately and compile it in age categories (10-14, 15-19, 20-24)	33.3	30	Low
3. Service providers at the facility analyze and utilize data for planning purposes	36.4	20	Low
4. Facility monitors and supervises health surveillance assistants (HSAs)	84.8	90	High
5. Facility compiles HSA data	78.8	80	High
6. Facility submits quarterly reports to the district health office/national level	87.9	90	High
7. Facility provides feedback on data at the community level	27.3	60	Low
8. Facility identifies best practices at the community level	45.4	40	Low
9. Facility participates in reviews of health management information systems to ensure AYSRH data and indicators are included	63.6	70	Medium

Source: Adapted from: Evidence to Action Project. 2014. *Evaluation of Youth-Friendly Health Services in Malawi*. Washington, DC: Pathfinder International.

^aData collected from health centers only, ^bData collected from hospitals only.

This brief is based on the *Evaluation of Youth-Friendly Health Services in Malawi*, available at <http://www.e2aproject.org/publications-tools/pdfs/evaluation-yfhs-malawi.pdf>.

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