

MALAWI COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/malawi>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2002.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org OR Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Malawi's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The Government of Malawi re-commits to ensure universal access and coverage of sexual reproductive health and rights information and services with specific focus to all adolescents and young people. By promoting wider method mix choice and long-acting and reversible contraceptives (LARCs), the goal is “no parenthood before adulthood,” and in the spirit of the SGDs “leaving no-one behind.” Malawi is further committed to reducing teenage age pregnancies by 5% per annum until 2030 in line with HSSP II set targets (2017 -2021) per annum until 2030. This will be done through ending child and early forced marriages and ensuring that girls complete their secondary education to safeguard young people in anticipating better youth participation necessary for harnessing the Demographic Dividend. Likewise, Malawi is committed to increasing the budgetary allocation for family planning commodities, FP and youth programming. In all these commitments, Malawi is expected to involve all key government sectors, CSOs, NGOs, parliamentarians, traditional leaders, parents and most importantly the youth themselves through a robust multi-sectoral approach and achieving declined fertility paramount for the development of Malawi.

The Government pledges to:

1. **COMMITMENT:** Slow the pace of population growth, lower fertility rates, and expand contraceptive method choice and availability of LARCs:
 - 1.1. Implement the newly constituted WHO guidelines on youth contraceptives and align national policies/guidelines to allow increased access to Family planning commodities by 2030.
 - 1.2. Design a task-shifting service delivery model that promotes method mix and reaches young people.
 - 1.3. Advocate to mobilize resources for sexual and reproductive health and rights (SRHR) outreach services for hard-to-reach adolescents.

- 1.4. Execute fully the youth friendly health services (YFHS) strategy to ensure multi-sectoral participation and accountability of stakeholders for improved access to SRH including contraceptives amongst sexually active young people 10-24 years.
- 1.5. Increase the percentage of accredited YFHS facilities that meet at least the 5 minimum standards from 37% to 60% by 2020

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 1.1. *Constitute new WHO Guidelines:*
 - The Guidelines were approved by the FP TWG in April and August 2017.
 - RHD was tasked to provide guidance to the FP Coordinators and develop IEC with support from Partners. ONSE (USAID supported project) currently reviewing and revising all FP materials and will conclude this quarter.
- 1.2. *Design task-shifting service delivery model that promotes method mix for young people:*
 - Reproductive Health Directorate has trained Youth CBDA to reach out to young people with FP information and services throughout the country with support partners.
- 1.3. *Resource mobilization for SRHR outreach services for hard-to-reach adolescents:*
 - Resource mobilisation not conducted because partner mapping showed good coverage of youth FP programming.
 - Mapping of partners by FP programme area in progress by DFID, KfW, and USAID – Near-to final draft available and being used to inform collaboration and de-clustering of partners in districts.
 - BLM under ONSE project, Family Planning Association of Malawi (FPAM), and PSI Mw carried out outreach under normal programming for hard-to-reach youth.
- 1.4. *Execution of YFHS Strategy for multi-sectoral participation and accountability of stakeholders:*
 - One YFHS TWG conducted in 2017 and another in 2018. – Discussion is underway to conduct a Mid-Term review of the strategy should partner support be available.
 - CSE curriculum completed for out-of-school youth by Ministry of Labour, Youth, Sports and Manpower Development (MOLYSMD), Ministry of Health and Population (MOHP), and Ministry of Education, Science and Technology (MOEST).
 - 24 Youth SRHR champions trained to engage fellow youth and policy makers around SRHR and accountability.
 - Youth Symposium on SRHR and HIV/AIDS held in 2017 reviewed issues of multi-sectoral coordination – a follow-up youth conference to be held in June 2018 will review progress.
 - District level grassroots advocacy – communities demanding for YFHS working with MOHP, MOLYSMD, MOEST, and Ministry of Gender. Two spaces within Mangochi district have now been refurbished with YFHS; Chief's working with the community and police service to reinforce the "back-to-school" policy with girls rescued from early marriage through a revolving fund set up by the chief.
 - Adolescent Girls and Young Women's Strategy (AGYW) - 2017-2020 Strategy has been finalised and will soon be launched. The focus of the strategy is the multi-sectoral collaboration and coordination by line Ministries (i.e. MOLYSMD, MOHP, MOG, MOEST, and Local Government and MOFEPD). The AGYW is aligned to the YFHS strategy.
- 1.5. *Increase the percentage of accredited YFHS facilities that meet at least the 5 minimum standards from 37% to 60% by 2020.*
 - UNFPA, ONSE, NYCOM conducted separate accreditation of YFHS facilities. Total number of facilities accredited 360 (85% cumulative over time).

