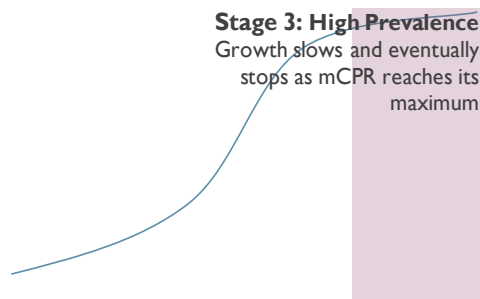
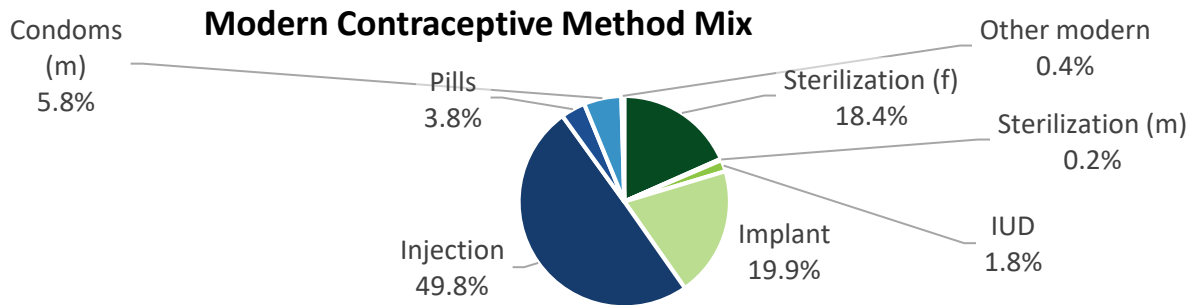


# Malawi Actions for Acceleration 2018-2019



## Country Snapshot



mCPR (AW vs. MW) (year)	46% vs. 59%
FP2020 mCPR/CPR goal	60%
Unmet need (MW)	19%
Demand satisfied (MW)	76%
*Track 20	

<b>FP2020 Commitment</b>	
Commitment objective	Malawi plans to increase CPR to 60 percent by 2020 with focus on 15-24 age group.
Policy commitment	<p><b>2017:</b>            Malawi commits to ensure universal access to, and coverage of, sexual reproductive health and rights information and services with specific focus to all adolescent and young people through promoting wider method mix choice and LARCS with the goal of “no parenthood before adulthood,” and in the spirit of the SDGs “leaving no-one behind.” Specifically, the Ministry of Health will:</p> <ul style="list-style-type: none"> <li>• Implement the newly constituted WHO guidelines on youth contraceptives and align national policies/guidelines to allow increased access to Family planning commodities by 2030.</li> <li>• Execute fully the YFHS strategy as a guiding document to ensure multi-sectoral participation and accountability of stakeholders for improved access to SRH including contraceptives amongst sexually active young people 10-24 years. Malawi is further committed to reducing teenage age pregnancies by 5% per annum until 2030 in line with HSSP II set targets (2017 -2021). 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.</li> </ul> <p>To address the relatively high rate of child marriages and expectations of the first child is high, the Ministry of Health commits to:</p> <ul style="list-style-type: none"> <li>• To work closely with line Ministries – e.g. Gender, Youth, Education; MPs, religious leaders, civil society, private sector, and the media to reinforce implementation of the Marriage, Divorce and Family Relations Act and the value of the girl child, the importance of keeping girls in school through public dialogue with traditional leaders, parents and other stakeholders to address the root causes of child, early and forced marriage in the hopes of ENDING child and early forced marriages by 2030.</li> </ul> <p>To address inadequate integration of information on FP modern methods in CSE and public media, the government commits to:</p> <ul style="list-style-type: none"> <li>• Integrate information on modern contraceptive in CSE and lobby for CSE in both public and private primary, secondary school and all tertiary institutions including knowledge and attitude improvements, use of mass media; social media to reach-out more young people in workplaces and communities.</li> <li>• Harmonize the in-and out of school CSE curricula for standardised implementation by all stakeholders and certainty of standardized messaging going out to youth in all sectors.</li> </ul> <p>To support meaningful participation of young people in coordination and implementation of SRH/FP/YFHS, the government commits to:</p> <ul style="list-style-type: none"> <li>• Strengthen capacity of SRH leaders from youth clubs, and youth- led organisations to participate in planning implementation and coordination of YFHS services from 100 to 200 youth leaders.</li> <li>• Advocate with young people, guardians, teachers, and communities to develop positive attitude towards YFHS.</li> </ul>

