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MALAWI FP2020 ASSESSMENT: SUMMARY REPORT

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Abbreviations

BLM	Banja La Mtsogolo
CIP	Costed Implementation Plan
CSE	comprehensive sexuality education
CSO	civil society organization
DHS	Demographic and Health Surveys
EWG	Engagement Working Group
FCDO	Foreign Commonwealth and Development Office
FPAM	Family Planning Association of Malawi
FP2020	Family Planning 2020
GFPVAN	Global Family Planning Visibility and Analytics Network
HP+	Health Policy Plus
HSJF	Health Services Joint Fund
LARC	long-acting reversable contraceptive
LMIS	logistics management information system
LSE	life skills education
mCPR	modern contraceptive prevalence rate
MOEST	Ministry of Education, Science and Technology
MOH	Ministry of Health
MOH-RHD	Ministry of Health-Reproductive Health Directorate
MWK	Malawian kwacha
NGO	nongovernmental organization
NSO	National Statistics Office
ONSE	Organized Network of Services for Everyone's Health
SRHR	sexual and reproductive health and rights
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USD	U.S. dollar
WHO	World Health Organization
WISH	Women Integrated Sexual Health
YFHS	youth-friendly health services

FP2020 Agenda

Family Planning 2020 (FP2020) was launched with a simple premise: that every woman and girl, no matter where she lives, should have the opportunity to use lifesaving, life-changing modern contraception. The global leaders who gathered at the London Summit in 2012 agreed on an ambitious goal and a tight timeframe for achieving it: to reach an additional 120 million users of modern contraception in the world's 69 lowest-income countries by 2020 (FP2020, 2021). Malawi is among the 69 focus countries that made commitments to achieve the FP2020 vision.

Malawi committed to an ambitious overall goal of increasing its modern contraceptive prevalence rate (mCPR) for all women from the baseline of 38 percent in 2012 to 60 percent by 2020 with a focus on reaching the 15–24-years of age group. To achieve what was pledged, the Government of Malawi defined clear objectives under three main pillars to execute the FP2020 agenda: policy, service delivery, and financing. These commitments were renewed in 2017 to take stock of progress made and to update the final set of activities that would enable Malawi to reach its FP2020 goal.

With the FP2020 initiative blueprint, the Ministry of Health-Reproductive Health Directorate (MOH-RHD) instituted and chaired the FP2020 Engagement Working Group (EWG) to ensure alignment to these commitments. The EWG is incorporated into existing Ministry of Health (MOH) governance structures; it reports to the Family Planning Technical Working Group and the overarching Safe Motherhood Technical Working Group. Membership of the EWG includes donors and development partners, nongovernmental organizations (NGOs) and civil society organizations (CSOs), and one youth representative. Later, a standalone CSO EWG was established to ensure accountability, while retaining its membership in the larger EWG. Throughout, the Malawi Mission of the U.S. Agency for International Development (USAID) and the United Nations Population Fund (UNFPA) in Malawi took on the role as secretariat of the EWG, rotating on a bi-annual basis.

This document provides an overview of how that structure has worked in Malawi to progress toward the FP2020 commitments from 2012 to 2020. It summarizes a larger assessment undertaken by the USAID-funded Health Policy Plus (HP+) project, in collaboration with the MOH-RHD. The information provided here is a consolidation of the desk review and interview responses performed during the larger assessment.

The FP2020 assessment focused on the achievements made under the 2017 renewed commitments, with a snapshot of accomplishments and progress on the initial 2012 commitments. The assessment covered three main objectives:

1. Determine and document the progress Malawi made on its FP2020 commitments.
2. Identify the factors that either enabled the achievement (or progress toward achievement) or challenged the achievement of the FP2020 commitments.
3. Understand the extent to which collaboration and coordination mechanisms contributed to leveraging domestic engagement in policy, stewardship, and governance and linkages toward achieving the FP2020 commitments.

Country Demographic Profile

Malawi has a population of 17.5 million—growing at 2.9 percent per year. The country has the largest youth population in its history with 51 percent under 18 years of age, which represents a high ratio (NSO, 2019).

