



Republic of Malawi

Ministry of Health

MALAWI NATIONAL YOUTH FRIENDLY HEALTH SERVICES STRATEGY
2022 - 2030

‘Leave No Young Person Behind, Leave No one Behind’

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Foreword

The Government of Malawi recognizes that the health of all young people in the country is a key component of public health. The agenda for young people in Malawi is highly reflected and prioritized in government's strategic documents and programs; However, lives of most young people continue to face challenges and threats due to a number of factors such as sexually transmitted infections including HIV and AIDS, teenage pregnancies, unsafe abortion complications, nutrition inadequacies, gender disparities resulting from negative societal norms, traditional beliefs and values, alcohol and drug abuse and mental health problems, leading to high cases of depression and suicide in most recent times.

The Youth Friendly Health Services Strategy (YFHS) 2022 – 2030 is a revision of the Strategy that covered the period from 2015 – 2020. The revision of the 2015 - 2020 YFHS aimed at addressing emerging issues and other relevant thematic areas which were not included during the initial development of the version whose utilization ended in 2020. The emerging issues and other thematic areas considered for inclusion in the revised strategy are, among others SRHR in Emergency Situations like disasters, Covid-19 pandemic and its effects, self-care initiatives, SRHR provision for special populations such as people with disabilities, key populations, the mentally affected, migrants and sex workers. This revised strategy incorporates all these issues with an anticipation of leaving no young person behind.

Adolescents and young people are regarded as the window of hope for the development of this country as they constitute over 60% of the population according to the 2018 Population & Housing Census Report by the National Statistics Office. As such, they need proper care and guidance to ensure that they remain healthy and productive. As they grow and develop, young people have needs and challenges, which affect their growth and development. Most of the needs and challenges are related to sexual and reproductive health. It is for this reason that the revised strategy will strengthen and empower young people to have good knowledge of SRHR services in the country including where and how they can access them for the betterment of their lives.

Ministry of Health through the Reproductive Health Directorate and its partners initiated the evaluation of youth-friendly health services programme to assess the extent to which young people access the health services at various levels of care. The findings and recommendations from the evaluation stressed the need to have a robust revised adolescent and youth sexual and reproductive health strategy that incorporates the emerging issues and technologies as part of the interventions. This is coming in the wake of some pillars from the previous strategy (coordination and collaboration, youth participation and community mobilization) not adequately implemented as revealed by the evaluation report.

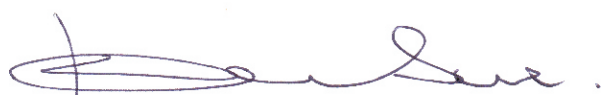
In the revised strategy, the Ministry of Health has also taken into consideration the relevant approaches to the interventions during emerging pandemics like Covid-19 where provision of SRHR services were initially interrupted and access to SRHR services critically challenged due to prevention initiatives which were introduced and included restrictions on movement and gatherings.

The process of revising and developing this adolescent and youth SRHR strategy was through extensive consultations with international and national organizations as well as individuals with

experience in adolescent and youth programming. The Sexual and Reproductive Health Policy and Strategy underpin Malawi's commitment to achieving universal access to health services by young people regardless of sex, religion, race, marital and /or social status , living with HIV, physical disability, mental ill health or with different gender identity . Apart from the many areas covered during the consultation, issues of age and consent for accessing sexual and reproductive health services, privacy, confidentiality and related rights received a particular attention. The revised strategy is therefore acknowledging input from all the stakeholders and partners who unanimously agreed that 'all sexually active adolescents and young people should access SRHR services regardless of age'. In this regard, service providers should not deny SRHR services to young people who voluntarily come to the service delivery points to access the services they need.

The strategy is therefore providing direction and guidance to the implementation of SRHR services for all young people in Malawi with the aim of achieving the highest possible level of quality integrated youth friendly health services.

The Ministry of Health, through the Reproductive Health Directorate is fully committed to the implementation of the strategy. Similarly, the Ministry is welcoming and embracing collaboration with all stakeholders and partners in mobilizing the necessary resources for the improvement of access and utilization of quality SRHR services for young people in Malawi. In so doing, we will be able to achieve the sustainable development goals for young people as outlined in the Malawi 2063 development agenda.



Khumbize Kandodo Chiponda, MP

Minister of Health

Acknowledgement

The Reproductive Health Directorate (RHD) of the Ministry of Health (MOH) wishes to acknowledge and appreciate efforts by partners and stakeholders for their commitment and immense contributions during the revision and development of this strategy. On a special note, RHD wishes to express its appreciation to all young people whose contributions helped to concretize ideas and come up with this well-articulated national strategy. The zeal with which they contributed ideas to this cause confirms their demand for meaningful and effective participation as they commonly put it ***“nothing for us without us”***.

Without mentioning one by one, RHD wishes to indicate that efforts by all organizations, youth friendly health service managers, service providers and individual experts who participated and contributed in different ways are greatly appreciated.

The stakeholders in the Reference Group ¹ that was specifically formed to provide leadership oversight and direction in the development process of this strategy deserve a special recognition for their commitment and interest to participate in all the arranged meetings and high level national and zonal consultations as the strategy was taking shape. The YFHS Technical Working Group remains critical through the unwavering leadership of the Reproductive Health Directorate in ensuring that the process of developing the follow-on strategy was timely and in line with the Ministry’s policy direction and alignment to the national and international provisions as enshrined in the Malawi Vision 2063 (MW2063), Health Sector Strategic Plan (HSSP) III – 2022 - 2030, and WHO programme protocols and standards.

The national level stakeholders also deserve a special appreciation for their noble contributions to this process notably UNFPA, OXFAM, HP+, ONSE, Options Consortium, FPAM, PSI, BLM, SAT Malawi and many more too numerous to single out.

In a special way the Ministry of Health, through the Reproductive Health Directorate, would like to thank all line ministries, government departments and agencies, civil society organizations, and the private sector companies for the different roles they performed to make the revision and development process of the strategy a success.

The Ministry wishes to specifically thank the following individuals for their contributions towards the development of this strategy:

Dr Fannie Kachale (PhD)	– Director of Reproductive Health
Dr Henry Phiri	– Deputy Director of Reproductive Health
Hans Katengeza	– National Programme Coordinator, – AYFHS Programme
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Doreen Thom	- Programme Officer - OXFAM
Dr Harriet Chanza (PhD)	- World Health Organization

¹ A specially composed group of stakeholders with special interest in young people’s health charged with the oversight responsibility on the strategy development process.

Aron Mndolo	- UNICEF
James Njovuyalema	- National AIDS Commission
Sandra Mapemba	- Technical Advisor, HP+
Fiona Ngulube	- Ministry of Education
Deus Lupenga	- Ministry of Youth and Sports
Asharn Kossam	- National Youth Council of Malawi

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Asharn Kossam	National Youth Council of Malawi

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A strategy is a living and evolving document, as such it is subject to revision as issues and new evidence emerge in the youth sexual and reproductive health arena. Coordination, partnership and networking are the critical components to the successful implementation of all pillars as outlined in this strategy. The Reproductive Health Directorate will rely on the commitment, passion and dedication of its partners in the health, youth, education, gender, social welfare, finance, local government, population and development sectors to make the data available and accessible for the “act, halt, review and move” tactic as the Ministry sets out to introduce, disseminate, implement and take stock of the gains or losses for the follow-on strategy. We have done it before, we can do it again, and do it even better.



Dr. Samson Mndolo

Secretary for Health

Acronyms

ADC	Area Development Committee
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
AYSRH	Adolescent Youth Sexual and Reproductive Health
BLM	Banja La Mtsogolo
CBDA	Community Based Distribution Agent
CBO	Community Based Organization
CDF	Constituency Development Fund
CSE	Comprehensive Sexuality Education
DHIS	District Health Information System
DHMT	District Health Management Team
DIP	District Implementation Plan
DYO	District Youth Officer
FGD	Focus Group Discussions
FP	Family Planning
FPAM	Family Planning Association of Malawi
GBSV	Gender Based Sexual Violence
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HP+	Health Policy Plus
HSA	Health Surveillance Assistant
HSSP	Health Sector Strategic Plan
HTC	HIV Testing and Counselling
IEC	Information, Education, Communications
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer
LSE	Life Skills Education
M&E	Monitoring and Evaluation
MDHS	Malawi Demographic Health Survey
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NSO	National Statistics Office
ONSE	Organized Network of Services Everywhere
PSI	Population Services International
RHD	Reproductive Health Directorate
SAT	Southern AIDS Trust
SRHR	Sexual and Reproductive Health & Rights
STI	Sexually Transmitted Infections
TOR	Terms of Reference
UNFPA	United Nations Population Fund
WHO	World Health Organization
YCBDA	Youth Community-Based Distribution Agent

Glossary (Definition of Terms)

Adolescence: The period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy (WHO).

Advocacy: A set of strategic, targeted actions undertaken by a group of individuals or organizations directed at decision makers in support of a specific policy issue.

Categories of youth: Early adolescents: 10–14 years; Late adolescents: 15–19 years; Young people: 10–24 years (UN).

Contraceptive Prevalence Rate: The percent of women of reproductive age (15–49) who are currently using (or whose partner is using) at least one method of contraception regardless of the method used. This is calculated by taking the total number of women of reproductive age using any method as a numerator and total number of women of reproductive age as a denominator expressed as a percentage.

Modern Contraceptive Prevalence Rate: The percent of women of reproductive age (15–49) who are currently using any modern method of contraception. This is calculated by taking the total number of women of reproductive age using any modern method as a numerator and total number of women of reproductive age as a denominator expressed as a percentage.

Database: an accumulation of information that has been systematically organized for ease of access, analysis and use in making decisions.

Demographic Dividend: The accelerated economic growth that may result from a decline in a country's mortality and fertility, a change in the age structure of the population (increased number of working-age adults), and the increased ratio between a productive labour force and non-productive dependents.

Gender sensitivity : The act of being aware of the ways people think about gender, so that individuals rely less on assumptions about traditional and outdated views on the roles of men and women; being conscious of the need to understand the social relations between men and women and taking these into account before embarking on interventions (UN-Instraw, UNFPA 2010).

Gender: Socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender-based violence : Violence targeted at girls, boys, women and men based on the gender roles assigned to them. It involves girls, boys, women and men, in which the female is usually the victim, and is derived from unequal power relationships between men and women (UN-Instraw, UNFPA 2010).

Goal: the purpose of the general change desired in the long term

Health seeking behavior: act of ensuring that people are doing something about their health and how to retain and maintain it. This includes what influences people to behave differently in relation to their health and what facilitates the use of services

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948).

Impact: positive or negative, primary or secondary long term effects produced by a development intervention intended or unintended.

Indicator: signs of progress or change resulting from an intervention or initiative. Acts as a yardstick to measure change. It is expressed without showing the direction of change.

Learning: process by which knowledge and experience directly influence changes in behavior.

Marginalized: people who for some reasons such as poverty, geographical inaccessibility, culture, language, religion, gender, migration (migrant status), do not benefit from health, education or employment opportunities and whose SRHR remains unfulfilled.

Objective: desired result that a programme seeks to achieve

Outcome: short and medium term effects of a project or programme outputs on a target group

Output: products and services resulting from a completion of an activity/activities within an intervention.

Participatory approach: broad term for the involvement of stakeholders (primary or otherwise) in the process of planning, design, implementation, monitoring and evaluation of a programme or intervention.

Participatory Learning and Action: An empowering approach that allows active engagement of community members in identifying, prioritizing and developing actions to be taken on the identified issues. It allows for review and follow up by community members themselves making follow on action plans.

Policies: statements of principles underlying government action that can be expressed as national government action such as legislation, resolutions, programmes, regulation.

Quality of care: care that is provided based on rights of a client (**information, access, choice, safety, privacy and confidentiality, dignity and comfort, continuity of services, and opinion**) and provider needs (**training, information, proper infrastructure and supplies, guidance, back up, respect and encouragement, performance feedback, opportunities for self-expression**)

Service delivery points: a location providing clinic based or non-clinic based services and commodities

Sexual abuse: Any sort of non-consensual sexual contact.

Sexuality Education: a process of facilitated learning (formal or informal) for young people to enable them make rational and informed decisions on sexuality.

Socially excluded: people who are wholly or partially not included to participate in any intervention/activities in the society they live

Underserved: people who are not normally or well served by established programmes due to capacity issues or political will such as young people.

Young people: These are young persons between the ages of 10– 24, regardless of their social, economic, marital or civil status. In this strategy young people shall comprise those who are between the ages of 10 – 24, are either in or out of school, are married or unmarried, with a physical disability or not, living with HIV or not, mentally disturbed or sound, are of different gender identity or not, engage in sex work or not, either migrant or internally displaced, living in remote areas (rural) or urban.

Youth Participation: Active and meaningful involvement in all aspects of their own and their community's development, including their empowerment to contribute to decisions about their personal, family social, economic and political development

Youth-friendly health services: High-quality services that are relevant, accessible, attractive, affordable, appropriate, and acceptable to the young people.

Executive Summary

The 2022 - 2030 National Youth Friendly Health Services Strategy follows the expiry of the 2015–2020 strategy which was being implemented for the past five years. The revised strategy largely presents an amplified version of the strategic focus areas that comprehensively accord young people in Malawi an opportunity to address the many challenges facing their health in general and in particular, sexual and reproductive health. Many young people in Malawi are faced with varied dilemmas when it comes to understanding their growth and development, more especially the physiological and psychological development as they transition from childhood to adolescence in preparation for their adult life. The 1994 Conference on Population and Development noted the many challenges young people face in relation to their health and realized that importantly the health of young people depends very much on how they manage their adolescence and if this is not well managed then the complete definition of health may not make any meaning in young people. The development of this strategy has largely depended on the successes and challenges analyzed from the first ever strategy for young people's health in Malawi; The progress made during its implementation, the challenges and other shortfalls which were faced during the implementation phase provided rich and useful information, making the revision and further development of this strategy a reality with practical aspects of implementation as a key success factor. The revised strategy has been designed to reflect the WHO LALA approach (Leadership, Actions, Learning and Accountability) and the AA – HA! Framework².

The underpinning behavioral theory to this strategy is the health belief model where upon creating favorable conditions and environment, young people will be motivated to become healthy and maintain the status quo by learning about their health through different information channels/sources, be it friends, parents, media, or different public fora. Upon hearing about an issue relating to their health, the strategy will encourage them to seek more detailed information from reliable well trained health workforce. Once the detailed accurate, adequate, and reliable information is obtained, young people will become more informed and convinced about the issue affecting them and help them make sound decisions, act on it and get reassured by the result of their action. Such reassurance will lead to maintenance of the health service seeking practice and change of behavior, leading to the attainment of the strategic vision of “a healthy, satisfied, self-reliant and productive young people” as advanced by this strategy; For all this to happen progressively, community engagement will provide the necessary means to address the resistance and other traditional and cultural barriers. All this requires systematic monitoring, evaluation and research that will generate evidence to provide lessons for further application and improvement. And finally, the whole process requires serious investment at every level hence financing shall cut across all stages of implementation.

² World Health Organization, 2017 – Global Accelerated Action for the Health of Adolescents, Guidance to support country implementation

and AIDS⁴. This has also led to high adolescent birth rate of 136/1,000 live births⁵ and many other negative but important variables within the Malawian population.

This National YFHS Strategy therefore strongly advocates for investment in youth friendly health service programmes that will ultimately allow Malawi to realize a demographic transition for accelerated economic growth by ensuring young people develop physically, mentally, socially and emotionally healthy, delay onset of sex and use protective measures where need be, complete their education, reduce the number of children born per woman, minimize HIV transmission through safer sexual practices, make informed choices on their sexuality and transition into healthy young adults.

The strategy envisages a well-coordinated and systematic implementation informed by evidence generated through continuous monitoring and midterm evaluation. This will create synergy in providing information and services to young people leading to an increase of more than double the services that were recorded in 2020 by 2030. The ambition is to get every young person access services as demanded without huddles.

⁴ Malawi Demographic and Health Survey (MDHS) 2015/16

⁵ Malawi Demographic and Health Survey (MDHS) 2015/16

In this strategy seven strategic thrusts or focus areas have been identified as pillars for the 2022–2030 strategy. The areas have also been considered following the WHO recommended Global Accelerated Action for the Health of Adolescents (AA-HA!) framework and are presented below as follows:

1. **An Enabling Policy Environment** that will be enhanced to provide a favorable environment for planning, programming, and delivery of YFHS information and services to young people aged 10 –24 following a successful review of several policies and laws in the past implementation period.
2. **A Competent Health Workforce** that will be vibrant, highly skilled and with a positive mindset to support the attainment of the health goals of young people through delivery of quality comprehensive youth friendly health services.
3. **Service Provision/Delivery** that offers improved, unlimited, and unimpeded access to quality youth friendly health services to young people across the country.
4. **Leadership and Governance** systems and structures that are improved to support an all-level multi -sectoral collaboration, coordination, partnership, and networking in managing the implementation of YFHS programme.
5. **Community Engagement** that will ensure improved understanding, positive perception about and support to youth friendly health services by parents, community, and religious leaders as well as young people themselves.
6. **Monitoring, Evaluation, Research and Learning** that is effective, efficient, informing, and sustainable in managing the YFHS programme based on evidence
7. **Financing** that ensures adequacy, diversity, reliability, and availability of funding to manage the implementation of the YFHS strategy between 2022 and 2030 in a more sustained, efficient, and effective manner.

The strategy will be implemented in a context of a large population of young people (11,633,264 for the 0 -24 years population segment) with about 63% of the population under 25 years of age³. Among this large population segment a number of negative factors impinging on their healthy growth and development are presently registered. Adolescent pregnancy stands at 29%, one out of every 3 new HIV infections occurs among the 15 – 24-year-old and rampant cases of sexually transmitted infections have been reported; Girls’ education continues to be affected by a high dropout rate due to pregnancies, incidences of early arranged and forced marriages, stigma and discrimination regarding the readmission policy following a pregnancy occurrence by young girls. Cases of sexual and gender -based violence, social exclusion among the physically challenged, those with diverse sexual orientation and gender identity, those with mental ill-health resulting from abuse of alcohol and drugs, relationships, unemployment and rampant poverty continue to affect young people. Yet this large youthful population is an opportunity for Malawi to achieve tangible social, economic, and political change in form of a demographic dividend, if these young people are turned into a case for investment across sectors for the national growth.

The non-availability of adequate, accessible, quality youth friendly health services that sufficiently cover the needs of young people across the nation has resulted in low knowledge in SRHR where fewer than half (41%) of young women and 44% of young men 15–24 years fully understand HIV

³ 2018 Population and Housing Census – Population Projections for 2020, NSO, Zomba, Malawi

Chapter 1: Introduction

This strategy presents a set of methods and processes which are built on the successes the Youth Friendly Health Services (YFHS) programme has so far recorded in this country. It also addresses various challenges that were faced during implementation of the first strategy and capitalizes on existing opportunities to ensure young people have unimpeded access to health services and in particular, the sexual and reproductive health services based on a variety of needs as young people progress in their growth and development continuum. Young people go through a lot of experience as they transition in life from youths to adulthood. The period between 10 - 24 years is usually more defining in their physiological, social, and psychological maturity. During this period, young people become inquisitive, exploratory, experimental, and very demanding. Such experiences generate a lot of problems affecting their health. During this time, young people would have a great need for health services, but they find it difficult to openly express themselves on the need to access information and actual services at health facilities⁶. Several factors prevent them from doing so. Fear of being exposed to their parents or guardians by the service providers, negative attitude of service providers who often are older than them and take themselves more equivalent to the “young people’s parents than being a service provider”⁷. In such circumstances, young people, would generally lack confidence to approach service delivery personnel and this would contribute to young peoples’ ill health; The setting of the service delivery sites are mostly not suitable for the young people to obtain services and becomes worse where young people are affected by physical disability, mental challenges, positive HIV status and sexual orientation and other gender identities. The service sites are also far from easy to reach by young people and sometimes systems used such as opening hours for clinics do not match their ever-changing needs hence preventing them from accessing services they need most at the time of their choice. In consideration of the issues and challenges outlined above, the government embarked on improving health services to meet the demands of young people by among others developing the first Youth Friendly Health Services (YFHS) Strategy in 2015 which guided implementation of interventions for five years. In 2020, the strategy had to be reviewed and a follow-on strategy was required to replace the older version and continue to guide implementation of youth friendly health services in the country. An evaluation of the 2015-2020 strategy revealed some remarkable progress in policy provisions and access to services by young people. However, some critical challenges in coordination, youth participation, community mobilization and financing for the strategy were identified.

Following a critical analysis and review of available literature, this follow-on strategy will address the **policy environment** to ensure continuation of implementing youth friendly health services strategy in an environment without prohibitive policies or legal barriers. The new strategy has also identified **competent health workforce, service provision, leadership and governance, community engagement and financing**, as key strategic thrusts for the follow on strategy. Realizing the importance of **Monitoring, Evaluation, Research and Learning** in a programme intervention of this nature, these have been added to the list of focus areas as an entity so that

⁶ Gill Gordon –Choices – A Guide for Young People

⁷ Evaluation Report 2015 – 2020 Strategy

they generate evidence and provide real time information and learning to the implementation process.

Chapter 2: The Prevailing Situation – A Contextual Analysis

This Chapter brings together various elements driving the provision and access of youth friendly health services within the Malawi set up. Among many factors, the youthful population, a challenging economic situation, HIV and AIDS, sexual violence and mental health seem to exert pressure on the YFHS programme and therefore may require a critical look in order to harness the potential strengths that may drive the YFHS programme into a direction enjoyed by all youth regardless of age, sex, marital status, social economic status or different sexual orientations .

2.1 Malawi's Population – A Youthful Population

Malawi's population is estimated to stand at over eighteen million (18,449,828)⁸ with the youth making a large proportion of the national population. According to the 2018 Population and Housing Census by the National Statistical Office (NSO), the 2020 projected population for the youth aged 10 - 34 is pegged at 8,867,917, making over 48% of the population. The NSO report projects a total of 6,195,567 young people (3,044,486 males and 3,191,081 females) between ages of 10 – 24, making a total of 34% which is sizeable enough to affect national development efforts and economic growth if needs of these young people are not well taken care of. The 2018 Population and Housing Census further indicates that the population is expected to grow at the rate of 2.42%. The average number of children in a woman's lifetime (Total Fertility Rate) remains high at 4.2⁹ despite measures put in place to address issues of high fertility and contraceptive use over the last decades. The current modern contraceptive prevalence rate stands at 65% for married women¹⁰. Modern contraceptive use among unmarried adolescents is at 20 %, indicating a sharp contrast to those reportedly married adolescents at 47% ¹¹. Unmet need for contraception among the unmarried adolescents remains high at 72% unlike the married adolescents at 21% ¹². This signifies the importance of targeting young unmarried adolescents . This National YFHS Strategy therefore strongly advocates for investment in youth friendly health service programmes that will ultimately allow Malawi to realize a demographic transition for accelerated economic growth by ensuring young people develop physically, mentally , socially and emotionally healthy, delay onset of sex and use protective measures where need be, complete their education, reduce the number of children born per woman, minimize HIV transmission through safer sexual practices, make informed choices on their sexuality and transition into healthy young adults .