	<p><b>2012:</b> Malawi will attempt to raise the legal age for marriage to 18 by 2014, and strengthen policy leadership by elevating the Reproductive Health Unit to a full Directorate. Malawi had plans to approve a National Population Policy by 31st December 2012.</p>
Financial commitment	<p><b>2017:</b> To address the challenge of having limited resources for full implementation of the Malawi's CIP, the government commits to:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Lobby with NSO for disaggregated FP/DHS data by age (10-14, 15-19, 20-24 years) to track adolescent FP and SRH indicators for 2020.</li> <li>• Continue to lobby for increased funding on FP budget and services guided by the CIP funding gap analysis.</li> <li>• Promote FP public-private partnerships</li> </ul> <p><b>2012:</b> Malawi will create a FP budget line in the main drugs budget by 2013/2014. Malawi commits to demonstrating accountability in utilization of available resources, and to increase financial allocation for health systems supporting FP.</p>

<p>Programmatic commitment</p>	<p><b>2017:</b> The Government of Malawi specifically commits to addressing rapid population growth, high fertility rates, and low uptake of LARCs by:</p> <ul style="list-style-type: none"> <li>• Scaling up delivery of integrated adolescent and YFHS in public, private health facilities from 33% to 70%, with adequate services for SRHR with emphasis to increased method mix to adolescents and young people including internally displaced persons during humanitarian crisis.</li> <li>• Ensuring focal points in emergency cluster/teams for improved coordination</li> <li>• Procuring and strategically pre-positioning RH kits through numbers utilised by the Women of child bearing age.</li> <li>• Generating in-country evidence on cause and effect of Depo-Provera for women living with HIV as this may affect future programming and fertility.</li> <li>• Design a task shifting service delivery model with all short acting methods (promoting method mix) to reach out to more young people.</li> <li>• Mobilize resources to support SRHR outreach services for hard to reach adolescents through advocacy.</li> <li>• Increase the percentage of accredited YFHS facilities that meet at least the 5 minimum standards from 37% to 60% by 2020.</li> </ul> <p><b>2012:</b> Malawi will develop a comprehensive sexual and RH program for young people starting FY 2013/14. The Malawi government plans to increase coverage of services through the expansion of public/private partnerships, starting FY2013/14. They also plan to increase community participation in FP services through initiatives like the Traditional Chiefs Committee, and to strengthen forecasting and data management for effective supply chain operation.</p>
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### Malawi's CIP for FP Priorities

1. Improve the ability of individuals within the population, as well as specific groups (e.g., adolescents, rural populations, urban poor) to achieve their fertility desires by providing accurate information about sexual and reproductive health, information on how fertility is linked to general health and well-being, and where and how to access desired services
2. Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices
3. Ensure new and existing health care workers receive adequate practical training in the full FP method mix, and empower community health workers and frontline workers to provide counselling and referral services, as well as short-term methods
4. Promote multisectoral coordination at the national and district levels, and integrate FP policy, information, and services across sectors
5. Ensure commodity availability through strengthening logistics management systems and distribution of FP commodities
6. Increase the sustainability of family planning through government commitment, integration of the private sector, and diversification of funding sources for FP activities and commodities

## Malawi's FP2020 Priorities

*Please outline 4-6 clear priorities for the next 18 months (January 2018 – June 2019). These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like. If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.*

1. Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices (to address unmet need).
2. Increase capacity of FP providers to provide the country's full method-mix, counselling, and referral to all women and men effectively and efficiently with focus on youth and other under-served populations, including persons with disabilities, according to national and WHO guidelines and standards.
3. Link service delivery stock status to main supply chain for last mile accountability in at least 50% of facilities by 2020.
4. Generate and use in-country evidence.
5. Strengthen district and community structures to facilitate youth engagement to support meaningful participation of young people in coordination and implementation of SRH/FP/YFHS.
6. Support a coordinated and strategic multisectoral approach that focuses on investing in youth.