Table 1. Key Demographics

Indicator	2008[i]	2018[ii]
Total population, millions	13	17.5
Percent of population that are adolescent girls and young women (15–24 years of age)	15%	18%

Indicator	2000[iii]	2015/16[iii]
Total fertility rate	6.3	4.4
Mean ideal number of children, men, and women	4.2	3.7
Current use of any modern method of family planning, all women	21.5%	45.2%
Percent of teenagers who have begun childbearing (15–19 years of age)	33%	29%
Percent of women who desired to have their most recent birth at a later date	18%	30%

Sources: [i] NSO, 2009; [ii] NSO, 2019; [iii] NSO and ICF, 2017

Findings

Overall Changes in Key Indicators

The modern contraceptive prevalence rate for all women rose to 49 percent in 2020. After an eight-year period, Malawi did not reach the 60 percent mCPR goal for all women; however, this ambitious target led to an increase in modern contraceptive use by all women from 38 percent in 2012 to 49 percent in 2020, representing an overall increase of 28.3 percent. The pace of mCPR growth was faster in the first four years, from 2012 to 2016, with an increase of 21.3 percent, while in the second phase (2017–2020) it increased by 5.8 percent.

Unmet need for family planning declined from 26 percent in 2012 to 17 percent in 2020. The country registered success in reducing unmet need for modern contraception by 35 percent. The percentage of women whose demand was satisfied with a modern method of contraception increased from 65.9 percent to 78.9 percent, just shy of the target of 88.7 percent.

Almost 1 million additional family planning users since 2012. Through these efforts, Malawi has achieved an estimated 1,350,580 couple-years of protection. As of August 2020, the health sector has enabled 2,418,000 total users in these eight years, which represents 993,000 additional users since 2012, representing a success rate of 53 percent (Track20, 2020).

Progress on FP2020 Commitments

The government had made progress on almost all the 2012 commitments by 2017.

Table 2. Status of 2012 Commitment by 2017

Indicator	Status 2017
Develop a comprehensive sexual and reproductive health and rights program for young people starting in FY 2013–14	✓ Youth-friendly health services strategy 2015–2020 developed
Increase coverage of services through expansion of public-private partnerships, starting in FY 2013–14	✓ Service-level agreements with the Christian Health Association of Malawi and social marketing franchises by NGOs executed and implemented
Increase community participation in family planning services through initiatives like the traditional chiefs committee	✓ Several meetings with chiefs and councils held by government and partners
Strengthen forecasting and data management for effective supply chain operations	× Support provided to the government by USAID's Global Health Supply Chain program; however, lack of data contributed to stock-outs
Create a family planning line in the main drug budget by FY 2013–14	✓ Budget line established through advocacy efforts by partners (HP+ and UNFPA) and members of parliament
Demonstrate accountability in the utilization of available resources	✓ Population Action International supported the Malawi Network of AIDS Service Organizations to develop a budget tracking tool; advocacy efforts provided by HP+ and other CSOs
Increase financial allocation for health systems supporting family planning	× Family planning budget line for commodities modestly increased each year; funding gaps remain
Raise the legal age for marriage to 18 years of age by 2014	✓ Bill passed with advocacy from the Ministry of Gender, Community Development and Social Welfare and CSOs
Strengthen policy leadership by elevating the Reproductive Health Unit as a full directorate	✓ Done
Approve the National Population Policy by December 31, 2012	✓ Done

✓ Fully executed; × Partially executed

2017 Commitments

Maintaining its goal of increasing mCPR for all women to 60 percent, the Government of Malawi recommitted to (FP2020, 2017, p. 1):

> *Ensure universal access to, and coverage of, sexual reproductive health and rights information and services with specific focus to all adolescent and young people through promoting wider method mix choice and LARCS [long-acting reversible contraceptives] with the goal of "no parenthood before adulthood," and in the spirit of the SGDs [Sustainable Development Goals] "leaving no-one behind."*

This was broken into six commitment areas:

1. Slow the pace of population growth, lower fertility rates, and expand contraceptive method choice and availability of long-acting reversable contraceptives
2. End child marriages by 2030 and delay first pregnancy among young girls
3. Leverage resources for full implementation of the national costed implementation plan for family planning
4. Integrate information on modern methods of family planning into comprehensive sexuality education and in public media
5. Promote meaningful engagement with young people in coordination and implementation of sexual and reproductive health, family planning, and youth-friendly health services
6. Improve the accuracy of data on contraceptive stocks at facility and central levels

Under each of these themes, a subset of specific activities, objectives, and targets were set.

2017–2020 Commitment Progress

Commitment 1: Slow the pace of population growth, lower fertility rates, and expand contraceptive method choice and availability of long-acting reversable contraceptives

When a country has a higher proportion of dependents (many children or older persons) compared to the working-age population, there is a potential to derail current and future socio-economic development. Over half of Malawi's population is under 18 years of age, signifying a very high dependency ratio. Furthermore, in Malawi, 11 percent of pregnancies are unplanned and 30 percent are mis-timed (NSO and ICF, 2017), fueling family sizes larger than what is desired and increasing overall population growth. Ensuring clients are meeting their reproductive intentions by expanding access to family planning methods and ensuring a wide range of method options, including long-acting reversable contraceptives (LARCs), can greatly slow population growth, assist young people to complete their education, and contribute to the development agenda overall.