2. **COMMITMENT:** End child marriage by 2030 and delay first pregnancy among girls:
- 2.1. Work closely with line ministries – e.g. Health and Population Services, Gender, Youth, Education; parliamentarians, religious leaders, civil society, private sector, and the media to reinforce implementation of the Marriage, Divorce and Family Relations Act. Efforts to bring value to girls in the family, highlight the importance of keeping girls in school through public dialogue with traditional leaders, discuss with parents and other stakeholders, finally, to address the root causes of early child and forced marriage and end this practice by 2030.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

Implementation of the Marriage, Divorce and Family Relations Act:

- Ministry of Gender launched the National Strategy on Ending Child Marriage (2018-2023) early 2018.
- AGYW (2017-2020) Strategy finalised and soon to be launched. – Key implementing Ministries are Health, Gender, Youth, and Education (also included: Local Government, Finance, and Agriculture). The strategy has a key section on child marriages, keeping girls in school, and public dialogue with communities. In addition, the strategy includes a referral system to support survivors of GBV, and linkages to youth programmes.
- Social Protection policy is currently under review.
- Ministry of Education has revised and launched the National Readmission Policy.
- Ministry of Gender has launched the second phase of the Joint Education Programme for Girls (JEPG) with support from the UN and expanded to two extra districts. This includes alternative spaces for girls to complete school work, refurbishment of buildings, and equipment.
- MOHP finalised the Gender, HIV and AIDS Implementation Plan (2016-2020).

3. **COMMITMENT:** Leverage resources for full implementation of its national costed implementation plan for FP (CIP):

- 3.1. Mobilise financial and technical resources to fully ensure that adolescents and young people have universal access to voluntary and informed contraception for all those sexually active who need it with demand satisfied (15-49 years) from 75% (MHDS, 2015), with focus on addressing the bottlenecks to contraceptive use among youth, and other underserved population sub-groups. This will be done through intensive; quality and balanced counselling by the trained Family planning health providers. This means the clients will be counselled according to target group.
- 3.2. Lobby with National Statistics Office for disaggregated DHS FP data by age (10-14, 15-19, 20-24 years) to track adolescent and youth, including young adolescents.
- 3.3. Continue to lobby for increased funding for FP budget and services according to the CIP funding gap analysis.
- 3.4. Promote public-private partnerships for provision of FP services and commodities.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 3.1. *Mobilise financial and technical resources for intensive; quality and balanced counselling by the trained Family planning health providers.*
- ONS through BLM is focused on placing “Nested Providers” to ensure quality and on-the-job training and mentoring for FP health providers. So far all 12 facilities supported by USAID ONS have nested providers at their districts facilities.

- 3.2. *Lobby with National Statistics Office for disaggregated DHS FP data by age (10-14, 15-19, 20-24 years) to track adolescent and youth, including young adolescents.*
- This issue was presented at the February 2018 FP TWG and NSO is committed to including the proposed disaggregation data at the time next MDHS is being run again. MOHP – RHD to issue a memo at the time.
 - HP+ through Avenir Health ran the FP Goals model to provide 2017-18 disaggregated data on adolescents and youth from 10-24 years to fill this gap.
- 3.3. *Continue to lobby for increased funding for FP budget and services according to the CIP funding gap analysis.*
- HP+ facilitated a grant for MANASO with PAI on FP budget tracking.
 - MANASO now tracking the FP budget-line expenditure and FP programming spending in the national budget. First report available.
 - The FP Goals model is to isolate high intervention priorities for 2018 – 2020 for focused resource allocation.
- 3.4. *Promote public-private partnerships for provision of FP services and commodities.*
- PSI developed FP life skills curriculum in 2018 and engaged MOEST. MOEST will be adopting this as part of the formal teaching curriculum.
 - PSI to continue with the franchise *Thunza* Clinics which include subsidized FP services.
4. **COMMITMENT:** Integrate information on FP modern methods into comprehensive sexual education and in public media:
- 4.1. Integrate information on modern contraceptive in CSE
- 4.2. Harmonize the in-and out-of-school CSE curricula
- 4.3. Promote standardised implementation of CSE curricula among all stakeholders in all sectors to ensure that standardised messages reach youth.
- 4.4. Lobby for use of CSE in both public and private primary, secondary school and all tertiary institutions
- 4.5. Use mass media and social media to destigmatize FP and to reach young people in workplaces and communities with FP information

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 4.1. *Integrate information on modern contraceptive in CSE*
- This is underway
 - FP 2020 CSO are also taking an active role to fast-track the process
- 4.2. *Harmonize the in-and out-of-school CSE curricula*
- UNFPA supported MOLYSMD to complete the out-of-school CSE (with a comprehensive FP module) curriculum.
- 4.3. *Promote standardised implementation of CSE curricula among all stakeholders in all sectors to ensure that standardised messages reach youth.*
- Out of school activities are in progress
 - FAWEMA developed a school based curriculum which is being piloted in some district in Malawi

