

MOMENTUM

PRIVATE HEALTHCARE DELIVERY



■ Technical Report

PUTTING MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT INTO PRACTICE IN SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING

Learning and Actionable Guidance from MPHD in Malawi

Meaningful Adolescent and Youth Engagement (MAYE) is an inclusive, intentional, mutually respectful partnership between youth and adults that can be used as an approach to design and implement sexual and reproductive health (SRH) programming for young people. This technical report captures MOMENTUM Private Healthcare Delivery (MPHD) experiences implementing MAYE approaches in Malawi to build and meet demand for contraception among young people. Global guidance and documented experiences implementing MAYE are nascent, as noted in a recent MAYE report by the World Health Organization (WHO)¹. Therefore, this technical report contributes to resources for program implementers by sharing MPHD experiences in Malawi and offering recommendations for fellow practitioners.

INTRODUCTION

Young people between 10-24 years old make up 24% of the world’s population^{2*} and often have concerns about stigma, privacy, and confidentiality in relation to health services, particularly for contraception. Some may therefore hesitate to seek care from public sector sites, where they may be seen by members of their community. Instead, many young people prefer services from pharmacies, drug shops, or private health clinics, where wait times may be shorter, sales and services more client-friendly, and anonymity more likely.^{3,4}

Funded by the United States Agency for International Development (USAID), MPHD harnesses the potential of the private sector to expand access to and use of high quality, evidence-based maternal, newborn, and child health (MNCH) services, family planning (FP), and reproductive healthcare (RH). MPHD is finding effective ways to improve adolescent and youth SRH and address unmet need for contraception among youth.

To do so, MPHD is putting USAID’s principles of MAYE (see Box 1) into practice by engaging directly with young people, as both participants and leaders, in developing and implementing programs. MPHD is committed to testing and refining new approaches to MAYE, including through operationalizing the five iterative steps outlined in the HIP [Strategic Planning Guide on Meaningful Adolescent and Youth Engagement and Partnership](#). This report illustrates the work being put into practice in Malawi.

MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT (MAYE)

Through a MAYE approach, power is shared between young people and adults, respective contributions are valued, and young people’s ideas, perspectives, skills, and strengths are integrated into program planning, design, and implementation. MAYE recognizes young people as experts regarding their own needs and priorities, while also building their leadership and workforce capacities.

Box 1: Principles of MAYE Strategic Planning Guide’s Steps for MAYE

- Prepare your institution, project, or initiative to meaningfully engage and partner with youth.
- Determine which youth to engage and the mechanisms of engagement and partnership.
- Implement the engagement and partnership with youth.
- Monitor, measure, and be accountable.
- Sustain youth engagement and partnership.

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* This statistic defines ‘youth’ as 10-24 years old.

BACKGROUND

Malawi is a low-income country, ranked 169 of 191 on the 2021/2022 Human Development Index, and is experiencing rapid population growth⁵. This growth arises in part from its young age structure, as evidenced in Malawi’s 2015-2016 Demographic Health Survey (DHS)[†]—47.9% of the population is under the age of 15. Adolescents in Malawi experience first sex at a young age: 12.8% of girls and 22.2% of boys ages 15-19 experience first sex before age 15.⁶ This young age at first sex contributes to a high adolescent birth rate with 136 births per 1,000 girls among 15-19-year-olds. While the overall unmet need for FP has improved over time—from 26.2% in 2010 to 18.7% in 2015/2016—youth aged 15-24 have a higher unmet need for FP than the total unmet need (19.2% vs. 18.7%).⁷ In the context of this high unmet need among 15–24-year-olds, an estimated 18% of women ages 15-49 report using the private sector to obtain modern methods of contraception.⁸

