



February 2021

HOW-TO GUIDE:

# Integrating Family Planning Interventions into District Implementation Plans in Malawi

---

## FEBRUARY 2021

This publication was prepared by Julius Chingwalu, Rebecca Mbuya-Brown, and Sandra Mapemba (Palladium) of the Health Policy Plus project.

Suggested citation: Chingwalu, J., R. Mbuya-Brown, and S. Mapemba. 2021. *How-to Guide: Integrating Family Planning Interventions into District Implementation Plans in Malawi*. Washington, DC: Palladium, Health Policy Plus.

Cover photo: ilcsi/Shutterstock.com

ISBN: 978-1-59560-273-2

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This report was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this report is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

---

# Contents

<b>Acknowledgments</b> .....	iv
<b>Abbreviations</b> .....	v
<b>Introduction</b> .....	6
Background .....	6
About this Guide.....	6
<b>Overview of the Approach</b> .....	7
The District Planning Cycle .....	9
<b>STAGE 1: Co-Create the Approach at the National Level</b> .....	10
Step 1: Draft a Concept Note .....	10
Step 2: Engage the Leadership of Relevant Ministries .....	11
Step 3: Hold a Joint Meeting with the Leadership of Key Line Ministries (Optional).....	12
<b>STAGE 2: Prepare for District-Level Implementation</b> .....	13
Step 1: Hold Group or Regional Workshops (Optional) .....	13
Step 2: Understand the Context (Landscape Assessment).....	13
Step 3. Present to Key Bodies at the District Level .....	16
<b>STAGE 3: Implement at the District Level</b> .....	18
Step 1: Meet with the District Executive Committee .....	18
Step 2: Build the Capacity of Family Planning and YFHS Coordinators .....	18
Step 3: Engage the Full District Council .....	19
Step 4: Form a Task Force.....	20
Step 5: Hold an Orientation Workshop for the Task Force .....	20
Step 6: Conduct Routine Monitoring Visits.....	21
Step 7: Conduct Ongoing Engagement.....	21
<b>Conclusion</b> .....	22
<b>References</b> .....	22
<b>Annex A. Action Plan</b> .....	23
1. Advocacy Prioritization Grid and Instructions .....	23
2. Sample Action Plan Template (with Examples).....	25
<b>Annex B. Sample Templates For Landscape Assessment</b> .....	28
<b>Annex C. Key Policies And Strategies Related To Integrating Cip Activities Into Dips</b> ....	30
<b>Annex D. Key Government Structures At The District Level</b> .....	32
<b>Annex E. Additional Resources</b> .....	33

## Acknowledgments

The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), would like to acknowledge the many individuals who contributed to this endeavor and without whom this guide could not have been developed. We are grateful to all of those who contributed to the project's efforts to support the integration of *Family Planning Costed Implementation Plan 2016–2020* objectives and activities into local plans, particularly district implementation plans. The project's activities in this area were carried out in close collaboration with the Malawi Ministry of Health. We are deeply grateful for the support, advice, and technical guidance provided by the Reproductive Health Directorate within the ministry. We thank our partners in Chikwawa, Kasungu, Lilongwe Rural, Lilongwe Urban, Machinga, Mchinji, and Nkhata Bay districts whose time and support made this work possible, including district council chairs, district health officers, district youth officers, district medical officers, other sector heads, and representatives of nongovernmental organizations.

We thank our HP+ colleagues, including Olive Mtema, Erin McGinn, and Sarah Pennington, for their technical and logistical support.

## Abbreviations

CIP	costed implementation plan
DDP	district development plan
DEC	District Executive Committee
DHMT	District Health Management Team
DIP	district implementation plan
HP+	Health Policy Plus
MOH	Ministry of Health
MYP	multi-year health plan
RHD	Reproductive Health Directorate of the Ministry of Health
TWG	technical working group
USAID	U.S. Agency for International Development
YFHS	youth-friendly health services

# Introduction

## Background

In September 2015, the Government of Malawi launched a five-year *Costed Implementation Plan (CIP) for Family Planning 2016–2020*. The CIP provides policymakers and program planners with a framework for achieving the national family planning goal of reaching a modern contraceptive prevalence rate of 60 percent for all women by 2020, with a focus on reaching youth (GOM, 2015). Achieving the CIP's six strategic priorities (see Box 1) requires that many interventions be implemented at the district level; as such, the Government of Malawi is working to ensure that the CIP is operationalized at the district level. This includes ensuring that district decisionmakers are informed about and understand the CIP and have the capacity and political will to integrate CIP objectives and activities into local plans. While family planning commodities are funded at the national level, it is essential that domestic resources at the district level are earmarked to support a full range of family planning activities, such as training, behavior change communication, and outreach services.

As Malawi undergoes decentralization reforms, districts are playing an increasingly important role in the delivery of health and social services. Decentralization has given district councils the mandate to develop budgets that reflect local priorities, including determining which family planning activities are implemented each year. This process culminates in the development of an annual District Health Implementation Plan, with a corresponding budget, which is submitted to the Ministry of Local Government and Rural Development by the district council, as outlined in the government's *Health Sector Strategic Plan 2011–2016* and the *Guidelines for District Health Planning 2018–2022*. Thus, successful execution of Malawi's CIP requires engaging district councils to increase their awareness of national objectives and strategies and empowering them to develop district-level plans based on the CIP.

## About this Guide

Between 2016 and 2019, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), supported the Reproductive Health Directorate (RHD) of the Ministry of Health (MOH) to facilitate CIP implementation at the district level by supporting the integration of priority CIP activities into district implementation plans (DIPs). HP+ and the RHD initially implemented the intervention in four districts: Chikwawa, Kasungu, Machinga, and Nkhata Bay. Each district received targeted technical support to improve the capacity of district staff to integrate the newly launched CIP's high-impact, evidence-based family planning activities into their DIPs. The White Ribbon Alliance for Safe Motherhood, with support from Amref, is seeking to replicate the HP+ approach in Chitipa, Ntchisi, and Mangochi districts. In 2018–2019, HP+ continued implementation in Nkhata Bay, Mchinji, and Machinga and expanded to Lilongwe District and Lilongwe City. The Malawi Network of AIDS Service Organizations and the USAID-funded ONSE project planned to support ongoing work in the districts of Chikwawa and Kasungu, respectively.

### Box 1. Strategic Priorities in Malawi's CIP (GOM, 2015)

Malawi's *Costed Implementation Plan for Family Planning 2016–2020* outlines six strategic priorities for financial resource allocation and implementation performance:

**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 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 that new and existing healthcare workers receive adequate practical training in the full family planning method mix and empower community health workers and frontline workers to provide counseling and referral services, as well as short-term contraceptive methods.

**Priority #4:** Promote multisectoral coordination at national and district levels and integrate family planning policy, information, and services across sectors.

**Priority #5:** Ensure commodity availability through strengthening of logistics management systems and distribution of family planning commodities.

**Priority #6:** Increase the sustainability of family planning programs through government commitment, integration of the private sector, and diversification of funding sources for family planning activities and commodities.

Three districts (Machinga, Mchinji, and Nkhata Bay) included CIP activities in their 2017–2018 DIPs; one of these (Machinga) allocated its own budget resources for CIP activities. While the other districts did not allocate their own resources, they worked with development partners to identify resources to support the CIP activities included in the DIPs. Districts contributed cost-share by covering salaries and providing transport for family planning service providers to conduct outreach and supervision. All of the districts established multisectoral task forces to lead efforts to integrate family planning issues and CIP activities into DIPs and ensure that resources are allocated to support these activities. Mchinji district hopes to turn its task force into a technical working group (TWG) and incorporate it into official government structures.