2.2 Malawi's Economic Situation

Malawi's Gross Domestic Product (GDP) per capita in 2020 was USD 625¹³. Real GDP growth for Malawi was reported as 1.7% in 2020¹⁴. The economy is predominantly agro-based, with

⁸ 2018 Population and Housing Census - Population Projections 2018-2050, NSO

⁹ 2021 Multiple Indicator Cluster Survey

¹⁰ 2021 Multiple Indicator Cluster Survey

¹¹ 2021 Multiple Indicator Cluster Survey

¹² 2021 Multiple Indicator Cluster Survey

¹³ <https://www.macrotrends.net/countries/MWI/malawi/gdp-per-capita>>Malawi GDP Per Capita 1960-2022. www.macrotrends.net. Retrieved 2022-04-11.

¹⁴ Africa Development Bank, <https://www.afdb.org/en/countries/southern-africa/malawi/malawi-economic-outlook>

agriculture, forestry and fishing contributing to 28% of GDP. Informal employment is higher than formal employment, estimated at 89% and 11% respectively and those working within the formal sector were typically earning \$207 in 2021¹⁵. Overall, 20.5% of the population lived in extreme poverty in 2019/2020 compared to 20.1 percent recorded in 2016/2017. The level of ultra -poverty in rural areas was 23.6% compared to 3.3% in urban areas in 2019/2020¹⁶ This has an influence in the way young girls and boys access and use services as they transition to adulthood (AGYW Strategy 2018-2020).

Development aid plays a key role in the economy and in the health sector it accounts for an average 62% of total funding. In addition, diaspora remittances increasingly contribute to the country's economy, estimated at USD 214.1 million in 2020¹⁷. Literacy is higher among men (83%) than women (72%) and this affects the country's economic activities;

Malawi has an enormous wealth in form of young people. The Malawi Vision 2063 (dubbed a youth centric vision) has committed to addressing the key challenges and barriers to youth development and to protect their health and well-being through provision of quality education, skills development, and decent work opportunities. This calls for a healthy youth population and hence the importance of this strategy as it will play a complimentary role to the expected success of the MW2063. Improved health status for young people will contribute to the economic empowerment activities and cause a significant shift in the economic transformation of the country. Despite their significant proportion, presently and as projected in future, young people are often faced with age -related challenges and barriers, such as relevant education and skill sets. This affects their participation in economic, political, and social life, greatly hindering their development and, consequently, their contribution to sustainable economic development.

Investing in this population segment through sound policies and effective delivery of services to improve young people's state of physical, social, and psychological wellbeing will generate a pool of capable and productive workforce that will galvanize the economic activities for the country to turn into "an inclusively wealthy and self-reliant nation" as espoused by the MW2063. Improving the health of young people will be an insurance for the country's much needed demographic dividend that will spur economic growth and development. This strategy will therefore greatly contribute to achieving this long-term goal and improve the economic performance of the country.

¹⁵ Danish Trade Union Development Agency Malawi Labour Market Profile 2022/2023, p.13

¹⁶ NSO (2021) Malawi Poverty Report 2020

¹⁷ Reserve Bank of Malawi (Extracted from Times page though, [https://times.mw/remittances-up-55-percent-in-2021/#:~:text=Remittances%20data%20from%20the%20Reserve,9%20billion\)%20recorded%20in%202019.](https://times.mw/remittances-up-55-percent-in-2021/#:~:text=Remittances%20data%20from%20the%20Reserve,9%20billion)%20recorded%20in%202019.))

2.3 Education and Young People in Malawi

Education is essential for empowerment and keeping young girls and boys away from child marriages and early pregnancy. The attrition rate for girls in Malawian schools is extremely high, and the consequences of girls leaving school early are profound. Studies show that more years spent in school result in improved health outcomes for women and their communities. In fact, each additional year a girl stays in school is associated with a 10 percent increase in wages, increased life expectancy, and reduced fertility. According to the 2016 Malawi Demographic and Health Survey, 28% of boys and 32% of girls aged 15-19; and 55% of men and 45% of women aged 20-24 had completed primary school, showing substantial attrition, particularly among girls as they advance in age. Out of every 100 girls who begin Standard 1, only about three will enter secondary education. Of those three, only one will enter university.¹⁸

Outside education, empowerment of young people to demand for services is pertinent. Comprehensive sexuality education is therefore another area that has been on-going for both in and out-of-school youth. Life skills education (LSE) has been taught to young learners in primary school and is examinable. LSE is also taught in the first two years of secondary school with CSE being introduced in the third year and taught as an elective class and is not examinable.¹⁹ Similarly, out-of-school youth do have a CSE curriculum mainly run through the Ministry of Youth and Sports and partners mainly through youth clubs and networks so that no-one is left behind. Results of these efforts are reflected in the MDHS 2015-16 whereby 98% of women aged 15-49 had knowledge of different modern contraceptive methods and that 30% of young people were able to correctly identify ways of preventing sexual transmission of HIV. Nevertheless, efforts in ensuring health seeking behaviors needs to be addressed based on the statistics presented prior. Empowerment of young people in the areas of meaningful participation and additional skills that can sustain continuous uptake like transportation and peer engagement should also frame the YFHS package to provide the agency in demanding for and accessing of information and contraceptives thus complimenting Life Skills and Comprehensive Sexuality Education.

2.4 Resource Shortage among Young People

Whilst many young people complete their secondary school, 80% are unable to find employment thereby returning to their villages annually due to unemployment and the inability to employ themselves. As such, young people have minimal resources to spend on transportation costs to access services. According to a modeled ILO estimate for Malawi using the World Bank data, percentage of total labor force for ages 15-24) was 9.521% in 2020²⁰, signifying a serious unemployment problem for young people. Young people need to have safe spaces and programmes that allow for diverse youth engagement and focuses not only on providing youth friendly SRHR information and services but also provide LSE coupled with business sense and general programming. This skills-set will enable engagement of young people with different actors

¹⁸ [MALAWI GENDER EQUALITY FACT SHEET | Fact Sheet | Malawi | U.S. Agency for International Development \(usaid.gov\)](#)

¹⁹ UNESCO, 2019

²⁰ <https://data.worldbank.org/indicator/SL.UEM.1524.ZS?locations=MW>

across the political and social levels of influence to dialogue and design programmes geared towards health and socio-economic wellbeing of young people. Such spaces allow for positive youth development in a holistic manner and the YFHS strategy has an opportunity to nurture such growth.

This follow-on strategy will therefore address young people's concerns through the lens of positive youth development and will amplify the need to encompass a strengthened, comprehensive, multi-sectoral approach in addressing the nuances and inter-linkages that go beyond SRHR to enable young people thrive and reach their full potential.

2.5 Social Protection

With a youthful population and majority of young people being female, girls continue to be more susceptible to levels of vulnerability. They carry with them in their growth continuum high risks and are deprived of adequate information and services that would otherwise be instrumental to improving their well-being. The vulnerability of girls is exacerbated by the HIV infection, sexual and gender-based violence, early forced and arranged marriages as well as social norms that seem to affect the girl more than the boy. As such participation in decision making about sexual matters including accessing reproductive health services such as contraceptives greatly affects the female youth. This leads to acts of unprotected sex and consequently results in unintended pregnancies, sexually transmitted infections, HIV and also incidences of sexual and gender-based violence linked to power as well economic imbalances.

Malawi has policies and laws providing social protection particularly for the female youth such as the National Gender Policy, the Gender Equality Act, Marriage, Divorce and Family Relations Act, Deceased Estates (the Wills, Inheritance and Protection) Act, amongst others. This strategy will strengthen and advance the understanding of such policies and laws through engagement of stakeholders, communities, and young people themselves to empower them so that they know what to do and where to go if faced with such kind of dilemma.

2.6 Effects of Migration on Young People's Sexual and Reproductive Health

According to a project document titled SRHR – HIV Knows no Borders (2021 – 2026)²¹, young people move from one place to another or migrate to other countries with different reasons some of which could be: search for employment, business, education, war situations and natural disasters. People can also displace internally due to floods and other emergencies. These people who migrate have health issues and needs which must be addressed since they also have right to health as human beings. Migrants such as young girls and women are often disadvantaged compared to men in accessing health facilities for the continuum of care in displaced situations. Migrants may not access health services due to lack of information, language barrier, fear, discrimination, lack of resources, unfriendly environment, and poor and prohibitive policies that discriminate migrants from accessing health services. This results in a number of negative repercussions such as ART defaulting, exchange of sex for services leading to unplanned teen

²¹ International Organization on Migration (IOM)

pregnancies, STI and HIV infections, SGBV cases, substance abuse, school dropouts, prostitution and crime.

The situation calls for strategies to mitigate the impact of such situations. These include but not limited to:

- Capacity building of health and non-Health service providers especially those in border communities to recognize the need to serve migrant populations
- Reaching out to migrants with SRHR information and services
- Developing harmonized referral mechanism for continuum of care for migrants amongst neighboring countries
- Creating deliberate enabling environment to recognize migrants in policies and service data that will provide useful information to guide decision makers in planning, allocation of resources and bilateral discussions between governments to serve the migrants better, particularly young people.
- Reintegration of migrants in community activities and improving their economic status

This strategy will ensure that the implementation teams take on board these proposed strategies where the YFHS programme is implemented particularly in boarder districts and where natural disasters have led to either internal or external displacement.

2.7 The Current SRHR Situation among Young People in Malawi

Young People (adolescents 10 - 19 and Youth 15-24) are a vulnerable population, with girls being the most affected due to early, forced and arranged marriages, lower age range (10-14 years), HIV/AIDS, sexual orientation or different gender identities, and disabilities. This is aggravated by levels of poverty, long distances to a health service facility, limited access to health services due to unfriendly services for young people, lack of access to quality education, decent employment, and harmful cultural practices.

The country is experiencing high numbers of unplanned pregnancies among adolescent girls and young women (AGYW) leading to high rates of school dropout among girls, unsafe abortion, and obstetric complications such as obstetric fistula (0.4%)²².

Young people are sexually active, and evidence shows that 13% of girls and 22% of boys aged 15–19 have had their first sexual encounter before their 15th birthday and 59% of women and 53% of men aged 18–24 reported to have had sex before 18 years²³. The early onset of sex and the high pregnancy rates as well as (unsafe) abortions compound the situation in young people. Statistics further show the unmet need for family planning is higher among young people than any other age group. The Malawi Demographic and Health Survey (2015/16) reports an unmet need for family planning among currently married adolescents (15–19 years) at 21% and 72% for those who are not married. This brings to light the seriousness of the need to improve access to sexual and reproductive health services for young people as early as age 10.

²² Four out of one thousand girls aged 15-19 had experienced a fistula – MDHS 2015/16

²³ MDHS 2015/2016; p98

Although there has been momentum in implementing youth friendly sexual and reproductive health services in Malawi, statistics show an urgent need to revisit the various approaches, activities, and programmes currently in play. As outlined above, some young people start bearing children before they are physically, emotionally, and physiologically mature and prepared to do so. This is demonstrated by a high adolescent fertility rate of 136 births per 1000 girls aged 15 - 19²⁴. Statistics further show that 29% of adolescents aged 15 -19 have begun childbearing²⁵. Teenage pregnancy, sexually transmitted infections, and HIV are still on the increase among young people. The 2021 Education Management Information System (EMIS) reports reveal a staggering teenage pregnancy situation. Young boys and girls continue to drop out of school due to pregnancy and early, forced, arranged child marriages currently reported at 41% (SADC Report 2022). Data from EMIS 2021 shows that 21.7%²⁶ of girls had discontinued their education due to pregnancy in the primary schools and 39.9%²⁷ of secondary school learners (both male and female) had dropped from school due to pregnancy and marriages in 2021. Above all this, young people are minimally participating in development. This is contributed by unemployment and poor education levels among other factors.

2.8 HIV, AIDS and other STIs among Young People

HIV prevalence has fallen to 8.2% over the past five years with women rating at 9.7% and men at 6.6%. Generally, the country is experiencing reduction in number of new HIV infections in the general population. The country is expected to register 17,400 new HIV infections by 2022, with 4,600 among women aged 15 -24 years (Naomi Spectrum estimates 2022). UNAIDS estimates that one out of every 3 new infections occur among the 15-24 years of age. The estimates show that number of new HIV infections for both girls and boys start increasing from 5-14 years of age (most likely from their mothers). It reaches a peak between 25-49 years with highest peak from 30-34 years among males, and 25-39 years for women, with highest between 35 and 39 years (Naomi Spectrum 2022).

Adolescent girls and boys including the youth lack comprehensive knowledge on HIV prevention and treatment packages. Less than half (42%) of young women and (45%) of young men have comprehensive knowledge of HIV and AIDS. Only 32% of adolescent girls and 42% of adolescent boys are aware that consistent and correct use of condoms can prevent exposure to HIV or other sexually transmitted infections (STIs) as well as prevent pregnancy. Only 40% of sexually active 15 - 19-year-old adolescent boys are using condoms (AGYW Strategy 2018 - 2020). Furthermore, HIV testing uptake both for girls and boys is low particularly among boys.

2.9 Sexual Violence and Abuse

In Malawi, 21% of women report having experienced sexual violence at some point with 8% reportedly having experienced this by age 22 and 4% before they were 18 years old (MDHS 2016). One in every five girls experience sexual abuse before age 18 and half of these before age 13²⁸. A national survey report by the Ministry of Gender, Children, Disability and Social Welfare in 2013

²⁴ 2015/16 – Malawi Demographic and Health Survey

²⁵ 2015/16 – Malawi Demographic and Health Survey

²⁶ 2021 Education Management Information System report

²⁷ 2021 Education Management Information System report

²⁸ Ministry of Gender, Children, Disability and Social Welfare, *Violence against Children and Young Women in Malawi: Findings from a National Survey, 2013*. Lilongwe, Malawi

further reveals that specifically 25% of girls aged 15–19 reported their sexual debut was forced. Sexual violence is also related to marital status and is more frequent among married than single women. Often, girls are raped in schools, markets, roads and even homes. This is mostly orchestrated by husbands, boyfriends, strangers, and friends or acquaintances. Such incidences make the young woman more vulnerable and continue suffering from high burden of preventable diseases related to unintentional injuries, sexual violence and sexually transmitted infections including HIV. The youth friendly health service strategy will therefore ensure young people are well informed and protected against such occurrences, are aware about where to seek help and have access to quality health care and other essential services such as police, social protection and legal services.

2.10 Mental Health – Drug and Substance Abuse

The Government of Malawi recognizes the importance of mental health for all Malawians including the vulnerable groups such as children and young people through development and implementation of different policies and strategies²⁹; Key to this commitment is the development and implementation of the National Mental Health Policy; The purpose is to provide a guiding framework for provision of comprehensive and quality mental health services including counseling. Through collaborative efforts with other government ministries, NGOs and CSOs as well as private and international agencies, the government would like to provide mental health services to reduce the effects of drug and substance abuse³⁰. The high degree of unmet mental health needs in young people worldwide demands that youth mental health care be elevated to an absolutely top priority in health care. It is estimated that 20 per cent of adolescents globally experience mental disorders. Three out of four adult mental health problems begin during childhood and adolescence, and an alarming proportion of adolescents (5 - 10 per cent in high-income countries and 15 percent in low - and middle-income countries) attempt suicide.

Global reform and adequate investment in youth mental health will not only substantially improve the health and lives of young people but also promote mental wellbeing of the entire society³¹.

Considering such problems, it is acknowledged that mental health literacy and access to mental health services has been one of the challenges affecting many people including young people in Malawi due to lack of advocacy and awareness initiatives.

Persons with mental disorders are often vulnerable to human rights violations, discrimination, and abuse of personal dignity, torture, forced medical interventions, sexual violence, domestic violence, and psychological stress leading to suicide incidences. The 2015-2020 YFHS strategy had identified mental health as one aspect affecting young people and included drug and substance abuse in the DHIS2 reporting form, but the evaluation has revealed that much was not done to address effects of drug and substance abuse. Lately there has been an increase in number of suicidal cases among young people in the public domain as reported by the media. This indicates that the issue of mental health for young people requires due attention. This strategy therefore seeks to promote development of skills and competencies for early detection and action by service providers, parents, community /religious leaders, and peers (young people themselves) to

²⁹ Health Sector Strategic Plan (2011 – 2016; 2017 -2022)

³⁰ National Action Plan for Prevention of Non Communicable Diseases

³¹ National Children's Mental Health and Wellbeing Strategy (Australia Govt 2020)

prevent the escalation of such negative effects of drug and substance abuse by young people. Addressing such critical areas will ensure that persons living with mental disorders, psychosocial disabilities and vulnerable groups are empowered and involved in mental health advocacy, policy planning, legislation, service provision, monitoring, research, and evaluation.

A situation of the above description requires a promising intervention in form of the youth friendly health services approach to expand mental health services and psychosocial support particularly to key populations and deliver both health information and services as well as skills development of various kinds such as computer literacy, entrepreneurship, and talent promotions (arts) as avenues to meet SRH needs of young people. Government and its partners have made strides in reaching diverse groups of young people mainly in rural and hard-to-reach areas with several initiatives aimed at improving the health and socio-economic well-being of young people.

Chapter 3: Youth Friendly Health Services – A Situation in Need

3.1 What Young People Want

Young people require services that support their physiological, cognitive, emotional, and social transition into adulthood . Delivering quality services that are tailored to young people improves service utilization, adherence to contraceptive methods including condoms , and increases the likelihood of obtaining ongoing care . This cannot be the responsibility of the health sector alone owing to the inter-linkages of youth development. Understanding the best modalities to deliver services to young people and evaluating the impact of service delivery is essential to improving SRHR outcomes for young people . SRHR outcomes are critical in determining successful transition from youth to adulthood and therefore requires special attention through strategies of this nature.

Youth friendly health services are defined as high-quality services that are relevant, accessible, attractive, affordable, appropriate , and acceptable to the young people. The services are provided in line with the minimum health package and aims to increase acceptability and use of health services by young people (National Standards – YFHS, 2007). This is in line with the objectives of HSSP III (2022 – 2030) which demand universal coverage for all Malawians including youths.

According to World Health Organization’s 2001 Global Consultation on Adolescent Friendly Health Services, SRH services for adolescents should aim to achieve at least one of these three goals: **(1) provide a supportive environment , (2) improve reproductive health knowledge, attitudes, skills and behaviors, and (3) increase utilization of health and related services**.³² The WHO guidelines for providing YFHS recommend services that are accessible, acceptable, equitable, appropriate, and effective. The previous 2015 -2020 National YFHS Strategy attempted to provide a blueprint to deliver on these three domains, however, more needs to be done particularly around forming a consensus on what aspects of YFHS are most relevant and important to meet the health needs of young people; generating evidence to support the effectiveness of youth friendly health interventions; and understanding how YFHS will be defined and measured. Some emerging issues such as increased drug use, suicide, and intermittent service delivery due to natural disasters like floods and the COVID-19 pandemic have also been identified among factors affecting programming for young people

3.2 Key Findings from Evaluation of the 2015 – 2020 Strategy

Findings from the Evaluation that was carried out as part of the process to inform the development of this follow-on strategy revealed that:

- The 2015 -2020 Strategy stimulated the need to focus on young peoples’ health by among other things getting the concerned public sectors and NGOs (CSOs) carry out interventions aimed at improving the well-being of young people.
- The strategy provided guidance and a unified approach to delivering YFHS and activities around the five strategic pillars.

³² World Health Organization. Health for the world’s adolescents: a second chance in the second decade. Geneva: World Health Organization; 2014. <http://apps.who.int/adolescent/second-decade/#>

- Access to service delivery increased through introduction of youth friendly health services to 596 sites out of 970 service delivery sites reported by RHD in Malawi.
- While capacity of some providers and managers including HMIS officers was developed to manage YFHS programmes, there was serious lack of coordination both within and outside of sectors, making YFHS a monopoly of the health sector as evidenced by responses from 72 key informants. Only 26 knew about the strategy and used it. The rest either knew but never used it (10), just heard about it (15) or had never heard about it (21).
- **Community Mobilization was not** systematic due to absence of a communication strategy for the YFHS as was proposed in the strategy leading to resistance from leaders and parents
- **Resources mobilized for YFHS implementation was difficult to quantify and link such to the effectiveness of the strategy. . This was due to** limited coordination of YFHS at national and district levels which did not sufficiently provide for the means to track and report on financial information.
- **Monitoring of indicators** was also a great challenge during the implementation. While the DHIS2 was able to capture data and show progress or lack of it, the M&E tracking table was not populated with any data that would show direction of change as expected.

3.3 Existing Opportunities to Improve SRHR for Young People

This strategy has been developed based on the premise that the country already has the potential to change the landscape for the health of young people in general and sexual and reproductive health and rights. The country already has motivated and energetic young people ready to execute interventions to improve their own health with a little stimulation to put them into action. There are already **596 service** delivery sites and a **workforce of 2,030** providing youth friendly health services (Evaluation Report 2021). There is palpable interest and commitment amongst stakeholders, development partners, sectoral ministries, departments, and agencies as well as managers and providers of health services to address critical issues affecting young people. Above all this the government has committed itself to dealing with matters of young people and has accelerated the decentralization process to ensure programmes and services easily reach the underserved without bureaucratic bottlenecks and unnecessary delays. This is demonstrated through its youth centric Malawi 2063 Vision. These efforts provide opportunities for the much needed political, legal, social, and economic environment to improve the health status of young people through the strategic interventions outlined in this strategy.

There are a number of organizations and donors who are willing to continue investing in health and other related sectors to uplift the social economic status of young people. These organizations are well coordinated by the Ministry of Health through the strategic leadership of the Reproductive Health Directorate which ensures effective and efficient use of the resources from such organizations.

3.4 Learning from the Past, Using the Present to Shape the Future

Considering the foregoing issues, development of this new YFHS Strategy has considered its alignment to the country's youth focused development agenda as well as regional and global instruments relevant to the YFHS. Malawi has made provisions in national policies and

programmes as well as international commitments and conventions in support of the implementation of the strategy. Nationally, recognition of the need to address needs of young people and in particular sexual and reproductive health concerns which seem to affect the developmental processes has been made in the Malawi 2063 Vision, Malawi Growth and Development Strategy (MDGS III), HSSP III (2022 -2030), policy documents for Population, SRHR, Youth, Education and Gender. It has further made provisions in most strategic documents for SRHR, HIV and AIDS just to mention but a few.

Additionally, Malawi is signatory to a number of international conventions and commitments in support of the implementation of sexual and reproductive health and rights for young people. Standing out is Malawi's commitment to the implementation of the Sustainable Development Goals, ICPD (1994)Cairo Programme of Action, Africa Youth Charter (2006), the FP2020 with revisions made for FP2030 and Global Response to HIV and AIDS. As such this strategy has considered the rights based and inclusive approaches to making young people become well informed and appropriately provided with services that promote their general well-being and meet their sexual and reproductive health and rights.

This follow-on YFHS Strategy presents an opportunity for the country to consolidate the gains made in the past five years and make inroads into the ever changing world for young people through the use of a mixture of traditional and conventional approaches as well as technological advancements. Existing and emerging issues need to be addressed to ensure that any gains made in the past are sustained and further improved to achieve the desired goal.

In this strategy a number of interventions considered to be of high impact in improving the health status of young people aged 10 – 24 in the next 8-year period from 2022 to 2030 have been proposed. This period has been arrived at to align this strategy to other equally important national policy documents and related programme strategies that are seen to complement each other. Of great importance are the HSSP III(2022-2030), Malawi FP2030 Commitments, the Malawi 2063 First Implementation Plan, and the National Population Policy (2022).

