Country Worksheet:
Prioritized Action Planning 2019-2020
Malawi

Introduction

The purpose of this worksheet is to support each country to: 1) identify gaps and challenges to achieving FP2020 commitments and Costed Implementation Plans (CIPs) priorities; 2) prioritize actions and interventions for the next 18 months using a solution-focused approach; and 3) strengthen coordination and stakeholder engagement within the country.

This worksheet should be developed through consultation and engagement with multiple stakeholders in-country and will provide critical input that will inform discussions at the Anglophone Africa Regional Focal Point Workshop in May. Each country focal point team is requested to fill out this worksheet and submit it to the Secretariat by **April 19, 2019** to: Krista Newhouse, Anglophone Africa Manager at: Knewhouse@familyplanning2020.org.

This worksheet is structured as follows:

Country Profile: FP2020 Focal Point Team & In-Country Coordination

Exercise 1: Identification of Challenges & Priority of Actions

Exercise 2: Country Priority Actions 2019-2020

Exercise 3: Interest in Learning from Other Countries on the Implementation of Best Practices

Suggested references

- **Country FP2020 commitment**
- **2018 commitment self-report questionnaire**
- **Costed Implementation Plan (CIP) (if applicable)**
- **Previous country action plan 2017-2018**
- **High Impact Practices (HIPs) analysis sheet**
- **High Impact Practices (HIPs) briefs** (https://www.fphighimpactpractices.org/briefs/)
- **Data sets**
    - Core indicators (mCPR, unmet need, method mix, FP expenditure, etc.)
    - Latest survey data (for example: data from DHS, PMA2020, etc.; disaggregated by age, wealth quintile, marital status, ethnicity, urban/rural, etc.) - if available at the national level
    - Track20's in-depth analysis:
        - Exploring opportunities for mCPR growth in Malawi
        - Postpartum family planning brief
        - Youth contraceptive use brief

Malawi Profile: FP2020 Focal Point Team & In-Country Coordination

<table>
<tr><td rowspan="5">List of
Focal Points</td><td>Government</td><td>Ministry of Health and Population</td></tr>
<tr><td>Civil Society</td><td>CARE Malawi</td></tr>
<tr><td>Youth</td><td>Youth Net and Counselling (YONECO)</td></tr>
<tr><td rowspan="2">Donor</td><td>UNFPA</td></tr>
<tr><td>USAID</td></tr>
<tr><td>FP Stakeholders
(institutional and/or individual)

Note:
Please list key FP stakeholders e.g.:
- Government agencies with FP in their mandate
- Civil society organizations (national and international) working on FP in country
- Multi-lateral and donor agencies working in FP
- Youth organizations
- etc.</td><td colspan="2">1. Government
a. Ministry of Health and Population
i. Directorate of Reproductive Health (RHD) – Lead
ii. Central Monitoring and Evaluation Division (CMED) – M&E, Track20
iii. Central Medical Stores Trust (CMST) – Commodities
iv. Department of HIV and AIDS
b. Ministry of Labor, Youth, Sports and Manpower Development
c. Ministry of Education, Science and Technology
d. Ministry of Gender, Child Development, Social Welfare and Disability
e. National Youth Council of Malawi
2. Donors/Multilateral/Bilateral
a. USAID
b. DFID
c. KfW
d. GiZ
e. UNFPA
f. WHO
g. Norwegian AID
h. UNICEF
3. NGOs
a. MSH
b. FPAM
c. BLM
d. CARE Malawi
e. HP+
f. PSI Malawi
g. Options
h. DMI
i. Inpath Cowater International
j. YONECO
k. Save The Children</td></tr>
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	l. FHI360 m. CHAI n. Baylor College of Medicine o. Chemonics p. AFIDEP q. PLAN International 4. CSOs a. White Ribbon Alliance for Safe Motherhood b. MANASO c. HREP d. MHEN e. AMREF 5. Religious Affiliated a. CHAM b. Adventist Health Services c. QMAM d. MAM e. EAM f. ECM g. MUCSDA h. MCC 6. Academic/Research a. College of Medicine b. Kamuzu College of Nursing c. Private Nursing Colleges d. Chancellor College e. Polytechnic