To help address these issues, MPHD and Family Health Services (FHS) Malawi (formerly PSI Malawi) implemented an intervention aimed at increasing demand for FP among youth while actioning the steps in the HIP MAYE Strategic Planning Guide, in partnership with private sector actors in Malawi. In addition to working with private civil society organizations, this intervention linked young people interested in contraceptive services with private providers, who had previously been trained by FHS Malawi in youth-responsive service delivery, as well as public sites for those who required free services. This work built upon approaches used under FHS’s Foreign, Commonwealth & Development Office (FCDO)-funded “Tsogolo Langa” program (2018-2024), which uses human centered design (HCD) approaches to reach specific segments of young people with SRH knowledge, products, and services. This program conducted qualitative research in eight districts of Malawi to collect insights on youth experiences, motivators and barriers related to FP and SRH. These insights were synthesized by young people to create prototype demand generation solutions, including several that MPHD built and iterated upon in its own work. Additionally, with approximately 46% of girls in Malawi marrying before the age of 18,⁹ MPHD’s interventions were informed by demand-side FP/RH strategies recommended by [Girls not Brides¹⁰](#), such as building youth SRH communication and negotiation skills, implementing mass media and behavior change campaigns to promote healthy SRH information and informed choice, and providing comprehensive SRH information for both married and unmarried young people¹¹.

MAYE IN ACTION: MPHD’S EXPERIENCE IN MALAWI

MAYE STEP 1: PREPARE YOUR INSTITUTION, PROJECT, OR INITIATIVE TO MEANINGFULLY ENGAGE AND PARTNER WITH YOUTH

The HIP MAYE Strategic Planning Guide advises program managers, planners, and decision-makers to **prepare to meaningfully engage and partner with youth**, as a first step in implementing MAYE in SRH programming. Meaningful engagement and partnership with youth was not new to FHS Malawi, having engaged with young people under the Tsogolo Langa project; FHS Malawi built upon trusted relationships and previous assessments to maximize further partnership with youth.

FHS Malawi had pre-existing relationships with youth clubs—which are community-based organizations recognized by the Government of Malawi (GoM) to drive youth initiatives—and MPHD leveraged this relationship to create an entry point to engage youth in its work in Malawi. Youth clubs are typically managed by an elected executive arm. The group is guided by a constitution and has a board composed of influential leaders

[†] The DHS Program is planning a [2023 survey](#), but at time of writing, data collection had not begun; as such this report uses the 2015-2016 DHS data as the most recent source.

in the community (i.e., teachers, nurses, ex-members of parliament, mother group members, and youth role models).

FHS Malawi had already conducted assessments under Tsogolo Langa to examine the readiness of youth clubs to become accredited, community-based organizations eligible to run independently with their own funding. This activity used the National Youth Council of Malawi (NYCOM) tool to assess specific administrative and technical aspects of the youth clubs, as shown in Box 2. The tool assessed the *leadership and workforce capacities* of the youth-led clubs using a pre-determined set of criteria, before accrediting them as independent youth organizations. The assessments help determine whether registration to youth clubs should be provided, deferred, or denied.

The findings from the FCDO-funded assessments positioned MPHD to **create an action plan and change policies, systems, and processes** that directly influenced the ecosystem of youth-led organizations in Malawi. For example, the assessment activity found that many youth clubs lacked governing boards or board activation strategies; action plans therefore included trainings tailored to focus on board roles and responsibilities to the clubs. MPHD leveraged action plans like these to strengthen the capacity of clubs that *did not* achieve registration to become independent, youth-led organizations. The NYCOM assessment activity exemplified a *respectful* exercise in which the youth clubs were taken seriously. This foundational work provided MPHD, and the youth clubs themselves with a clear understanding of the existing structures, abilities, and the youth clubs' needs.