It is expected that through the implementation of this strategy, young people, parents and guardians, civic, community and religious leaders, donors as well as politicians will have understood the importance of investing in young people's health by providing services that are accessible and acceptable, provided in a manner respectful to the needs of young people, within the minimum standards of youth care, without bias and with consideration on equity, equality, diversity and inclusiveness. This will go a long way in achieving the health status of young people in Malawi and make them become "healthy, satisfied, self-reliant and productive citizens".

Chapter 4: The Strategy Development Process

The call to the development of this strategy originated from the end of implementation period of the 2015 - 2020 YFHS Strategy. RHD initiated the process to develop the follow-on strategy to ensure continuity in addressing needs of young people. A consultant was hired to lead in the review and development of a costed five year strategy, with the following specific tasks:

1. Develop and present an inception report
2. Conduct desk review on all relevant documents to inform a strategy template and inform the evaluation.
3. Lead and conduct evaluation of the 2015-2020 National Youth Strategy
4. Develop a new 5 year YFHS Strategy and M&E Framework
5. Engage YFHS and FP TWGs to validate the various strategy drafts.
6. Cost the new YFHS strategy (2021 – 2026³³).
7. Conduct stakeholder interviews and focused consultative meetings at national and district level to inform the strategy.

A Reference Group comprising people of different backgrounds but with interest in young people was set up and charged with oversight functions during the review and development processes of the follow on strategy. The group included representation from line ministries, development partners, civil society organizations/non - governmental organizations and members of the SRHR Technical Working Group.

Through services of a hired consultant, a roadmap to execute the review and development of the follow-on strategy was developed and work started based on this roadmap. Literature was reviewed to obtain latest and relevant developments in young people particularly in sexual and reproductive health and rights. This was followed by a review and analysis of progress reports between 2015 and 2020 including the data captured through DHIS2. A report was produced and used to develop an evaluation exercise for the Strategy to get an in-depth understanding of the processes and results from the implementation of the strategy. Emphasis was made to make the process inclusive and more consultative.

The evaluation provided critical information on the consultation process as it created opportunities to engage and discuss issues that were very instrumental in determining the outcomes, proposals, and new focus for the strategy. In summary the evaluation exercise provided opportunities to:

- Interact with groups of young people (721 young people in total) through 84 focus group discussions to determine the level of understanding, participation, and the next steps for the follow-on strategy
- Engage the coordinators and their implementation teams (72 key informants in total) at district level to discuss and obtain their views and opinion on the strategy and focus areas for the incoming strategy.

³³ The period was adjusted by RHD to 2030 to align it to the HSSP III

- Hold individual discussions with representatives of line ministries, departments, agencies, and NGOs to appreciate the participation and multi-sectoral collaboration and partnership in the implementation process
- Obtain issues from participants to the review meetings for the Thematic Groups and the FP2020 Commitments
- Share the positive achievements, views and concerns of the beneficiaries and implementers as well as key stakeholders in this area.

Following the review and evaluation, further analysis and stakeholder engagement, seven focus areas³⁴ were identified, followed by drafting of the strategic framework. This framework was shared through a consultative process with the district stakeholders and young people from all the five health zones in separate meetings.

Suggestions and other emerging ideas were critically considered, analyzed, and integrated into the draft by way of consensus as well as logical conclusions. This was followed by consolidation of all the issues considered critical for this follow on strategy.

4.2 Strategy Outline

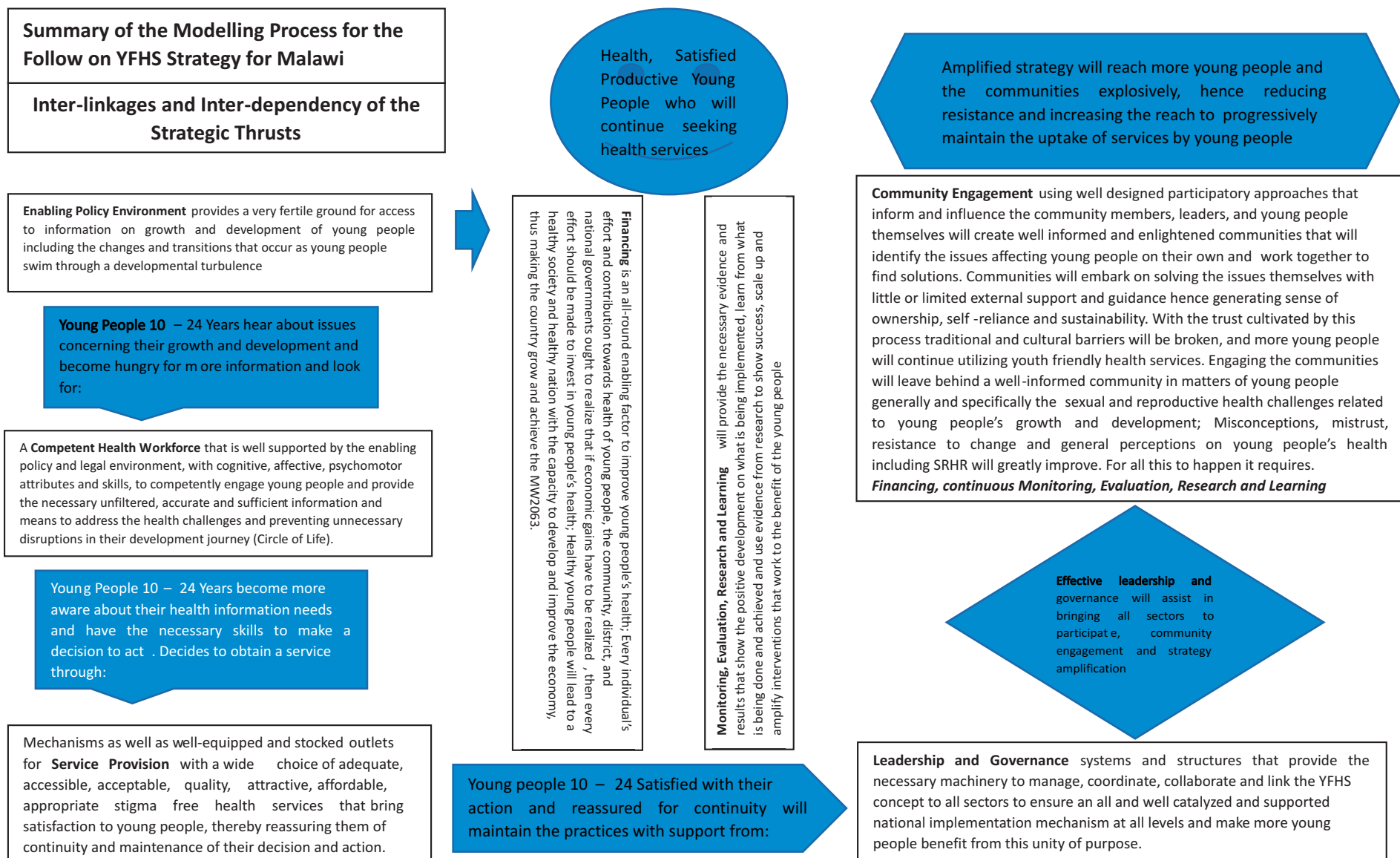
This strategy brings into the fold the fundamental aspects of strategy formulation and format with consideration on the user's ability and interest to read and use this document for the implementation of a set of strategies and corresponding interventions proposed in this strategy. The preceding chapters focus on specific contextual issues providing summations of the current situation. Chapter 5 onwards goes into details of the strategy

4.3 Modeling of the Strategy

The underpinning behavioral theory to this strategy is the health belief model where upon creating favorable conditions and environment, young people will be motivated to become healthy and maintain the status quo by learning about their health through different information channels/sources, be it friends, parents, media, or different public fora. Upon hearing about an issue relating to their health, the strategy will encourage them to seek more detailed information from reliable well trained health workforce. Once the detailed accurate, adequate, and reliable information is obtained, young people will become more informed and convinced about the issue affecting them and help them make sound decisions, act on it and get reassured by the result of their action (correct trial). Such reassurance will lead to maintenance of the health service seeking practice and change of behavior, leading to the attainment of the strategic vision of "a healthy, satisfied, and productive young people" as advanced by this strategy; For all this to happen progressively, community engagement will provide the necessary means to address the resistance and other traditional and cultural barriers. All this requires systematic monitoring, evaluation and research that will generate evidence to provide lessons for further application and improvement. And finally, the whole process requires serious investment at every level hence financing shall cut across all stages of implementation.

³⁴ Enabling Policy Environment, Competent Health Workforce, Service Provision, Leadership and Governance, Community Engagement, Financing, Monitoring, Evaluation Research and Learning

The diagram below demonstrates the behavioral change pathways, the conditions for achieving the impact (Strategic Thrusts) and the expected outcome (Vision).



4.4 The Strategic Thrusts for 2022 – 2030

The new focus areas have been developed with close reference to WHO's Global Action Plan (Accelerated Action for the Health of Adolescents) and aspects of the LALA Framework, findings of the review and evaluation of the 2015 – 2020 strategy, past experiences, the new Malawi SRHR Strategy (2020-2025) as well as the Health Sector Strategic Plan III.

1. Enabling Policy Environment

This pillar will harness and enhance the various laws and policies that have been reviewed in the last five years to support the implementation of youth friendly health services. The evaluation identified inadequate knowledge among strategy implementing members about the policies that were changed or reviewed to support the delivery of information and services to young people. Largely, representatives from gender and social welfare and to some extent the youth officers were able to articulate the revised policies and laws. It is very important that this 8-year strategy should address the institutionalization and popularization of such laws and policies as teams set out to implement the strategy. This will help in articulating issues that most community members had reacted negatively to the implementation of the YFHS and make them realize this is being implemented within the legal and social services framework in order to accept the changing environment.

2. Competent Health Workforce

The pillar will aim at improving the mastering of skills and competences within affordable and efficient confines which will not disturb the general service delivery but make it stronger, acceptable, and reliable. The evaluation team was informed that there were **1030 service providers** with skills and competences to provide friendly services to young people across the country. However, this figure may have changed during the 5-year period. Efforts to update this figure and establish actual "boots on the ground" proved challenging because of poor record keeping for human resource management. As such there is need to first establish who have been trained in what skills for each district and ensure the records are kept for management purposes at all levels (National, district and health center levels including that of community-based youth volunteers such as peer educators and community-based distribution agents).

A skills development plan should then be developed for each district and communities within each district so that all those involved in handling or delivering services to young people gain skills and competencies. New/alternative ways or methods of developing skills for providers such as mentorship, exchange programmes, a model youth care facility for each district as a skills acquisition center, on the job coaching, youth friendly health care digital and social platforms where providers can share challenging situation and provide possible and practical solutions based on experience should be adopted to ensure there is less interference with the running of health facilities and at the same time cutting costs. In addition, a plan to integrate the YFHS training programme into the pre-service curricula should be developed to ensure that health workers graduate with the necessary competencies to provide youth friendly health services upon joining the health workforce. This will drastically reduce the burden of training new

entrants (service providers) in YFHS upon joining the public or private health service delivery establishments.

More importantly, data base for human resources trained in youth friendly health services should be developed and kept at each level and must be updated regularly or rather continuously as more people acquire the skills and competences. This must include deployment and tracking of the trained health workers to ensure equity in distribution by the district management teams as well as preventing sending same health workers for the same training.

Any updates in skills and competences as the service provision business continues evolving should be shared regularly with all trained and practicing health workers through the social media/digital platforms and review meetings (virtually or otherwise) to keep the providers up to date. An important step to ensure all the proposed actions are made relevant is the review of the service package, quality of care standards and the YFHS training manual to include key aspects of service provider attitude transformation which apparently is not as strong in the current training manual. The Value Clarification and Attitude Transformation (VCAT) module which was effectively used in the family planning provider training programmes should form an important aspect of this training package.

3. Service Provision

This will deal with all requirements needed to provide services to young people (excluding the human resource issues already outlined in 2 above). Issues of infrastructure (space and designs), commodities (supply chain), quality of care (application of standards), Service configuration (integration) and all other relevant aspects have been considered to ensure effective delivery of youth friendly health services. In the evaluation exercise it was discovered that there was no systematic way of introducing youth friendly health services such as consultations with young people on the best location of youth corners, management of youth corners, infrastructural designs, and a lot of complaints about the supply chain for youth friendly health services and many other issues. These require a guided approach so that implementation teams have point of departure when planning and designing the introduction or continuation of the implementation of the YFHS strategy. Special attention should be made to addressing and mainstreaming needs of socially excluded or marginalized young people including those living with HIV , mental health effects emanating from drug and alcohol abuse as well as abusive relationships, those with disabilities and the LGBTIQ community in service provision . The YFHS package will be reviewed and updated to ensure it comprehensively covers all important aspects and issues that young people are looking for. **Annex I** provides an outline of the proposed package that should guide the service providers in meeting the needs of young people, young people with disabilities and those with mental problems resulting from abuse of alcohol, drugs, relationships, and any other relevant concerns as expressed by young people.

4. Leadership and Governance

This is to ensure there is team building, teamwork, multi -sectoral involvement, participation and collaboration, partnership, networking, transparency, and accountability in the process of implementing the strategy. Leadership and Governance will create synergy and improve the

overall implementation and management performance of the YFHS. In the 2015-2020 strategy, the collaboration and coordination pillar suffered greatly because of making assumptions that sectors will carry their roles and work together but in most cases except for the national level and a few districts, this did not materialize.

5. Community Engagement

This pillar will strategically address the many challenges that were experienced in the previous implementation period to reduce the community resistance and redirect efforts in ensuring that the majority of young people are aware about the strategy, what it is promoting and their roles and responsibilities in the implementation process. This will build support and improve health service seeking behavior among many young people and direct their energies towards supporting the implementation of the strategy, hence becoming active participants and service users.

The use of engagement is more focused and targeted as the youth had pointed out that the usual mobilization campaigns are not effective and officials give wrong impressions³⁵ due to lack of seriousness in working with the communities to find lasting solutions.

Young people had suggested that there should be targeted interventions with proper audience segmentation and engagement processes. In this case one of the approaches that has been proposed in this strategy is the participatory learning and action (PLA) which allows for a more in-depth understanding of the different community groupings, identification of their problems and coming up with actions and resources to address that problem. PLA is an empowering process for communities to identify their own problems and come up with solutions within the community using available resources within the community in most cases. In the same vein, through this strategic focus area, Life Skills Education, Comprehensive Sexuality Education, menstrual health/hygiene and self-care interventions will be strengthened and comprehensively promoted using the schools, youth club and youth network settings. The aim is to create a more knowledgeable and enlightened youth constituency with the ability to decide and act on matters relating to their health in general and SRHR in particular. In addition, issues of mental health breakdown resulting from excessive alcohol consumption, drug abuse, failed relationships, positive HIV status and many other social distraction to young people's health will be amplified through processes of community engagement. Male chauvinism and traits of male dominance and poor gender relations will be addressed through specially arranged male groupings dubbed "ManTalk" within the comprehensive sexuality education framework;

Other players within the traditional set up will be deliberately involved. These will include traditional leaders and their spouses, traditional counsellors, religious leaders and their spouses and the existing Mother Group structures at village development committee level.

6. Monitoring, Evaluation, Research and Learning

³⁵there is a lot of fanfare during the conduct of such campaigns and that before people start thinking about the topic or purpose of the meeting, some "officials are already in their cars, ready to depart, leaving the community wondering what exactly they wanted to deliver as a message requiring community action and hence creating wrong impression"

This was not among the pillars in the previous strategy but with the findings of the evaluation exercise, there were several loose ends in this area, and it requires strategic focus. The monitoring and supervision was reportedly taking place, but little evidence was available due to poor reporting and record keeping. A mid-term evaluation was not carried out and both short and medium term effects of the strategy including outputs were difficult to substantiate. Midterm evaluation would have improved the overall performance of the strategy. The M&E framework was not updated continuously at set intervals hence the evaluation process could not find reliable data to establish and determine the outcomes from implementing the 2015 – 2020 strategy. The Mangochi meeting of January 2022 with coordinators corroborated with the findings of the evaluation team on observations about the reporting tools. That aside, the innovation to report YFHS progress on DHIS2 platform and the YFHS bulletin deserve recognition as successes in this area and should not be forgotten in the next phase. Research consciousness will provide the impetus to analyze and interpret results of implementation to come up with the learning agenda and use of such results for management decisions.

7. Financing

This is a pillar that will help in determining what this strategy will cost to implement and propose mechanisms that will generate the required finances to support the implementation of the strategy. It is further proposed that the government should take lead in financing the implementation and move away from depending on partner agencies and organizations in funding the implementation. A number of proposals for consideration to ensure availability of adequate funding to implement the strategy have been put forward.

4.5 Strategic Approaches to Delivery of Youth Friendly Health Services

- a. Integration of services within the current service delivery set up – national hospitals,
district hospitals, rural and community hospitals, health centers
- b. Community based services – mobile outreach teams, youth CBDAs, youth Peer education, the Chiefs Campaign, Chiefs Spouses Initiative, Traditional Counsellors involvement, “ManTalks”, Mother Groups and Interface with religious groupings.
- c. Clinical set up within the non-clinical structures – multi-purpose youth centers
- d. Youth corners/safe spaces
- e. The family approach – Parent child communication initiatives, Mother Group Initiative, Fathers and Boys Engagement, Mothers and Girls Engagement
- f. Modeling centers – renovating, equipping, staffing based on minimum standards to
have a model center in each district that acts as a learning center (skills acquisition center)

Chapter 5: Vision, Mission, Goal, Core Values and Guiding Principles

The Vision: Healthy, Satisfied , Productive and Self-reliant Young People

The Mission: To provide quality comprehensive integrated YFHS that are relevant, available, affordable, acceptable, accessible, and appropriate to all young people aged 10 to 24.

Overall Goal: To contribute towards the enhancement of the reproductive health status of all Malawians by increasing equitable access to reproductive health services and improving quality, efficiency, and effectiveness of service delivery at all levels, including responsiveness to clients' needs, by young people aged 10 – 24.

The foundation of this strategy will be anchored on seven strategic goals and will act as the pillars of the strategy based on the logic around understanding the dynamics of young people, essentials of service delivery to young people, management and financing architecture.

The Strategic Goals for each thrust will thus be:

1. Enabling Policy Environment that is enhanced for planning, programming, and delivery of YFHS information and services to young people aged 10 - 24
2. Competent Health Workforce that is vibrant, highly skilled with a positive mindset to support the attainment of the health goals of young people through delivery of quality youth friendly health services
3. Service Provision that offers improved, unlimited, and unimpeded access to quality youth friendly health services to young people across the country
4. Leadership and Governance systems and structures that are improved to support an all-level multi-sectoral collaboration, coordination, partnership, and networking in the implementation of YFHS
5. Community Engagement that will ensure improved understanding, positive perception about and support to youth friendly health services by parents, community and religious leaders as well as young people themselves
6. Monitoring, Evaluation, Research and Learning that is robust, efficient, informing, and sustainable in managing the YFHS programme
7. Financing that ensures adequacy and availability of funding to manage the implementation of the YFHS strategy between 2022 and 2030

Core values and guiding principles

- Universal coverage to comprehensive sexual and reproductive health services;
- Commitment to standards of care to ensure quality at every level and in every aspect of programme delivery
- Client centered: service provision will be considerate of the young peoples' personal circumstances, preferences, values, family situations and lifestyles therefore, respect for young people will be at the center

- Provision of holistic and integrated adolescent and youth SRH information and services through multi-pronged and multi-sectoral approaches that are effective and efficient in reaching adolescents with information and services. Partnership and Networking shall be fundamental to achieving a multilateral, well-coordinated delivery of the youth friendly health services programmes for improved outcomes.
- Transparency and Accountability shall be embraced to ensure that no person is left without knowledge on how the programme is progressing technically and financially
- Human rights based approach shall be applied throughout project implementation
- Diversity and Inclusiveness to ensure equity and equality in participation and access to services regardless of age, sex, disability, sexual orientation and/or gender identity, HIV status, economic, political, religious, or social background.
- Efficiency and effectiveness shall be taken with great consideration to achieve maximum results using the minimal levels of costs.
- Youth Participation and Involvement shall be promoted at every level of the programme cycle– planning, implementation, monitoring, and evaluation in consideration with varying capacities
- In recognition of the critical role parents, guardians and communities play in the promotion of SRH of adolescents, community participation is crucial to the success of sexual and reproductive health programmes and services. Beneficiaries should be actively involved in planning, implementation, monitoring and evaluation of programmes and activities to ensure ownership
- Evidence-based interventions and programming

5.1 Strategic Framework - Goals, Objectives, strategies and interventions

1. Enabling Policy Environment

1.1 Goal: Enhanced enabling environment for planning, programming, and delivery of YFHS information and services to young people aged 10 - 24

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
1.1.1	To ensure that the revised policies, laws and strategies supporting implementation of YFHS are used to facilitate YFHS Strategy implementation and delivery of youth friendly health services to young people including those with special needs (very young adolescents – 10 to,14 years, those with disabilities, mental illnesses and different sexual orientations) in line with international and national legal frameworks in Malawi by December 2030	3 policies - SRHR Policy, National Gender Policy, Child protection policy, Education Inclusive Policy and 3 laws Childcare Protection and Justice Act, Gender Equality Act, Children, Marriage , Divorce and Family Relations Act were revised and support the implementation of YFHS. However, interpretation of the education policy continues to provide ambiguity in terms of service provision in schools. The Ministry of Health advocates for provision of mobile services and schools would make a suitable place for providing condoms and contraceptives as a way of preventing sexually transmitted infections and pregnancies among people. However, the education sector does not allow for service delivery within the school premises ." In addition, the sectors are not well coordinated at certain levels within the governance system and linkage of revised policies to YFHS was apparently not well understood by some sectors especially at district and community levels. There are also notably weak enforcement mechanisms to ensure that the revised policies and strategies are being promoted and utilized. Evaluation on performance on implementing policies and strategies is largely nonexistent. Implementing this strategy will help other sectors to	Adolescent Health in All Policies (AHiAP) - Institutionalize the policies and laws into the key sector ministries, departments and agencies directly involved in implementing YFHS with special attention to inclusivity for the disabled, HIV positive, mentally affected and socially excluded.	<p>Widely disseminate and interpret the revised policies and laws using different channels of communication including media platforms to make them known and usable in the delivery of YFHS at all levels</p> <p>Integrate the identified and revised policies and laws into all programme activities for managers, facilitators and other key players dealing with young people</p> <p>Advocate for (make it happen) joint programme planning for YFHS by the ministries of health, youth, local government, education, gender, and social services</p> <p>Develop, translate, and print information packages of the revised policies and laws suitable for different audiences' ease of understanding</p> <p>Sensitize all key players implementing YFHS strategy on the policies and laws</p>

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
		normalize the attention to young people's specific needs in all aspects of the sectoral work.		Engage the youth governance structure (Youth Technical Working Group) from national to community level and create awareness on the existing policies and laws supporting YFHS targeting both duty bearers and rights holders.
				Establish strong working partnership with government sectors and youth networks, NGOs, CSOs and private sector to strengthen implementation of the YFHS strategy
			"Modus Operandi" for Ministries of Health and Education and other sectors (MOYS, MOGCDCS, MOLG) - stating roles and functions as well as application of the education policy and its roles in promoting YFHS	Utilize existing networking platforms for policy dialogue among key stakeholders to produce working modalities amongst each other to avoid policy misinterpretations and application across sectors particularly Ministries of Health and Education
				Incorporate guiding principles in the modus operandi to define measures to be taken during natural disasters, emergencies, and epidemics where the school calendar is affected.
				Monitor implementation of the Modus Operandi

2. Competent Health Workforce

2.1 Goal: A vibrant skilled workforce that supports the attainment of health goals of young people through delivery of quality youth friendly health services.

