



## ANALYSING EFFECTIVE STRATEGIES FOR SRHR/HIV SERVICE REACH TO YOUTH: A CASE STUDY FROM FAMILY PLANNING ASSOCIATION OF MALAWI





## Executive summary

Young people are amongst those most affected by HIV and sexual and reproductive health and rights (SRHR) problems in Malawi. Stigma and discrimination towards young people affects their access to SRHR information and services. Since 2019, the Women's Integrated Sexual Health-WISH2ACTION project in Malawi is implementing several activities, that empower young people and increase their access to integrated SRHR/HIV services including family planning.

## Introduction

Young people in Malawi are faced with challenges such as early marriages, unintended pregnancies, unsafe abortions, high rates of new HIV infections, early childbearing, drug and alcohol abuse, high illiteracy rate, poverty, and HIV and AIDS pandemic. (NSRHR Policy 2017 – 2022)

Women's Integrated Sexual Health Lot 2 Project (WISH2ACTION) is IPPFs flagship project that aims at transforming the lives of millions of women and girls. Funded by FCDO, WISH2ACTION project uses a comprehensive, integrated approach to ensure equitable access to family planning and sexual and reproductive health and rights giving special priority to most underserved women and girls particularly youth under 20, the poor and marginalized populations (including people living with disability, those affected by humanitarian crisis as well as those living in poverty and hard-to-reach areas).

In Malawi, WISH2ACTION is implemented by Family Planning Association of Malawi (FPAM) in partnership with Options, Development Media International, and the Ministry of Health. The project is being implemented in Kasungu and Lilongwe districts to offer information and education in communities, referrals for clinical services, capacity-strengthening of service providers to offer youth-friendly and appropriate services and to support youth-led activities.

## Context

Despite efforts to address adolescent SRHR/HIV, high teenage pregnancy remains a problem. The teenage pregnancy rate among the 15-19 age group is 29% and adolescent pregnancies account for 25% of all pregnancies annually (MHSP, 2017) or 136 per 1000 births annually (UNFPA Malawi 2021). This is attributed to the fact that majority of sexually active adolescents have a high unmet need for modern contraception.

Young people have limited access to sexual and reproductive health and rights services due to a range of factors, including limited knowledge of services and contraceptive options, myths associated with contraceptive use, religious and cultural norms, gender inequality and lack of affordability. A restrictive legal and policy framework also hinders SRHR critical interventions like; prohibition of SRH services within secondary schools and limitation of access to safe abortion.

Other barriers to sustained utilization of SRHR/HIV services among young people include low self-confidence in youth; long distances to health facilities; long waiting times; inconvenient opening times; poor attitudes of health workers towards youth; lack of privacy and confidentiality and lack of youth participation in the development of programs aimed at benefiting them.

Parents and guardians feel that access to information about SRHR will encourage adolescents to engage in sexual activity and hence try to discourage their children from seeking information.

***“Some parents chase youth who opt to access contraceptives at a routine outreach clinic or even at the hospital premises,”***

Youth leader from Mitundu in Lilongwe elaborates.

## Strategies and results

To address this, several interventions are being implemented by FPAM to increase knowledge and access to integrated SRHR/HIV information and services amongst young people.

### 1. Training of youth leaders

Peer learning programmes can help change social behavior because young people find it easier to express opinions openly with people their own age. Young people are identified, selected by the community health workers under the supervision of the district youth officer and trained as youth leaders on a range of SBCC community engagement approaches and SRHR/HIV issues. The three-day training is facilitated by officials from the District Health Office (DHO). The topics include growth and development, relationships, sex, sexuality, pregnancy, STIs, HIV and sexual and gender-based violence. Youth learn facilitation techniques and how to handle difficult questions; building a strong team of youth leaders who are informed, visible and proud of their work is the foundation for mobilization and service provision to young people.



*Figure 1: Kaluluma cluster youth leaders with disabilities who participated in the SBCC-FP training in 2019.*

**“After learning community mobilization approaches, I convinced over 170 parents to understand the importance of young people accessing SRH/HIV information and services including contraceptives. The youth corner now has 70 young people empowered with integrated SRH/HIV information.”**

Youth leader and chairperson Chamama Health Centre, Youth Friendly Health Services (YFHS) corner in Kasungu district explains.