CURRENT MEETINGS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
MEETINGS	**Convening/ Coordinating body**	**Members**	**Frequency** *(monthly, quarterly, semi-annually, etc.)*	**Notes on efficacy** *(How efficient & effective are these?)*

Multi-stakeholder consultations (FP TWG, YFHS TWG, Population, RHCS TWG, Safe Motherhood, and Development TWG)	FP TWG, YFHS TWG, Population, RHCS TWG and Safe Motherhood TWG chaired by Ministry of Health and Population, RHD Population and Development TWG chaired by CMED	As above	Quarterly	Efficient and effective
FP2020 focal points meeting	Ministry of Health and Population, RHD	Government, Key donor, CSO and Youth focal points	Quarterly	Very
RH in emergency Sub-TWG	Ministry of Disaster Preparedness, Ministry of Health and Population, Ministry of Gender	Multisectoral team	Active during disasters	Not very
Track20 meetings	Ministry of Health and Population – RHD and CMED	As above	Annually	Effective
CSO focal points meeting	WRA	CSO grouping and some NGOs	Quarterly	Not very
CIP annual review meeting	Ministry of Health and Population, RHD	Same as above	Annually	Effective
District based FP Technical Working Group Meeting and related meetings (RMNCH)	District Health Officers (District Family Planning Coordinators)	District FP Stakeholders	Quarterly	Not effective – Varies from district to district

Note:

1. Ratings above are based on convening efficiencies and frequency of the meetings and not necessarily on outcomes and impact of issues discussed.

EXERCISE 1: IDENTIFICATION OF CHALLENGES & PRIORITIZING ACTIONS

Malawi FP2020 Commitments

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.

Challenges

- Revision of pre- and in-service FP reference manuals has been delayed for over a year due to funding.
- Partners have therefore isolated and updated specific modules i.e. PPFP and DMPA as it relates to their programme area.

Prioritized Actions

- Resource mobilisation for complete review pre- and in-service FP reference manuals from partners and the Health Donor Group.

1.2 Prioritize district-based FP interventions based on FP modeling i.e. Acceleration vs. Maintenance Districts.

Challenges

- Acceleration districts do not have district capacity and commitment and/or partner support to roll-out interventions.
- Not all FP Coordinators have the capacity or resources to implement the interventions at district level.

Prioritized Actions

- Coordinate partner support for equitable resources per district.

1.3 Design a task-shifting service delivery model that promotes method mix for all women including young people.

Challenges

- Low coverage – i.e. projects conducted in few districts/areas within a Traditional Authority.
- Complementarity between NGOs within the same areas is limited.
- Youth Drop-In Centre model is effective but expensive.
- Youth Community Based Distribution Agents (YCBDAs) is voluntary, has high turnover, and/or not being handed over to partner organizations once projects ends.

Prioritized Actions

- Scale-up self-injection Sayana Press©.
- Advocate for YCBDAs to be registered at DHO's so that they can be a record of trained providers for other organizations to recruit upon entry with a project.
- Train all HSAs in community based family planning service provision of short acting methods with strong linkages to facilities for LARCs and permanent methods.

1.4 Advocate to mobilize resources for sexual and reproductive health and rights (SRHR) outreach services for hard-to-reach adolescents.

Challenges

- Outreach is expensive and not a sustainable model for public health institutions to replicate.
- Multi-sectoral investments in SRHR outreach services including SBCC, CSE, etc. has been slow due to lack of understanding of the interconnectedness amongst the different sectors.
- Not necessarily reaching the unmarried, younger youth (in- and out-of- school).

Prioritized Actions
- Disseminate key family planning and population and development policies and issues.
- Scale-up donor supported integrated outreach clinics.
- Revamp current FP messaging to suit the needs of the youth.
- Utilize FP2020 CSO and Youth Focal Points to advocate for resources.
- Work with key gatekeepers--i.e., religious and traditional leaders, parents, etc.

1.5 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.