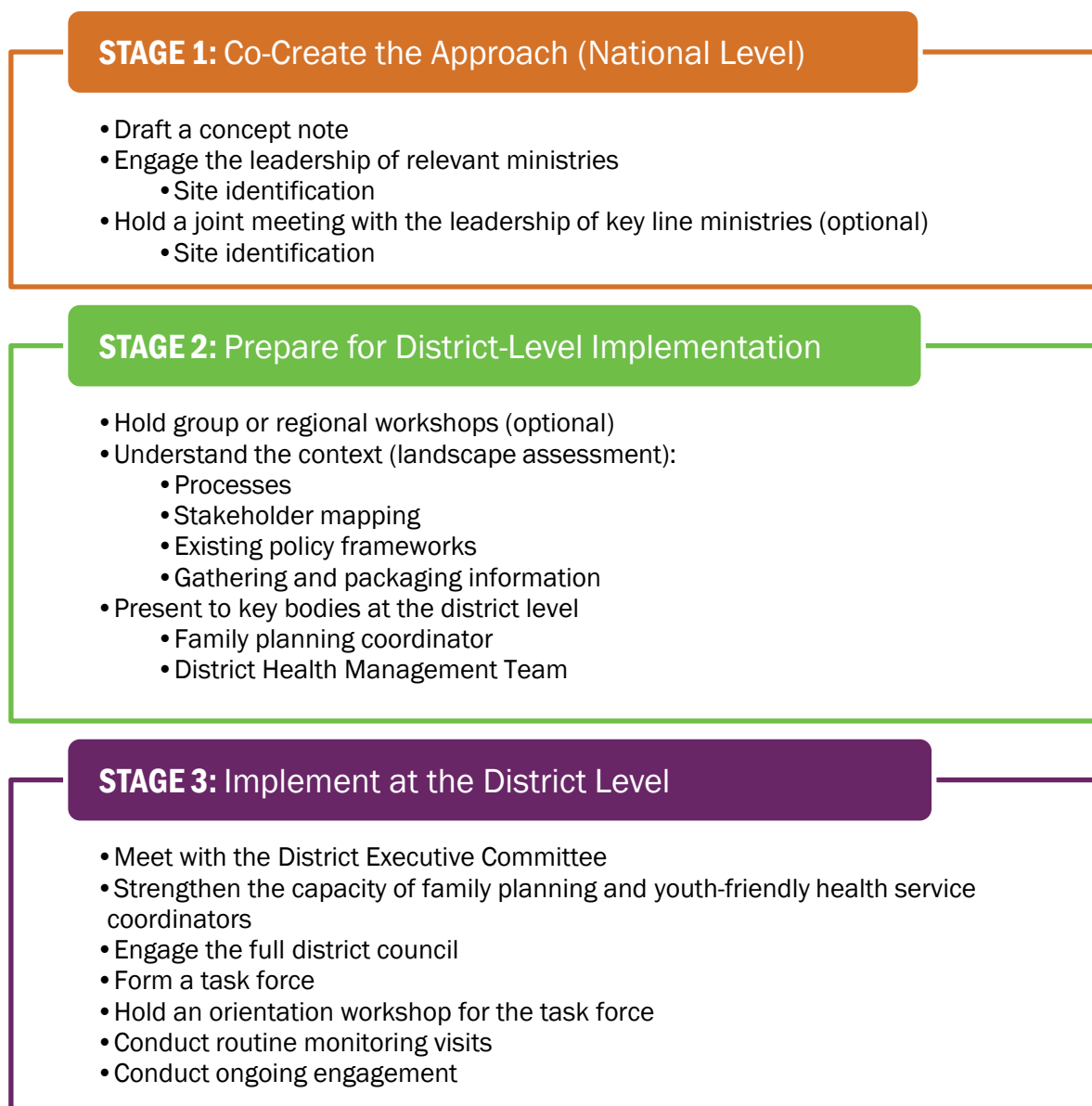
This guide outlines the approach used by HP+, with the intention of enabling others to replicate and refine it beyond the life of the project. The guide includes detailed information about the intervention process, as well as lessons learned and tips for those seeking to adapt and/or replicate the intervention in the future.

## Overview of the Approach

HP+ used a three-stage approach to support the integration of CIP activities into DIPs. These stages are diagrammed in Figure 1 and explained in greater detail in the following sections.

Several key principles should be incorporated throughout this process: district ownership; joint planning, implementation, and monitoring; use of evidence; and flexibility (see Box 2).

**Figure 1. Overview of Process Used to Support Integration of CIP Activities into DIPs**



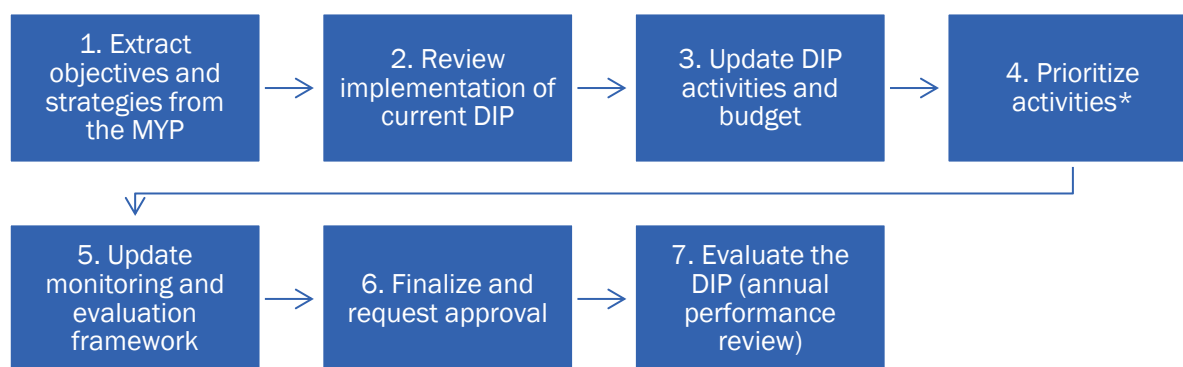
## Box 2. Key Principles

- **Fostering ownership:** HP+ sought to foster district ownership of the process by supporting joint planning and implementation, building the capacity of family planning and youth-friendly health service coordinators to engage effectively in the DIP process and aligning activities with district priorities.
- **Joint planning, implementation, and monitoring:** HP+ used this principle throughout the process to foster a sense of ownership among stakeholders at the district level.
- **Use of evidence:** HP+ used evidence to promote interest, generate buy-in, and shape discussions. Use of evidence was key to fostering ownership, as it allowed district leaders to see for themselves the potential benefits of integrating CIP activities into the DIP.

## The District Planning Cycle

Figure 2 shows the process that districts use to develop their DIPs. Districts develop both medium-term and annual plans to guide their health sector activities; multi-year health plans (MYPs) are districts' medium-term planning documents, while DIPs are developed for each sector on an annual basis. Although the objectives, strategies, and activities included in DIPs are derived from the MYP, they are meant to be living documents that can be revised to address changes that arise during the MYP period. Both MYPs and DIPs should be aligned with the multi-year district development plan (DDP) and the annual investment plan. The DDP is "the primary document used at district level for planning and implementation of development programs and projects. The annual investment plan is the annual operational document of the DDP" (GOM, 2018, pp. 44–45).