Specific Activities

1.1. Implement the 2018 World Health Organization (WHO) guidelines on contraceptives for youth and align national policies/guidelines to allow increased access to family planning commodities by 2030.

FULLY EXECUTED

- The MOH, with support from USAID's Organized Network of Services for Everyone's Health (ONSE) project, reviewed, and modified existing national guidelines to align with WHO recommendations.

1.2. Design a task-shifting service delivery model that promotes method mix and reaches young people.

FULLY EXECUTED

- Health surveillance assistants were enabled to provide Depo-Provera contraceptive injections; nurse midwife technicians and community midwife assistants were certified to insert LARCs; the use of youth community-based development assistants was scaled up; self-injection of Sayana Press, a long-acting contraceptive, was introduced to promote self-care; and a "nested provider" model was put in place to increase access to family planning methods in lower-level health facilities.

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

PARTIALLY EXECUTED

- ONSE, the T'sogolo Langa projects (funded by the UK Department for International Development), the Family Planning Association of Malawi (FPAM), and other partners focused their activities on reaching young people with youth-friendly health services (YFHS).
- Efforts have been made to target young people; however, several gaps still exist around youth-friendly service provision, and resources for them are largely provided by development partners, not through domestic funding.

1.4. Execute fully the YFHS strategy to ensure multisectoral participation and accountability of stakeholders for improved access to sexual and reproductive health, including contraceptives among sexually active young people 10–24 years of age.

PARTIALLY EXECUTED

- Components of the YFHS strategy were implemented by partners; HP+ piloted a robust multisectoral YFHS approach, but in only one district in Malawi.
- At the national level, collaboration among line ministries, i.e., health, education, youth, and gender, was strengthened when membership to the Family Planning and Safe Motherhood technical working groups were extended to these pertinent departments.
- These multisectoral initiatives contributed to a 75 percent increase in delivery of youth services between 2017 and 2020. DHIS2 disaggregated data across 2017–2020 shows that the most-sought services by adolescents 10–14 years of age were family planning information and counseling while for youth 15–19 and 20–24 years of age, the uptake of condoms was the most-sought service. More focus on YFHS is needed.

1.5. Increase the percentage of accredited YFHS facilities that meet at least the five minimum YFHS standards from 37 percent to 60 percent by 2020.

FULLY EXECUTED

- The ONSE project and UNFPA supported the National Youth Council of Malawi, and the MOH-RHD to accredit 360 facilities (85 percent) as youth friendly.

Malawi remains on track to reach more users with modern contraceptives and should seize the growing demand for LARCs. It should also focus more on young people and delivering quality YFHS.

Commitment 2: End child marriages by 2030 and delay first pregnancy among young girls

Malawi has one of the highest rates of child marriage in the world, with 42 percent of women aged 20 to 24 years married or in union before the age of 18 (UNICEF, 2021). These high rates contribute to poor education outcomes, high fertility rates, and high rates of maternal mortality and morbidity because girls who marry young are at a much higher risk of pregnancy-related injuries. Poverty, negative social and gender norms, and harmful gendered practices remain key drivers of early and forced child marriages in Malawi. Child marriage is also one of the most common responses to adolescent and teenage pregnancy, even if that pregnancy was unintended or a result of rape or sexual violence.

Specific Activities

2.1. Work closely with line ministries (e.g., health and population, gender, youth, education), parliamentarians, religious leaders, civil society, the private sector, and the media to reinforce implementation of the Marriage, Divorce and Family Relations Act.

PARTIALLY EXECUTED

- Partners worked toward popularizing the translated act and supporting reinforcement together with the Ministry of Gender, Community Development and Social Welfare. However, the ministry still has limited funding to fully enforce the act. Similarly, current child protection laws do not have clear punitive measures that guide the judiciary should minors marry contrary to the law.
- By-laws instituted by chiefs tend to curb early and forced child marriages, but research shows that enforcement of these by-laws are not transparent and that some fines are too high. High fines mean that disadvantaged people resort to usurious borrowing arrangements with exorbitant interest rates, thereby worsening poverty.

2.2. Bring value to girls in the family, highlight the importance of keeping girls in school through public dialogue with traditional leaders and discussions with parents and other stakeholders.