Challenges
- SRH guidelines are not harmonized deterring some age groups from accessing services.
- Multi-sectoral investments in YFHS has been slow due to lack of understanding of the interconnectedness amongst the different sectors.
- No mid term review of the strategy due to funding.
- YFHS TWG meets haphazardly.
- Limited dissemination of key strategic documents to the frontline service providers.

Prioritized Actions
- Engage youth networks to popularize YFHS strategy.
- Pursue the WHO TA opportunity to identify the most effective strategies to reach youth with SRHR information and services.
- Research around SRHR issues affecting youths supported by DFID.
- Utilize FP2020 CSO and Youth Focal Points to advocate for resources and hold responsible authorities accountable.
- Engage youth to make the concept of contraception (FP) desirable.
- Mobilize all key stakeholders to buy into the critical importance of investing in youth to harness the demographic dividend.

1.6. Increase the percentage of accredited YFHS facilities that meet at least the 5 minimum standards from 37% to 60% by 2020

Challenges
- Accreditation focuses mainly on structures and systems and not necessarily how services are delivered which increases the likelihood that provider attitude will still be poor
- Some facilities accredited are not maintaining the quality of services to meet the minimum standards
- Poor monitoring of accredited facilities

Prioritization
- Supportive supervision for YFHS including accreditation focusing on how providers are offering the services
- Review supervision and accreditation tools to respond to emerging issues

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, 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.

Challenges

- Limited coordination among line ministry due to varying mandates and poor communication. End child marriages is championed by Ministry of Gender with limited support from the other line ministries.
- Impacts and outcomes of efforts to keep girls in school, re-admit girls in school, redeem girls from marriages are minimal
- Lack of cohesive national campaigns that advocate on addressing key issues affecting girls. Limited engagement of boys

Prioritization

- Promote more grassroots approaches that engage gatekeepers at community level so that girls are prevented from getting married and dropping out of school.
- Promote cohesive multisectoral efforts towards ending child marriages, keeping girls in schools and involve boys and men.

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.

Challenges

- Donor fatigue
- Funding channeled mainly through NGO who have limited mandates, restricted to small implementation areas. This limits coverage and sustainability
- Funding to NGOs not always linked to CIP and hence not linked to FP2020 commitments
- Districts not prioritizing CIP activities and leveraging resources from government and NGOs operating in the district.

Prioritization

- Inform districts on the linkages between Family Planning/Population and other sectors of development.
- Support districts to implement fully the Health and Population priority in the Malawi Growth and Development Strategy lll
- Enforce registration of NGOs with the district and ensure that they participate in district coordination structures.

3.2. 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.

Challenges

- No funding for NSO to collect data for 10-14 year olds

Prioritization

- Resource mobilization for the collection

3.3. **Continue to lobby for increased funding for FP budget and services according to the CIP funding gap analysis.**

Challenges

- Competing priorities for government funding
- Tripartite elections have affected advocacy activities.

Prioritized

- Budget advocacy with new MPs for increased FP funding by CSOs.
- Advocate with local government for the creation of district budget lines for FP.

3.4. Promote public-private partnerships for provision of FP services and commodities.

Challenges

- "Private" is not properly defined and mapped out.
- Pharmacies and private hospitals do not report because there is no mechanism for them to report to government.
- Social franchising is an expensive model for provision of FP services. With the closure of most projects that utilized this model, most people cannot access FP services at a subsidized cost from private facilities.

Prioritized Actions

- Clearly define and map "private" sector.
- Strengthen reporting systems for private facilities.

4. COMMITMENT: Integrate information on FP modern methods into comprehensive sexual education and in public media:

4.1. Integrate age-appropriate gender sensitive information on modern contraceptive in CSE.

Challenge

- There are two MOEST curriculums – Life Skills Education (Std. 4 – Form 2) and Comprehensive Sexuality Education (CSE) – Form 3 onwards (year 11). Life Skills education does not have a module on modern contraception MOEST has now included modern contraception in the CSE curriculum but is taught too late.
- For the lower classes below form 3, CSE is taught via youth clubs but there is low patronage since it is provided after-school

Prioritized Actions

- Advocate for CSE to begin earlier.