**Figure 2. DIP Development Process**



**Source:** Based on GOM, 2018.

**Note:** The DIP development process may vary across districts, particularly with regard to timeline. Ideally, the process should begin in November of the previous fiscal year; however, some districts do not start the process until January.

\*The 2018 planning guidelines outline four prioritization criteria: (1) magnitude of potential population health impact, (2) equity (distribution of intervention benefits), (3) affordability, and (4) sustainability.

## STAGE 1: Co-Create the Approach at the National Level

Implementers should approach this intervention as a joint endeavor that is co-created with the government. Prior to district-level implementation, the overall concept and approach must be introduced to the appropriate ministry at the national level and consensus achieved. This is an essential step, as it can generate ownership and buy-in from government stakeholders and smooth the way for successful implementation. This step can also enable refinement of the approach and improve program design by soliciting input from key stakeholders.

It is important to follow protocol when working with the government. This includes conferring with the appropriate ministry or department, giving them ample time to understand the proposed intervention and taking their guidance into account during program design and implementation. At different stages of conceptualization and implementation, it is necessary to verify the specific protocol associated with the intended official(s) to be approached (i.e., the permanent secretary or the head of department); this extends to the preferred format for meetings, concept notes, etc. Implementers who are new to working with government or unfamiliar with these protocols should find out from other stakeholders what the applicable protocols are before approaching government partners.

### Tip #1

**Undertake this work with a spirit of co-creation; be flexible and open to suggestions**

### Tip #2

**Follow government protocol**

This will help to:

- Generate ownership and buy-in
- Improve program design
- Pave the way for smooth implementation at the district level
- Secure necessary approvals
- Avoid delays and misunderstandings
- Create opportunities for inter-ministerial coordination

### Step 1: Draft a Concept Note

Before introducing your approach to ministerial leadership, you will need to develop:

1. A draft concept note, including the proposed timeline and a list of potential implementation sites for discussion, including justification for why these sites were chosen
2. Tailored presentations for each relevant ministry (see “key players” below)

Plan to go into these meetings with a persuasive package that will introduce the approach, convince government representatives to support the activities that you are proposing, and solicit their input to improve program design. You should:

- Frame your concept note and accompanying presentations to reflect each ministry’s current policies and priorities
- Be aware of current roles and responsibilities and frame suggested roles in terms of these

## Tip #3

### Be relevant to be persuasive

- Be aware of each ministry's roles and responsibilities, as well as current policies and priorities
- Frame your concept note and accompanying presentations in terms of these

- Be concise—policymakers have limited time, so make the most of your time with them
- Be clear about your ask—i.e., you are seeking (1) their input to improve the approach outlined in the draft concept note and (2) their support for the activity by being part of the process—if specific contributions will be needed from them, make these clear at the outset

Be prepared but remember that **this is a co-creation process**. It is important to actively solicit input from government partners and adapt your approach based on this input.

## Step 2: Engage the Leadership of Relevant Ministries

Meet with leadership (e.g., directors, deputy directors, principal secretaries) of each relevant ministry separately to discuss the proposed approach. To generate ownership and buy-in, it is important to be clear that your purpose is to solicit their input. Use these initial meetings as an opportunity to:

- Strengthen engagement and understanding of the proposed approach
- Confirm that you have the most up-to-date information on the ministry's related guidelines, policies, and priorities and secure copies of any relevant policies that you may be missing
- Introduce and seek input on your proposed approach
- Discuss potential roles and synergies to lay the foundation for inter-ministerial collaboration

It can be helpful to have the line ministry (e.g., MOH), take the lead when engaging the leadership of other ministries. Doing so can help deliberations go smoothly by positioning them as conversations between government colleagues, rather than between development partners and government.

### Key Players

- **Ministry of Health:** The MOH is the ministry responsible for implementing the CIP; as such, it is the lead line ministry for CIP/DIP activities and any other family

## Tip #4

### Bring copies of relevant policies and strategies

These documents can serve as a reference during discussions and raise awareness in the event that the individuals that you are meeting with are unfamiliar with the documents. This is particularly important at the subnational level, as most districts do not have family planning, youth-friendly health service, or other population-related policies, strategies, and reports on hand.

## Tip #5

### Position family planning as a priority at the national level

Positioning family planning as a priority program at the national level can encourage districts to take an interest in the program. When districts notice that a program is garnering attention at the national level, they often start to follow suit.

planning activities. The MOH is tasked with moving toward achieving universal access to quality, equitable, and affordable health services for Malawians. Any district-level activities related to this goal should be carried out in consultation with the MOH.

- **Ministry of Local Government and Rural Development:** When planning activities at the subnational level, you must involve the Ministry of Local Government and Rural Development. This is required by government protocols and can also support successful implementation at district and local levels.
- **National Local Government Finance Committee:** The National Local Government Finance Committee is mandated by an Act of Parliament to facilitate decentralization, financial management, and local development in Malawi. Among its functions, the ministry is responsible for regulation and ensuring prudent use of financial resources in local councils. Engaging this ministry is key if you want your issue to be included in the budgeting guidelines for districts.

## Tip #6

### If you are new to a district, find an organization to partner with

If you are working in a district that is new to you, try to partner with an organization that is already active there. This will help you to swiftly implement the intervention by enabling you to leverage your partner's existing relationships. Alternatively, you can work through national-level ministry counterparts to facilitate a working relationship with district departments.

## Site Identification

National-level ministry consultations should include reaching consensus about where the intervention will take place. HP+ initially carried out this intervention in four districts (Chikwawa, Kasungu, Machinga, and Nkhata Bay) and later revised the intervention districts in consultation with the MOH. The districts were chosen based on several factors, including family planning and adolescent sexual and reproductive health indicators, such as levels of teenage childbearing and contraceptive prevalence rates. When selecting implementation sites, it may be helpful to consider other factors, such as the availability of partners in the districts and your organization's familiarity with the district. Working in a district where you have existing relationships or finding an organization to partner with (if you are new to the district) can speed up the implementation process.

## Step 3: Hold a Joint Meeting with the Leadership of Key Line Ministries (Optional)

Once you have secured initial approval and buy-in from the leadership of each ministry, it may be helpful to bring the leadership of these ministries together to formally introduce the intervention, review and refine the concept, finalize roles and responsibilities, and plan for rollout at the district level. This joint meeting is optional, depending on what you are trying to achieve and the potential roles of other ministries on the issue at hand. In some cases, the MOH may be able to engage other sectors at the district level independently of involving other ministries at the national level. If you do hold a joint meeting, make sure that each sector has a clear role in implementation and that each ministry has agreed to assume specific responsibilities. Whenever possible, try to involve the same focal points that you engaged during the co-creation process in this joint meeting. This will help to keep the process moving forward.

## STAGE 2: Prepare for District-Level Implementation

Once national-level buy-in and approvals have been secured, you are ready to move to the district level. How you approach district stakeholders will affect your prospects for success. Joint planning, implementation, and monitoring is essential for success. Activities should be aligned with district-level plans and priorities. The RHD, with support from HP+, concentrated on a sustained intervention in four districts over a six-month period leading up to and during the time districts were developing their DIPs.

### Step 1: Hold Group or Regional Workshops (Optional)

Once the implementing organization and line ministry have agreed on the approach and identified districts where activities will be implemented, activities can proceed at the district level. If the intervention will span several districts, it may be helpful to bring representatives from all districts together for a planning workshop. If so, consider inviting representatives from districts that have successfully integrated CIP activities into their DIPs to share their experience with representatives from other districts. Depending on the duration of your activity, it may be helpful to hold additional “refresher” workshops at the regional level during DIP planning season. Such workshops are important in light of staff turnover and changes in representation following elections.

