

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF MALAWI

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The Government of Malawi updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

COMMITMENT OVERVIEW

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 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.

Anticipated Impact

1. Number of additional users for mCPR 344,000.
2. Percentage of women with unmet need for modern methods of contraception 17.3% (all women).

COMMITMENT 1: Rapid population growth, high fertility rates, and low uptake of LARCS.

Anticipated impact

1. TBD

Proposed actions

1. Scale 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.
2. Ensure focal points in emergency cluster/teams for improved coordination
3. Procure and strategically pre-position RH kits through numbers utilised by the Women of child bearing age.
4. Generate in-country evidence on cause and effect of Depo-Provera for women living with HIV as this may affect future programming and fertility.
5. Implement the newly constituted WHO guidelines on youth contraceptives and align national policies/guidelines to allow increased access to Family planning commodities by 2030.
6. Design a task shifting service delivery model with all short acting methods (promoting method mix) to reach out to more young people.
7. Mobilize resources to support SRHR outreach services for hard to reach adolescents through advocacy.
8. 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.
9. Increase the percentage of accredited YFHS facilities that meet at least the 5 minimum standards from 37% to 60% by 2020.

COMMITMENT 2: Child marriages still relatively high and the expectation of the first child is high.

Anticipated Impact

1. 50% of girls completing secondary education.
2. Reduction in CFEM by 5% per annum.
3. 80% of communities aware and enacting the law by 2030.

Proposed actions

1. Ministry of Health 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.

COMMITMENT 3: Limited resources for full implementation of CIP

Anticipated Impact

1. Adequate finances for full implementation to CIP
2. Disaggregated data available

Proposed actions

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 particular 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.
2. 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.
3. Continue to lobby for increased funding on FP budget and services guided by the CIP funding gap analysis.
4. Promote FP public-private partnerships.

COMMITMENT 4: Inadequate integration of information on FP modern methods in CSE and Public media

Anticipated Impact

1. Harmonized and standardized CSE messaging to all young people in-and out of school
2. Empowerment of young people on exercising their rights on SRHR decisions. This will be measured by reduction of teenage pregnancies by 5% annually and increased number of young people accessing SRHR services and increasing completion rates of secondary school.

Proposed actions

1. Integrate information on modern contraceptive in CSE and lobby for use 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.

2. 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.

COMMITMENT 5: Meaningful participation of young people in coordination and implementation of SRH/FP/YFHS
Anticipated Impact

1. Empowerment of young people on exercising their rights on SRHR decisions
2. Increased quality participation of young people in local governance
3. Change of mind-set by communities towards youth and YFHS including contraceptive use

Proposed actions

1. 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.
2. Advocate with young people, guardians, teachers, and communities to develop positive attitude towards YFHS.

COMMITMENT 6. Inaccurate data on stock status within the facilities and central level
Anticipated Impact

1. Minimized over-stocks and stock-outs in a district.
2. Efficient supply chain.

Proposed actions

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

The following text summarizes the commitment made by Hon. Goodall Gondwe, Dr Dan Namarika and Fannie Kachale on behalf of the government of Malawi at the London Summit on Family Planning on July 11, 2012.

With the goal of "no parenthood before adulthood," Malawi commits to raising the country's contraceptive prevalence rate to 60 percent by 2020 with a focused increase in those aged 15 to 24. Malawi will create a family planning budget line in the main drug budget by 2013/2014 and will raise the age of marriage to 18 by 2014. In addition, Malawi will develop a comprehensive sexual and reproductive health program to meet the needs of its young people and will work to strengthen effective policy leadership for family planning. It will also demonstrate accountability in the utilization of available resources and improve financial allocation for health systems supporting family planning. Malawi will increase coverage of services through the expansion of public/private partnerships, increase community access to family planning methods and strengthen forecasting and data management for effective supply chain operation.

OBJECTIVE

1. Malawi plans to increase CPR to 60 percent by 2020 with focus on 15-24 age group.

POLICY & POLITICAL COMMITMENTS

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.

FINANCIAL COMMITMENTS

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.

PROGRAM & SERVICE DELIVERY COMMITMENTS

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.