Box 2: Domains Assessed by NYCOM

Youth club domains assessed in the National Youth Council of Malawi (NYCOM) tool:

- Mission statement
- Objectives
- Geographical impact area
- Target groups (age/sex/ability)
- Areas of focus
- Membership details (numbers)
- Member education details
- Management structure
- Board
- Meetings
- Sources of income
- Assets
- Bank details
- Trainings
- Achievements of the organization
- Challenges encountered
- Future plans
- Cooperation with youth NGOs
- Collaboration with District Youth Office and/or NYCOM
- Required supplemental documents
- Evaluator's assessment:
 - Needs assessment
 - Recommended status:
 - Registered;
 - Registration deferred; or
 - Registration denied

Possible enhancement in MAYE Step 1: Enhance the accreditation tool to measure intentionality

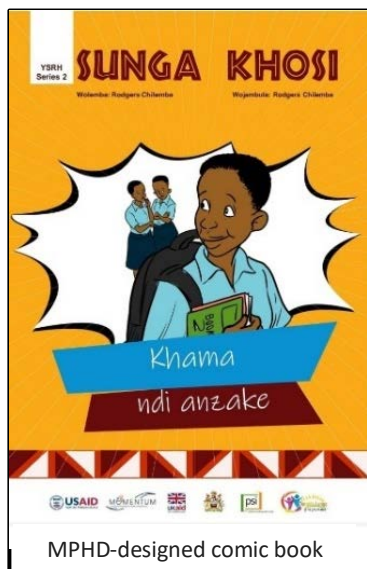
While it was beyond the scope of the MPHD activity, practitioners or local stakeholders like NYCOM in Malawi could modify the assessment tool used for accrediting youth clubs to more meaningfully assess a youth club's *intentionality* in its facilities, services, and capacity of providers.* For example, this could be measured by assessing the extent to which the clubs share health information with intentional groups of clients in an appropriate, comprehensible way, or the extent to which they provide information and services in accordance with rights and local laws without interference of personal bias. An enhanced accreditation tool could also assess the youth club's differential approaches for youth by age, marital status, and parity.

*Intentionality domains follow WHO's 2019 *Adolescent Friendly Health Services: Supervisory/Self-Assessment Checklist and User's Guide*.

MAYE STEP 2: DETERMINE WHICH YOUTH TO ENGAGE AND THE MECHANISMS OF ENGAGEMENT AND PARTNERSHIP

As a second step, the HIP MAYE Strategic Planning Guide advises program managers, planners, and decision-makers to **determine which youth to engage with**, based on the purpose of the intervention. Historically, FHS Malawi worked with youth ages 10-24 for SRH services. Given MPHD's goal of increasing demand for FP service use among youth, MPHD intentionally focused on youth 15-24 years old, who have a higher unmet need for FP than the overall unmet need in Malawi.¹² MPHD's decision to focus on 15-24-year-olds was also based on analysis of the local context, where 15-24-year-olds can obtain services without parental consent.

The project engaged married and unmarried youth, as well as in-school and out-of-school youth, from the MPHD catchment areas with differential, intentional approaches that were tailored to the specific youth subpopulations. Knowing that local stakeholders may be especially sensitive about younger adolescents receiving explicit information about sex and contraception in a school setting, the MPHD and FHS Malawi team worked closely with the Ministry of Education to develop age-appropriate, yet accurate, language for informational materials. In addition, because in-school youth have competing opportunities for their time, and often require additional incentives to maintain their engagement, the team used FCDO funding to design school health days with prizes for students who correctly answered questions about their health.



When the youth segments were selected, MPHD co-created the scope, purpose, and mechanisms of the engagement and partnership *with* youth. HCD sessions captured their feedback and insights to revise and refresh existing demand generation materials. Representatives from national youth-led organizations, such as NYCOM, Her Liberty, Youth Wave, and Youth Forum for National Transformation were also included in the co-design process, along with representatives from the private sector who work with adolescents and youth.

FHS Malawi engaged youth in different stages of the design processes, resulting in intentional and differential approaches for girls and boys. For example, when girls indicated a preference for comic books and boys for a web series, tailored prototypes were created. During the MPHD-supported HCD sessions, the youth co-designers critically examined the

relevance and the realism of the current formats and worked in groups with creative agencies to develop new story lines for each piece. Among the new topics, the co-designers included more positive parent-child dynamics, such as depictions of parents who are open to discussing contraception; they incorporated the influence of culture and male dominance over method choice; and they developed positive story lines on going back to school after giving birth.