During the first phase of this work, the RHD, with support from HP+, disseminated the CIP to all districts through three workshops—one in each region of the country (northern, central, and southern). Each workshop brought together regional officials and a four-person team from each district, comprising the district health officer, district nursing officer, family planning coordinator, and youth-friendly health services (YFHS) coordinator.

The primary purpose of these workshops was to introduce the CIP as the national family planning strategy, ensuring that policymakers at the district level were aware of the priority areas for district integration. The secondary focus of these workshops was to strengthen advocacy skills among policymakers to enable them to become effective advocates for the inclusion of strategic family planning activities within their district plans.

### Step 2: Understand the Context (Landscape Assessment)

Begin by assessing the landscape in the districts where you will be working to help you understand the district context (see Annex B for sample templates for conducting a landscape assessment). This includes:

- Gathering information about processes and protocols—particularly the district’s timeline for developing the DIP
- Compiling and analyzing information on key players and available resources (stakeholder mapping)
- Compiling and analyzing data on district-level indicators related to your key issue(s)
- Learning about existing policy frameworks, including requesting copies of relevant documents from the district (e.g., DDP, DIP, social economic profile, corresponding district bylaws)

During this period, you should also begin engaging with the district family planning coordinator and preparing for meetings with sector heads, including reaching out to notify them about your visit and schedule meetings.

### ***Find Out about Processes***

Processes and protocols may vary from district to district. For example, in Mangochi District, projects are required to present to the sector-specific TWG and get their recommendations before presenting to the District Executive Committee (DEC); other districts may prefer to have projects presented to the DEC right away. Try to find out as much as you can ahead of time about the processes and protocols in the district(s) where you will be working. Find out each district's timeline for developing the DIP as early as possible, so that you can time your activities accordingly. Regardless of the district's protocols, it is a good idea to be prepared to present to the DEC at any point. Health system structures in cities vary from district structures. It is important to understand what structures are in place so that you can involve the appropriate decisionmakers in your intervention. See Box 4 for additional details about working with city councils.

### ***Conduct a Stakeholder Mapping***

To achieve the objective of integrating CIP activities into DIPs, you will need buy-in from other stakeholders in the district. Conducting a stakeholder mapping exercise will help you to identify potential allies and resources—and obstacles that you may encounter—by asking:

- Who are the key players in the DIP development process?
- What organizations are active in the district that relate to the CIP's thematic areas? What are these organizations doing?
- Who are the most influential people in the DIP development process? Where are they likely to stand on family planning issues? How familiar are they with the evidence related to family planning and development?

Although, ideally, stakeholder mapping should be done in advance of engaging with districts, oftentimes you will not have the information needed to complete this until you have begun working in the district. Once you have begun engaging the district's Family Planning Coordinator, it will become easier to do this kind of mapping.

#### **Box 3. Modifying the Process Based on Stakeholder Knowledge**

If stakeholders are unfamiliar with the development benefits of investing in family planning, you may need to orient key stakeholders on this topic before engaging the DEC. In Machinga and Mchinji, HP+ and the MOH (through the RHD and the Central Monitoring and Evaluation Division) had introduced the development benefits of family planning to district sector heads using RAPID during a previous activity.\* As such, stakeholders were familiar with the evidence and HP+ was able to engage the full district council without additional orientation. You should decide what steps to take and which stakeholders to engage based on stakeholders' levels of knowledge and receptivity of the issue at hand.

\*RAPID (Resources for the Awareness of Population Impacts on Development) is a computer model that projects the social and economic consequences of rapid population growth for sectors such as labor, education, health, urbanization, and agriculture. It is an advocacy tool to help policymakers and other stakeholders understand the resources and lives that can be saved by investing in family planning.

**Note:** The DIP is an important source of information for stakeholder mapping, as it shows the funding source for each activity.

#### Box 4. Working with City Councils

Three of Malawi's districts—Blantyre, Lilongwe, and Mzimba (whose urban area is Mzuzu City)—are divided into urban and rural areas. Each of these districts have established city councils to govern their urban portions. In these areas, city councils need to be involved in efforts to integrate family planning activities into DIPs. City councils' structures and processes differ from those of district councils. Cities have a Directorate of Health and Social Welfare Services (DHSWS), whose management plays a role similar to the District Health Management Team (DHMT); the Urban Executive Committee (UEC) is the equivalent of the DEC; and the city council corresponds to the district council. Despite the presence of these structures, city councils often lack adequate financial and human resources to provide robust service delivery. As a result, the DHMT plans and implements health services for both the rural and urban areas. Advocates working in urban areas should work jointly with district and city structures. Doing so will strengthen city councils' capacity, with the long-term goal of enabling councils to deliver health services independently. See Box 5 for additional guidance on engaging city councils.

#### Box 5. Steps for Engaging City Councils

When working on health issues in cities, it is necessary to engage both the district council and the city council. Use the following steps when engaging city councils:

1. Consult the city's Director of Health and Social Welfare Services to understand the situation in the city. If the city employs a family planning coordinator (which is very unlikely), you may wish to consult the coordinator before engaging the director.
2. After consulting with both the DHMT and the city's Director of Health and Social Welfare Services, engage the district and urban executive committees.
3. Bring together a team of technical representatives from the city and district to engage the district and city councils (either separately or together, depending on the local context and/or as advised) to support the formation of a task force to lead efforts to integrate CIP activities into the DIP.

### ***Familiarize Yourself with Existing Policy Frameworks***

Under Stage 1, implementers should find out what relevant laws, guidelines, policies, and strategies currently exist at the national level (see Annex B for a sample policy analysis template and Annex C for a list of key policy documents related to integrating CIP activities into DIPs). It is important to be cognizant of the national priorities and make sure that your activities are aligned with national policies. Consider how your proposal fits into these policies and how national policies are being translated at the district level. In the case of supporting the integration of CIP activities into DIPs, the two most relevant policy documents will be (1) the CIP and its addendum (reference documents), and (2) the current year's DIP, which will show you what is being implemented in the district related to the CIP's thematic pillars. Analyzing the DIP in terms of the thematic pillars of the CIP will help you to see where the gaps are (see Box 1, previously).

The CIP is aligned with other MOH strategies and policies related to making family planning accessible and affordable, such as the *National Sexual Reproductive Health and Rights Strategy* (MOH, 2012a). Additionally, sexual reproductive health and rights and family planning are included in many national strategies and plans, such as the *National HIV and AIDS Policy* (Department of Nutrition, HIV and AIDS, 2011), *National Youth Policy* (Ministry of Youth and Sports, 2013), and the *Malawi National Plan for the Elimination of Mother to Child Transmission* (MOH, 2012b). Family planning is also a key strategy in the *2012 National Population Policy* (MOFEPD, 2012).

### **Gather and Package Information**

Sharing information with stakeholders to generate buy-in and ownership is key to success. As you prepare to enter a district, compile evidence and statistics to use when presenting and discussing the importance of integrating family planning activities into the DIP. Gather and package relevant national- and district-level data that show the current situation in the district, i.e., district-level indicators such as teenage pregnancy or contraceptive prevalence rates. It may be helpful to show how the district's situation compares with other districts and with the country as a whole. Use the information that you gather to develop materials tailored to your audience and objectives.

## **Step 3. Present to Key Bodies at the District Level**

Preparing for implementation at the district level begins with presenting your proposal to key decision-making bodies. As district processes and protocols may differ, you may need to modify the process outlined below. It is important to make sure that a government representative from the national level is present at meetings with district decisionmakers. Wherever possible, presentations should be made by government representatives, with your role being to help them prepare and presenting on specific topics as needed.