### FOCAL POINT, SECRETARIAT, AND PARTNER ACTIONS

**Priority #1: Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices (to address unmet need).**

Focal Point Actions	Who	Timeline
1.1. Monitor the percentage of facilities that are accredited to provide YFHS, and follow up on any facilities that lose accreditation	MOH-RHD	Annual Q4
1.2. Review the results of the mapping exercise and suggest a way forward with the private sector to increase the coverage of SRHR outreach to hard-to-reach/marginalized adolescents	MOH	Q2 2018
1.3 Facilitate RHD's dialogue with parliamentarians to increase the budget for FP and YFHS.	MOH	Q1, Q2, and Q3 2018
1.4 Facilitate dialogue RHD's dialogue with MPs, chiefs, and parents to end child marriage and harmful cultural practices that predispose adolescents to early pregnancies and child birth.	MOH	Q1 to Q4 2018

Secretariat Actions	Who	Timeline
1.1. Provide global evidence-based information and tools to focal points, per request from focal points.	FP2020	Q1-Q4 2018
1.2. Apprise country focal point team of possible grants, and funding opportunities that could act as catalytic funds for bigger activities.	FP2020	Q1-Q4 2018

**Priority #2: Increase capacity of FP providers to provide the country's full method-mix, counselling, and referral to all women and men effectively and efficiently with a focus on youth and other under-served populations, including persons with disabilities, according to national and WHO guidelines and standards.**

Focal Point Actions	Who	Timeline
2.1 FPs enforce/advocate the adoption of national supportive supervision standards that include service providers' accountability and quality of care measures.	MOH	Q3 – Q4 2018
2.2. Advocate for the inclusion of values clarification and attitude transformation using evidence into the pre- and in-service training curricular.	MOH - CSO	Q2 and Q3 2018
2.3. Provide support for the re-assessment and improvement of community and facility referral support and feedback systems.	MOH	Q1 – Q4 2018
2.4 Assess the potential impact of the scale-up of PFP using the FP Goals model and identify resources required for each level of scale-up.	All 4 focal points	Q1-Q3
Secretariat Actions	Who	Timeline
2.1. Provide country teams with evidence-based highly proven methodologies and literature on systems strengthening.	FP2020	Q2 and Q3
2.2. Connect focal points with technical experts who can provide more information on training providers in rights-based FP..	FP2020	Q1-Q4 2018

**Priority #3: Link service delivery stock status to main supply chain for last mile accountability in at least 50% of facilities by 2020.**

Focal Point Actions	Who	Timeline
3.1. Coordinate the introduction of the Global Visibility Analytics Network in Malawi.	MOH (with its stakeholders)	Q2 2018

Focal Point Actions	Who	Timeline
3.2. Assess the current national LMIS and identify any data or information gaps through open LMIS.	All 4 focal points	Q1 2018
3.3. Monitor the introduction of the LMIS II system for effectiveness at tracking FP commodities within health facilities.	MOH	Q1-4, 2018
Secretariat Actions	Who	Timeline
3.1. Encourage participation in global FP/RHCS learning forum.	FP2020	Q1 2018 – Q2 2019
Partner Actions	Who	Timeline
3.1. Procure RH commodities and supplies, as well as provide technical support for reproductive health commodity security including the introduction, maintenance of working commodity tracking systems.	Bilateral and multilateral development partners	Q1 2018 – Q2 2019
3.2. Support to DHOs in reproductive health commodity security.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 – Q2 2019
3.3. Conduct independent monitoring of reproductive health commodities.	MANASO with the cooperation of bilateral and multilateral, development partners	Q1 2018 – Q2 2019