4.2. Harmonize the in-and out-of-school CSE curricula.

Challenge

- Every partner has their own CSE/Life Skills curriculum.

Prioritized Actions

- Should have one prototype CSE curriculum for Malawi.

4.3. Promote implementation of a standardized CSE curriculum by all stakeholders in all sectors to ensure that standardized messages reach youth.

Challenge
- Every partner has their own CSE/Life Skills curriculum.

Prioritized Actions
- Should have one prototype CSE curriculum for Malawi.

4.4. Lobby for use of standardized CSE in both public and private primary, secondary school and all tertiary institutions.

Challenge
- Monitoring of the quality of delivery is a challenge.
- There is no uniformity in delivery between public and private schools.

Prioritized Actions
- Should have one standardized CSE curriculum for Malawi.

4.5. Use mass media and social media to destigmatize FP to all including young people.

Challenge
- Difficult to regulate information coming through social media channels
- Health Education Services Unit not effective

Prioritized Actions
- Need a communication strategy for FP to align with the SRHR 2018-2023 strategy.

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 organizations to participate in planning and coordinating the implementation of YFHS services.

Challenge
- There is no standardized curriculum for building capacity of SRH leaders at youth clubs and youth-led organizations.
- There are no strong youth networks for there to be meaningful youth engagement.

Prioritized Actions
- Focus on building more effective youth networks
- Come up with a standardized curriculum for youth capacity building.

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

Challenges
- Limited coordination among stakeholders with little oversight from the ministries.
- Focus is more on contraceptives and SRHR and not YFHS. An opportunity missed to get communities to understand what YFHS is all about.

Prioritized Actions

- Promote more grassroots approaches that engage gatekeepers at community level around YFHS so that positive attitudes are developed.

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.

Challenges

- From health center level to the lowest service delivery post, the system is paper based and hence affecting the accuracy and timeliness of data.

Prioritized Actions

- Advocate for data infrastructure at low levels of service delivery.

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

Challenges

- Expensive to finance.
- Use of data by stakeholders is under-valued and limited.
- Roll out of global van is not clear.

Prioritized Actions

- Continue resource mobilization for surveys.
- Strengthen use of technologies (e.g. Open LMIS, global van, maturity model).

Summary of Malawi's Costed Implementation Plan (CIP)

List your country's CIP priorities here (from existing documentation)

Priorities:

Priority # 1: Improve the ability of individuals within the population as a whole, 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

Priority # 2: Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices

Priority # 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

Priority # 4: Promote multi-sectoral coordination at the national and district levels, and integrate FP policy, information, and services across sectors

Priority # 5: Ensure commodity availability through strengthening logistics management systems and distribution of FP commodities

Priority # 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

Step 1. From the above commitment(s) and/or CIP priorities which one is your country having the greatest difficulty in making progress?

The table below can be extended if you need to cite more than three. Please reference your 2018 commitment progress self-report, if needed (see attached).

1. Priority # 2: Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices
2. Priority # 1: Improve the ability of individuals within the population as a whole, 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
3. Priority # 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

Step 2. What type of progress toward each commitment/CIP priority *(listed in Step 1)* has been made?

*Suggested references: **Current work on 2019 commitment progress self-report; 2018 commitment progress self-report** (attached); and any **available data in country** (e.g. FP2020 Progress Report 2017-2018, DHS report, materials of the recent data consensus meeting, etc.).*

1. Priority # 2: Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices • YCBDA in select districts • Outreach expanded to all hard-to-reach areas • Drop in centers initiated in some districts • Comprehensive SBCC initiated • YFHS accreditation completed in most facilities
2. Priority # 1: Improve the ability of individuals within the population as a whole, 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 • FP Goals modeling completed • FP-CIP Addendum derived from FP Goals Modeling and implementation in progress • YCBDA being instituted and utilized in select districts • CSE (out-of-school and in-school curriculum) harmonized • Grassroots approaches initiated in some districts • Revised Re-Admission Policy launched • Scale up of JPEG project started • New projects (T'sogolo Langa, WISH) initiated