### **(i) Family Planning Coordinator**

Begin by engaging the family planning coordinator. Coordinators should be approached through the RHD, which can provide contacts for the individuals leading the family planning program in each district. These coordinators play a crucial role in the intervention's success. HP+ found that successful incorporation of CIP activities seemed to be most closely linked to the technical support provided to the district family planning and YFHS coordinators to analyze and incorporate district-specific evidence on family planning performance. HP+ provided capacity building support to family planning and YFHS coordinators, which enabled them to more successfully engage key decisionmakers (e.g., the district health officer, district nursing officer, District Executive Committee) to understand the importance of investing in family planning to achieve district health and development objectives.

### **(ii) District Health Management Team**

In most districts, you will begin by formally presenting your proposed activities to the appropriate district sectoral management structure(s)—in this case, the District Health Management Team (DHMT). It is vital to for district-level decisionmakers to take ownership of the effort to integrate family planning issues into the DIP. When meeting with the DHMT, start fostering this sense of ownership by sharing the concept note and inviting feedback. Be prepared to receive recommendations and revise your approach in response.

Depending on the timeline for DIP development in your target districts, the ideal time to start district-level meetings is during the first quarter of the fiscal year (July through September).

Your presentation should be well-organized, clearly stating the issues and using data to support and explain any conclusions you are drawing. Make sure that the presentation is not long but that you have included relevant information, such as:

- Overview of your concept note
- Your reasons for choosing the district
- Overview of the process—what has been done prior to this meeting and what next steps are being proposed
- Your “ask”—what action you are asking the listeners to take (e.g., to prioritize population and family planning activities in the DIP)
- Overview of national government priorities and statements related to the CIP and comparison with the contents of the current DIP (see Tip #3, previously)
- Information on the linkages between family planning and development

## Tip #7

### Ask, Don't Tell

When you are making presentations to district stakeholders, instead of “telling” your listeners what they should conclude, try to share information and facilitate discussions that enable them to reach the desired conclusion on their own. People are more likely to remember and act on conclusions when they reach them by themselves rather than being told by someone else.

**For example:** You can share information about the current national priorities related to CIP activities, then lead participants to explore how well their current DIP reflects these priorities.

## Tip #8

### Be flexible—let districts decide

This process needs to be owned by the district. Make sure that you are letting district stakeholders make key decisions, even if that means making changes to your original plan.

## STAGE 3: Implement at the District Level

### Step 1: Meet with the District Executive Committee

The meeting with the DEC has the following objectives:

- To sensitize the DEC to your proposed project
- To obtain input and endorsement from the DEC

As you prepare to meet with the DEC, make sure that at least one person from the line ministry and one person from the partner organization will present (either jointly or separately, depending on the preference of the DEC). Before the meeting, it is a good practice to check with the Director of Planning and Development and/or the relevant sector heads to determine whether they have a preference regarding who presents to the DEC.

### Step 2: Build the Capacity of Family Planning and YFHS Coordinators

Provide ongoing capacity building support to the district family planning team (the family planning coordinator and deputy, where available, and the YFHS coordinator; in some districts, the safe motherhood coordinator may also be involved) for using evidence, monitoring, and participating in policy dialogue surrounding DIP development.

To successfully integrate family planning (i.e., CIP activities) into the DIP, you will need to work with the family planning coordinator and YFHS coordinator to make sure that they have good plans and justifications for proposed activities and can connect what they want to do with national and district priorities and health issues. The DIP process requires that coordinators identify the most critical activities for funding and then document those decisions with evidence so that policymakers can decide on which activities to include in the DIP. Family planning and YFHS coordinators are represented by district nursing officers during the decision-making stages of DIP development. As such, it is critical that evidence is clearly documented by the family planning and YFHS coordinators and presented to the district nursing officer in advance of their deliberations with the DHMT regarding which of the proposed activities will be included in the final DIP proposal.

#### Tip #9

##### Form a WhatsApp Group

Consider establishing a WhatsApp Group comprised of the District Health Officer, District Nursing Officer, the Family Planning Coordinator, and the YFHS Coordinator to facilitate the timely sharing of information and experiences. Doing so can address the barrier to information sharing posed by limited access to computers and other technologies. Additionally, a WhatsApp Group will allow coordinators and development partners to exchange information and suggestions about the process and learn from each other's experiences as they implement action plans.

Coordinators have limited capacity to conduct the data analysis and evidence generation required for the DIP process. Most coordinators are medical practitioners with little or no background in program management, data analysis, or writing. As a result, they often lack the skills to conduct the analysis needed to identify activities for inclusion in the DIP or to document the evidence driving those decisions. This challenge extends to budgeting, as

coordinators aren't trained in financial management. This may lead to draft activities being submitted for inclusion in the DIP without adequate resources available—for example, only budgeting 5 million Malawian kwacha for a training that would actually cost 15 million.

To address these challenges, work with the RHD to provide intensive, ongoing technical support to family planning and YFHS coordinators to analyze district-level data and compare trends in district performance to national performance. It may be helpful to form a WhatsApp group (see Tip #9).

Turnover rates are high among coordinators, which may affect your momentum, as you may need to repeat meetings and workshops to ensure that new staff are sensitized to existing evidence and national priorities.

## Tip #10

### Engage the full district council from the outset

Orient the full district council on benefits of family planning/YFHS at the beginning of your advocacy efforts. Doing so will help reduce council members' opposition when the DHMT presents the final list of proposed activities to be included in the DIP.

## Step 3: Engage the Full District Council

The full district council is composed of councillors, members of parliament, traditional authorities, interest groups, and sector heads (as ex-officials). During the second year of implementation, HP+ modified the process to reflect lessons learned during the first year, including targeting meetings to the full district council (see Tip #10). These policy dialogue sessions should be led by RHD staff and include a brief overview of the CIP, an outline of the six FP2020 commitment areas and priority activities, an overview of the need for investments in family planning (using RAPID or related tools), and brainstorming exercises on how objectives and activities may be applied to the specific district context.

**Note:** Depending on the format of the district council meeting, you may have only a small amount of time to present. If a separate meeting for the full council is scheduled, you will have a lot of time to present; if you are included as an agenda item in an already planned meeting, you will have a specific amount of time allocated.

## Importance of Coordination and Consensus-Building

During this process, you may face challenges related to coordination and consensus-building in the DIP process. The DIP is generated by different sectors, with different players contributing different sections. Often, there is limited coordination among sector heads or between coordinators and the District Health Office. This results in a lack of a common vision and can make it difficult to come to a consensus. Coordinators from different sectors—or even within the health sector—may see the issue of family planning very differently. Some may not see lack of access to family planning as a problem. If they do agree that it is a problem, they may disagree about how important it is, or how best to address it. To build consensus, it is important to know which DHMT members understand and are supportive of the proposed approach. You can cultivate these members as champions who speak up in discussions to persuade their colleagues. For example, if the district medical officer is supportive, you can help them to lead a discussion with the rest of the DHMT to identify solutions and solicit buy-in.