- 4.4. *Lobby for use of CSE in both public and private primary, secondary school and all tertiary institutions*
- NAC launched the HIV and AIDS Strategy for Higher Education Institutions in Malawi 2016 late 2017.
- 4.5. Use mass media and social media to destigmatize FP and to reach young people in workplaces and communities with FP information
- HP+ worked with four community radios to 2016-17 on YFHS and FP issues. Have four radio clubs per station and have mobilised several community events to de-stigmatize FP for young people. Programme has expanded to include two more community radio stations using the same approach
5. **COMMITMENT:** Promote meaningful engagement with young people in coordination and implementation of SRH/FP/YFHS:
- 5.1. Strengthen capacity of 100 to 200 SRH leaders at youth clubs and youth-led organisations to participate in planning and coordinating the implementation of YFHS services.
- 5.2. Advocate with young people, guardians, teachers, and communities to develop a positive attitude toward YFHS.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

5.1 *Strengthen capacity of 100 to 200 SRH leaders at youth clubs and youth-led organisations to participate in planning and coordinating the implementation of YFHS services.*

- HP+ trained 25 youth SRHR champions in 2018 on Advocacy, SRHR, and local governance
- MOLYSMD trained 18 youth network members in each region on SRHR

5.2 *Advocate with young people, guardians, teachers, and communities to develop a positive attitude toward YFHS.*

- HP+ (USAID supported project) Grassroots activity in Mangochi
- PAMAWA (USAID supported project) in Mangochi
- PSI *Youth Alert!* Programme
- National Youth Council of Malawi and Teachers Association of Malawi are actively supporting the program

6 **COMMITMENT:** Improve the accuracy of data on stocks at facility and central level:

- 6.1 Link service delivery stock status to main supply chain for last mile accountability.
- 6.2 Systems strengthening for supply chain management to respond to the service delivery needs.
- 6.3 Strengthen linkage of electronic LMIS system to DHIS II
- 6.4 Promote evidence based FP product availability through SDP surveys, physical inventory and spot checks.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

6.1 *Link service delivery stock status to main supply chain for last mile accountability.*

- Department of HIV and Aids (with support from HP+), Health Technical Support System (HTSS), and NAC in the process of developing tracking forms linking community data to the main LMIS systems – however this is only for condoms.

6.2 Systems strengthening for supply chain management to respond to the service delivery needs.

- Revision of FP registers by Central Monitoring and Evaluation Department (CMED) - MOHP to include disaggregated data for 10 – 14 year olds and marital status. Registers approved by the FP TWG in February 2018.

6.3 Strengthen linkage of electronic LMIS system to DHIS II

- CHEMONICS recently launched the Open LMIS system – May 2018.
- From October to December 2018 CHEMONICS trained all key organisations on the Open LMIS system for real-time data management of stocks
- ONS through DAI is working on linking DHIS2 to Integrated Supportive Supervision System
- MOHP recently launched the VAN in 2018. Malawi amongst the priority countries.

6.4 Promote evidence based FP product availability through SDP surveys, physical inventory and spot checks.

- SDP study conducted by MOHP (with support from UNFPA) in 2016 and approved 2017.
- In first and second quarter this year, stock status reports from HTSS and CHEMONICS have been used to establish stock-outs and the re-routing of commodities as well as request for procurements.
- Quarterly supervision of stock-status has been conducted by MOHP – HTSS, RHD, DHA and CHEMONICS and compiled reports that were shared among concerned partners as well as at the quarterly FP and RHCS TWGs.
- Stock status reports used to inform the 2018 forecasting and quantification report.
- Early warning system on stock status of condoms being piloted by HP+ and DHA.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

- TWG membership; partner planning and participation in activities; dissemination meetings at national and especially at district level; policy launches; training; and thematic/targeted meetings.
- FP 2020 SCO meeting held on 20th June, 2018 and agreed to follow up all relevant stakeholders in the FP 2020 renewed and old commitments

a. What challenges have you faced in working with these groups? (please give examples)

- CSO – There is limited awareness on FP2020 issues therefore they have been slow to organise themselves.
- Youth – There is limited knowledge around policy and no resources to take their innovations to scale.
- Marginalized women and girls in decision-making – Limited engagement with this group and government are willing to work in the next quarter to engage them through the appropriate NGOs, and networks.

b. How has this engagement supported reaching your FP2020 commitment?

- Popularisation (awareness raising) of the commitments for implementation by these groups.
- District engagement around FP now gathering momentum

c. Please share successes and/or lessons learned from these engagements.

- Dedra district disapproved the district budget because of the lack of FP inclusion

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

- Scaled up outreach to ensure that hard-to-reach populations access is improved
- Embarking on advocacy around LARCs within the method-mix
- Changing of opening times of YFHS clinics for improved youth uptake of services

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

- A representative from HP+ facilitated the 2018 consensus building workshop on 24th May, 2018

a. If so, what insights were gained?

- FP CPR error was acknowledged, and partners were informed
- Current mCPR is at 46%

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

- Health Financing TWG reviewed the expenditures in May 2018 – funds for FP not being utilised as were awaiting the delivery for the procured FP Commodity for DMPA as per requirement
- MOH-RHD made several follow ups as regard to this commodity consignment

Please provide the following information on the Government's point of contact for this update:

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- Date: 28th June, 2018