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
2.1.1	Strengthen the capacity of health professionals, non-health professionals and community volunteers to provide youth friendly health services.	<p>It is estimated that only 2,030 out of the targeted 5,000 frontline health professionals, non-health professionals and community volunteers are trained in YFHS. However, the training is mostly provided inconsistently and does not follow a particular national plan, but largely dependent on availability of partner support. Although the training focuses on quality of YFHS, it does not emphasize on value clarification hence leaving out important factors or aspects that impede on access to services by young people. This is applicable to both pre - and in-service training. There is no database for YFHS training making it difficult to trace who is trained or not.</p> <p>Most facilities do not meet the minimum standard requirements of 2 service providers trained in YFHS due to human resource shortage and inadequate financial support to train or orient all available service providers</p> <p>Staff shortage contributes to unfriendliness of service providers due to heavy workload. This situation is worsened by frequent staff transfers and/or turnover, affecting young people who had started bonding with the</p>	Make YFHS competency training for pre-service and in-service training a priority for health investment case	Advocate for adequate funding to YFHS capacity development and equip all providers (health service providers, CBDAs, YCBDAS, influential leaders, and community volunteers} and support staff with skills to provide YFHS
				Mobilize resources to support a national training programme for YFHS (health service providers, CBDAs, YCBDAS, influential leaders and community volunteers}
				Develop a new national YFHS skills-based training programme with a strong focus on value clarification and attitude and in line with WHO guidelines and standards and orient all service providers in the revised YFHS Package.
				Review the YFHS Service Package/Minimum Standard Guidelines and orient all service providers in the revised YFHS Package
				Integrate YFHS skills-based training concepts in pre-service curriculum with a strong focus on values and attitudes for all health training institutions
				Implement the revised training curriculum for in-service education for serving health workers continuing professional development (CPD) in line with WHO guidelines
				Develop reference materials (Standard Operating Procedures) for clinical service provision

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
		<p>service providers in a particular facility, and provider bias.</p> <p>Most community health workers (HSAs and youth CBDAs) are reportedly trained in YFHS but there is no known official curriculum/syllabus for these cadres including for the private sector providers and pharmacy operators that are mostly preferred for obtaining services by young people.</p>		Develop free online courses and reference manuals for service providers' continuing professional development
				Promote and conduct on the job coaching, mentorship, and supportive supervision to all service providers
				Create digital platforms for providers to share lessons, experiences and feedback as part of continuing skills acquisition in problem solving
				Develop a database for trained YFHS service providers and volunteers to support human resource allocation/deployment decisions
				Advocate for the inclusion of YFHS service providers, CBDAs and Peer Educators in district recruitment, replacement and deployment plan
				Include a monitoring indicator in DHIS2 for service providers trained in YFHS
			Develop capacity of both existing and new community youth volunteers to competently reach out and deliver YFHS	Conduct an assessment of the existing youth community-based programmes to identify the gaps and training needs to inform the development of the training curriculum and establish the baseline for community-based volunteers
				Develop a training manual for existing youth community volunteers based on the identified needs.
				Conduct refresher courses for the existing young community volunteers (CBDAs, Peer Educators)
				Train new volunteers in hard-to-reach areas using standard community volunteers training manuals
			Private sector engagement and collaboration	Orient private sector service providers and pharmacy operators on YFHS

3. Service Provision

3.1 Goal: Improved, unlimited, unimpeded access to quality and comprehensive youth friendly health services by young people across the country

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
3.1.1	Increase access to quality, comprehensive YFHS for young people aged 10 – 24 in all health facilities in the country by 2030	Only 596 out of 970 existing public static health facilities provide youth friendly health services. Out of these 596 sites, only a few operate integrated approaches to services delivery with no service type markings on the door. This provides the much needed privacy and confidentiality for young people. There are also trained youth volunteers in communities providing information and some selected services to young people though the actual number could not be established. Some private clinics and pharmacies have integrated youth friendly health services in their operations. NGOs (including CHAM facilities) are also involved in advancing and providing YFHS.	Expand physical coverage for YFHS from 596 to over 970 facilities across the country in accordance to the standards	Conduct a comprehensive facility assessment to establish actual sites providing YFHS and gaps to address through QOC
				Develop a scale up plan for YFHS in all districts
				Introduce YFHS to the identified sites using the scale up plan
				Develop and implement outreach programmes for young people
				Set up and manage an effective referral systems with clearly mapped and defined pathways from health center, district to national levels
		In some districts mobile outreach services were conducted by both public and private (not for profit) health facilities in 2020 to reach young people with services. Evidence from evaluation shows the mobile outreach approach to be more effective in reaching out to young people with services particularly in hard-to-reach communities. The approach can even be customized to serve the marginalized population like young people with disabilities, YPLWHA, sex workers, street kids and the LGBTIQ community. The situation shows there is a lot of need to expand the physical coverage and approaches to reaching young people with information and	Develop and utilize effective partnerships with youth-led/focused organizations and the private sector to increase service coverage	Work with youth networks and the private sector to identify organizations to implement YFHS
				Discuss partnership modalities (MoUs) with networks and the private sector clinics, and other relevant service outlets to introduce YFHS in their service sites
				Integrate YFHS in pharmacies and private clinics through franchise arrangement
			Institutionalize/develop quality of care interventions for YFHS in all service delivery points	Revise the QOC and Accreditation Standards for Youth Care in line with WHO standards of care

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
		services particularly for the young adolescent. A combination of methods of service provision will likely increase uptake of information and services by young people including the marginalized, underserved and those faced with situations of natural disasters like floods and the COVID 19 Pandemic.		Orient service providers on QOC and Accreditation standards
				Conduct accreditation of service delivery points providing YFHS
				Establish and support the operationalization of a learning and mentorship centre in each district to act as a model centre based on accreditation results
				Conduct supervision, mentorship and on the job coaching
			Improve service delivery structures to accommodate provision of YFHS in line with the standards of youth care	Renovate/reconfigure current structures to be in line with standards of youth care (Disability friendly)
				Equip the facilities with appropriate tools and supplies/commodities
				Create safe spaces for youth activities using a set of standards and guidelines
				Provide recreational materials in safe spaces/ youth centers for young people based on the type of activities planned for implementation (provide guidelines for use of recreation materials)
				Introduce self-care menstrual hygiene initiatives to young people
			Improve community based or operated programmes and expand its reach	Assess the current community based/operated programmes dealing with young people to identify gaps for intervention
				Expand sites for youth peer education and youth CBDAs
			Integrate youth friendly health	Develop capacity of facilities to

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
			services in all health facilities	embrace an integrated approach to service delivery with a focus on HIV, SRHR and gender related services
				Introduce and implement an integrated system to service delivery in all health facilities with capacity to do so
3.1.2	To reduce incidences of stock non-availability (commodities) in health facilities and community based or operated programmes		Strengthen open LMIS and commodity security management systems in coordination with HTSS to reduce stock outs	Orient service providers on effective stock management
				Supervise commodity security management system

4. Leadership and Governance

4.1 Goal: An improved all level multi-sectoral collaboration, coordination, partnership and networking in implementation of YFHS

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
4.1.1	Enhance the leadership, governance and multi-sectoral arrangements supporting YFHS implementation at national, district and community levels by 2030	The evaluation exercise revealed little efforts taken at district and community levels to coordinate, collaborate and build an implementation team for effective delivery of the YFHS Strategy. Strategy implementation was largely left in the hands of MOH. Other key actors were involved dismally. Community structures were not actively participating in planning and decision-making processes during implementation. There were a lot of assumptions made that other sectors were implementing their parts based on their understanding	Provide for the Establishment and enhancement of functional multi-sectoral district and community level implementation teams.	Set up national, district and community level implementation teams to be coordinated by the health sector with representation from youth, education, gender and social welfare, local government, and young people representatives from the networks
				Develop terms of reference (ToRs)/ guiding principles for leadership and governance in the management and provision of YFHS
				Develop/strengthen effective reporting mechanism in managing YFHS at district and community levels
4.1.2	Increase youth participation and leadership in all aspects of YFHS strategy implementation at national, district and community levels by 2030		Promote Engagement and inclusion of youth structures in all strategy implementation activities.	Introduce/ disseminate the strategy to Youth Networks through the Ministry of Youth and Sports and other Ministries.
				Identify and include youth representation in strategy implementation teams at all levels
				Involve young people in planning, implementation, monitoring, and evaluation of YFHS activities
			Coalition and Partnership development with CSOs/NGOs and funding agencies	Build work relationships amongst collaborators in YFHS through signed agreements
				Facilitate integrated planning for strategy implementation at all levels
				Develop functional arrangements for

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
				sharing of information on work plans, programmes and funding to prevent duplication
				Work out a joint solicitation mechanism with youth networks and other sectors for funding YFHS at district and community levels
				Build capacity of district and community implementation teams in resource mobilization for YFHS strategy implementation
			Build mechanisms for youth participation at local level	Training and mentorship of youth leaders in governance and accountability processes around health and well being
				Develop action plans to provide accountability checks to implementation teams on YFHS progress
				Capitalize on usage of mobile phones and social media platforms to facilitate youth engagement with implementation teams
				Facilitate availability of ICT in youth participation structures/networks to provide for participation of young people living in rural areas and without gadgets such as android phones

5. Community Engagement

5.1 Goal: Improved understanding, perception and support about youth friendly health services amongst parents, community and religious leaders and young people

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
5.1.1	To increase approaches to community dialogue and interaction amongst parents, leaders, media experts and young people to galvanize support for YFHS provision	Reports indicate minimal support from some parents and community leaders, a lot of resistance and misinterpretation of YFHS from the same groups. YFHS is being linked to promoting sexual activity among young people. Methods for drumming support to YFHS were limited and not as effective hence creating suspicion on the YFHS agenda among parents and leaders.	Introduce Participatory Learning and Action approaches for community engagement in all community sites implementing YFHS	Develop participatory learning and action (PLA) approaches for engaging community leaders, parents, and young people
				Develop working partnership with VDCs, school management committees, Mother Groups, ADCs, youth CBOs, CVSUs and youth networks on YFHS
				Engage chiefs, chiefs' spouses, traditional counselors, men groupings ("ManTalk"), religious leaders, and politicians (councilors and MPs) to promote access to YFHS among young people
				Revamp/resuscitate the youth CBDA and Peer Education programmes and other local community-oriented initiatives focusing on male engagement and traditional initiations
			Facilitate effective communication between parents and children	Review and adopt parents and child communication interventions/strategy
				Implement parent and child communication interventions/strategy
			Strengthen demand creation to increase YFHS uptake by young people	Marketing and Branding the YFHS - Promotional materials, signposting, street and open ground shows, media and publicity campaigns, conferences
				Create media/digital platforms for amplifying and advancing YFHS

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
				Engage the media during open days and sensitization meetings
				Produce and air programmes using different media channels
				Organize media buzz at specific periods every year
		<p>The Ministry of Youth and Sports has provided a framework for out of school youth to implement comprehensive sexuality education through its established youth network structures across the country. However, the evaluation of the 2015 – 2020 YFHS strategy revealed critical gaps and bottlenecks in implementation. There was minimal involvement of the structures in programming and implementation. This was emanating from lack of coordination between the youth and health sectors at district and community levels. Integrating the YFHS programme and using the CSE programme from the Ministry of Youth will provide a great opportunity and synergy to make more young people aware of the YFHS strategy and utilize the information to reach more young people. This will create more demand for services sought for by young people. It will also broaden the coverage and improve on youth involvement. Similar approach should be replicated for young people in school through the Life Skills education. According to the evaluation for the 2015 – 2020 YFHS strategy, there are a number of LSE interventions by the Ministry of Education including initiatives to reach those young people with disabilities. However, this has not been fully explored by the YFHS programme. Utilizing the LSE programme in school will further provide</p>	<p>Integrated approach to CSE, LSE for in school youth, menstrual hygiene and self-care initiatives for all young people</p>	Incorporate YFHS in CSE, LSE and MH programmes
				Train YFHS Providers in CSE, LSE, MH and self-care Programmes
				Plan and systematically implement CSE to out of school youth through youth clubs, institutions of higher learning and other relevant platforms
				Retrain LSE teachers in all schools to improve delivery of LSE
				Continue providing LSE for in school youth
			<p>Expand the Menstrual Health and Self-care initiatives to reach more girls in and out of school</p>	Develop/review a national programme for Menstrual Health and Self-Care
				Prepare a special package of items and services for young girls in emergency settings (e.g., internally displaced persons during floods)
			<p>Establish effective and functional referral system and networking between Health and Education, Youth, Gender and Social Welfare sectors</p>	Develop and execute a joint school health programme involving the health, education, youth and gender sectors
				Develop service delivery arrangements and referral system jointly with the education, health, youth and gender sectors at every level.

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
		<p>additional avenues to reach young people with information and motivation to access youth friendly health services.</p> <p>The initiative for Menstrual Health (Menstrual Hygiene) and self-care advanced through Malawi Girl Guides Association (MAGGA) where young girls are targeted with age specific information from 6 – 14 years to prepare them for detailed information about menstruation, growth and development and later (15-24 years) comprehensive SRHR information strengthened and replicated in schools and communities because it provides for maximum concentration and details about young people and their sexual and reproductive health. Likewise similar approaches should be encouraged for boys through the Scouts Association of Malawi and other male focused groupings</p>		

6. Monitoring, Evaluation, Research and Learning

6.1 Goal: A vibrant, efficient, research based, sustainable YFHS programme with appropriate systems to provide and manage quality, youth friendly health services

No.	Strategic Objectives	Current situation	Strategies	Proposed interventions
6.1.1	To strengthen research, monitoring, evaluation and utilization of findings in programme implementation	<p>The 2015 – 2020 strategy was only evaluated at the end and missed opportunities for midterm evaluation, early identification and rectifying of setbacks experienced within the implementation period and learning from its process.</p> <p>The monitoring and indicator tracking tool could not be effectively completed due to missing data resulting from inconsistent reporting. Evidence for the attainment of the set targets could not be easily established and decision whether the strategy was able to achieve its goals could not be made.</p> <p>The research findings e.g., baseline survey findings are either not being shared to sector partners and communities or used for implementing similar projects.</p> <p>There is no data base for past research findings at both national and district level resulting in poor coordination.</p>	Setting the baseline for 2022 – 2030 Implementation Period	Establish new baselines and targets for the 2022 – 2030 Implementation period
			Generation of evidence for decision making	Review the DHIS2, YOMIS and EMIS Reporting Tools to accommodate the proposed adjustments from the 2021 YFHS Coordinators Progress Review Meeting held in Mangochi
				Harmonize data capturing tools and ensure HMIS, YOMIS, and EMIS feed into LAMIS
				Tracking the progress through reporting tools and joint monitoring visits
			Development of research agenda that feed into improved YFHS	Mid-term evaluation
				End line Evaluation
				Identification of research items requiring further investigations from the reports
				Conducting operational research that will inform decision making processes on YFHS
				Case study development and sharing lessons and promising practices

7. Financing

7.1 Goal: Ensure adequacy and availability of funding to finance the implementation of the YFHS strategy between 2022 and 2030

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
7.1.1	Increase the financial Support, commitments and actual funding towards the implementation of YFHS Strategy by 2030	<p>The extent to which the estimated budget for the 2015 -2020 strategy was funded is not known.</p> <p>Most stakeholders do not reveal their allocation to YFHS support in the districts. Most DIPs have very minimal if no allocations to YFHS</p>	Develop a financial investment plan to finance implementation of the YFHS strategy	<p>Solicit commitments from various potential funding sources</p> <ul style="list-style-type: none"> x National budget x CDF, DDF (Local Government) x ORT (1% total monthly allocation to be used for YFHS implementation) x GESD (Governance to Enable Service Delivery) x Levy x Development Partners <p>Advocate for decentralization of health development budget to support renovations / construction of infrastructures for enhanced YFHS standards in district councils</p> <p>Advocate for a youth friendly national health budget that will ensure funds allocated to line ministries' ORT has provisions for YFHS support</p> <p>Build capacity of national, district and community level implementation teams on resource mobilization</p> <p>Integrate youth friendly health services concepts into district implementation plans and district development plan</p> <p>Develop tracking system for funding to YFHS. (Knowing Your Finance Provider and</p>

No.	Strategic objectives	Current situation	Strategies	Proposed interventions
				Giving Feedback)
				Mobilize stakeholders to commit funding towards YFHS
				Lobby private sector investors for allocation of a percentage in their corporate social responsibility budgets to YFHS
			Youth club capacity development and empowerment to mobilize funds for YFHS	Training youth club members and networks in advocacy for resource mobilization
				Advocate for increased funding to the health sector for YFHS
				Develop fundraising strategies for the youth clubs and networks to directly generate funding for the YFHS interventions-
				Link youth clubs to the National Economic Empowerment Fund (NEEF) to help them integrate business enterprising with YFHS
			Diversification of funding sources	Solicit, catalog, and share donor commitments towards funding YFHS
				Mobilize investor contributions
				Explore the public private partnership (PPP) arrangements

5.2 Operational Plan 2022 - 2030

1	Focus Area	Enabling Policy Environment																
1.1	Goal	Enhanced enabling environment for planning, programming, and delivery of YFHS information and services to young people aged 10 – 24																
1.1.1	Objective	To ensure that the revised policies, laws and strategies supporting implementation of YFHS are used in line with international and national legal frameworks to implement the YFHS strategy in Malawi by December 2030																
			Time Frame														Person Responsible	Resources required (MK)
			Year 1		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
1.1.1.1	Strategy Institutionalization of Adolescent Health in All Policies (AHiAP) in key sectors.																	
	Interventions	Specific Activities																
1.1.1.1.1	Wide Dissemination of policies and laws supporting YFHS	Produce info briefs containing interpretations of policies and laws supporting YFHS		x								x						
		Translate information briefs into selected local languages that are commonly understood by many		x														
		Hold meetings with all frontline workers / social workers and chiefs to popularize the supportive policies to		x	x	x	x											

		YFHS																		
		Conduct dissemination meetings with national and district level implementation teams, members of ADCs, VDCs, Youth Technical Working groups, CBO, and FBOs for awareness creation and canvassing support to delivery of YFHS			x	x														
		Produce and air programmes and jingles that reflect changed policies and laws in all media houses				x	x		x		x		x		x					
		Produce posters, brochures with specific messages on YFHS related policies and laws	x	x						x	x									
		Introduce National YFHS Day and use the day to disseminate widely all relevant policies and laws that support YFHS			x	x														
1.1.1.1.2	Integration of revised policies and laws into all sector programme activities for managers, facilitators and other key players dealing with young	Hold sector meetings to identify programmes that can be used as carriers of revised policies and laws.		x	x	x			x		x		x		x					
		Advocate with stakeholders to adopt		x																

	people	integration of policies																		
		Integrate policies and laws into identified programmes		x	x	x														
1.1.1.1.3	Advocate for (make it happen) joint programme planning for YFHS by the ministries of health, youth, local government, education, gender, and social services			x	x	x														
1.1.1.1.4	Develop packages of the revised policies and laws suitable for various audiences	Translate the policies and law info briefs into local language commonly spoken in Malawi		x																
		Produce leaflets, billboards, jingles, radio programmes		x	x		x		x		x		x		x		x			
1.1.1.1.5	Sensitize key players implementing YFHS strategy on the policies and laws	Orient all YFHS District stakeholders in YFHS policies and laws		x	x	x														
		Orient Local and faith leaders, NGOs, CBOs in YFHS Policies		x	x	x														
		Support sensitization meetings by youth network leaders to galvanize support to YFHS					x		x		x		x		x		x			
1.1.1.1.6	Engage and train youth governance structures/networks for awareness creation on existing policies and laws supporting YFHS.				x	x	x	x												
1.1.1.1.7	Establish strong working partnership	Conduct mapping of YFHS		x	x															

	with government sectors and youth NGOs, CSOs and private sector to strengthen implementation of the YFHS strategy	stakeholders/partners in the district																		
		Conduct stakeholder meetings with the identified partners		x	x	x														
		Create a district platform for sharing YFHS updates and new developments at national and district levels		x	x	x														
1.1.1.2	Strategy: Modus Operandi for Ministries of Health and Education on “No Service in school premises”																			
	Intervention	Specific Activities																		
1.1.1.2.1	Utilize existing networking platforms for policy dialogue among key stakeholders to produce working modalities amongst each other to avoid policy misinterpretations and application across sectors particularly Ministries of Health and Education	Meetings with relevant stakeholders to produce and share insights of the policies, interpretations of the education policy on service provision and roles and responsibilities between Ministries of Education and Health		x																
		Hold meetings to draft modus operandi		x																
		Get the modus operandi approved			x															
		Integrate the modus operandi into the YFHS training manual, LSE and CSE manuals			x	x														

		Disseminate the Modus Operandi to all service facilities and providers, school heads and teachers / facilitators of LSE and CSE and Menstrual Health Programmes				x															
		Incorporate guiding principles in the modus operandi to provide for measures to be taken during natural disasters, emergencies and epidemics where school calendars are affected.																			
		Monitor the implementation of the modus operandi				x	x	x	x	x	x	x	x	x	x	x	x	x			

2	Focus Area	Competent Health Workforce																	
2.1	Goal	A vibrant skilled workforce that supports the attainment of health goals of young people through delivery of quality youth friendly health services																	
2.1.1	Objective	Strengthen the skills of both health professionals, non- health professionals and community volunteers to provide youth friendly health services																	
		Time Frame														Person Responsible		Resources required (MK)	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8										
2.1.1.1	Strategy: Make YFHS competency-based training in pre-service and in service training a priority for health investment case																		
	Interventions	Specific Activities																	
2.1.1.1.1	Advocate for adequate funding to YFHS capacity development and equip all providers (health service providers, YCBDAS, influential leaders and community volunteers} and support staff with skills to provide YFHS	Hold advocacy meetings with parliamentarians, donors, private sector business patrons																	
		Develop a health investment plan for young people																	
		Implement the plan																	

2.1.1.1.2	Mobilize resources to support a national training programme for YFHS (health service providers, YCBDAS, influential leaders and community volunteers}			x			X			x				x					
2.1.1.1.3	Develop a new national YFHS skills -based training programme with a strong focus on value clarification and attitude and in line with WHO guidelines for various cadres for public health facilities, private not for profit making clinics, community health workers and pharmacy operatives		x																
2.1.1.1.4	Review the YFHS Service Package/Minimum Standard Guidelines and orient all service providers in the revised YFHS Package		X																
2.1.1.1.5	Integrate YFHS skills based training concepts in pre-service curriculum with a strong focus on values and attitudes for all health training institutions			X															
2.1.1.1.6	Implement the revised training curriculum for in-service education for serving health workers continuing professional development (CPD) in line with WHO guidelines				x	x	X	x	x	x	x	x	x	x	x	x	X		
2.1.1.1.7	Develop reference materials (Standard Operating Procedures) for clinical service provision			X															
2.1.1.1.8	Develop free online courses and reference manuals for service providers' continuing professional development				X														
2.1.1.1.9	Promote and conduct on the job coaching, mentorship, and supportive supervision to all service providers			x	x	x	X	x	x	x	x	x	x	x	x	x			