MPHD-designed second season of the Tsogolo Lathu web series

Among other youth contributions, boys voiced that they do not see contraception as their responsibility, and both married and unmarried girls expressed a desire to achieve success and wanted information on how to prevent pregnancy while in school. Both boys and girls expressed hesitancy in visiting public sector clinics due to a perceived lack of confidentiality. These *youth contributions were valued* and drove the redesign and revision of the tailored content in the comic books and to create the new web series. For example, to respond to the specific needs and concerns of adolescent boys and girls, the web series featured a private sector clinic and discussions among the characters on boys' roles in contraception, and the revised comic book focused on girls navigating life challenges with peers, with parents, and in romantic relationships. The web series received more than 580,000 views, and 5,000 copies of the comic book were disseminated by the end of the activity.



FHS Malawi's Youth Alert promo

The revised communication tools and content were used by MPHD-trained IPC agents to provide accurate and relevant FP information for young people in MPHD activity areas. In recruiting and training IPC agents, also referred to as mobilizers, MPHD prioritized the recruitment of young people themselves. The communication materials also provided refreshed and relevant content to be incorporated into FHS Malawi's ongoing Youth Alert radio program, a youth-led, youth-owned, and youth-hosted radio series that discusses SRH issues with experts and guests.

**Possible enhancement in MAYE Step 2:
Build young peoples' leadership capacity in sustained, youth-led FP demand generation**

While MPHD's activities focused on one intentional age group due to country context, youth engagement in FP demand generation could be enhanced by focusing on more narrow subgroups or expanding the types of subgroups of young people. For example, one subgroup that could intentionally be included in demand generation is youth with disabilities. Including this subgroup in the co-design process could yield communication prototypes that resonate better with them, leading to increased demand for FP services among youth with disabilities.

* Intentionality in demand generation is addressed in WHO's 2019 *Adolescent Friendly Health Services: Supervisory/Self-Assessment Checklist and User's Guide*.

MAYE STEP 3: IMPLEMENT THE ENGAGEMENT AND PARTNERSHIP WITH YOUTH

Step 3 in the HIP MAYE Strategic Planning Guide encompasses implementation of engagement and partnership with youth. Key components of this implementation include formalized agreements, fair compensation of youth, ongoing capacity development, and continuous trust-building and learning. MPHD operationalized these components through actions described below.

MPHD **established a written agreement to formalize the engagement and partnership** with youth mobilizers. FHS Malawi signed contracts with youth mobilizers, outlining their role as well as the team's own obligations, reflecting how *power is shared* (see Table 1). An integral part of the agreement with youth mobilizers was **negotiating fair compensation** for youth in recognition of their contributions.

Table 1: How Power is Shared between MPHD and Youth Mobilizers
Examples of MPHD's/FHS's obligations to Youth Mobilizers in the FHS Written Agreement
<i>MPHD shall be responsible for...</i>
<ul style="list-style-type: none"> ● Providing an initial orientation on comprehensive SRH and informed choice to mobilizers ● Providing job aids/tools for mobilizers to conduct IPC sessions prior to service delivery ● Conducting regular quarterly review meetings with and for mobilizers to review performance, share program updates, and offer a space where grievances can be channeled ● Providing mentorship and coaching through ongoing supervision ● Paying fair compensation for youth mobilizers to reflect their efforts and expertise
Examples of Youth Mobilizers' Obligations to MPHD/FHS in the FHS Written Agreement
<i>Youth Mobilizers shall be responsible for...</i>