**Figure 2: SBCC training in Lilongwe**



**Figure 3: Youth leader shares experience during youth leaders' performance quarterly review meeting.**

Youth leaders are unpaid volunteers and keeping them motivated in their work is often a challenge, resulting to high turnover. To overcome this challenge, FPAM organizes periodic meetings with youth leaders where they learn from each other, building new knowledge and encouraging the work they do in their communities. Further, FPAM trains at least two youth leaders per club so there is always a leader, as well as conduct on-job mentorship of other youth leaders

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## **2. Supporting awareness creation and demand for SRH services.**

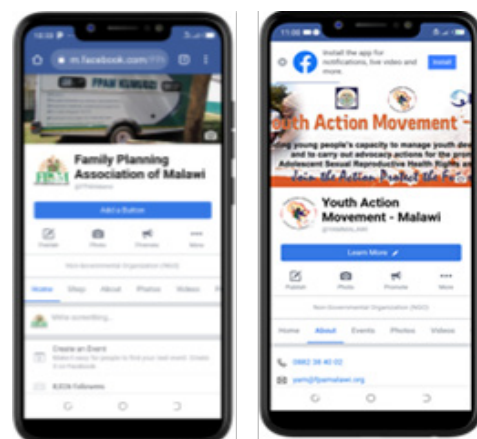
FPAM have engaged a variety of strategies to mobilize for youth.

- Distribution of IEC materials such as like informational leaflets, counselling, distribution of short-term contraceptives for example male condoms, provision of door-to-door information and referrals of their peers to static and mobile outreach clinics
- Conducting youth dialogue sessions in the community, during sport activities, schools, or in other identified safe spaces. Youth leaders engage their peers in discussions about SRHR/ HIV issues using job aids and project audio spots and refer them for services either at static or outreach clinics near them.

**“I use drama to mobilize young people to access information on contraceptives especially delayed first pregnancy for those in primary and secondary schools. To dispels myths and misconceptions about contraceptives, as a satisfied user of injectable and implant methods, I use my testimony.”** Chairperson, Bwemba youth club, Kasungu.



- Establishing youth clubs as spaces in the communities where youth comfortably learn and share experiences. FPAM supports 30 clubs in both Kasungu and Lilongwe districts that refer youth for SRH services to 34 health centres in both districts. Leaders of the clubs were trained as youth leaders on a range of SRHR and HIV issues. They conduct dialogues and mobilize young people for SRH/HIV services during outreaches or static clinics.
- Social media/digital platforms like Facebook and WhatsApp have been used to enhance engagement, creating demand for events, answering frequently asked questions, dispelling myths and misconceptions about SRHR through testimonies from satisfied users who provide adequate information and evidence as well as link youth to service delivery points. These platforms disseminate SRH/HIV and C-19 prevention messages. WhatsApp groups were established in 2019, to increase engagement and communication between the youth and service providers. The WhatsApp groups have demonstrated growth since set up in 2019 and has since doubled the number of followers and enhanced engagement on the page.
- Community dialogues with parents and guardians to create an enabling environment for Youth to seek and get additional information and services needed. Buy-in and the proactive engagement of parents in speaking with their children, or at least creating a supportive environment for them to get support, is important.



**“Previously most parents accused me of introducing their children to prostitution. Which was wrong but today they thank me for protecting their girls and boys from unintended pregnancies and sexually transmitted diseases.”**

**Youth leader, YCBDA and Chairperson Youth Network.**



**Figure 5: community gatekeepers during a community dialogue on SRH/HIV at Chaima in Kasungu district**

Community dialogues with parents and guardians are conducted either before or during the youth targeted outreaches. The dialogues are facilitated by youth leaders or FPAM staff and carefully guides the discussion based on the selected topic and allows all parents and guardians to share their opinions. When required, the facilitator will answer technical questions about SRHR or correct any inaccurate information or myths. There is need to continue engaging with parents and guardians to address barriers including insufficient knowledge on SRHR, denial of young people access to SRH/HIV services and information, Religious and cultural beliefs discouraging the uptake of SRH/ FP services and myths and misconceptions circulating the community.

### 3. Training health providers:

Health providers are trained to receive and offer youth quality services in a friendly and non-discriminatory way are integral to reaching youth. These trainings help health care providers understand the needs and experiences of young people, why they may or may not be currently accessing services, what kinds of services they need and most importantly, 'how' to offer these services to young people. The 'how' refers to approaches in communicating with young people, recognizing that young people have sexual and reproductive rights, being non-judgmental in their responses, helping young people think through their own solutions, inviting them back for additional services when they want them. The health providers offer integrated SHR/HIV YFHS at both static clinics and during youth targeted outreaches.

FPAM has trained 70 YFHS providers both in public and private facilities – Lilongwe 35 and Kasungu 35 service providers on safeguarding, value clarification, family planning methods, HIV/AIDS, SRHR, counselling, hygiene among other topics.

### 4. Establishing / Promoting youth friendly spaces in 35 health facilities as dedicated spaces for young people;

where they can access information, condoms and in some instances, offers a platform for them to entertain and socialize using mass media channels (radios etc.) or conduct indoor and outdoor games. Most Youth Friendly Health Services corners under public health facilities are being led or supported by youth leaders and are staffed by a youth leader. FPAM has equipped health facilities and youth clubs with footballs, netballs, chessboards, scrabble games etc to promote YFHS. For health facilities that are too small to establish a youth corner, the entire health centre is promoted as a youth friendly centre, from the trained providers to posters and signage inside and outside the health centre and youth leaders who are respected by providers and are comfortable frequenting and guiding their peers around the centre.