- Social Accountability mechanisms in place in some districts
- Outreach initiated
- Drop in centers initiated
- Comprehensive SBCC initiated
- YFHS accreditation done

3. Priority # 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

- FP Guidelines Updated
- Nested provider model being implemented
- LARCs training conducted
- YCBDAs being instituted and utilized in select districts
- PPFP curriculum updated
- DMPA IM curriculum updated and incorporated DMPA SC
- Peer Educators being instituted and utilized in select districts

Step 3. Detailed analysis of the selected priorities

Please populate the table on following page, from left to right: first with the identified priorities, then with the challenges, root causes and actions per priority.
Please consider the following:

3.1 What are the key challenges or obstacles that arise when trying to accelerate progress in these priority areas? (second column on table below)

3.2 What are the root causes of those challenges or obstacles? *Where is the greatest opportunity to influence the system, overcome resistance to change and accelerate changes?* (third column on table below)

Guidance for Step 3.2

Asking 5 'why' questions is a technique used to explore the cause-and-effect relationships underlying challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:

Community based health workers (CBWs) are not yet in place at the district level (the challenge)

a. *CBWs have not received a basic training yet (1st why)*
b. *District health offices have not yet received the updated training manual from the central level (2nd why)*
c. *Budget cuts for the training department at the Ministry of Health delayed training manual development at the central level (3rd why)*
d. *The Health Minister decided to allocate more budget to nutrition programs, because this is not a priority for expenditure this year (4th why)*
e. *Nutrition advocates at the national level were more successful in their advocacy efforts OR the Health Minister was more compelled by the data presented by nutrition advocates. (5th why)*

After going through each of the why questions, the last one is usually the root cause.

3.3 What actions are required to tackle the root causes for the identified challenges?
Based on your assumptions about what will work and what will not, think about all possible actions/interventions. (fourth column of the table below)

3.4 In the last column, let's explore the links between the actions in the table and the following three themes of the workshop: engagement with adolescent & youth; engagement with faith leaders & faith community; and financing for family planning. To what extent are they related to the themes? Please map them to the three themes. (fifth column of the table below)

Step 1: Priority	Step 3.1: Challenge(s)	Step 3.2: Root Cause(s)	Step 3.3: Actions	Workshop themes
Example of thinking process from Step 1 through Step 3.3:				*This workshop's focused themes are THEME A**: Adolescent & youth engagement*** *THEME B: **Faith leaders/community engagement*** *THEME C: **Financing for family planning*** *Per each theme, please list below any relevant specific subtopics that you would like to see covered or discussed throughout the workshop.*
e.g. Deployment of community-based health workers capable of providing FP information and methods	*e.g. Community-based health workers (CBWs) are not yet in place at the district level*	*e.g. Health Minister decided to allocate extra budget to nutrition programs as she/he was more compelled after hearing from other program's (e.g. nutrition) advocates*	*e.g. 1.1 Develop a policy brief with a data visual highlighting the urgent need of CBWs to increase the access to FP services and information* *1.2 Develop a multi-step deployment strategy to introduce to trained CBWs to cover all districts*	
Improve the ability of individuals within the population as a whole, 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	1.Knowledge gap for all (ministries, communities, etc.) 2.Myths and misconceptions 3.Lack of multi sectoral coordination among line ministries 4.Lack of access to comprehensive SRH services 5.Commodity stock outs	1. & 2. Lack of information and social norms 3.Focus on respective mandates and the inability to appreciate the need for comprehensive programming vis a vis multi sectoral coordination 4.Lack of resources—financial, human and infrastructure	1. & 2. Implement intensive, comprehensive multi-faceted SBCC and community mobilization efforts 3. Establish mechanisms for multi sectoral coordination, e.g., Adolescent Girls and Young Women (AGYW) Strategy 4. Advocate for additional resources 5. Address systemic issues and make contingency plans, e.g., procure generic brands of contraceptives that are unavailable—triclofem for DMPA	