2.1.1.1.10	Create digital platform for providers to share lessons, experiences, and feedback as part of continuing skills acquisition in problem solving			x	X														
2.1.1.1.11	Develop a data base for trained YFHS service providers and volunteers to support human resource allocation/ deployment decisions				X														
2.1.1.1.12	Advocate for the inclusion of YFHS service providers, CBDAs and Peer Educators in district recruitment, replacement, and deployment plan					X													
2.1.1.1.13	Include a monitoring indicator in DHIS2 for service providers trained in YFHS			X															
2.1.1.2	Strategy: Capacity Development for both existing and new community youth volunteers to competently reach out and deliver YFHS																		
	Interventions																		
	Specific Activities																		
2.1.1.2.1	Conduct an assessment of the existing youth community-based programmes to identify gaps and training needs that will inform the development of a training curriculum and establish the baseline for community based volunteers				x														
2.1.1.2.2	Develop a training manual for existing youth community based volunteers based on the identified needs.			x	x														
2.1.1.2.3	Conduct refresher courses for the existing youth community volunteers (YCBDAs, Youth Peer Educators)					x	X			x	x								
2.1.1.2.5	Train new volunteers in hard-to-reach areas using standard community volunteers training manuals					x	X	x	x	x									

2.1.1.3	Strategy: Private sector engagement and collaboration																				
	Intervention	Specific Activities																			
2.1.1.3.1	Orient private sector service providers and pharmacy operators on YFHS					x															

3	Focus Area	Service Provision																		
3.1	Goal	Improved, unlimited, unimpeded access to quality youth friendly health services by young people across the country																		
3.1.1	Objective	Increase access to quality comprehensive YFHS for young people aged 10-24 in all health facilities in the country by 2030																		
		Time Frame														Person Responsible	Resources required (MK)			
		Year 1		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8				
3.1.1.1	Strategy Expansion of physical coverage of YFHS sites from 524 to 974 facilities																			
	Interventions	Specific Activities																		
3.1.1.1.1	Conduct facility assessment to establish actual sites providing YFHS	Hire consultant and sign contract.		x																
		Carry out facility needs assessment exercise		x																
		Share report with stakeholders and produce baseline data for 2022 – 2030 YFHS implementation		x																
3.1.1.1.2	Develop a scale up plan for YFHS in all districts	Conduct planning meetings with relevant stakeholder			x															
		Consolidate discussions from the meeting			x															
		Produce a systematic scale up plan for YFHS services			x															
		Roll out scale up plan			x		x		x		x		x		x		x			
3.1.1.1.3	Introduce YFHS to identified sites	Community mobilization and				x														

	using the scale up plan	sensitization of YFHS																		
		Prepare facility for introduction of YFHS				x														
		Conduct planning meetings and ensure young people are involved in the planning process				x		X		x		x								
		Organize a public function to introduce YFHS at the facility				x		X		x		x								
		Provide YFHS		x	<u>x</u>	x	x	X	x	x	x	x	x	x	x	x	x	x	x	
3.1.1.1.4	Develop and implement outreach programmes for young people			x	<u>x</u>	x	x	X	x	x	x	x	x	x	x	x	x	x	x	
3.1.1.1.5	Set up and manage an effective referral system from district to national level			x	<u>x</u>	x	x	X	x	x	x	x	x	x	x	x	x	x	x	
3.1.1.2	Strategy: Develop and utilize effective partnerships with youth-led/focused organizations and the private sector to increase service coverage																			
	Intervention	Specific Activity																		
3.1.1.2.1	Work with youth networks and the private sector to identify organizations to implement YFHS			X																
3.1.1.2.2	Discuss partnership modalities (MoUs) with networks, the private sector clinics, and pharmacies to introduce YFHS in their service sites			X																
3.1.1.2.3	Integrate YFHS in pharmacies and private clinics through franchise arrangement				x															
3.1.1.3	Strategy:																			

	Institutionalize/develop quality of care interventions for YFHS in all service delivery points																			
	Interventions	Specific Activities																		
3.1.1.3.1	Revise the QOC and Accreditation Standards for Youth Care in line with WHO standards of care		x	x																
3.1.1.3.2	Orient service providers on QOC and Accreditation standards for youth care			x	x															
3.1.1.3.3	Conduct accreditation of service delivery points providing YFHS				x															
3.1.1.3.4	Establish and support the operationalization of a learning and mentorship centre in each district to act as a model centre based on accreditation results			x	x	x	X	x	x											
3.1.1.3.5	Conduct supervision, mentorship and on the job coaching		x	x	x	x	X	x	x	x	x	x	x	x	x	x	x	x		
3.1.1.4	Strategy: Improve service delivery structures to accommodate provision of YFHS in line with the standards of youth care																			
	Interventions	Specific Activities																		
3.1.1.4.1	Renovate/reconfigure current structures to be in line with standards of youth care (Disability friendly)			x	x	x	X													
3.1.1.4.2	Equip the facilities with appropriate tools and supplies/ commodities			x	x	x	X													
3.1.1.4.3	Create safe spaces for youth activities				x	x	X	x	x	x	x	x	x	x	x	x	x	x		
3.1.1.4.4	Provide recreational materials in safe spaces/ youth centers for young people				x	x	X	x	x	x	x	x	x	x	x	x	x	x		
3.1.1.4.5	Introduce self-care and menstrual health initiatives to young people				x		X		x		x									

3.1.1.5	Strategy: Improve community based or operated programmes and expand its reach																			
	Intervention	Specific Activities																		
3.1.1.5.1	Assess the current community based/operated programmes dealing with young people			x																
3.1.1.5.2	Expand sites for youth peer education and youth CBDAs				x	x	X	x												
3.1.1.6	Strategy: Integrate youth friendly health services in all health facilities																			
	Interventions	Specific Activities																		
3.1.1.6.1	Develop capacity of facilities to embrace an integrated approach to service delivery with a focus on HIV, SRHR and gender related services	Train and mentor facilities on integrated approaches using the national guidelines			x															
3.1.1.6.2	Introduce and implement an integrated system to service delivery in all health facilities with capacity to do so	Set up an integrated system to service delivery in all health facilities providing				x														
3.1.1.7	Strategy Strengthen open LMIS and commodity security management systems to reduce																			

	stock outs																			
	Interventions	Specific Activities																		
3.1.1.7.1	Orient service providers on effective stock management			x	x	x	X													
3.1.1.7.2	Supervise commodity security management system			x	x	x	X	x	x	x	x	x	x	x	x	x	x			

4	Focus Area	Leadership and Governance																
4.1	Goal	An improved all level multi-sectoral collaboration, coordination, partnership and networking in implementation of YFHS																
4.1.1	Objective	Enhance the leadership, governance and multi-sectoral arrangements supporting YFHS implementation at national, district and community levels by 2030																
			Time Frame														Person Responsible	Resources required (MK)
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8								
4.1.1.1	Strategy																	
	Provide for the establishment of multi-sectoral national, district and community level implementation teams																	
	Interventions	Specific Activities																
4.1.1.1.1	Set up national, district and community implementation teams to be coordinated by the health sector, with representation from youth, education, gender and social welfare, local government, and young peoples' representatives	Establish district and community level implementation teams comprising the health, youth, gender and social welfare, education, and local government to be coordinated by the health sector	x															
		Orient implementation teams at all levels on coordination structures, functions,	x	x	x													

	from the networks	and strategy implementation modalities																		
		Organize team building sessions for the implementation teams at all levels	x	x	x						x	x	x							
		Strengthen youth network capacity on leadership, management, and meaningful participation on YFHS				x	x													
		Train youth network members in advocacy for resource mobilization in support of YFHS				x	x													
4.1.1.1.2	Develop terms of reference (TORs)/guiding principles for leadership, governance and accountability in the management and provision of YFHS					x														
4.1.1.1.3	Develop / strengthen effective reporting mechanisms in managing YFHS at district and community levels				x															
4.1.2	Objective	Increase Youth Participation and leadership in all aspects of YFHS Strategy Implementation at national, district and community levels by 2030																		
4.1.2.1	Strategy: Promote engagement and inclusion of youth structures in all strategy implementation activities																			

	Interventions	Specific Activities																			
4.1.2.1.1	Introduce / Disseminate YFHS strategy to youth networks through Ministry of Youth and Sports structures	Conduct sensitization meetings with young people, local leaders, religious leaders and parents on YFHS strategy			x	x															
		Create a social media platform for youth network leaders and DIT members to share information and other updates on YFHS strategy			x	x															
		Facilitate Radio programs on YFHS Strategy			x		x		x		x		x		x		x				
		Produce and distribute IEC materials on YFHS Strategy			x	x	x	X	x	x	x	x	x	x	x	x	x	x			
4.1.2.1.2	Identify and include youth representation in strategy implementation teams at all levels			x	x	x	x														
4.1.2.1.3	Involve young people in YFHS strategy planning, implementation, monitoring and evaluation activities	Lobby for youth inclusion in development structures from VDC, ADC to district level		x	X	x	x	X	x	x	x	x	x	x	x	x	x	x			
		Share information and other updates on YFHS strategy through the created social media platform for youth		x	x	x	x	X	x	x	x	x	x	x	x	x	x	x			

		network leaders and DIT members																		
		Conduct meetings for planning sessions with youth leaders on YFHS	x		x		x		x		x		x		x					
4.1.2.2	Strategy Coalition and Partnership Development with CSOs/NGOs and funding agencies																			
	Interventions	Specific Activities																		
4.1.2.2.1	Build work relationships amongst collaborators in YFHS through signed agreements				x	x														
4.1.2.2.2	Facilitate integrated planning for the strategy at all levels	Develop YFHS integrated plans annually			x	x														
		Disseminate annual integrated YFHS plans to stakeholders				x		X		x		x		x		x				
		Conduct quarterly review meetings on the implementation of annual YFHS integrated plan at all levels		x		x		X		x		x		x		x				
4.1.2.2.3	Develop functional arrangements for sharing information on work plans, programmes and funding to prevent duplication				x															
4.1.2.2.4	Work out joint funds solicitation mechanisms with youth networks and other sectors for funding YFHS at district and community levels				x															
4.1.2.2.5	Build capacity of district and community level	Sensitize youth structures in resource mobilization			x	x														

5	Focus Area	Community Engagement																				
5.1	Goal	Improved understanding, perception and support about youth friendly health services amongst parents, community and religious leaders and young people																				
5.1.1	Objective	To increase approaches to community dialogue and interaction amongst parents, leaders, media experts, and young people to galvanize support for YFHS Provision																				
				Time Frame																Person Responsible		Resources required (MK)
				Year 1		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8				
5.1.1.1	Strategy Introduce Participatory Learning and Action approaches to increase involvement of community structures in all sites implementing YFHS																					
	Interventions	Specific Activities																				
5.1.1.1.1	Develop participatory learning and action approaches for engaging community leaders, parents, and young people	Conduct a workshop to review, prepare and adopt a standard PLA tool kit for community engagement			x																	
		Conduct PLA and community (citizens) hearing/interactive sessions with parents, leaders and young people using proper audience segmentation			x																	
		Conduct interface meetings with communities and				x	x	x	x													

		service providers to develop action plans on identified bottlenecks to YFHS																			
		Conducting community dialogue sessions on the issues identified during PLA			x	x	x	X	x	x	x	x	x	x	x	x	x	x	x		
		Monitor implementation of action plan			x	x	x	X	x	x	x	x	x	x	x	x	x	x	x		
5.1.1.1.2	Develop working partnerships with VDCs, School Management Committees, Mother Groups, ADCs, youth CBOs CVSUs and Youth Networks on YFHS	Integrate YFHS as part of development agenda for the VDCs and ADCs				x		X		x		x		x		x					
		Organize discussion sessions for ADCs VDC and Mother groups		x	x	x	x	X	x	x	x	x	x	x	x	x	x	x			
		Initiate “Man Talk” sessions to secure men’s participation (male involvement) in villages and Traditional Authorities		x	x	x	x	X	x	x	x	x	x	x	x	x	x	x			
		Conduct ADC and VDC YFHS quarterly review meetings		x	x	x	x	X	x	x	x	x	x	x	x	x	x	x			
		Engage ADC and VDCs in revamping Youth Clubs and YFHS corners			x	x															
5.1.1.1.3	Engage chiefs, chiefs’ spouses, traditional	Conduct sensitization meetings with Chiefs, Chiefs’ spouses,			x		x		x		x		x		x		x				

	counsellors, men groups (“ManTalk”) religious, and political leaders to promote access to YFHS among young people	Traditional counsellors and initiators, members of governance structures and political leaders on YFHS																		
		Conduct exchange visits to areas that are making good progress to expose those that are still experiencing problems					x				x						x			
		Conduct SRHR awareness sessions with village heads and mother group leaders					x		X		x		x		x		X		x	
5.1.1.1.4	Revamp / resuscitate the youth CBDA and Peer Education programmes and other local community-oriented initiatives focusing on male engagement and traditional initiations	Identify YCBDAs from youth structures e.g., youth clubs and youth networks		x	x															
		Training YCBDAs and peer educators			x	x	x	X												
		Procure and distribute information kits/packages to YCBDAs			x	x	x	X												
		Set up “ManTalk” community groupings to deal with male chauvinism and negative attitudes/ perceptions among men on matters of gender, sexual violence,		x		x		x		x		x		x		X				

		and sexual health.																		
		Introduce YFHS to “Mother Groups” to reach girls and young women		x		x		X		x		x		x		X		x		
		Conduct YFHS outreach services to youth clubs, youth networks, and young people in tertiary education institutions		x	x	x	x	X	x	x	x	X	x	x	x	X	x	x		
5.1.1.2	Strategy Facilitate effective communication between parents and children																			
	Interventions	Specific Activities																		
5.1.1.2.1	Review and adopt Parents and Child Communication interventions / strategy	Conduct a workshop to review and adopt a standard PCC strategy			x	x														
		Translate the standard PCC strategy in key local languages			x	x														
		Develop a PCC training manual				x														
		Print the parent and child communication strategy and manual				x														
5.1.1.2.2	Implement Parent and Child Communication strategy / interventions	Conduct training of trainers workshop for the District Implementation Teams				x														
		Conduct training of community facilitators on PCC				x	X													

		Use manual to hold discussions with parents, women and men to support YFHS							X	x	x	x	X	x	x	x	X	x	x		
		Conduct review meetings with parents, community leaders and youths to discuss progress							X		x		X		x		X		x		
		Conduct Dialogue sessions with parents and children (both male and female) on YFHS							X	x	x	x	X	x	x	x	X	x	x		
		Conduct youth led SRHR/YFHS awareness Open Days			x		x		x		x		x		x		x				
		Conduct Comprehensive Sexuality Education (CSE) sessions including self- care and menstrual health in youth clubs and girls' safe spaces	x	x	x	x	x	X	x	x	x	X	x	x	x	X	x	x			
		Engage males in PCC activities (dialogue session, awareness / sensitization meeting)	x	x	x	x	x	X	x	x	x	X	x	x	x	X	x	x			
5.1.1.4	Strategy Strengthen demand creation to increase YFHS uptake by young people																				
	Interventions	Specific Activities																			

5.1.1.4.1	Marketing and Branding the YFHS - Promotional materials, signposting, street and open ground shows, and media and publicity campaigns		x	x	x	x	X	x	x	x	X	x	x	x	X	x			
5.1.1.4.2	Creation of media platforms for amplifying and advancing YFHS		x		x		X												
5.1.1.4.3	Engage the media during open days and sensitization meetings		x	x	x	x	X	x	x	x	x	x	x	x	X	x	x		
5.1.1.4.4.	Produce and air programmes using different media channels		x		x		X		x		x		x		X		x		
5.1.1.4.5	Organize Media Buzz at specific periods every year		x				X				x				X				
5.1.1.5	Strategy Integrated approach to CSE, LSE, Menstrual Health (MH) and self-care initiatives																		
	Interventions Specific Activities																		
5.1.1.5.1	Incorporate YFHS in CSE, LSE, MH, and self-care programmes		x	x															
5.1.1.5.2	Training YFHS providers in CSE, LSE and MH programmes				x	x	X												
5.1.1.5.3	Plan and systematically implement CSE to out of school youth through youth clubs, institutions of higher learning and other platforms	x	x	x	x	x	x	x	x	x	x	x	x	x	X	x			
5.1.1.5.4	Re-train all LSE teachers in schools			x	x	x													
5.1.1.5.5	Continue providing LSE for in school youth	x	x	x	x	x	X	x	x	x	x	x	x	x	X	x			
5.1.1.6	Strategy: Expand the Menstrual Health and Self Care initiatives to reach more girls in and out of school																		

	Interventions	Specific Activities																		
5.1.1.6.1	Develop/review a national programme for Menstrual Health and Self Care				x															
5.1.1.6.2	Prepare guidelines for a special package of items and services for young girls in emergency setting (e.g., internally displaced persons during floods)				x	x														
5.1.1.6	Strategy Establish effective and functional referral system and networking between Health and Education sectors as well as Youth, Gender and Social Welfare, Police and the Judiciary																			
	Interventions	Specific Activities																		
5.1.1.7.1	Develop and executive a joint School Health programme involving the health, education, youth and gender sectors			x		x		X		x		x		x		X				
5.1.1.7.2	Develop service delivery arrangements and referral system jointly with the education, health, youth, gender and other CSOs/ affected sectors and agencies at every level			x		x		X		x		x		x		X				

6	Focus Area	Monitoring, Evaluation, Research and Learning											
6.1	Goal	A vibrant, efficient, evidence based, sustainable YFHS programme with appropriate systems to provide and manage quality, youth friendly health services											
6.1.1	Objective	To strengthen research, monitoring, evaluation and utilization of results for improved programme implementation											
				Time Frame						Person Responsible		Resources required (MK)	
				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8		

6.1.1.1	Strategy Setting the baseline for 2022 – 2030 Implementation Period																					
	Interventions	Specific Activities																				
6.1.1.1.1	Populate the 2015 – 2020 Monitoring and Evaluation Framework to establish baseline for 2022 – 2030 implementation period	Collect data for 2015 – 2020 for all districts and do a complete analysis, then fill the M&E tracking matrix		x																		
6.1.1.1.2	Review the DHIS2, YOMIS and EMIS Reporting Tools to accommodate the proposed adjustments from the 2021 YFHS Mangochi Progress Review Meeting	Adjust the DHIS2 YFHS reporting tool based on recommendations from the evaluation report and Mangochi meeting for YFHS Coordinators and CMED Officers		x	x	x																
		Set new baseline for 2022 to 2030 strategy		x																		
		Share adjusted baseline with all district councils to adjust data in the District Development Plan (DDP) and District Socioeconomic Profiles		x																		
6.1.1.1.3	Harmonize data capturing tools and ensure HMIS, YOMIS and EMIS feed into LAMIS		x	x																		
6.1.1.2	Strategy Generation of evidence for decision making																					

	Interventions	Specific Activities																			
6.1.1.2.1	Tracking the progress through reporting tools and monitoring visits	Update the M and E framework for 2022 – 2030 strategy biannually		x																	
		Conduct joint monitoring visits by implementation teams		x		x			x		x		x		x		x				
		Collect, analyze and format qualitative and quantitative data into usable formats for decision making		x		x		X		x		x		x		x		x			
		Hold coordination meetings with stakeholders including private health facilities to review data collected for YFHS periodically to inform decision making	x				x				x				x			x			
		Share successful data capturing tools among stakeholders and private health facilities.	x				x				x				x			x			
6.1.1.2.2	Conduct Midterm evaluation	Conduct District review meetings prior to midterm evaluation							x												
		Collect data, analyze								x											

		and produce reports																	
		Disseminate midterm evaluation findings							X										
		Analyze gaps in delivery of YFHS and take action							X										
6.1.1.2.3	Conduct Summative (End line) evaluation															X			
6.1.1.3	Strategy: Development of research agenda that feed into improved YFHS																		
	Interventions	Specific Activities																	
6.1.1.3.1	Identification of research items requiring further investigation from the progress reports			x					x							x			
6.1.1.3.2	Conduct operational research that will inform decision making processes on YFHS				x					x									
6.1.1.3.3	Case study development and sharing lessons and promising practices	Learn from practices observed and share the lessons learnt.		x		x		X		x		x		x		x			
		Case studies on YFHS should be available in schools for youths to learn from recent research		x						x						x			

7	Focus Area	Financing																	
7.1	Goal	Ensure adequacy and availability of funding to finance the implementation of the YFHS strategy between 2022 and 2030																	
7.1.1	Strategic Objective	Increase the financial support, commitments and actual funding towards the implementation of YFHS Strategy by 2030																	
		Time Frame																Person Responsible	Resources required (MK)
		Year 1		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8			
7.1.1.1	Strategy Develop a financial investment plan to finance implementation of the YFHS strategy																		
	Interventions	Specific Activities																	
7.1.1.1.1	Solicit commitments from various potential funding sources: <ul style="list-style-type: none">National BudgetCDF, DDF, ORTGESDLevyDevelopment partners	Build a legal funding framework to support YFHS activities within the RHD in Ministry of Health		X															
		Advocate for a youth friendly national health budget		X															
		Lobby funds from DDF, CDF and GESD (All these must be community driven from local council) and ORT		X															
		Lobby funds from partners within the districts	x																
		Write proposals to	x	x															

		partners who are outside the district																		
		Develop resources mobilization plan and implement it	x	x																
		Advocate for increased funding to the health sector for YFHS	x	x																
		Develop fundraising strategies for the youth clubs and networks to directly generate funding for the YFHS interventions- (resource mobilization plan)	x	x																
		Source funds from other stakeholders	x	x	x		x		x	x		x		x		x				
7.1.1.1.2	Advocate for the decentralization of the health development budget to support renovations / construction of infrastructures for enhanced YFHS standards in district councils		x	x	x															
7.1.1.1.3	Advocate for a youth friendly national health budget that will ensure funds allocated to line ministries' ORT has provisions for YFHS support			x	x	x	x													
7.1.1.1.4	Build capacity of national, district and community level implementation teams on			x	x															

	resource mobilization																		
7.1.1.1.5	Integrate youth friendly health services concepts into district implementation plans and district development plan																		
7.1.1.1.6	Develop tracking system for funding to YFHS	x	x																
7.1.1.1.7	Mobilize stakeholders to commit funding towards YFHS	x	x							x	x								
7.1.1.1.8	Lobby private sector investors to allocate a percentage in their corporate social responsibility budgets to YFHS	x		x		x		x		x		x		x		x			
7.1.1.2	Strategy: Youth Club Capacity Development and Empowerment to mobilize funds for YFHS																		
	Interventions	Specific Activities																	
7.1.1.1.1	Training youth club members and networks in advocacy for resource mobilization				x		X		x										
7.1.1.1.2	Advocate with parliamentarians to increase funding to the health sector to support delivery of YFHS			x		x													
7.1.1.1.3	Develop fundraising strategies for the youth clubs and networks to directly generate funding for the YFHS interventions		x		x		X		x		x		x		x				
7.1.1.1.4	Link youth clubs to the National Economic Empowerment Fund (NEEF) to help them integrate business enterprising with YFHS				x				x										
7.1.1.3	Funding Source Diversification																		

	Interventions	Specific Activities																		
7.1.1.3.1	Solicit, catalog and share donor commitments towards funding YFHS		x		x															
7.1.1.3.2	Mobilize Investor Contributions				x															
7.1.1.3.3	Explore the Public Private Partnership Arrangements		x			x					x									

Chapter 6: Implementation Modalities

Oversight function

Success of this strategy largely depends on effectiveness of the implementation modalities and commitment by the proposed multi – sectoral implementation teams at each level. First and foremost, this strategy has recommended a decentralized approach to implementing the strategy for it to achieve a comprehensive response to young people’s needs. For such a response to bring the needed gains to wards improving the health of young people in Malawi, there is need for diligence in coordination, collaboration, management, and partnership development. This will generate enthusiasm and create more opportunities for greater stakeholder involvement and participation, a development that will lead to a more likely successful implementation of the strategy within the specified period. Involvement of diverse stakeholders will however pose a great challenge to coordinate such an increasingly complex, dynamic, and challenging situation. This will therefore call for innovativeness and clear definition of roles and responsibilities for various players in line with their national and institutional mandates and comparative advantage.

