Gauging the Implementation of Youth Friendly Health Services (YFHS) among key and vulnerable populations in four districts of Malawi

Foster Mafiala, Sexual Reproductive Health and Rights Africa Trust (SAT) Youth Hub

Peter Gondwe, Life Concern (LICO)

Matchona Ngwira, Kachila Youth Initiative (KAYI)

Philip Nyoni, Centre for Youth Development and Transformation (CYDT)

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Extended Abstract

Background

SAT Malawi's Youth led platform namely Youth Hub facilitated the implementation of youth friendly targeted scorecard assessment among the key and vulnerable population premised on HIV and AIDS and SRHR for a period of 3 years (2016-2018). The project was implemented in partnership with Life Concern Organization (LICO) based in Rumphi district, Centre for Development and Youth Transformation (CDYT) based in Thyolo, Kachila Youth Initiative (KAYI) based in Karonga and Globe Hope Mobilization (GLOHOMO) based in Lilongwe district. The project was dubbed Health Systems for Gender Transformative on SRHR, HIV and AIDS in Malawi, targeting young key and vulnerable populations, specifically; young Female Sex Workers (FSW), young Men having Sex with Men (MSM). The goal of the project contributed to strengthening capacity of key national, district and community level actors to promote and support equitable access to youth friendly SRHR, HIV and AIDS related health services by young key and vulnerable populations through rights based and gender transformative approaches.

The GIZ funded project employed youth friendly scorecard assessment tool to gauge the gaps in implementation of youth friendly SRHR, HIV and AIDS services among the young key and vulnerable populations premised on the following objectives.

a) An enabling environment at community level for key and vulnerable populations to exercise their right and access to quality health services created.
b) Strengthened community participation in monitoring availability and utilization of SRHR and HIV test kits, treatment, supplies and other services for key and vulnerable populations

The capacity building trainings and collaboration among the civil society organizations young People Living with HIV, young Female Sex Workers, young Men who have Sex with Men (MSM), local structures and

primary health workers was done from 2016-2018. Data collection exercise through the youth friendly scorecard tool was done from 2016 and 2017 respectively in the four districts. The scorecard findings generated evidence for interface dialogue interventions with policy makers at sub-national and national level.

Methodology

The youth friendly led scorecard assessment were done by key and vulnerable population in the four districts. The scorecard exercise was done in urban and rural areas. MSM scorecard was done in Lilongwe as this is the district with a good population of MSM. The scorecard tool generated quality data based on set scorecard assessment tool.

The young key and vulnerable populations across all the four districts were trained data collection and research ethics premised on the scorecard tools developed. The research team was drawn from their respective associations, support groups, teen clubs and networks. A total of 10 scorecard assessments were conducted and led by key and vulnerable population in the four districts. The scorecard findings were validated and disseminated to the stakeholders followed by execution of Interface meetings with district duty bearers were as part of policy advocacy dialogue.

Results

This section provides outcomes based on achievements and gaps and emanated from the implementation of the project and scorecard findings.

Objective 1; an enabling environment at community level for key and vulnerable populations to exercise their right and access to quality health services created.

Achievement; 40 health care workers from hotspot districts were trained on health care provision targeting key and vulnerable population. 144 community leaders were reached on the rights of key and vulnerable population. 43 peer educators or MSM and sex workers were trained and 120 civil society representatives were reached and 150 young key and vulnerable population were reached with information on their rights and available health services and where to access them in all the four districts.

Gaps; despite creating an enabling environment for key and vulnerable populations as indicated above, In Malawi sexual minorities are afraid to access health services or are denied access to health services because of stigma and discrimination or judgmental attitudes of health service providers and social protection workers. In addition, the whole criminalization of homosexuality makes it difficult for people to access services in fear of being reported to the police.

Objective 2; Strengthened community participation in monitoring availability and utilization of SRHR and HIV test kits, treatment, supplies and other services for key and vulnerable populations.

Achievement; 10 scorecard assessment exercises were conducted and led by key and vulnerable populations; Trained community structures on how to monitor availability and utilization of drugs, supplies and other services for key and vulnerable populations; Developed community tools for monitoring availability and utilization of drugs and supplies in primary health care facilities; Trained community members on how to use community monitoring tools and to document the findings; Conducted district quarterly consultative meetings involving key stakeholders on drug and supplies availability, access and utilization situation.

Gaps; Despite implementing numerous interventions, the government health provider are still attitudinal towards young key and vulnerable populations and transferring of the trained providers creates a gap. Lack and unavailability of lubricants for MSM including their condoms. Lack of harmonization for age consent for adolescent SRHR restrict adolescents access SRHR. Lack of special designated consultation rooms for key and vulnerable population in the public hospitals.

Discussion

The implementation of young key and vulnerable populations' generated data for evidence based advocacy which has been led by the key and vulnerable populations. A series of key district and one national interface meetings were conducted targeting sub-national and national policy makers/duty bearers policy and programmatic direction. As a result of evidenced based and self-advocacy interventions, notable changes and improvements are being registered in all the four districts and at national level.