fertility is linked to general health and well-being, and where and how to access desired services		5.Inadequate global supply of certain contraceptives and systemic issues with supply chain		
Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices	1.Lack of standardized CSE curriculum for in and out of school youth—government and partners using different curricula 2.CSE curriculum with information on contraceptives introduced in schools too late 3.Fragmented approach to youth development programming 4. Limited youth empowerment to demand SRHR services that meet their needs 5.SRHR programs not “sexy” for the youth	1. & 2. Partners unaware of existing curricula 3.Lack of resources to coordinate 4. & 5. Inadequate research data on young people for programming	1. &2. Advocate for a standardized CSE to be used by all 3. Advocate for additional resources (both financial and technical) 4. & 5. Establish a body of knowledge on youth to inform meaningful and comprehensive youth development programming, which includes making quality SRHR services more accessible to youth; and strengthen youth networks	
Ensure new and existing health care workers receive adequate practical training in the full FP	1.Lack of updated guidelines and training manual 2.Fragmented delivery of services	1.Lack of financial resources 2.Not all districts receive the same amount of financial and technical support from partners	1.Review and update service delivery guidelines as per WHO’s revised guidelines with accompanied advocacy for funding to do this 2. Advocate for partner support in all districts	

method mix, and empower community health workers and frontline workers to provide counselling and referral services, as well as short-term methods	3. Lack of human resources and high staff turnover of those who have been trained	3.Systemic challenges	3.Explore innovative ways of addressing systemic challenges	

EXERCISE 2: MALAWI'S PRIORITIZED ACTIONS 2019-2020

**Actions prioritized from the Exercise 1 (Step 3)*

Note: This template can be modified/adjusted based on country needs and preference.
Please use the following template to capture any activities that have emerged as a part of your preparatory consultations. This exercise will be used for discussion during the Anglophone Africa Regional Focal Point Workshop.

Actions for Focal Point and in-country stakeholder	Institution/person responsible *Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person*	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Improve the ability of individuals within the population as a whole, 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							
1.1 Implement intensive, comprehensive multi-faceted SBCC and community mobilization efforts	**Government, CSO and Youth focal points**	x	x	x	x	x	x
1.2 Establish mechanisms for multi sectoral coordination, e.g., Adolescent Girls and Young Women (AGYW) Strategy	**Government and CSO focal points**	x	x	x	x	x	x
1.3 Advocate for additional resources	**All focal points**	x	x	x	x	x	x
1.4 Address systemic issues and make contingency plans, e.g., procure generic brands of contraceptives that are unavailable—triclofem for DMPA	**Government and Donor focal points**	x	x	x	x	x	x

Actions for Focal Point and in-country stakeholder	Institution/person responsible *Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person*	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Expand youth access to accurate and actionable information and family planning services, and promote youth rights to make their own fertility choices							

2.1 Advocate for a standardized CSE to be used by all.	**Government, Youth and CSO focal points**	x	x	x	x	x	x
2.2 Advocate for additional resources (both financial and technical)	**All focal points**	x	x	x	x	x	x
2.3 Establish a body of knowledge on youth to inform meaningful and comprehensive youth development programming, which includes making quality SRHR services more accessible to youth; and strengthen youth networks	**All focal points**	x	x	x	x	x	x
Actions for Focal Point and in-country stakeholder	**Institution/person responsible** *Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person*	**Timeline**					
		2019		**2020**			
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
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							
3.1 Review and update service delivery guidelines as per WHO's revised guidelines with accompanied advocacy for funding to do this	**All focal points**	x	x				
3.2 Advocate for partner support in all districts	**All focal points**			x	x	x	x
3.3. Explore innovative ways of addressing systemic challenges	**All focal points**	x	x	x	x	x	x

EXERCISE 3: INTEREST IN LEARNING FROM ANOTHER COUNTRY ON THE IMPLEMENTATION OF BEST PRACTICES

Please use the table below to list areas of follow up with countries and/or partners that you would like to connect with at the workshop and beyond.

What do you want to learn from [country/partner] that it has done successfully and has been a challenge for your country?	**Country/partner** that you want to connect with during and after the focal point workshop.	**By which mode of communication do you prefer?** *(webinar, skype call, email, etc.)*
Post-Partum FP	Uganda	Webinar
Integrating FP into PBF schemes	Tanzania	Webinar