This chapter will provide some institutional arrangements, role definitions for each key player and corresponding functions and responsibilities to help clarify and prevent conflicts in the implementation of the strategy.

Oversight and coordination.

This is an important function and will hence be the full responsibility of the Ministry of Health, being the custodian of health services with its mandate to provide health services to all Malawians regardless of age, sex, orientation, physical, mental, or social status. It is therefore within this mandate and its leadership role that it will ensure proper planning, coordination, implementation, and reporting of all activities in this strategy. The Ministry of Health shall ensure implementation structures are set up from national down to the district and community levels as proposed in this strategy. The proposed Implementation Teams at any level shall comprise:

1. Ministry of Health
2. Ministry of Youth
3. Ministry of Education
4. Ministry of Gender, Community Services and Social Welfare
5. Ministry of Local Government
6. Ministry of Finance

Other line ministries, departments, and agencies as well as civil society organizations / NGOs and development partners will directly or indirectly support the implementation depending on the level of their operations but through the existing governance and accountability structures following the approved protocols and procedures.

The Strategy further emphasizes the formation of strong and robust implementation teams at district council level comprising the Directorate of Health and Social Services, Education,

Youth and Sports and Local Authority at district level. This implementation arrangement should filter down to the community /facility level. This will ensure effective engagement with different players, participation of young people and local government development structures, hence ensuring ownership of the whole strategy.

This strategy further emphasizes on the importance for joint planning, implementation, monitoring, and reporting of all the proposed activities in this strategy. Collaboration, resource sharing and networking shall therefore play a pivotal role in the successful implementation of this strategy.

Specific Roles and Responsibilities

1. Ministry of Health (MOH)

The MoH through the RHD will lead and coordinate the YFHS programme. MoH will provide leadership to guide the multi -sectoral approaches that will best achieve the seven strategic focus areas of the Strategy. In this case it will provide overarching policy direction and oversight to ensure that YFHS standards are met within the Strategy framework. It will also, in liaison with the Department of HIV and AIDS, provide leadership and guidance on the HIV response for prevention, care, treatment and support for young people.

The Reproductive Health Directorate will provide supportive supervision, update and disseminate relevant guidelines and oversee information management to the districts. MoH will also be responsible for mobilization of resources although other key players at national and district levels will be equally responsible for mobilization and generation of resources for the implementation of the strategy.

2. The Ministry of Youth and Sports will assume responsibility for reaching out-of-school youth and collaborating with the MoE and other line ministries and stakeholders for the harmonization of CSE training manuals for out-of-school youth to achieve a standardized set of information and identify creative approaches to CSE provision. MoYS will provide policy direction on out-of-school youth and work with NYCOM to provide policy direction and priorities in relation to the youth policy and the extent of involvement of youth clubs and networks.

3. National Youth Council of Malawi (NYCOM) shall be responsible for providing technical expertise on SRHR to young people through youth organizations and will assume the leadership role of oversight and guidance of all partners working on youth SRHR. NYCOM will also assist in strengthening youth participation for YFHS at all levels, taking advantage of existing district networks in place. NYCOM will provide overall guidance to youth organizations and networks on YFHS. The organization shall also assist in building the capacity of youth at the varying levels of youth participation and development. NYCOM shall also be responsible for linking out-of school youth to YFHS programme activities and facilitating partnerships between youth organizations and partners with focus on youth SRHR and strengthening linkages with the health facilities for efficient and effective referrals

4. The Ministry of Education will be responsible for the inclusion and delivery of age-appropriate CSE information in school-based curricula at all levels in line with its policies.

MoE will work with MoGCDSW to provide oversight to all partners working to strengthen communication between parents and youth. The MoE will also provide guidance for working with PTAs and School Management Committees at the community level as well as ensuring inclusive CSE for youth with disabilities in schools. MoE will institute, enforce, and provide psycho-social counselling to youth in school and enforce the “keep girls in school” interventions, dissuading school dropouts.

5. Ministry of Gender, Community Development and Social Welfare – MoGCDSW will provide policy guidance, capacity building, enforcement and gender mainstreaming within the YFHS programme through one-stop centres, community victim support units, safe spaces, and child protection mechanisms. Specific responsibilities include empowerment of girls for utilization of services at various levels, advocacy on GBV, parent-child communication, enhanced community dialogue around gender-sensitive and mitigation of harmful cultural practices education as well as broader SRHR issues, and promotion of the participation of boys and men in attitude change of socio-cultural norms.

6. National AIDS Commission – NAC will provide inputs for youth HIV stakeholders and organizations at national, district and community levels. NAC will also provide technical and financial capacity to youth SRHR/HIV stakeholders where necessary by providing resources for training and supervision as outlined in the new National HIV and AIDS Strategic Plan and National Prevention Strategy. All partners implementing HIV and AIDS-related interventions on YFHS will also be expected to provide quarterly and annual activity reports to NAC through the regular channel.

7. Ministry of Local Government – In keeping with the spirit of decentralization, the Ministry of Local Government will be responsible for overseeing all district-level implementation, reporting to MoH through relevant structures. Local authorities, through the Ministry, will coordinate the implementation of YFHS activities at district and community levels, specifically through the District Executive Committee (DEC), District Development Committees, and Area Development Committees (ADCs) complementing the work of local NGOs.

8. Ministry of Finance and Economic Affairs will be required to promote YFHS by developing a youth friendly budget to meet the health and social economic needs of young people. It shall ensure adequate budget allocations for the YFHS programme and provide the required resources for the development of the YFHS programme

9. Development Partners – Donors and development partners supporting health initiatives in Malawi will provide technical and financial aid to interventions and collaborative mechanisms aligned with the YFHS programme. Development partners support national priorities; facilitate implementation by funding capacity building; and assist the government’s response in areas such as empowering leadership, mobilization of public, private and civil society, strategic information, and facilitating access to technical and financial resources at the national level.

10. The Safe Motherhood Technical Working Group will remain the umbrella TWG for all the sub-committees to report on YFHS. TWGs under other ministries will provide their updates

to the YFHS subcommittee, which in turn will provide feedback to the Safe Motherhood TWG. TWGs will provide technical guidance and make recommendations on various technical issues related to the YFHS national programme.

11. NGOs and Civil Society Organizations (CSOs) form the core of the implementing agencies, and, among other duties, they carry out advocacy, assist communities to mobilize resources locally, document best community practices, and support capacity building. In addition NGOs shall provide services, strengthen community and health systems and provide technical support to the implementation teams at different levels of the governance structures. These organizations will report to RHD through TWG meetings and other reporting mechanisms as identified by MoH and other coordinating line ministries.

12. Private Sector Providers – These providers are to be encouraged and initiated by the government to support service provision of health services at subsidized costs, and in line with national protocols, guidelines and standards.

13. Academic and Research Institutions – These institutions will provide the data and information for evidence-based planning and provide leadership for research on new areas of youth, SRHR, and YFHS and periodic updating of pre-service curricular relating to YFHS. In addition they will support the YFHS programme by integrating YFHS concepts into pre-service training

14. Young people's active citizenship and participation in governance can provide significant value-addition for the fulfilment of government commitments, ensuring that the goals, targets and indicators agreed through the post-2020 process are effectively implemented at national and local levels. They shall serve alongside technical experts, supported by mentorship relationships, and be provided with increased opportunities to contribute towards the design, implementation, monitoring and evaluation of the YFHS programme.

District-Level Coordination

The district-level YFHS response will be coordinated by the Directorate of Health and Social Services (DHSS) with oversight from the District Commissioner. The DHSS will work closely with the Departments of Youth, Social Welfare, Education, and other relevant sectors earmarked in the Strategy. Reporting on the YFHS implementation will be captured through the established district structures under the select departments, e.g., Youth Sub-technical Committee. The Health, Youth, Gender and Social Welfare, and Education departments will work together to mobilize and provide resources through the DIPs for YFHS, implement YFHS programmes, offer technical backup to communities, coordinate youth programmes in their respective areas, ensure young people's health policies, guidelines and strategies are adhered to, and build capacity in young people regarding health issues and programmes

Chapter 7: Financing the Strategy

Government commitment

Successful implementation of this strategy shall require well-coordinated and coherent funding mechanisms as proposed below:

- The MOH through the Ministry of Finance should allocate a specific amount from the national budget for the implementation of YFHS which hasn't been the case before;
- The allocation trend should also be reflected in the allocation of funds to councils
- At council level, funding for YFHS activities should be clearly outlined or ring-fenced.

Commitments from Funding/Partner Agencies

- Commitment on funding provision from donors/development partners towards YFHS at the beginning of a specific financial year should be made transparently
- Donors should work in close collaboration to promote synergies and avoid duplication of efforts
- Allocate donors to specific areas of operations or areas where they have to assist based on comparative advantage, nature of their funding portfolios and flexibilities

Funding Solicitation

- Government should constitute a fundraising body to undertake various activities to fund YFHS activities.
- Young people should be empowered to embark on economic activities for their own financial benefit and there should be a deliberate effort to link these young people to institutions supporting economic empowerment for young people such as the National Economic Empowerment Fund (NEEF). From funds generated through economic empowerment the youth can make contributions towards the funding of YFHS programs such as purchasing of some necessary items for the program in their jurisdiction
- Youth should undertake fundraising activities in their respective areas for funding their YFHS activities
- The District Implementation Teams should aim at making joint funding solicitation and avoid individualized and compartmentalized funding proposals to support young people

Private sector Engagement / Social Corporate Responsibility

- Government should introduce a levy payable by all business entities towards funding of YFHS activities since the youth constitute the majority of the Malawian population and by investing in this population segment will contribute directly to the demographic dividend much needed for the economic and political development of the country; Investing in young people's health is also part of preparing and developing the future human resource for the private sector to likely improve its performance in production.
- On corporate social responsibility, there could be a two tier approach:

1. That all companies recognize the importance of a healthy and productive youth population and therefore create a deliberate provision annually on their own to support YFHS
2. Government makes a mandatory provision for all business entities making profits to allocate a percentage of their profit towards supporting YFHS as part of corporate social responsibility

District Council Support through District Implementation Plans

- Councils should allocate a certain percent of local revenue income collected monthly towards YSFH (1 percent for example)
- District implementation team to ensure council DIPs incorporate YFHS activities

Cost of the Strategy (Summary by Focus Area)

Strategic Focus Area	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Enabling Policy Environment	592,000,000	566,750,000	350,000,000	175,000,000	165,000,000	12,000,000	10,000,000	5,000,000	1,875,750,000
Competent Health Workforce	80,000,000	175,000,000	340,000,000	198,000,000	140,000,000	105,000,000	90,000,000	30,000,000	1,158,000,000
Service Provision	528,000,000	613,000,000	493,000,000	539,000,000	433,000,000	418,000,000	358,000,000	338,000,000	3,720,000,000
Leadership and Governance	940,000,000	465,000,000	155,000,000	90,000,000	130,000,000	90,000,000	90,000,000	90,000,000	2,050,000,000
Community Engagement	1,413,000,000	476,000,000	506,000,000	576,000,000	161,000,000	126,000,000	1,162,000,000	126,000,000	3,646,000,000
Monitoring, Evaluation, Research and Learning	325,000,000	10,000,000	10,000,000	10,000,000	80,000,000	120,000,000	10,000,000	240,000,000	805,000,000
Financing	628,000,000	168,000,000	148,000,000	88,000,000	118,000,000	88,000,000	48,000,000	48,000,000	1,334,000,000
Grand Total	4,506,000,000	2,473,750,000	2,002,000,000	1,676,000,000	1,227,000,000	959,000,000	1,768,000,000	877,000,000	14,588,750,000

Chapter 8: Monitoring and Evaluation

The Strategy Monitoring and Evaluation Framework will provide the basis for determining the extent to which the strategy has been implemented and whether the expected outcomes have been achieved or not. It will also assist in determining the quality with which the expected outcomes are being attained.

Critical questions in ascertaining the monitoring and evaluation framework includes but not limited to:

- Q: What do we want to see happening among young people by 2030?
- A: Young people accessing quality sexual and reproductive health services without any hindrances
- Q: What will it take to make the young people adopt the expected behavior?
- A: Successful Implementation of the 2022 – 2030 YFHS strategy
- Q: What will show that this is happening?
- A: Results from implementation and monitoring of activities that will generate data from service provision and views and expressions from young people
- Q: How will we harness the adopted behaviors to ensure no return to 2020 status?
- A: Analyzing and harvesting lessons from the processes

The matrix below summarizes the expected impact, outcome and outputs, and a selection of measurable indicators that link the strategic focus areas to the overall strategy for the Ministry of Health represented by the Health Sector Strategic Plan III (2022 – 2030).

	Focus Area 1: Enabling Policy Environment				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Data collection Frequency	Responsible office	Learning Agenda
Outcome					
Young people are accessing services of their choices without any hindrance from existing policies and laws	% of young people reporting satisfaction from services provided	Midterm and end line evaluation	Twice (2026, 2030)	RHD	
	Focus Area 2: Competent Health workforce				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Frequency of Data Collection	Responsible Office	Learning Agenda
Outcome					
An effective and skilled workforce that supports the attainment of health goals of young people through delivery of quality youth friendly health services.	Number of health facilities with minimum staff requirements for YFHS	Annual Report	Annually	RHD, MoLG	
Output					
Service facilities meet minimum staffing levels for provision of YFHS	% of health facilities providing YFHS	Annual Report	Annually	RHD, MoLG	
	Focus Area 3: Service Provision				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Data collection Frequency	Responsible office	Learning Agenda
Impact					
Young people are able to access quality and comprehensive youth friendly sexual and reproductive health services across the country	% of young people (10-24 years) satisfied with health services provided at all levels of care	Evaluation Report	Twice (2026, 2030)	RHD	
Outcome					
Young people prevent unwanted	Maternal mortality by age	Annual Reports	Annually	RHD	

pregnancies, transmission of HIV and other sexually transmitted infections, seek health services of all types when in need	AIDS related mortality rate for young people 10-24 Suicide Mortality Rate HIV prevalence for young people aged 10-24				
Output					
Satisfied, health and productive young people accessing sexual and reproductive health services with no physical, social or psychological hindrance or obstacle	Number of services accessed by young people aged 10-24	DHIS2	Annually	RHD	
	Focus Area 4: Leadership and Governance				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Data Collection Frequency	Responsible Office	Learning Agenda
Impact					
All relevant sectors are aware of and are working together to manage implementation of youth friendly health services through effective collaboration, coordination and networking at all levels	% of entities at all levels with functional multi-sectoral stakeholder committees for YFHS	Mid and end line evaluation reports	Twice	RHD	
Outcome					
Multilevel collaboration, coordination, networking and partnership amongst key stakeholders in youth friendly health services implementation	Number of meetings held for joint planning, coordination and networking	Annual Report	Annually	RHD	
	Focus Area 5: Community Engagement				
Measurement level	Objectively Verifiable Indicator	Means of Verification	Frequency of Data Collection	Responsible Office	Learning Agenda

Outcome					
Improved understanding, perception and support about youth friendly health services amongst parents, community and religious leaders and young people	Number of community members by category expressing support to YFHS implementation	Focus Group Discussions and Key Informant Interviews	Twice (midterm and end of term evaluation)	RHD/	
Output					
Leaders, parents, community members and young people are sensitized and motivated to support YFHS	Number of community members participating in YFHS activities	Attendance Records/Meeting Reports	Annually	RHD	
	Focus Area 6: Monitoring, Evaluation, Research and Learning				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Frequency of Data Collection	Responsible Office	Learning Agenda
Outcome					
Decisions on young people's sexual and reproductive health needs and YFHS implementation supported and informed by evidence	Available, analyzed well formatted data informing decision making process	DHIS2 Reports	Annually	RHD	
Output					
Data for youth friendly health services is readily available in a format that is easy to use by decision makers	% of DHIS2 reports completed	DHIS2 Reports	Annually	RHD	
	Focus Area 7: Financing				
Measurement Level	Objectively Verifiable Indicator	Means of Verification	Frequency of Data Collection	Responsible Office	Learning Agenda
Output					
Adequate Financial and material support to young people's health services	Financial Resources provided to support YFHS	Annual Reports	Annually	RHD	

References

- Ministry of Health, (2015) National Youth Friendly Health Services Strategy 2015 -2020, Ministry of Health. Lilongwe, Malawi.
- Ministry of Health (2017), National Sexual and Reproductive Health and Rights (SRHR) Policy. Ministry of Health, Lilongwe Malawi.
- Malawi Government (2015), National Sexual and Reproductive Health and Rights and HIV and AIDS Integration Strategy for Malawi 2015-2020. Lilongwe Malawi Government
- Malawi Government (2021), National Sexual and Reproductive Health and Rights Strategy (2021-2025). Lilongwe Malawi Government
- Ministry of Health, (2021), National Family Planning Reference Manual for Malawi. Lilongwe, Malawi
- WHO (2017), Global Accelerated Action for the Health of Adolescents (AA -HA!): guidance to support country implementation. Geneva: World Health Organization; 2017. Licence: CC BY - NC-SA 3.0 IGO
- Burnes, B (2004) Managing Change – A strategic Approach to Organizational Dynamics, 4th Edition, Pearson Education Limited, England, UK.
- David, Fred R (2005) Strategic Management – Concepts and Cases, 10th Edition, Pearson Education Limited, England, UK.
- Pidd, Michael (2003) Tools for Thinking – Modelling in Management Science, 2nd Edition, John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, England
- Shlafer, Rebecca et al; “Adolescence as a Critical Stage in the MCH Life Course Model: Commentary for the Leadership Education in Adolescent Health (LEAH) Interdisciplinary Training Program Projects;” Maternal and Child Health journal vol; 18,2 (2014): 462-6. doi:10.1007/s10995-013-1243-8 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5535310/>
- Gordon, Gill (199) Choices – A Guide for Young People, 1st Edition, MacMillan Education Limited, London and Oxford, UK
- WHO (2012), Making Health Services Adolescent Friendly: Developing National Quality Standards for Adolescent Friendly Health Services
- WHO (2019), Accelerated Action for the Health of Adolescents (AA -HA!): a manual to facilitate the process of developing national adolescent health strategies and plans. Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO
- Malawi Government (2020), National Survey On Availability and Accessibility of Modern Contraceptives and Essential Life Saving Material and Reproductive Health Drugs in Service Delivery Points in Malawi, 2015-2020. Lilongwe, Malawi Government

Ministry of Health, (2017), Facilitators Manual for Sexual and Reproductive Health and Rights and HIV Integration. Ministry of Health, Lilongwe, Malawi

Ministry of Health, (2017), Facility Assessment and Establishment of Baseline Data for Bi-directional Linkages of HIV/SRHR. Ministry of Health, Lilongwe, Malawi

Malawi 2020-2021 Ministry of Education - Malawi (2021) Report on teen pregnancies and child marriages in school during COVID-19 break Lilongwe. www.globalgiving.org, www.dailymail.co.uk

Rosenberg, Nora E et al; "Comparing Youth-Friendly Health Services to the Standard of Care Through "Girl Power -Malawi": A Quasi -Experimental Cohort Study;" Journal of acquired immune deficiency syndromes (1999) vol. 79,4 (2018): 458-466. doi:10.1097/QAI.0000000000001830

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6203606/>

African Union. 2009. African Youth Decade 2009–2018 Plan of Action: Accelerating Youth Empowerment for Sustainable Development. Addis Ababa, Ethiopia: African Union.

Family Planning 2020; 2012; Malawi's FP2020 Commitments; !available at <http://www.familyplanning2020.org/commitments>.

HIP- High Impact Practices in Family Planning (2015), Improving Sexual and Reproductive Health of Young People – A Strategic Guide, [www.fphighimpactpractices](http://www.fphighimpactpractices.org) .org

Clarfelt, C. 2014. Youth -Friendly HIV Prevention and SRHR Programmes and Services at Post Schooling Institutions: A Review of the Literature. Final Report. East London, South Africa: Students Partnerships Worldwide and UNFPA.

Government of Malawi. 2012. Growth and Development Strategy III 2011–2016. Lilongwe, Malawi: Government of Malawi.

Ministry of Health (2022), Health Sector Strategic Plan III, 2022-2030

Government of Malawi (2020), Malawi's Vision 2063, National Planning Commission (NPC), Lilongwe 3, Malawi.

UNESCO. 2013. Ministerial Commitment on comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa. Paris: UNESCO. Available at <http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexualityeducation/east-and-southern-africa-commitment/>.

Ministry of Economic Planning and Development; 2013; Malawi's Pathway to a Demographic Dividend. Lilongwe, Malawi: Ministry of Economic Planning and Development.

Ministry of Health – National AIDS Commission (NAC), Naomi Spectrum 2022. HIV New Infection Estimates. Lilongwe, Malawi: Ministry of Health.

Ministry of Education, Science and Technology. 20 21. EMIS Reports. Lilongwe, Malawi: Ministry of Education, Science and Technology.

Ministry of Gender, Children, Disability and Social Welfare. 2014. Violence Against Children Survey. Lilongwe, Malawi: Ministry of Gender, Children, Disability and Social Welfare.

Government of Malawi (2020), National Strategic Plan for HIV and AIDS -Sustaining Gains and Accelerating Progress Towards Epidemic Control 2020 -2025, National AIDS Commission

Ministry of Youth, Sports and Development. 2013. National Youth Policy. Lilongwe, Malawi: Ministry of Youth, Sports and Development.

National Youth Council of Malawi, Governance for Youth Organizations and Clubs in Malawi

National Statistical Office. 2008. Census Report. Zomba, Malawi: NSO.

National Statistical Office and ICF Macro. 2015/16. Malawi Demographic and Health Survey 2015/16. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

National Statistical Office. 2021. Malawi Multiple Indicator Survey (MICS). Zomba, Malawi: NSO.

National Statistical Office. 2012. Integrated Household Survey III 2010 - 2011. Zomba, Malawi: NSO.

UNESCO. 2000. The EFA 2000 Assessment: Country Reports – Malawi. Available at http://www.unesco.org/education/wef/countryreports/malawi/rapport_1_1.html.

UNAIDS. 2014. Action on Social Drivers to End AIDS and Extreme Poverty. An Expert Consultation on HIV/AIDS and the Global Health and Development Agendas. New York: UNAIDS.

UNFPA. 1994. Programme of Action. International Conference on Population and Development. Cairo, UNFPA.

Villa-Torres, L; and J; Svanemyr 2014; “Ensuring Youth’s Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs” Journal of Adolescent Health 56 (2015): S51e S57.

WHO. 2014. Adolescent responsive health systems. Available at http://www.who.int/maternal_child_adolescent/topics/adolescence/health_services/en/

WHO AYSRHR Technical Assistance Coordination Mechanism, Malawi, October, 2021

WHO guideline on self-care interventions for health and well-being. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

Ministry of Health, (2013 -2016): National Action Plan for Prevention and Management of Non- Communicable Diseases in Malawi. Government of Malawi.

Australian Government, (January – February, 2020): The National Children’s Mental Health and wellbeing Strategy.

Ministry of Health, (2020): National Mental Health Policy. Government of Malawi.