- Leading interpersonal communication sessions on SRH to create demand for mobile outreach services
- Convening and leading community meetings to disseminate comprehensive SRH information
- Managing door to door visits with couples, men, women, and young people aged 15-24 on comprehensive and age appropriate SRH information
- Referring all potential clients who want to access SRH services and products to FHS Malawi outreach and other relevant services
- Support van mobilization dissemination of comprehensive SRH information

Throughout implementation, MPHD **provided ongoing capacity development** through training nearly 1,000 IPC agents, including 207 youth mobilizers, on FP method content, on values clarification for transformation of attitudes, and through use of a supportive supervision tool. This tool (see Annex 1) measures performance in five key domains—informed choice, tailored counseling, communication skills, technical information, and reporting—and assigns scores to each of the domains, as well as a total score, to objectively measure performance and create opportunities for improvement. For example, a mobilizer receiving a lower score on a concept such as tailored counseling may receive in-person mentorship and coaching from MPHD and FHS Malawi staff on that area. In addition to this individual model of capacity development, MPHD implemented group-based capacity building through formal refresher training sessions and through clustered quarterly review meetings with all agents in that cluster. These review meetings focused on challenges and areas in need of strengthening.

Possible enhancement on MAYE Step 3: Create ongoing dialogue with young people to improve agreements and tools

While the existing youth mobilizer agreement and supervision tools used by MPHD are a good starting point for a one-year activity, longer-term activities can further amplify MAYE by regularly co-iterating with youth themselves on project tools that inform youth capacity development. Creating open and ongoing dialogue with young people will ensure that *youth voices are directly integrated into program implementation*, and that youth are partners and not just participants. Youth input on their agreements will help optimize their roles and qualifications to be based on their expertise and can help them influence what complementary capacities are needed from the adults they work with. For example, youth mobilizers like the ones engaged by MPHD may need to know that the project they work with will make concerted efforts to address the individual, social, and structural drivers of bias toward youth. Open dialogue on tools for supportive supervision will also ensure that young people’s capacity is being measured and strengthened in areas most relevant to them, and that their partners are supporting long-term youth-responsive programming.

LOOKING AHEAD: MEASURING AND SUSTAINING MAYE

To achieve its goal of increased uptake of FP services and goods by youth in the context of informed choice, MPHD’s intervention consisted of three primary components: refine and roll out communication prototypes to reach youth with accurate, high-quality FP/RH messages, use mass media approaches to increase youth exposure to accurate messages encouraging care seeking for FP/RH services and products (including in the private sector), and improve IPC agent capacity to increase awareness of high-quality FP/RH products and services for married and unmarried young people. By also following a MAYE strategic process to achieve its goal, MPHD meaningfully and

effectively engaged and partnered with adolescents, youth, and/or youth led SRH community organizations to infuse youth voice throughout project activities. Building from what began under Tsogolo Langa and MPHD, FHS Malawi is finding opportunities to measure and sustain MAYE beyond the pilot activity.

MAYE STEP 4: MONITOR, MEASURE, AND BE ACCOUNTABLE

MPHD has made initial inroads to **monitor and evaluate MAYE and partnership**, the fourth step in the HIP MAYE Strategic Planning Guide. The Strategic Planning Guide suggests a number of useful indicators to measure the quality and effect of MAYE efforts. MPHD collects data related to indicators that are standardized across the MOMENTUM suite of projects. One of these is measuring the number of innovations or interventions co-designed with users—such as the co-design process for the comic book, web series prototypes, and other IEC materials. The team additionally sought, reviewed, and integrated feedback from youth on social media platforms, such as Facebook, and through other platforms such as WhatsApp to ensure that the materials were *inclusive* and responsive to youth needs. While MPHD sought continuous feedback from youth on its materials, FHS Malawi plans to explore ways to **establish accountability mechanisms** or further youth engagement measures through future programming.

MAYE STEP 5: SUSTAIN YOUTH ENGAGEMENT AND PARTNERSHIP

As outlined in the fifth and final step in the HIP MAYE Strategic Planning Guide, sustaining youth engagement and partnership throughout the project lifecycle – instead of through one-off consultations – requires dedicated resources and tools, as well as commitment from young people to regularly engage with project activities.