## Step 4: Form a Task Force

Following the policy dialogue sessions described in Step 3, the district council will need to appoint a multisectoral task force to champion the inclusion of family planning (i.e., CIP activities) into DIPs. The task force should be composed of representatives from the district council; traditional authorities; youth; technical staff from the ministries of education, youth, and health; and civil society representatives. Task forces will not have resources to implement activities themselves. Rather, their role is to champion with sector heads a process of ensuring that family planning and population activities are prioritized in the DIP, that government allocates funds to these activities, and that allocated funds are used for these activities (i.e., not reallocated elsewhere). The power to form a task force rests with the district council. As a result, how much input you have into task force membership may vary from district to district. It may be helpful to identify champions ahead of time to support task force creation. Ideally, the task force should be multisectoral and should include nongovernmental/civil society representation and others who will champion this issue. Task force members may identify areas in which they need further technical support to successfully implement their advocacy plan.

The task force will need to have terms of reference. As the orientation workshop generally happens shortly after the full council meeting, the task force can agree on key issues to be included in the terms of reference and select a few individuals to lead the drafting process. The lead partner organization and lead line ministry should provide support to this drafting team.

The task force should meet as needed—but at least once every quarter—to check in on progress and agree on next steps.

### ***Sustainability***

Task forces are temporary. As you form and support the task force, plan ahead to ensure a proper transition of roles and responsibilities. If the district has a family planning TWG, make sure you involve and coordinate with it. If there is no family planning TWG, consider how the task force could be transformed into a TWG, so that by the time the task force's lifespan comes to an end, the TWG can take over the role of championing family planning in the DIP process. Learn what other TWGs exist (such as a safe motherhood TWG or a gender TWG) and see how/whether they can integrate and inform a family planning TWG.

### **Tip #11:**

#### **Treat the Task Force as a Partner**

It is important to approach the workshop with a “co-creation” mindset. Remember that the task force will be responsible for driving the intervention in the district. Treat it as a collection of valued partners who are helping you to shape the approach. Encourage task force members to share additional contextual information and ideas for refining the approach—they are experts when it comes to their community.

## Step 5: Hold an Orientation Workshop for the Task Force

Once the task force has been appointed, hold a one-day orientation workshop to deepen members' understanding of family planning and population and development issues and strengthen their capacity in advocacy, program development, and implementation. It is important to show the linkages/impacts that family planning has on the development agenda to get buy-in from council members. During the workshop, the task force should review the group's terms of reference once more and agree on key issues. The task force should develop an advocacy plan to champion the implementation of priority family planning activities (e.g.,

CIP activities) by persuading different sectors to include family planning in their DIP proposals and convincing the district council to allocate funds to support implementation of those activities. Encourage participants to choose realistic actions that are achievable (with their own resources). At first, they may come up with a plan that lacks focus or is overly ambitious (i.e., includes too many priority issues at once and/or more activities than the task force can realistically implement in the time available). If this happens, facilitate a prioritization process to enable the task force to identify the most important issues and activities and focus their action plan on these priorities (see Annex A).

During implementation, HP+ provided ongoing capacity development for task forces through discussions on a WhatsApp group, quarterly monitoring meetings, and, where possible, one-on-one discussions with task force members.

## Step 6: Conduct Routine Monitoring Visits

Routine monitoring visits are an impetus for task forces and district councils to maintain momentum on implementing their activity plans. These visits should be conducted at least once a quarter. The visits should include:

- Ongoing orientation on new information and issues related to family planning (e.g., new data, policies, strategies)
- Reviewing progress on integrating family planning into the DIP:
  - How are family planning and population issues included in the DIP—what are the activities?
  - What are the challenges, successes, and lessons learned related to their incorporation?
  - Are any new projects anticipated? If so, how is the responsible sector ensuring that key issues related to family planning, youth, and population and development will be addressed by the new project?
- Reviewing the task force's progress implementing advocacy activities
- Checking whether the task force has leveraged resources from other sources
- Discussing sustainability mechanisms for the task force

## Step 7: Conduct Ongoing Engagement

Family planning and YFHS coordinators need to remain engaged and advocate for CIP activities beyond the DIP development process. While the DIP process ideally results in an annual workplan that reflects district priorities, in reality, the budget that comes down from the national level does not include adequate funding to carry out all of the planned activities and it is bound by requirements that dictate that certain funding be earmarked to specific government priorities. Without adequate resources, district health officers prioritize administrative and curative services.

The challenge of limited resources is unlikely to be solved in the near term—however, it is important to continue advocating for CIP activities beyond the approval stage of the DIP to ensure that activities that have been chosen to receive funding receive it. This is a challenge because many coordinators don't read the approved DIP and are therefore unaware of which of the submitted activities were approved for inclusion. To address this, it may be helpful to influence longer-term strategies, such as DDPs and Socioeconomic Profiles, which establish a broader framework and priorities for the district.

## Conclusion

Achieving the integration of CIP activities into DIPs is a long process, and one that must be led by districts themselves. There are no quick wins, as achieving this goal entails changing mindsets and securing resource allocation in a limited funding environment. Engaging stakeholders at the national level is critical to ensure alignment with national policies, strategies, and priorities, and to encourage districts to focus on family planning as a priority program. Multisectoral task forces at the district level are central to this process and should include representation from civil society organizations and other stakeholders active in family planning initiatives in the district. To ensure sustainability, these task forces can be linked with a TWG or transitioned to a TWG to embed them within existing structures. Continuous capacity building and technical assistance for the district family planning coordinator and the task force are crucial. It is also important to keep in mind that city councils and district councils have different structures, and both must be engaged to achieve the end goal.

## References

Department of Nutrition, HIV and AIDS. 2011. *National HIV and AIDS Policy (July 2011–June 2016)*. Lilongwe: Office of the President and Cabinet.

Government of Malawi (GOM). 2015. *Malawi Costed Implementation Plan for Family Planning, 2016–2020*. Lilongwe: Government of Malawi.

Government of Malawi (GOM). 2016. *Health Sector Strategic Plan, 2011–2016*. Lilongwe: Government of Malawi.

Government of Malawi (GOM). 2018. *Guidelines for District Health Planning, 2018–2022*. Lilongwe: Government of Malawi.

Ministry of Finance, Economic Planning and Development (MOFEPD). 2012. *National Population Policy*. Lilongwe: Government of Malawi.

Ministry of Health (MOH). 2012a. *National Sexual and Reproductive Health and Rights Strategy (2011–2016)*. Lilongwe: Government of Malawi.

Ministry of Health (MOH). 2012b. *Malawi National Plan for the Elimination of Mother to Child Transmission*. Lilongwe: Government of Malawi.

Ministry of Youth and Sports. 2013. *National Youth Policy*. Lilongwe: Government of Malawi.

## Annex A. Action Plan

### 1. Advocacy Prioritization Grid and Instructions

To create a successful action plan, it is important to focus on a small number of issues, but it can be hard to choose—there are so many issues that need to be addressed. The prioritization grid can be used to facilitate a process of narrowing down and prioritizing what advocacy issue(s) to focus on.

#### *Instructions for Developing an Advocacy Prioritization Grid*

1. Create a grid by writing the criteria that you will use to prioritize your policy solutions in the top row of the grid and your policy solutions in the first column.
2. Score each policy solution/goal using the criteria listed across the top of the grid using 1–#, where # equals the number of policy goals included in your grid, with 1=worst and #=best. For example, if you include nine policy goals in your grid, you will score each goal on a scale of 1–9, with 1=worst and 9=best.

**Only give a score (1, 2, 3, 4, #) once in each column.**

3. Add up the total scores for each policy option.
4. Discuss: Is there a clear “winner” that you all agree on? If not, discuss the trade-offs between the top two choices.