Annexes

Annex 1: The YFHS Service Package (Proposed for Review)

Health Promotion and Counselling

1. Living Healthy as Young and Productive People
2. Growth and Development: Transitions and Effects
3. Self – Care
4. Menstrual Hygiene
5. Pregnancy, Marriages,
6. Counseling for a range of modern contraceptive methods and Contraception
7. Sexually transmitted infections (STIs) including HIV and AIDS
8. Nutrition
9. Gender Based Violence and Sexual Abuse
10. Mental Health, Psychosocial Support
11. Maternal and Neonatal Health Care
12. Reproductive Health Cancers, Human Papillomavirus
13. Malaria

Reproductive Health Services for Young People (Clinical/Facility Level)

1. Information and Counseling on Presenting Problems
2. Information, counseling and services for sexual health and wellbeing
3. Promotion and Distribution of Condoms for dual protection
4. Provision of Contraceptives including Condoms and postpartum family planning
5. Counselling, Screening, Testing and Treatment for Sexually Transmitted infections, HIV and AIDS
6. Antenatal, Delivery, Post-natal Care including emergency obstetric and newborn care
7. Prevention of mother-to-child transmission of HIV (PMTCT) Services
8. Post Abortion Care
9. Prevention and treatment of HIV and other sexually transmitted diseases (ie. Provision of ARVs, PEP, VMMC services)
10. HPV referral to other service delivery point
11. Prevention, identification, care for cases of Gender Based and Sexual Violence cases and referral to other essential services such as police, social and justice

Reproductive Health Services for Young People (Community Level Interventions)

1. Comprehensive Sexuality Education in and out of school
2. Distribution of Contraceptives including Condoms
3. HIV testing and counselling
4. HPV vaccine
5. Self-care interventions (would state here which ones and in line with the self-care guidelines developed by the MoH)
6. Referral to health facility or other service delivery points
7. Gender Based Violence Management
8. Mental Health and Psychosocial support

Reproductive Health Services for Young People (School Based Interventions)

1. Life Skills Education (Primary) and Comprehensive Sexuality Education (Lower Secondary and Tertiary)
2. Establishing referral linkage with health service providers
3. Individual Learners counselling
4. Referral to service providers (mobile or static)
5. Gender Based Violence Management and Reporting
6. Menstrual Hygiene education
7. Mental health and psycho social support

Minimum Initial Service Package for SRH in emergencies

1. Self-care
2. Menstrual Hygiene
3. Provide a minimum package of clinical interventions in line with the Minimum Initial Service Package (MISP) objectives for SRH:
 - prevention of sexual violence and response to the needs of survivors,
 - prevent and reduce morbidity and mortality due to HIV and other STIs
 - prevent excess maternal and newborn morbidity and mortality
 - prevent unintended pregnancies
4. Psychosocial support services

Annex 2: Malawi's Commitments

National.

1. Malawi Vision 2063
2. HSSP III (2022 – 2030)
3. National Sexual and Reproductive Health and Rights Policy (2017-2022)
4. National Sexual and Reproductive Health and Rights Strategy (2021-2025)
5. National Education Policy 2014
6. National Gender Policy (2011)
7. National Youth Policy (2013)
8. National Alcohol Policy 2011
9. HIV and AIDS Prevention Strategy (2015–2020)
10. National Population Policy Implementation Plan (2014)
11. Adolescents Girls and Young Women Strategy

Global and Regional Commitments

1. **The ICPD (1994) Programme of Action**: *Removal of barriers and increasing youth access to SRHR information, education, and services*
2. **Global response of three -zeros (UNAIDS 2014)**: *Zero new infections, zero AIDS deaths, zero stigma and discrimination by addressing structural determinants, factors that undermine healthy living, and support of communities that prioritize engagement and communication.*
3. **2006 African Youth Charter**: *Article 16: "Every young person shall have the right to enjoy the best attainable state of physical, mental and spiritual health through comprehensive sex education and through contraceptive access, antenatal and post-natal services, youth participation and social protection;"*
4. **African Youth Decade 2009 –2018 Plan of Action**: *Accelerating Youth Empowerment for Sustainable Development: A road map for multi-sectoral and-dimensional engagement of all stakeholders towards the achievement of the African Youth Charter, including setting standards and accountability measures.*
5. **African Union Agenda 2063 – The Africa We Want**: *The 2014 document had seven aspirations: youth as drivers of change; achievement of gender parity; empowerment of women; an engaged and empowered youth with full implementation of the African Youth Charter; elimination of gender-based violence (GBV); quality health and education for women and girls; and full youth employment.*
6. **Malawi's FP2020 Commitments 2012**: *FP2020 (revised for 2030) is an initiative set to enable an additional 120 million women in the world's poorest countries to use modern contraception by 2020; Malawi's goal is set at raising the contraceptive prevalence rate (CPR) to 60% with a focused increase in those aged 15 to 24 years.*
7. **ESA Ministerial Commitment** *on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African 2013: A pledge to educate and protect all children and youth from early and unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs)/HIV, and substance misuse and to combat discrimination and rights violations including child marriage.*

Annex 3: M&E Framework Progress Tracking Table

No.							
1.0	Strategic Focus Area : Enabling Policy Environment						
1.1	Goal: Enhanced enabling environment for planning, programming, and delivery of YFHS information and services to young people aged 10 – 24						
1.1.1	Objective: To ensure that the revised policies, laws and strategies supporting implementation of YFHS are used to facilitate YFHS Strategy implementation and delivery of youth friendly health services to young people including those with special needs in line with international and national legal frameworks in Malawi by December 2030						
1.1.1.1	Strategy: Institutionalization of Adolescent Health in All Policies in key sectors						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
1.1.1.1.1	Wide dissemination of policies and laws supporting YFHS	Lead : MoH –DRH Partners : Ministries of Gender, Child Development and Social Welfare, Youth and Sports, Education, Local Govt., FBOs, Media, Donors, UNFPA, MoE, UNICEF, Traditional mother bodies, religious leaders, CSOs, Govt-	Number and type of sectors aware of and implementing policies in support of YFHS Type of support provided by the policies to implementation of YFHS Strategy				YFHS Progress Reports
	Integration of revised policies and laws into all sector programme activities for managers, facilitators and other key players						
1.1.1.1.2	Advocacy (“make it happen”) for joint		Number and type of stakeholders				

	programme planning for YFHS by the ministries of health, youth, local government, education, gender and social services	MOH, Council of churches, NAC, UNFPA, NYCOM, CBO's, NGOs/CSO, Ministry of Justice Traditional leaders	supporting YFHS strategy implementation				Activity Reports YFHS Progress Reports
1.1.1.1.3	Packaging of revised policies and laws for various audiences						
1.1.1.1.4	Sensitize key players implementing YFHS strategy on the policies and laws						
1.1.1.1.5	Engage youth governance structures for awareness creation on existing policies and laws supporting YFHS.						
1.1.1.1.6	Establish strong working partnership with government sectors and youth NGOs, CSOs and private sector to strengthen implementation of the YFHS strategy						

1.1.1.2	Strategy: Development of Modus Operandi for Ministries of Health and Education on “No Service in School Premises”						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
1.1.1.2.1	Policy Dialogue and Production of Working (operational) modalities across sectors particularly Ministries of Health and Education to ensure access to YFHS services by young people in schools	Lead - Ministry of Health (RHD) and Ministry of Education Partners: Ministries of Gender, Child Development and Social Welfare, Youth and Sports, Local Govt., Donors, UNFPA, religious leaders, NYCOM, NGOs/CSO, Ministry of Justice Traditional leaders	Type of complementarities and synergies in YFHS delivery to young people in school				Activity Reports YFHS Progress Reports

No.							
2.0	Strategic Focus Area : Competent Health Workforce						
2.1	Goal: A vibrant skilled workforce that supports the attainment of health goals of young people through delivery of quality youth friendly health services						
2.1.1	Objective: Strengthen the skills of both health professionals, non - health professionals and community volunteers to provide youth friendly health services						
2.1.1.1	Strategy: Make YFHS competency based training in pre-service and in service training programmes a Health Investment Case						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
2.1.1.1.1	Lobbying /Advocacy for adequate funding to YFHS capacity development	Lead: Ministry of Health and Ministry of Education Partners: Ministries of Youth, Local Government, NGOs	Availability of resources for capacity development in YFHS				YFHS Progress Reports
2.1.1.1.2	Mobilization of resources to support a national training programme for YFHS						
2.1.1.1.3	Development of a new national YFHS skills based training programme with a strong focus on value clarification and attitude in line with WHO guidelines	UN agencies – UNFPA & WHO, Training Institutions for Health Workers, Universities	Availability of revised YFHS skills based training materials with a focus on attitude change				YFHS Progress Reports
2.1.1.1.4	Revision of YFHS Package Package/Minimum						

	Standard Guidelines and orientation of service providers						
2.1.1.1.5	Integration of YFHS skills based training concepts in pre-service curriculum for health workers with a strong focus on values and attitudes clarification						
2.1.1.1.6	Training of Health Workers		Number of service providers trained in YFHS				Training Report
2.1.1.1.7	Database for trained YFHS service providers						Database
2.1.1.2	Capacity Development for community based youth volunteers to provide YFHS						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
2.1.1.2.1	Assessment of existing youth community based programmes to establish the baseline for community based volunteers	Lead: Ministry of Health. Partners: Ministry of Gender, Child Development and Social Welfare, Ministry of Education Ministries of Youth, Local Government, NGOs UN agencies – UNFPA & WHO,	Number of community based volunteers by type providing YFHS				Activity Report / YFHS Progress Reports
2.1.1.2.2	Training needs identification for existing young community volunteers from the needs assessment						
2.1.1.2.3	Development of a training manual for community based volunteers						
2.1.1.2.4	Refresher courses for the						

	existing young community volunteers (CBDAs, Peer Educators)						
2.1.1.2.5	Training of new volunteers in hard to reach areas using standard community volunteers training manuals						
2.1.1.3	Strategy: Private sector engagement and collaboration						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
2.1.1.3.1	Orientation of private sector service providers and pharmacy operatives on YFHS	Ministry of Health, Ministry of Industries	Number of private sector health facilities reporting YFHS				Activity Reports

No.							
3.0	Strategic Focus Area : Service Provision						
3.1	Improved, unlimited, unimpeded access to quality youth friendly health services by young people across the country						
3.1.1	Increase access to quality comprehensive YFHS for young people aged 10-24 in all health facilities in the country by 2030						
3.1.1.1	Strategy Expansion of physical coverage of YFHS sites from 524 to 974 facilities						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
3.1.1.1.1	Facility assessment to establish actual sites providing YFHS	Lead: Ministry of Health Partners: Ministries of Local Government, NGOs UN agencies – UNFPA & WHO,	Number of facilities providing YFHS				Assessment Report
3.1.1.1.2	Development of scale up plan for YFHS in all districts						Progress Report
3.1.1.1.3	Introduction of YFHS to identified sites using the scale up plan						
3.1.1.1.4	Outreach programmes for young people		Number of outreach sites providing YFHS				
3.1.1.1.5	Effective referral system Set up from district to national level						
3.1.1.2	Strategy: Development and utilization of partnerships with youth-led/focused organizations and the private sector to increase service coverage						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source

3.1.1.2.1	Identification of organizations to Implement YFHS through youth networks and the private sector	Lead: Ministry of Health and Ministry of Education Partners: Malawi Pharmacies Board (check correct name) Ministries of Youth, Local Government, NGOs UN agencies – UNFPA & WHO, Universities	Number of Pharmacies and Youth Networks providing YFHS				Progress Reports
3.1.1.2.2	Partnership modalities (MoUs) with networks, the private sector clinics and pharmacies to introduce YFHS in their service sites		Number of MoUs signed				
3.1.1.2.3	Integrate YFHS in pharmacies and private clinics through franchise arrangement						
3.1.1.4	Strategy: Institutionalization of quality of care interventions for YFHS in all service delivery points						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
3.1.1.4.1	Revision of QOC and Accreditation Standards for Youth Care	Lead: Ministry of Health and Ministry of Education Partners: Ministries of Youth, Local Government, NGOs UN agencies – UNFPA & WHO, Training Institutions for	Clients reporting satisfaction with YFHS services				Activity Report
3.1.1.4.2	Orientation of service providers on QOC and Accreditation standards		Number of facilities accredited to provide YFHS				Progress Report
3.1.1.4.3	Accreditation of service delivery points providing YFHS						
3.1.1.4.4	Establish and support the operationalization of a learning and mentorship						

	centre in each district to act as a model centre based on accreditation results	Health Workers, Universities					
3.1.1.4.5	Conduct supervision, mentorship and on the job coaching						
3.1.1.5	Strategy: Improve service delivery structures to accommodate provision of YFHS in line with the standards of youth care						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
3.1.1.5.1	Renovations / reconfigurations of structures to be in line with standards of youth care	Lead: Ministry of Health Partners: Ministry of Local Government, Ministry of Public Works, Ministry of Finance, Local Government Finance Committee	Number of health facilities meeting standard guidelines for YFHS				Activity Reports Progress Report
3.1.1.5.2	Equipping of facilities with appropriate tools and supplies / commodities						
3.1.1.5.3	Creation of safe spaces for youth activities						
3.1.1.5.4	Provision of recreational materials in safe spaces/ youth centers for young people						
3.1.1.5.5	Introduction of self-care and menstrual health initiatives to young people in the safe spaces						
3.1.1.6	Strategy:						

	Improve community based or operated programmes and expand its reach						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
3.1.1.6.1	Capacity Development of facilities to embrace an integrated approach to service delivery with a focus on HIV, SRHR and gender related services	Lead: Ministry of Health Partners: Ministry of Local Government, Ministry of Public Works UN agencies – UNFPA, WHO USAID	Number of facilities providing integrated services according to WHO guidelines				Progress Report
3.1.1.6.2	Implementation of an integrated system to service delivery in all health facilities with capacity to do so						
3.1.1.7	Strategy Strengthen open LMIS and commodity security management systems to reduce stock outs						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
3.1.1.7.1	Orient service providers on effective stock management	Lead: Ministry of Health Partners: UNFPA, USAID	Level / occurrence of stock outs				LMIS Report
3.1.1.7.2	Supervise commodity security management system						

No.							
4.0	Strategic Focus Area: Leadership and Governance						
4.1	Goal : An improved all level multi-sectoral collaboration, coordination, partnership and networking in implementation of YFHS						
4.1.1	Objective: Enhance the leadership, governance and multi-sectoral arrangements supporting YFHS implementation at national, district and community levels by 2030						
4.1.1.1	Strategy: Provision for the establishment of multi-sectoral national, district and community level implementation teams						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
4.1.1.1.1	Setting up national, district and community implementation teams to be coordinated by the health sector, with representation from youth, education, gender and social welfare, local government and young peoples' representatives from the networks	Lead: Ministry of Health Partners: Ministry of Local Government, Ministry of Education, Ministry of Youth and Sports, Ministry of Gender, Children, community service	Availability of TORs at District Council for the establishment of YFHS implementation teams at district and community levels Number of districts with established YFHS implementation teams				Progress Report

4.1.1.1.2	Developing terms of reference (TORs)/guiding principles for leadership, governance and accountability in the management and provision of YFHS						
4.1.2	Objective: Increase Youth Participation and leadership in all aspects of YFHS Strategy Implementation at national, district and community levels by 2030						
4.1.2.1	Strategy: Promoting engagement and inclusion of youth structures in all strategy implementation activities						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
4.1.2.1.1	Introduction / Dissemination of YFHS strategy to youth networks through Ministry of Youth and Sports structures	Lead: Ministry of Health Partners: Ministry of Local Government, Ministry of Youth, NGOs	Number of Youth networks participating in YFHS implementation				Progress Report
4.1.2.1.2	Identification and inclusion of youth representatives in strategy implementation teams at all levels		Number of young people with knowledge (aware) of 2022 - 2030 YFHS strategy				

4.1.2.1.3	Involvement of young people in YFHS strategy planning, implementation, monitoring and evaluation activities						
4.1.2.2	Strategy Coalition and Partnership Development with CSOs/NGOs and funding agencies						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
4.1.2.2.1	Building work relationships amongst collaborators in YFHS through signed agreements	Lead: Ministry of Health Partners: Ministry of Local Government, Ministry of Youth, Ministry of Education NGOs	Number and type of collaborative agreements signed				Progress Report
4.1.2.2.2	Facilitation of integrated planning for strategy implementation at all levels						
4.1.2.2.3	Development of functional arrangements for						

	sharing information on work plans, programmes and funding to prevent duplication						
4.1.2.2.4	Joint funds solicitation mechanisms with youth networks and other sectors for funding YFHS at district and community levels	Lead: Ministry of Youth and Ministry of Health Partners: NGOs/CSOs	% YFHS funding generated by youth networks				Activity Reports
4.1.2.2.5	Capacity building of district and community level implementation teams in resource mobilization for YFHS strategy implementation						
4.1.2.3	Strategy Build mechanisms for youth participation at local level						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
4.1.2.3.1	Training and mentorship of youth leaders in governance and accountability	Lead: Ministry of Youth and Ministry of Health Partners:	Number of youth representatives participating in YFHS governance structures				Activity Reports District YFHS Progress

	processes around health and well being	NGOs/CSOs					Reports
4.1.2.3.2	Development of action plans to provide accountability checks to implementation teams on YFHS progress		Number of young people providing feedback to YFHS implementation teams				
4.1.2.3.3	Youth Engagement with implementing teams using mobile phones and social media platforms						
4.1.2.3.4	ICT availability in youth participation structures						

No.							
5.0	Strategic Focus Area: Community Engagement						
5.1	Goal: Improved understanding, perception and support about youth friendly health services amongst parents, community and religious leaders and young people						
5.1.1	Objective: To increase approaches to community dialogue and interaction amongst parents, leaders, media experts, and young people to galvanize support for YFHS Provision by 2030						
5.1.1.1	Strategy: Introduce Participatory Learning and Action approaches for community engagement in all sites implementing YFHS						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.1.1	Development of participatory learning and action approaches for engaging community leaders, parents and young people	Lead: Ministry of Health Partners: Ministries of Youth, Gender, Child Development and Social Welfare, Education, Local Government, NGOs	Number of community approaches used for community engagement				Activity Reports
5.1.1.1.2	Involvement of ADC and VDC in YFHS programming at community level		Support provided by community members to YFHS provision				
5.1.1.2	Strategy: Facilitate effective communication between parents and children						

	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.2.1	Revision and adoption of Parents and Child Communication interventions / strategy	Lead: Ministry of Health Partners:	Support provided to young people by parents on YFHS				Activity Reports Progress Reports
5.1.1.2.2	Implementation of Parent and Child Communication strategy / interventions	Ministries of Youth, Gender, Child Development and Social Welfare, Education, Local Government NGOs					
5.1.1.3	Strategy Promotion of community based or operated programs for young people						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.3.1	Engaging chiefs, chiefs spouses and traditional counsellors, religious and political leaders to promote access to YFHS among young people	Lead: Ministry of Health Partners: Ministries of Youth,	Level of support provided by community members				Activity Reports
5.1.1.3.2	Revamp/resuscitate the youth CBDA and Peer Education programmes and other local	Education, Local Government, NGOs	Number of Community volunteers providing				Activity Reports

	community oriented initiatives focusing on male engagement and traditional initiations		YFHS				
5.1.1.4	Strategy Strengthen demand creation for YFHS uptake by young people						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.4.1	Marketing and Branding the YFHS - Promotional materials, signposting, street and open ground shows, and media and publicity campaigns	Ministry of Health Partners: NGOs, Private companies, Business Community	Number of programmes or facilities branded with YFHS markings Number of young clients influenced by YFHS marketing programmes				Activity Reports
5.1.1.5	Strategy: Increase participation of community structures in promoting YFHS						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.5.1	Develop working partnerships with VDCs, ADCs and Youth Networks, CVSUs on YFHS						

5.1.1.6	Strategy Networking with the media						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.6.1	Creation of media platforms for amplifying and advancing YFHS						
5.1.1.7	Strategy: Integrated approach to CSE, LSE, Menstrual Health (MH) and self-care initiatives						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.7.1	Incorporation of YFHS in CSE, LSE, MH and self-care programmes	Lead; Ministry of Education and Ministry of Health Partners: Ministry of Youth and Sports, Ministry of Gender, NGOs, UN agencies – UNFPA & WHO	Number of young people accessing information on CSE, LSE, Menstrual Health and self-care				DHIS2 Reports
5.1.1.7.2	Training YFHS providers in CSE, LSE and MH programmes						
5.1.1.7.3	Implementation of CSE to out of school youth through youth clubs, institutions of higher learning and other platforms						
5.1.1.7.4	Re-training of all LSE teachers in schools						
5.1.1.7.5	Continue providing LSE for in school youth						
5.1.1.8	Strategy: Expand the Menstrual Health and Self Care initiatives to reach more girls in and out of school						

	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.8.1	Develop a national programme for Menstrual Health and Self Care	Ministry of Health, Ministry of Youth, Ministry of Education, NGOs, UNFPA					
5.1.1.8.2	Prepare a special package of needs for girls in emergency setting e.g. internally displaced persons during floods						
5.1.1.9	Strategy Establish effective and functional referral system and networking between Health and Education sectors as well as Youth, Gender and Social Welfare, police, judiciary						
	Interventions	Responsible Institutions	Indicators	Baseline 2022	Target 2026	Target 2030	Source
5.1.1.9.1	Develop and execute a joint (Health and Education) School Health programme	Ministry of Health Partners: Education, Youth, Gender, NGOs					
5.1.1.9.2	Develop service delivery arrangements jointly with the education sector at every level						

No.	
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6.0	Strategic Focus Area: Monitoring, Evaluation, Research and Learning						
6.1	Goal: A vibrant, efficient, evidence based, sustainable YFHS programme with appropriate systems to provide and manage quality, youth friendly health services Objective:						
6.1.1	Objective: To strengthen research, monitoring, evaluation and utilization of results for improved programme implementation Strategy						
6.1.1.1	Strategy: Setting the baseline for 2022 – 2030 Implementation Period						
	Interventions	Responsible Institutions	Indicator	Baseline 2022	Target 2026	Target 2030	Source
6.1.1.1.1	Populate the 2015 – 2020 Monitoring and Evaluation Framework to establish baseline for 2022 – 2030 implementation period	Ministry of Health – RHD, CMED, Partners: Youth, Education, Local Government	Existence of revised harmonized tools				Activity Reports
6.1.1.1.2	Review of the DHIS2, YOMIS and EMIS Reporting Tools						
6.1.1.1.3	Harmonizing data capturing tools and ensure HMIS, YOMIS and EMIS feed into LAMIS						
6.1.1.2	Strategy: Generation of evidence for decision making						
	Interventions	Responsible	Indicator	Baseline 2022	Target 2026	Target 2030	Source

		Institutions					
6.1.1.2.1	Progress Tracking through reporting tools and monitoring visits	Ministry of Health – RHD, Partners: Ministry of Youth, Ministry of Education, UNFPA, WHO, USAID,	Attainment of milestones				Progress Reports
6.1.1.2.2	Midterm evaluation						
6.1.1.2.3	Summative (End line) evaluation						
6.1.1.3	Strategy: Development of research programmes that feed into YFHS improvement						
	Interventions	Responsible Institutions	Indicator	Baseline 2022	Target 2026	Target 2030	Source
6.1.1.3.1	Identification of research items requiring further investigation from the progress reports	Ministry of Health – RHD, Partners: Ministry of Youth, Ministry of Education, UNFPA, WHO, USAID,	Evidence informing implementation and decision making processes on YFHS				Reports
6.1.1.3.2	Conduct operational research that will inform decision making processes on YFHS						
6.1.1.3.3	Case study development and sharing lessons and promising practices						