In its FP youth programming, FHS Malawi intends to **create long-term relationships with youth, instead of one-off engagements**. For the MPHD-supported activity, FHS Malawi continues to explore ongoing engagement with private sector actors, as they typically act in parallel to or outside of the health system and lack access to training in the latest global best practices. Approaches include coaching networked private providers, who are usually the owners of their business, to consult regularly with youth on how to establish and improve youth-responsive FP services. Coaching may also include how to engage young clients in routine business practices, such as soliciting client feedback and/or recruitment for staff positions that serve younger clients. In countries with established youth clubs or other youth-led organizations, implementers like FHS Malawi may also facilitate collaboration between these clubs and private health associations. These collaborations could be aimed at ongoing dialogue, MAYE-related training opportunities for providers, and other support aimed at strengthening and sustaining youth-responsive FP services.

Possible enhancement on MAYE Steps 4 and 5: Pilot a community score card approach

Sustaining youth engagement requires mechanisms to foster measurable accountability for putting MAYE and partnership principles into practice. One way to do this is through partnering with youth to pilot a Community Score Card® approach in a one or more areas. This tool engages youth in the assessment, planning, monitoring, measuring and evaluation of youth-related services that can ultimately inform structural changes to and improvement of quality of care. Piloting this type of youth-led social accountability approach is a first step in mainstreaming youth responsiveness by empowering young people and communities to hold duty bearers accountable in delivery and utilization of youth services.

Further information on the Community Score Card can be found in *CARE. 2020. A Journey Through the Community Score Card in Malawi: From Innovation to Sustainability.*

IMPLICATIONS AND RECOMMENDATIONS

Currently, there is limited guidance to support implementers of MAYE, although the recently released [report](#) by WHO's Partnership for Maternal, Newborn & Child Health (PMNCH) on operationalizing MAYE helps bolster the range of resources available. To build further, especially from an implementer's perspective, this MPHD technical report has shared experiences on how MAYE principles have been successfully operationalized in Malawi to increase demand of FP service use among youth. It also shared ideas for enhancing MAYE in the context of this global project so practitioners can build on MPHD's experience.

Based on lessons learned, MPHD would recommend a few key considerations to other SRH program implementers – rooted in early planning, continuous engagement, and valuing young people as partners – as other implementers contextualize global guidance to their particular country.

- **Devise MAYE indicators that are sex- and age-disaggregated.** While the MAYE Strategic Planning Guide contains sample indicators for MAYE approaches, to the fullest extent possible and without creating duplicate or onerous data collection processes, practitioners are encouraged to expand on this list and devise indicators that intentionally focus on age and life stage of youth in their context, recognizing that youth are not a homogenous group.
- **Develop or adapt organizational assessment tools for SRH program implementers to incorporate MAYE principles.** Knowing the adage 'what gets measured gets done,' practitioners can revamp existing project tools to assess specific principles of MAYE, such as inclusivity of specific segments of youth; intentionality in services, demand, facilities, and provider capacity; and provision of opportunities for youth to build leadership and workforce capacities. The PMNCH guidance on operationalizing MAYE also provides comprehensive examples of checklists that can be tailored by different organizations and stakeholders working towards MAYE.
- **Commit to MAYE and partnership regardless of funding cycles.** Practitioners should move from viewing MAYE as a project activity to a fundamental part of the how they run their organizations in partnership with young people. MPHD's experience in Malawi has shown how one country team began building MAYE into its work across multiple donor-funded projects. As part of adaptive management touchpoints and practices,

implementers can include youth partners to discuss MAYE in action and plan new directions for MAYE that outlast time-bound funding cycles.