### Example Advocacy Prioritization Grid

Advocacy Objective	Criteria 1: Importance How important is this objective to achieving your overall vision/mission?	Criteria 2: Relevance How relevant is it to addressing the issue/concern?	Criteria 3: Achievability How likely is it that the objective can be achieved within the timeframe of the action plan?	Criteria 4: Resources How many resources (money, human, or other) are needed to achieve this objective?	TOTAL SCORE
Advocacy Objective 1					
Advocacy Objective 2					
Advocacy Objective 3					
Advocacy Objective 4					
...					
...					
...					
Advocacy Objective #					

Score each goal on a scale of 1–# (# is the number of goals that you have included in your grid).

Use a number **only once** in each column.

**1=Worst; #=Best**

## 2. Sample Action Plan Template (with Examples)

**Advocacy Goal: Priority family planning activities from CIP included in approved DIP**

**Advocacy Objective #1: Engage champions to support integration**

Activity/Subactivity	Tasks	Responsible	Start Date	End Date	Status	Notes
<b>Activity 1: Information gathering</b>						
1.1 Assess whether family planning is included in the DIP and/or the district health budget	Gather documents: <ul style="list-style-type: none"> <li>Current district implementation plan (DIP)</li> <li>Current health strategic plan</li> <li>Current district development plan (DDP)</li> </ul>					
	Review documents: <ul style="list-style-type: none"> <li>Is family planning included?</li> <li>Are there current health and development priorities or other information that could be used to support advocacy?</li> </ul>					
1.2 Find out more about the current DIP process	Timeline, including <b>date of District Health Management Team (DHMT) meeting</b>					
	Who are the key players in the DIP process? <ul style="list-style-type: none"> <li>Which are most influential?</li> <li>Are they likely to be supportive, neutral, or opposed?</li> <li>What do they care about? (To help you frame persuasive arguments)</li> </ul>					

Activity/Subactivity	Tasks	Responsible	Start Date	End Date	Status	Notes
1.2 Find out more about the current DIP process (continued)	<p>How is the DHMT meeting run?</p> <p>Will there be time to present? If not, what is the preferred format for briefing the DHMT or making a case for including family planning in the DIP?</p> <p>Can you get invited to a DHMT meeting and/or on the agenda? If not, who can/how can you reach the DHMT to advocate for inclusion of family planning?</p>					
<b>Activity 2: Identify and engage potential champions</b>						
2.1 Use the information gathered to identify a small number of champions		Task force members				
2.2 Prepare to engage champions	<p>Gather additional information as needed (How supportive do you think each individual will be? What is important to them?)</p> <p>Decide how you will approach the champions—Formal meeting? Informal chat? Other?</p> <p>Prepare information/materials to share with the champions</p>					
2.3 Engage the champions—tailoring your approach based on each individual’s level of knowledge, interests, and perceived level of supportiveness	<p><i>Make sure you have a concrete “ask” and tailor your ask to the information you have gathered about the champions</i></p> <p>Write down notes during and/or after the meeting, including any agreements, follow-up tasks, and overall impressions</p>					

Activity/Subactivity	Tasks	Responsible	Start Date	End Date	Status	Notes
2.4 Debrief with colleagues and fellow advocates after the meeting	What went well? What arguments were presented for and against the proposal? What did the champion(s) agree to do? <ul style="list-style-type: none"> <li>What follow-up is needed to make sure this happens?</li> </ul> Based on what you observed, is any change in your advocacy approach needed? Identify follow-up actions, responsible individuals, and timelines (add these to the action plan)					
2.5 Plan and execute follow-up actions	On a monthly basis, follow up with the chair of the task force and relevant coordinators about the status of action plans					Add additional tasks to 2.5 after the debrief (2.4)
<b>Activity 3:</b>						
3.1						
3.2						
3.3						
<b>Activity 4:</b>						
4.1						
4.2						
4.3						

## Annex B. Sample Templates for Landscape Assessment

Stakeholder Analysis Table

Stakeholder <i>Individual or Institution*</i>	Location of Implementation	Thematic Area	Duration of the Intervention	Roles**	Level of Support <i>(Neutral, Supportive, Opposed)</i>	Current Priorities/ What's Important to Them?	How Do These Fit with Proposed Approach?	Strategy <i>How will you strengthen their support?</i>

\* For institutions, you may need to identify several “key players” within the institution—individuals, departments, etc.

\*\* What is the role of the institution, individual, or department? What role do you want the stakeholder to play in your proposed approach?

**Policy Analysis Table**

Law, Policy, or Guideline <i>What laws, policies, and guidelines are currently in place?*</i>	Institution	How Does this Policy Fit with Your Intended Approach?	How Does this Policy Conflict with Your Intended Approach?	What Actions Are Needed? <i>What steps will you take to incorporate this policy into your approach and/or to resolve policy conflicts?</i>

\*Include relevant institutional policies and strategies, as well as any district bylaws or policies that relate to YFHS (e.g., at the health center or the school).

## Annex C. Key Policies and Strategies Related to Integrating CIP Activities into DIPs

Family Planning 2020. "Malawi Commitments." Available at: <https://familyplanning2020.org/malawi>.

Government of Malawi. 2013. *National Population Policy*. Lilongwe: Government of Malawi.

Government of Malawi. 2015. *Malawi Costed Implementation Plan for Family Planning, 2016–2020*. Lilongwe: Government of Malawi.

Government of Malawi. 2015. *National Gender Policy*. Lilongwe: Government of Malawi.

Government of Malawi. 2017. *Health Sector Strategic Plan II (2017–2022) (HSSP II)*. Lilongwe: Government of Malawi.

Government of Malawi. 2017. *The Malawi Growth and Development Strategy (MGDS) III (2017–2022): Building a Productive, Competitive, and Resilient Nation*. Lilongwe: Government of Malawi.

Government of Malawi. 2018. *National Strategy for Adolescent Girls and Young Women (AGYW) (2018–2022)*. Lilongwe: Government of Malawi.

Government of Malawi. 2019. *Prioritization of Family Planning Interventions at National and District Levels for 2018–2020: Addendum to the 2015 Malawi Costed Implementation Plan for Family Planning, 2016–2020*. Lilongwe: Government of Malawi.

Ministry of Education. 2008. *National Education Sector Plan*. Lilongwe: Government of Malawi.

Ministry of Health. 2009. *National Sexual and Reproductive Health and Rights (SRHR) Policy*. Lilongwe: Government of Malawi.

Ministry of Health. 2015. *National Youth-Friendly Health Services Strategy, 2015–2020*. Lilongwe: Government of Malawi.

Ministry of Health. 2017. *Malawi National Community Health Strategy 2017–2022*. Lilongwe: Government of Malawi.

Ministry of Health. 2017. *National Health Policy 2017*. Lilongwe: Government of Malawi.

Ministry of Youth and Sports. 2013. *National Youth Policy*. Lilongwe: Government of Malawi.