#### Priority #4: Generate and use in-country evidence

Focal Point Actions	Who	Timeline
4.1 Review the results of in-country evidence being generated on the acquisition of HIV among women using Depo-Provera, and advise MOH if any changes need to be made to the clinical guidelines and protocols.	MOH	Q1 2018 – Q2 2019
4.2. Lobby with NSO to disaggregate FP/DHS data by age (10-14, 15-19, 20-24 years) to track adolescent FP/SRH indicators for 2020.	MOH	Q2 2018
4.3. Monitor and review YFHS best practices and lessons learned.	MOH	Q2 and Q4 2018

Partner Actions	Who	Timeline
4.1. Support with relevant tools, and TA for generation of FP evidence on a needs basis.	Track20 with MOH M&E officer	Q1 2018 – Q2 2019

**Priority #5: Strengthen district and community structures to facilitate youth engagement to support meaningful participation of young people in coordination and implementation of SRH/FP/YFHS.**

Focal Point Actions	Who	Timeline
5.1 Advocate for the effective coordination of youth-focused programs by district and community structures.	MOH	Q4 2018
5.2. Facilitate active youth participation and leadership in planning and implementation of youth focused programs.	MOH	Q1 2018 to Q2 2019
Secretariat Actions	Who	Timeline
5.1. As requested, review concept notes/ scopes of work that promote youth engagement with district and community administrative structures that coordinate and implement SRH/FP/YFHS and provide feedback related to feasibility for an FP2020's RRM application.	FP2020	Q1 2018 to Q2 2019
Partner Actions	Who	Timeline
5.1. Financial and technical support to government and CSOs to actively advocate and participate for YFHS.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019
5.2. Support FP innovations/technologies for youth and infrastructure for services.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019
5.3. Facilitate collaboration and sharing of lessons and best practices among development partners.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019



**Priority #6: Support a coordinated and strategic multisectoral approach that focuses on investing in youth.**

Focal Point Actions	Who	Timeline
6.1. Provide input on the AGYW Strategy (2017-2020), and support operationalization.	MOH (with MOLYSMD, MOGCDSW, MOEST, NAC)	Q1 2018 to Q2 2019
6.2. Coordinate with NAC to develop \ a Comprehensive Adolescent Communication Strategy on SRH/HIV.	MOH (with NAC, MOLYSMD)	Q1 and Q2, 2018
6.3. Coordinate with NAC to implement a Comprehensive Adolescent Communication Strategy on SRH/HIV.	MOH (with NAC, MOLYSMD)	Q3 and Q4, 2018
6.4. Participate in advocacy activities related to the strategies within the national Harnessing the Demographic Dividend Report, and ensure that MOH programs and workplans are aligned with the strategies.	MOH (with MOFEPD, MOLYSMD)	Q2 2018 to Q2 2019
Partner Actions	Who	Timeline
6.1. Provide financial and technical support to government and CSOs.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019
6.2 Support FP innovations/technologies for youth.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019
6.3. Facilitate collaboration and sharing of lessons learned and best practices among development partners.	Bilateral and multilateral, development partners, NGOs, CSOs	Q1 2018 to Q2 2019

**Looking Ahead:**

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.*

- FP consultative meetings with community influential to inform youth development programming.

- Launch of the national multi-sectoral (Health, Education, Youth Development, and Gender) Adolescent Girls and Young Women (AGYW) Strategy in November 2017.
- Advancing the existing national agenda on youth demographic dividend through advancing messaging on fertility decline.
- Potential adverse climatic changes can disrupt planned activities.
- Ending or scaling down of some project-funded SRHR/FP programs will affect service coverage if Government does not adopt/incorporate them.

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### **Funding Opportunities**

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

- Improve Government's FP domestic financing and implementation of financing strategies, as partners' support does not cover all of Malawi's FP commodity and program needs.
- Train service providers in LMIS so that they punctually update data.
- Strengthen the functionality of the DHIS2 to capture age-disaggregated data, especially data from YFHS.
- Improve/increase fora and service delivery points that can accommodate YFHS.