CONCLUSION

MAYE has been shown to improve quality and responsiveness of SRH programs and policies and can lead to improved development outcomes,¹³ and an emerging set of resources exist for program implementers to deploy promising practices in their country context. This technical report adds to the nascent but growing breadth of resources and documented experiences that can help practitioners of SRH programs address the needs of young people through MAYE approaches. Unlike more conceptual global guidance documents that give examples from multiple countries and projects, this technical report provides an example of how multiple MAYE steps may be implemented in the context of one country's realities. While not all lessons learned in Malawi will be applicable to other implementers' programs, MPHD and FHS Malawi's experiences of implementing MAYE approaches, in collaboration with actors from both the public and private sectors, can support others' MAYE journeys to better serve young people.

ANNEX 1

FHS Malawi Supportive Supervision Tool for Mobilizers		
Question	Response	Score
Informed choice	Yes = 25 Somewhat = 15 No = 0	
Mobilizer generally talks with clients about all methods without coercing clients to a specific method or to use any method at all		
Tailored counseling	Yes=10 Somewhat = 5 No = 0	
Is the mobilizer doing the following:		
Ask client their reproductive health goals		
Provide messages consistent with client's reproductive health goals		
Communication skills	Yes=2 No=0	
Did the mobilizer do the following during the session:		
Self-introduction		
Asks for permission to speak to the client		
Builds rapport		
Uses open ended questions to determine the client's family planning use and need		
Minimizes interruptions		
Affirms positive behaviors		
Paraphrases for understanding		
Good eye contact		
Good facial expression		
Good tone of voice		
Technical information	Yes = 20 Somewhat = 10 No = 0	
Did the mobilizer provide technically correct information on family planning methods?		
Reporting	Yes = 15 Almost = 5 No = 0	
Did the mobilizer submit their reports on time?		
	TOTAL SCORE	

REFERENCES


- ¹ World Health Organization (WHO). Practical Guidance Resource to Operationalize the Global Consensus Statement on Meaningful Adolescent and Youth Engagement (MAYE). Geneva: World Health Organization; 2022. Available from: [https://pmnch.who.int/resources/publications/m/item/practical-guidance-resource-to-operationalize-the-global-consensus-statement-on-meaningful-adolescent-and-youth-engagement-\(maye\)](https://pmnch.who.int/resources/publications/m/item/practical-guidance-resource-to-operationalize-the-global-consensus-statement-on-meaningful-adolescent-and-youth-engagement-(maye))
- ² United National Population Fund (UNFPA). World Population Dashboard. Available from <https://www.unfpa.org/data/world-population-dashboard>
- ³ High Impact Practices in Family Planning (HIPs). [Pharmacies and Drug Shops: Expanding contraceptive choice and access in the private sector](#). Washington, DC: HIPs Partnership; 2021 Aug. Available from: <https://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies/>
- ⁴ High-Impact Practices in Family Planning (HIPs). Adolescents: Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide. Washington, DC: USAID; 2015 Sep. Available from: <https://www.fphighimpactpractices.org/guides/improving-sexual-and-reproductive-health-of-young-people/>
- ⁵ United Nations Development Programme (UNDP). Human Development Report 2021-22: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World. New York. 2022. Available from: <https://hdr.undp.org/content/human-development-report-2021-22>
- ⁶ National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
- ⁷ National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
- ⁸ National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
- ⁹ UNICEF. Child Marriage in Malawi. Case Study. 2018. Available from: <https://www.unicef.org/malawi/media/526/file/Child%20Marriage%20Factsheet%202018.pdf>
- ¹⁰ Girls Not Brides and ICRW. 2016. Taking action to address child marriage: the role of different sectors: Health. Available from: <https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-brief-role-of-sectors/>
- ¹¹ UNICEF. National Strategy for Adolescent Girls and Young Women 2018-2022. Malawi. Available from: <https://npc.mw/wp-content/uploads/2020/07/National-Strategy-for-Adolescent-Girls-and-Young-Women.pdf>
- ¹² National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
- ¹³ Patton GC, Sawyer SM, Santelli JS, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423–2478. Available from: [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)


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