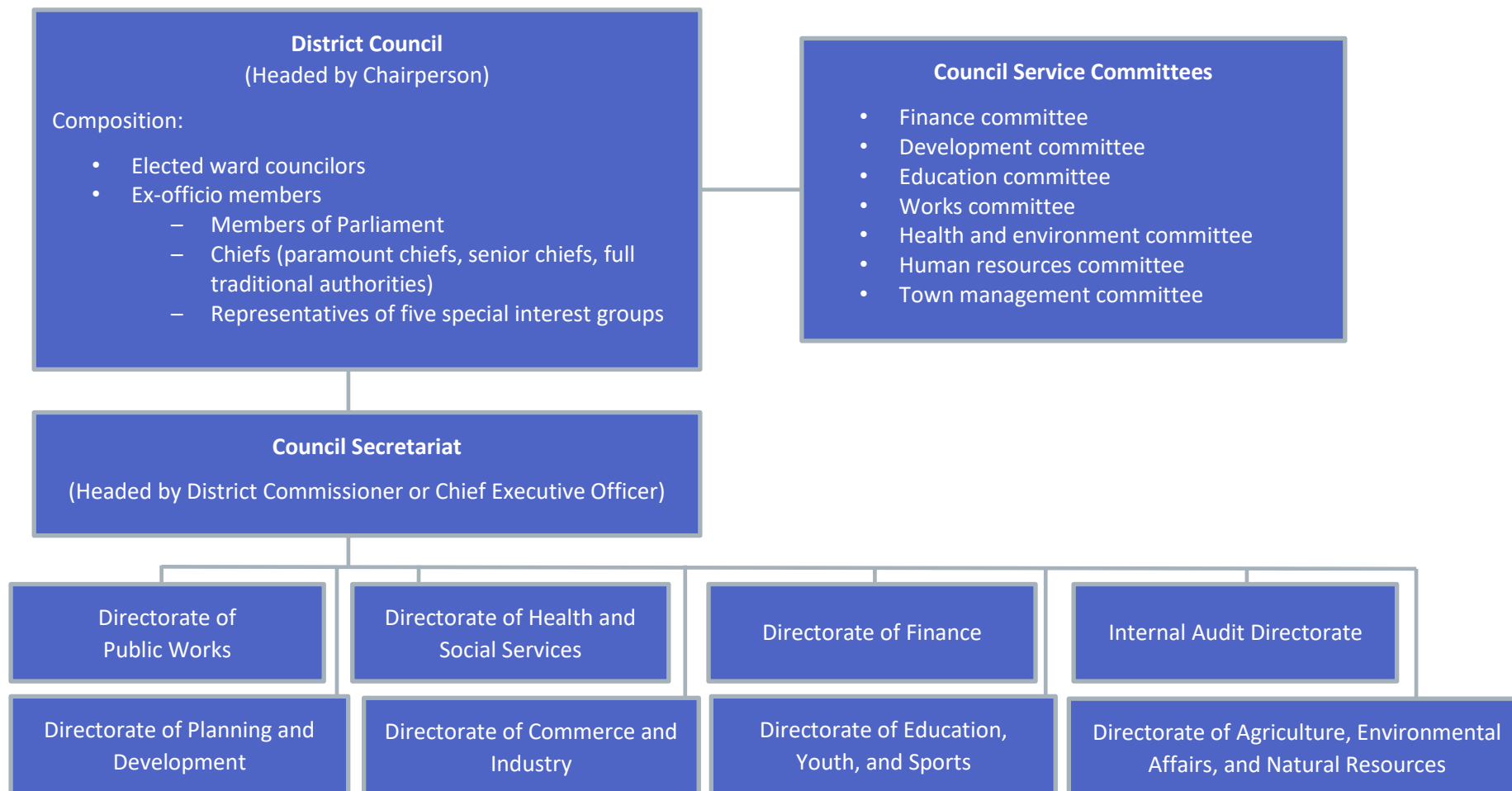
National Economic Council of Malawi. 1998. *Vision 2020*. Lilongwe: Government of Malawi.

United Nations. 2015. "Sustainable Development Goals." Available at: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

## *Laws*

- Marriage, Divorce, and Family Relations Act (2015)
- Child Care, Protection, and Justice Act (2010)
- Prevention of Domestic Violence Act (2006)
- Education Bill (2013)
- Gender Equality Act (2013)
- The Vocational, Entrepreneurial and Technical Training Act (TEVET) Act (1999)
- Chiefs Act (1967)
- Public Health Act (1948) (Under review)

## Annex D. Key Government Structures at the District Level



Source: Adapted from Government of Malawi. 2013. *Guidebook on the Local Government System in Malawi*. Lilongwe: Ministry of Local Government and Rural Development.

## Annex E. Additional Resources

### ***Family Planning Goals Model***

The Family Planning (FP) Goals model provides ways to integrate evidence into decision making by helping to answer the question of what types of investments within a family planning program will lead to desired outcomes. The model is calibrated using country-specific data (such as current coverage) to project forward, taking into account current demographic changes. The model draws on a global evidence base regarding what types of programs are most effective in contributing to growth in family planning, and—when possible—aligns activities with the high-impact practices identified by the FP2020 reference group. The model also takes into account who will be reached with each intervention.

For results of the 2018 FP Goals model application, see: Government of Malawi. 2019. *[Prioritization of Family Planning Interventions at National and District Levels for 2018–2020. \(Addendum to the 2015 Malawi Costed Implementation Plan for Family Planning, 2016–2020\)](#)*. Lilongwe: Government of Malawi.

### ***Advocacy Resources***

Health Policy Plus. 2020. *[Investing in Malawi's Future: A Guide for Family Planning Budget Advocacy](#)*. Washington, DC: Palladium, Health Policy Plus.

Ministry of Finance, Economic Planning and Development and University of Malawi, Chancellor College. 2017. *[RAPID: Estimating the Impact of Population Growth on Development in Malawi](#)*. Lilongwe: Ministry of Finance, Economic Planning and Development.

### ***Data Sources***

Government of Malawi, DHIS2: <https://dhis2.health.gov.mw/dhis-web-commons/security/login.action>

Malawi Demographic and Health Survey reports—latest available at the time of publication:

- National Statistical Office (NSO) and ICF. 2017. *[Malawi Demographic and Health Survey 2015-16](#)*. Zomba and Rockville, MD: NSO and ICF.

Multiple Indicator Cluster Survey—latest available at the time of publication:

- National Statistical Office. 2014 (updated July 2015). *[Malawi MDG Endline Survey 2014. Key Findings](#)*. Zomba, Malawi: National Statistical Office.

Malawi National Statistical Office: <http://www.nsomalawi.mw/>

Malawi Population-Based HIV Impact Assessment. Reports and data can be accessed on the PHIA project's website: <https://phia.icap.columbia.edu/countries/malawi/>. At the time of publication, the latest report was:

- Ministry of Health, Malawi. 2018. *[Malawi Population-Based HIV Impact Assessment \(MPHIA\) 2015-2016: Final Report](#)*. Lilongwe, Ministry of Health.

Population and Housing Census Reports (available on the National Statistical Office website: [www.nsomalawi.mw](http://www.nsomalawi.mw)). Latest available at the time of publication:

- National Statistical Office. 2017. [\*Malawi Housing and Population Census, 2018\*](#). Lilongwe: Government of Malawi.
- National Statistical Office. 2010. [\*Malawi Housing and Population Census, 2008\*](#). Lilongwe: Government of Malawi.

Population Malawi website: <http://populationmalawi.org/>

### **Other Resources**

Republic of Malawi and University of Malawi. 2018. [\*Benefits of Slower Population Growth in Malawi's Districts\*](#). Lilongwe: Republic of Malawi.

Republic of Malawi. 2018. *Guidelines for District Health Planning 2018-2022*. Lilongwe: Ministry of Health.

Republic of Malawi. 2013. [\*Guidebook on The Local Government System in Malawi\*](#). Lilongwe: Ministry of Local Government and Rural Development.



For more information, contact:

Health Policy Plus  
Palladium  
1331 Pennsylvania Ave NW, Suite 600  
Washington, DC 20004  
Tel: (202) 775-9680  
Fax: (202) 775-9694  
Email: [policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)  
[www.healthpolicyplus.com](http://www.healthpolicyplus.com)