***“FPAM trained youth leader of Wimbe Health Center advised me to quit the child marriage and introduced me to contraception. This helped me to get back to school and I share my testimony about contraceptive methods with my fellow peers at the YFHS corner I believe I have inspired some”***

**Says Zione Ambali, 17, from Wimbe, in Kasungu district.**

**5. Youth targeted outreaches are conducted by FPAM** and trained health providers to take SRHR and HIV services to where young people are already meeting. FPAM works with youth leaders to map areas for outreach making use of the WISH programmes poverty heatmaps to identify young people living in poverty, this could be youth clubs, safe spaces in the communities and groups organized in clinics. Youth targeted outreach clinics provide friendly, quality accessible and integrated SRHR/HIV information and services particularly for youth living in hard-to-reach areas.



***“I managed to access injectable contraception from a FPAM youth mobile clinic that served young people at Malikha primary school ground. I also accessed counselling and condoms for free.”*** Youth leader and secretary of Chimutu youth network in Lilongwe explains.

FPAM outreach team arranges the outreach schedule including youth targeted outreaches (YTO) and it is shared with the cluster managers and the Community Reproductive Health Providers (CRHPs). The CRHPs together with youth leaders begin to conduct mobilization by conducting door to door mobilization, hold small group dialogues, mobilization using speaker horns, radio spots and small group information sharing about family planning and inform young people about the YTO. The services offered are free and include; contraceptive and HIV information and services, condom distribution, HIV testing and Cervical cancer screening services.



**Figure 6: Young person accessing HTS and contraception services during a youth targeted outreach clinic at Kamamina in Deayoung Cluster in Lilongwe.**

***“Youth targeted outreach clinics are very good for the young people because they create a free and friendly environment for them to ask questions, screening for STIs including HIV, access condoms, and get the full SRHR/HIV counselling. Youth no longer sneak into the clinic and this enables them mobilize their peers for the mobile clinic services.”***

**FPAM Community Reproductive Health Promoter, Lilongwe North**

23 Youth Targeted Outreaches have been conducted in Kasungu and Lilongwe districts over the last year since the youth target outreaches model was adopted and approximately 840 young people reached with integrated SRH/HIV information and services

## **Results**

As a result of the various strategies that FPAM is implementing, Malawi is one of the leading countries in WISH reaching a high proportion of youth, currently reporting 20.75% of services are provided to the youth.

### Tips for adopting this approach in other settings:

- Use of various frontline workers such as youth leaders, Community Health Reproductive Promoters and Youth Community Based Distribution Agents has proven to reach more youth with short term contraceptive methods like pills and condoms especially in hard-to-reach areas.
- Use of multiple channels to reach youth including door to door information sessions, listening group sessions with DMI messages, youth club visits, community meetings and YFHS corners meetings have formed a strong youth engagement platform important for demand creation for youth access to SRHR/HIV services.
- Outreach is a great strategy in reaching youth with SRH information and services. FPAM has seen an increase in number of youths who access family planning services through Youth Targeted Outreaches
- Training of youth leaders on FP-SRHR/HIV has also helped to dispel myths and misconceptions about contraceptive methods in the communities.

### Conclusions/plans for future:

Adolescents and youth in Malawi continuously require access to SRHR/HIV services and FPAM aims to serve the young people with quality and integrated SRHR/HIV information and services using all possible distribution channels. FPAM will also continue to engage youth leaders to mobilize their peers to access contraception services.

As important gatekeepers FPAM will continue to engage parents and guardians in dialogues to provide a supportive environment for young people to access youth clubs and Youth Friendly corners meetings for integrated SRHR/HIV services.

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#### About the Women's Integrated Sexual Health Programme 2

[The Women's Integrated Sexual Health \(WISH\)](#) programme offers quality integrated and inclusive family planning and sexual and reproductive health services to marginalized and hard to reach populations: the poor, youth under 20 and people living with disability.

WISH is the UK Government's flagship programme to support integrated sexual and reproductive health and rights (SRHR) services in a range of countries across Africa and Asia by 2021. The International Planned Parenthood Federation (IPPF) manages the WISH programme through a consortium arrangement (Lot 2) with 10 IPPF Member Associations and hand - picked partners chosen for their expertise to maximise access and reach for people in 15 countries: Development Media International (DMI), Humanity and Inclusion UK (HI), International Rescue Committee (IRC), Marie Stopes International (MSI), and Options Consultancy Services (Options).

Across 15 focus countries (Afghanistan, Bangladesh, Burundi, Ethiopia, Madagascar, Malawi, Mozambique, Pakistan, , Somalia, South Sudan, Sudan, Tanzania, Uganda, Zambia, Zimbabwe),