No	
7.0	Strategic Focus Area: Financing

7.1	Goal Ensure adequacy and availability of funding to finance the implementation of the YFHS strategy between 2022 and 2030						
7.1.1	Strategic Objective Increase the financial support, commitments and actual funding towards the implementation of YFHS Strategy by 2030						
7.1.1.1	Strategy Develop a financial investment plan to finance implementation of the YFHS strategy						
	Interventions	Responsible Institutions	Indicator	Baseline 2022	Target 2026	Target 2030	Source
7.1.1.1.1	Solicitation of commitments from various potential funding sources	Ministry of Health – RHD, Partners: Ministry of Youth, Ministry of Education, Ministry of Finance, UNFPA, WHO, USAID, Private Companies, Business Community	Number of commitments solicited				Activity/ Progress Reports
7.1.1.1.2	Lobbying for the decentralization of the health development budget to support renovations / construction of infrastructures for enhanced YFHS standards in district councils						
7.1.1.1.3	Advocacy for a youth friendly national health budget that will ensure funds allocated to line ministries' ORT has provisions for YFHS support						
7.1.1.1.4	Capacity Building of						

	national, district and community level implementation teams on resource mobilization		stakeholders trained in resource mobilization				
7.1.1.1.5	Integration of youth friendly health services concepts into district implementation plans and district development plan		Number of districts with integrated YFHS in DIPs				
7.1.1.1.6	Development of a Tracking system for funding to YFHS		Availability of funding information at all levels				
7.1.1.1.7	Mobilization of stakeholders to commit funding towards YFHS		Amount of Funding raised from stakeholders / private sector				Activity reports
7.1.1.1.8	Lobbying private sector investors to allocate a percentage in their corporate social responsibility budgets to YFHS						District Council Financial Report
7.1.1.2	Strategy: Youth Club Capacity Development and Empowerment to mobilize funds for YFHS						
	Interventions	Responsible Institutions	Indicator	Baseline 2022	Target 2026	Target 2030	Source
7.1.1.1.1	Training youth club members and networks in advocacy for	Ministry of Health – RHD, Partners: Ministry of Youth,	Number of young people with resource				Progress Reports

	resource mobilization	Ministry of Education, Local Government, Ministry of Finance and Economic Affairs	mobilization skills				
7.1.1.1.2	Advocacy for increased funding to the health sector for YFHS						
7.1.1.1.3	Development of fundraising strategies for the youth clubs and networks to directly generate funding for the YFHS interventions						
7.1.1.1.4	Linking youth clubs to the National Economic Empowerment Fund (NEEF) to help them integrate business enterprising with YFHS		Number of youth networks with YFHS programmes supported from NEEF funds				Progress Reports
7.1.1.3	Strategy: Funding Source Diversification						
	Interventions	Responsible Institutions	Indicator	Baseline 2022	Target 2026	Target 2030	Source
7.1.1.3.1	Solicitation of donor commitments	Ministry of Health – RHD, Partners: Ministry of Youth, Ministry of Education, Ministry of Finance and Economic Affairs	Amount of funding by source				Evaluation Report
7.1.1.3.2	Mobilization of Investors Contributions						Financial Reports
7.1.1.3.3	Public Private Partnership Arrangements						

Annex 4: Estimate Budget by Focus Area

Eight Years Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 1: Enabling Policy Environment			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 1.1.1.1	Institutionalization of Adolescent Health in All Policies (AHiAP)										
Interventions	1.1.1.1.1	Wide Dissemination of Policies and Laws supporting YFHS (including the strategy)	250,000,000	255,750,000	220,000,000	150,000,000	100,000,000	0	0	0	975,750,000
	1.1.1.1.2	Integration of revised policies and laws into all sector programme activities	56,000,000	0	45,000,000	20,000,000	10,000,000	10,000,000	8,000,000	5,000,000	154,000,000
	1.1.1.1.3	Advocacy for joint programme planning for YFHS	75,000,000	66,000,000	30,000,000	0	0	0	0	0	171,000,000
	1.1.1.1.4	Packaging of revised policies and laws for various audiences	100,000,000	-	0	0	50,000,000	0	0	0	150,000,000
	1.1.1.1.5	Sensitization of Key players on revised policies and laws	46,000,000	20,000,000	0	0	0	0	0	0	66,000,000

	1.1.1.1.6	Engagement of youth governance structures for awareness creation on policies	-	160,000,000	40,000,000	0	0	0	0	0	200,000,000
	1.1.1.1.7	Establishment of Working Partnerships	50,000,000	50,000,000		0	0	0	0	0	100,000,000
Strategy 1.1.1.2	Development and Operationalization of Modus Operandi										
Interventions	1.1.1.2.1	Policy dialogue using existing network platforms	15,000,000	15,000,000	15,000,000	0	0	0	0	0	45,000,000
	1.1.1.2.2	Incorporation of guiding principles in the Modus Operandi	0	0	0	0	0	0	0	0	0
	1.1.1.2.3	Monitoring of Modus Operandi Implementation	0	0	0	5,000,000	5,000,000	2,000,000	2,000,000	0	14,000,000
Grand Total			592,000,000	566,750,000	350,000,000	175,000,000	165,000,000	12,000,000	10,000,000	5,000,000	1,875,750,000

Focus Area 2: Competent Health Workforce			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 2.1.1.1	Make YFHS competency based training a priority for health investment case										
Key Interventions	2.1.1.1.1	Lobbying/Advocacy for adequate funding to YFHS capacity development	-	15,000,000	-	18,000,000	-	25,000,000	-	-	58,000,000
	2.1.1.1.2	Mobilization of resources to support a national training programme for YFHS	20,000,000	-	15,000,000	-	10,000,000	-	10,000,000		55,000,000
	2.1.1.1.3	Development of a new national YFHS skills based training programme	50,000,000	-	-	-	-	-	-	-	50,000,000
	2.1.1.1.4	Review of the YFHS Service Package/ Minimum Standard Guidelines and orient all service providers	10,000,000	-	-	-	-	-	-	-	10,000,000
	2.1.1.1.5	Integrating YFHS skills based training concepts in pre-service curriculum	-	20,000,000	-	-	-	-	-	-	20,000,000
	2.1.1.1.6	Implementation of the revised training curriculum for in service education (service provider training)	-	-	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	120,000,000

	2.1.1.1.7	Development of reference materials (Standard Operating Procedures) for clinical service provision	-	-	-	-	-	-	-	-	-
	2.1.1.1.8	Development of free online courses and reference manuals for service providers' continuing professional development	-	-	40,000,000	-	-	-	-	-	40,000,000
	2.1.1.1.9	On the job coaching, mentorship and supportive supervision to all service providers	-	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	70,000,000
	2.1.1.1.10	Creation of digital social media platform for providers learning and sharing of experiences	-	20,000,000	-	-	-	-	-	-	20,000,000
	2.1.1.1.11	Development of a data base for trained YFHS service providers and volunteers			5,000,000						5,000,000
	2.1.1.1.12	Advocacy for inclusion of YFHS service providers, CBDAs and peer educators in district recruitment,	-	-	-	-	-	-	-	-	-

		replacement and deployment plan									
	2.1.1.1.13	Inclusion of monitoring indicators of service providers trained in YFHS on DHIS2	-	-	-	-	-	-	-	-	-
Strategy 2.1.1.2	Capacity development for community youth volunteers										-
Interventions	2.1.1.2.1	Assessment of the existing youth community based programmes to establish baseline for community based volunteers		50,000,000							50,000,000
	2.1.1.2.2	Development of training manual for existing youth community based volunteers		10,000,000							10,000,000
	2.1.1.2.3	Refresher courses for the existing youth community volunteers (CBDAs, peer educators)			100,000,000	50,000,000	50,000,000	50,000,000	50,000,000		300,000,000
	2.1.1.2.4	Training of new volunteers (CBDAs and Peer Educators) volunteers training manuals			150,000,000	100,000,000	50,000,000	-	-	-	300,000,000
Strategy 2.1.1.3	Private sector engagement and collaboration										-

Interventions	2.1.1.3.1	Orientation of private sector service providers and pharmacy operators on YFHS		50,000,000							50,000,000
Grand Total			80,000,000	175,000,000	340,000,000	198,000,000	140,000,000	105,000,000	90,000,000	30,000,000	1,158,000,000

Eight Years Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 3: Service Provision			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 3.1.1.1	Expansion of physical coverage of YFHS sites										
Key Interventions	3.1.1.1.1	Conduct facility assessment to establish actual sites providing YFHS	60,000,000	-	-	-	-	-	-	-	60,000,000
	3.1.1.1.2	Develop a scale up plan for YFHS in all districts	-	30,000,000	-	-	-	-	-	-	30,000,000
	3.1.1.1.3	Introduce YFHS to identified sites using the scale up plan	-	10,000,000	10,000,000	10,000,000	10,000,000	5,000,000	5,000,000	5,000,000	55,000,000
	3.1.1.1.4	Develop and implement outreach programmes for young people	-	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	70,000,000
	3.1.1.1.5	Set up and manage an effective referral system from district to national level	-	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	35,000,000

Strategy 3.1.1.2	Development and utilization of effective partnerships with youth-led organizations and the private sector										
Key Interventions	3.1.1.2.1	Identification of organizations to implement YFHS	30,000,000	-	-	-	-	-	-	-	30,000,000
	3.1.1.2.2	Partnership modalities (MoUs) with networks, the private sector clinics, and pharmacies	10,000,000	-	-	-	-	-	-	-	10,000,000
	3.1.1.2.3	Integration of YFHS in pharmacies and private clinics through franchise arrangement	-	10,000,000	-	-	-	-	-	-	10,000,000
Strategy 3.1.1.3	Institutionalization and Development of quality of care interventions for YFHS										
Key Interventions	3.1.1.3.1	Revision of QOC and Accreditation Standards	-	20,000,000	-	-	-	-	-	-	20,000,000
	3.1.1.3.2	Orientation of service providers on QOC and Accreditation standards		100,000,000	50,000,000	-	-	-	-	-	150,000,000

	3.1.1.3.3	Accreditation of service delivery points providing YFHS		30,000,000	20,000,000	10,000,000	10,000,000	10,000,000	10,000,000	-	90,000,000
	3.1.1.3.4	Establishment of a learning and mentorship centre in each district		70,000,000	70,000,000	70,000,000	70,000,000	-	-	-	280,000,000
	3.1.1.3.5	Supervision, mentorship and on the job coaching	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	160,000,000
Strategy 3.1.1.4	Improvement of service delivery structures										-
Key Interventions	3.1.1.4.1	Renovation and reconfiguration of current structures	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	800,000,000
	3.1.1.4.2	Equipment and supplies for the facilities	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	800,000,000
	3.1.1.4.3	Creation of safe spaces for youth activities	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	224,000,000
	3.1.1.4.4	Provision of recreational materials in safe spaces/ youth centers	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	400,000,000
	3.1.1.4.5	Introduction of self-care and menstrual health	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000		70,000,000

		initiatives to young people									
Strategy 3.1.1.5	Improve community based or operated programmes and expand its reach										
Key Interventions	3.1.1.5.1	Assessment of the current community based or operated programmes dealing with young people	-	-	-	-	-	-	-	-	-
	3.1.1.5.2	Expand sites for youth peer education and youth CBDAs	-	-	-	-	-	-	-	-	-
Strategy 3.1.1.6	Integration of youth friendly health services in all health facilities										
Key Interventions	3.1.1.6.1	Development of capacity for facilities to embrace service integration	50,000,000	-	-	50,000,000	-	-	-	-	100,000,000
	3.1.1.6.2	Introduction and Implementation of integrated system to service delivery	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	80,000,000

Strategy 3.1.1.7	Strengthening open LMIS and commodity security management systems										
Key Interventions	3.1.1.7.1	Orientation of service providers on effective stock management	50,000,000	-	-	56,000,000	-	60,000,000	-	-	166,000,000
	3.1.1.7.2	Supervision of commodity security management system	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	80,000,000
Grand Total			528,000,000	613,000,000	493,000,000	539,000,000	433,000,000	418,000,000	358,000,000	338,000,000	3,720,000,000

Eight Year Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 4: Leadership and Governance			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 4.1.1.1.	Establishment of multi-sectoral national, district and community level implementation teams										
Key Interventions	4.1.1.1.1	Setting up of national, district and community implementation teams	120,000,000	-	-	-	-	-	-	-	120,000,000
	4.1.1.1.2	Development of terms of reference (TORs)/guiding principles for leadership, governance and accountability	-	-	-	-	-	-	-	-	-
	4.1.1.1.3	Developing and strengthening effective reporting mechanisms in managing YFHS at district and community levels	50,000,000	30,000,000	-	-	-	-	-	-	80,000,000
Strategy 4.1.2.1.	Promote engagement and inclusion of youth structures in all strategy implementation activities										
Key Interventions	4.1.2.1.1	Dissemination of YFHS strategy to youth networks	280,000,000	50,000,000	50,000,000	-	-	-	-	-	380,000,000

	4.1.2.1.2	Identification and inclusion of youth representatives in strategy implementation teams	-	-	-	-	-	-	-	-	-
	4.1.2.1.3	Involvement of young people in YFHS strategy planning, implementation, monitoring and evaluation	85,000,000	85,000,000	85,000,000	85,000,000	85,000,000	85,000,000	85,000,000	85,000,000	680,000,000
Strategy 4.1.2.2	Coalition and Partnership Development with CSOs/NGOs and funding agencies										
Key Interventions	4.1.2.2.1	Building work relationships amongst collaborators in YFHS	10,000,000	-	15,000,000	-	20,000,000	-	-	-	45,000,000
	4.1.2.2.2	Facilitation of strategy integrated planning and implementation	-	-	-	-	-	-	-	-	-
	4.1.2.2.3	Develop functional arrangements for sharing information on work plans, programmes and funding to prevent duplication	10,000,000	15,000,000	-	-	20,000,000	-	-	-	45,000,000

	4.1.2.2.4	Work out joint funds solicitation mechanisms with youth networks and other sectors	-	-	-	-	-	-	-	-	-
	4.1.2.2.5	Building capacity of district and community level implementation teams in resources mobilization	-	280,000,000	-	-	-	-	-	-	280,000,000
Strategy 4.1.2.3	Build mechanisms for youth participation at local level										
Key Interventions	4.1.2.3.1	Training and mentorship of youth leaders in governance and accountability processes around health and well being	280,000,000	-	-	-	-	-	-	-	280,000,000
	4.1.2.3.2	Development of action plans to provide accountability checks to implementation teams	-	-	-	-	-	-	-	-	-
	4.1.2.3.3	Capitalize on the usage of mobile phones and social media platforms to facilitate youth engagement with implementing	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	40,000,000

		teams									
	4.1.2.3.4	Facilitate availability of ICT in youth participation structures	100,000,000	-	-	-	-	-	-	-	100,000,000
Grand Total			940,000,000	465,000,000	155,000,000	90,000,000	130,000,000	90,000,000	90,000,000	90,000,000	2,050,000,000

Eight Years Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 5: Community Engagement			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 5.1.1.1	Introduction of Participatory Learning and Action approaches to increase involvement of community structures in YFHS										
Key Interventions	5.1.1.1.1	Development of participatory learning and action approaches	280,000,000	-	-	-	-	-	-	-	280,000,000
	5.1.1.1.2	Development of working partnerships with VDCs, School Management Committees, Mother Groups, ADCs and Youth Networks, CVSUs on YFHS	70,000,000	70,000,000	70,000,000	70,000,000	-	-	-	-	280,000,000
	5.1.1.1.3	Engagement of chiefs, chiefs' spouses, traditional counsellors, men groups ("ManTalk"), School Management	70,000,000	70,000,000	70,000,000	70,000,000	70,000,000	70,000,000	70,000,000	70,000,000	560,000,000

		Committees, Mother Groups, religious, and political leaders									
	5.1.1.1.4	Revamp / resuscitate the youth CBDA and Peer Education programmes and other local community-oriented initiatives focusing on male engagement and traditional initiations		280,000,000	280,000,000	-	-	-	-	-	560,000,000
Strategy 5.1.1.2	Effective communication between parents and children										-
Key Interventions	5.1.1.2.1	Revision and adoption of Parents and Child Communication strategy	20,000,000	-	-	-	-	-	-	-	20,000,000
	5.1.1.2.2	Implementation of Parent and Child Communication strategy		28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	196,000,000

Strategy: 5.1.1.3	Strengthen demand creation for YFHS uptake by young people										-
Key Interventions	5.1.1.4.1	Marketing and Branding the YFHS - Promotional materials, signposting, street and open ground shows, and media and publicity campaigns	280,000,000	-	-	280,000,000	-	-	100,000,000	-	660,000,000
	5.1.1.4.2	Creating media/digital platforms for amplifying and advancing YFHS	75,000,000		10,000,000		15,000,000		15,000,000		115,000,000
		Engage the media during open days and sensitization meetings	10,000,000		10,000,000		10,000,000		10,000,000		
		Produce and air programmes using different media channels	10,000,000		10,000,000		10,000,000		1,000,000		
		Organize Media Buzz at specific periods every year	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	224,000,000
Strategy 5.1.1.4	Integrated approach to CSE, LSE, Menstrual Health (MH) and self-care initiatives										-

Key Interventions	5.1.1.7.1	Incorporating YFHS in CSE, LSE, Menstrual Health and self-care programmes	60,000,000	-	-	-	-	-	-	-	60,000,000
	5.1.1.7.2	Training YFHS providers in CSE, LSE and Menstrual Health programmes	50,000,000	-	-	-	-	-	-	-	50,000,000
	5.1.1.7.3	Plan and systematically implement CSE to out of school youth through youth clubs, institutions of higher learning and other relevant platforms	-	-	-	-	-	-	-	-	-
	5.1.1.7.4	Re-train all LSE teachers in schools	100,000,000	-	-	-	-	-	-	-	100,000,000
	5.1.1.7.5	Continue providing LSE for in school youth	-	-	-	-	-	-	-	-	-
Strategy 5.1.1.5	Expand the Menstrual Health and Self Care initiatives to reach more girls in and out of school										
Key Interventions	5.1.1.5.1	Develop/review a national	50,000,000								

		programme for Menstrual Health and Self Care									
	5.1.1.5.2	Prepare guidelines for a special package of items and services for young girls in emergency setting (e.g., internally displaced persons during floods, migrant communities and key populations	30,000,000								
Strategy 5.1.1.9	Establish effective and functional referral system and networking amongst community actors										-
Key Interventions	5.1.1.9.1	Develop and executive a joint School Health programme involving the health, education, youth and gender sectors	280,000,000			100,000,000			10,000,000		390,000,000

	5.1.1.9.2	Develop service delivery arrangements and referral system									-
Grand Total			1,413,000,000	476,000,000	506,000,000	576,000,000	161,000,000	126,000,000	262,000,000	126,000,000	3,646,000,000

Eight Years Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 6: Monitoring, Evaluation, Research and Learning			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 6.1.1.1	Setting the baseline for 2022 – 2030 Implementation Period										
Key Interventions	6.1.1.1.1	Develop targets and baselines for the 2022 – 2030 implementation period	20,000,000	-	-	-	-	-	-	-	20,000,000
	6.1.1.1.2	Revision of DHIS2, YOMIS and EMIS Reporting Tools to accommodate the proposed adjustments (2021 YFHS Mangochi)	20,000,000	-	-	-	-	-	-	-	20,000,000
	6.1.1.1.3	Harmonize data capturing tools and ensure HMIS, YOMIS and EMIS feed into LAMIS	280,000,000								280,000,000
Strategy 6.1.1.2	Generation of evidence for decision making										-
Key Interventions	6.1.1.2.1	Tracking the progress through	5,000,000	-	-	-	-	-	-	-	5,000,000

		reporting tools and monitoring visits									
	6.1.1.2.2	Conduct Midterm evaluation	-	-	-	-	80,000,000	-	-	-	80,000,000
	6.1.1.2.3	Conduct Summative (End line) evaluation	-	-	-	-	-	-	-	120,000,000	120,000,000
Strategy 6.1.1.3	Development of research agenda that feed into improved YFHS										-
Key Interventions	6.1.1.3.1	Identification of research items requiring further investigation from the progress reports	-	-	-	-	-	-	-	-	-
	6.1.1.3.2	Conduct operational research that will inform decision making processes on YFHS	-	-	-	-	-	20,000,000		20,000,000	40,000,000
	6.1.1.3.3	Case study development and sharing lessons and promising practices	-	10,000,000	10,000,000	10,000,000		100,000,000	10,000,000	100,000,000	240,000,000
Grand Total			325,000,000	10,000,000	10,000,000	10,000,000	80,000,000	120,000,000	10,000,000	240,000,000	805,000,000

Eight Years Budget Estimate for the Implementation of YFHS Strategy - 2022 -2030											
Focus Area 7:Financing			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Subtotal
Strategy 7.1.1.1	Develop a financial investment plan to finance implementation of the YFHS strategy										
Key Interventions	7.1.1.1.1	Solicit commitments from various potential funding sources	40,000,000	-	-	-	-	-	-	-	40,000,000
	7.1.1.1.2	Advocate for the decentralization of the health development budget	40,000,000	-	-	-	-	-	-	-	40,000,000
	7.1.1.1.3	Advocate for a youth friendly national health budget	80,000,000	80,000,000	80,000,000						240,000,000
	7.1.1.1.4	Build capacity of national, district and community level implementation teams on resource mobilization	350,000,000	-	-	-	-	-	-	-	350,000,000
	7.1.1.1.5	Integrate youth friendly health services	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	224,000,000

		concepts into DIPs and DDPs									
	7.1.1.1.6	Develop tracking system for funding to YFHS									-
	7.1.1.1.7	Mobilization of stakeholders to commit funding towards YFHS	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	160,000,000
	7.1.1.1.8	Lobby private sector investors to allocate a percentage in their corporate social responsibility budgets to YFHS	50,000,000	-	-	-	50,000,000	-	-	-	100,000,000
Strategy 7.1.1.2	Strategy: Youth Club Capacity Development and Empowerment to mobilize funds for YFHS										-
Key Interventions	7.1.1.2.1	Training youth club members and networks in advocacy for resource mobilization	-	40,000,000		40,000,000	-	40,000,000	-	-	120,000,000
	7.1.1.2.2	Advocate with parliamentarians to increase funding to the health sector to support delivery of YFHS	-	-	-	-	-	-	-	-	-

	7.1.1.2.3	Develop fundraising strategies for the youth clubs	20,000,000	-	20,000,000	-	20,000,000	-	-	-	60,000,000
	7.1.1.2.4	Link youth clubs to the National Economic Empowerment Fund (NEEF)	-	-	-	-	-	-	-	-	-
Strategy 7.1.1.3	Funding Source Diversification										-
Key Interventions	7.1.1.3.1	Solicit, catalog and share donor commitments towards funding YFHS	-	-	-	-	-	-	-	-	-
	7.1.1.3.2	Mobilize Investor Contributions	-	-	-	-	-	-	-	-	-
	7.1.1.3.3	Explore the Public Private Partnership Arrangements	-	-	-	-	-	-	-	-	-
Grand Total			628,000,000	168,000,000	148,000,000	88,000,000	118,000,000	88,000,000	48,000,000	48,000,000	1,334,000,000