FULLY EXECUTED

- Many partners, including the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, HP+, ONSE, Breakthrough Action, PLAN, CARE, and others, have worked with Malawi line ministries on this issue, with public dialogue and community sensitization as key approaches.
- The Adolescent Girls and Young Women Strategy (2017–2020); the National Readmission Policy (2018); and the Gender, HIV and AIDS Implementation Plan (2016–2020) have been launched and are being implemented across sectors.
- The MOH; Ministry of Education, Science and Technology; Ministry of Gender, Community Development and Social Welfare; Ministry of Youth; and Ministry of Economic Planning, Development and Public Sector Reforms have promoted these concepts in policies and activities.[1]

2.3. Address the root causes of early and forced child marriages and end the practice by 2030.

PARTIALLY EXECUTED

- The National Strategy on Ending Child Marriage (2018–2023) was developed and launched.
- Most government and partner activities engaged communities and gatekeepers (e.g., traditional and religious leaders) to examine the dangers of child marriage and look at ways to address them within the community. Notably, these efforts largely focus on ending and deterring child marriages, rather than addressing the root causes of child marriages.
- Activities being undertaken by partners and the government include advocacy at national, district, and community levels; social and behavior change influencers; capacity development of youth; training youth groups on advocacy and their rights based on the Marriage, Divorce and Family Relations Act; and legal reforms.

[1] The names of several Government of Malawi ministries changed over the course of implementing FP2020 activities. For consistency and simplicity, the names as of 2022 are used in this brief.

While early and forced child marriages is being addressed, child marriages remain relatively high with approximately one in two girls between 20–24 years of age having been married before the age of 18 (UNICEF, 2016). During the onset of COVID-19, there were concerns this rate was increasing. Among girls 15–19 years of age, 29 percent were already mothers or pregnant with their first child (NSO and ICF, 2017).

Commitment 3: Leverage resources for full implementation of Malawi's national costed implementation plan for family planning

The Family Planning Costed Implementation Plan (CIP) (2015–2020) was developed to outline and cost various strategic interventions that would help Malawi achieve its FP2020 mCPR goal of 60 percent. The CIP provided government and partners with projected associated funding levels required to achieve each of the key pillars and inform ideal quantities of commodities needed across the five-year period.

Specific Activities

3.1. Mobilize financial and technical resources to fully ensure that adolescents and young people have universal access to voluntary and informed contraception for all who need it. Ensure at least 75 percent of demand among people 15–49 years of age is satisfied, with a focus on addressing the bottlenecks to contraceptive use among youth and other underserved population sub-groups. This will be done through improved quality of counseling and comprehensive counseling by trained family planning health providers.

FULLY EXECUTED

- Donors supported various youth-focused programs, e.g., ONSE, T'sogolo Langa, the Women Integrated Sexual Health (WISH) project, and another program through Banja La Mtsogolo (BLM).
- UNFPA almost doubled expenditures for adolescent youth programs—from 8.6 percent of its funding in 2014 going to youth activities to 15.6 percent in 2019 (UNFPA, n.d.).

3.2. Lobby the National Statistics Office (NSO) for Demographic and Health Surveys (DHS) family planning data disaggregated by age (10–14, 15–19, and 20–24 years of age) to track adolescent and youth, including young adolescent, data.

PARTIALLY EXECUTED

- The MOH-RHD put forward a proposal to the NSO to disaggregate data by age in the next DHS. The NSO is not opposed to the idea of including the 10–14-year age group in the DHS but has indicated the need for financial support and further resource mobilization to enable it.
- The MOH has revised the family planning registers on service-level data to include lower age bands and now data is grouped by ages 10–14, 15–19, and 20–24 years. Previously, data collection started with the 15–19 years of age band.

3.3. Continue to lobby for increased funding for family planning commodities and services according to the CIP funding gap analysis.

FULLY EXECUTED

- HP+ conducted a CIP gap analysis, which the MOH-RHD used as a resource mobilization tool.
- A 2017 domestic resource flows study established that government expenditures on family planning activities were USD 7.2 million, which is above the total CIP estimated cost of implementing activities. However, much of this money was spent on

operational costs (e.g., salaries), which led to more advocacy efforts for targeted spending on family planning program activities.

- The national family planning line-item for commodities in the national health budget increased from 75 million Malawian kwacha (MWK) in 2017 to MWK 200 million in 2020, as a result of advocacy from CSOs and NGOs (such as OPTIONS, HP+, the White Ribbon Alliance, and CARE), from UNFPA, and from members of parliament.

3.4. Promote public-private partnerships for the provision of family planning services and commodities.

PARTIALLY EXECUTED

- The MOH-RHD largely worked with the Christian Health Association of Malawi to provide family planning services for free in their facilities through service-level agreements with the government.
- The MOH-RHD worked with social marketing NGOs that work with private clinics to increase private-sector provision of high-quality family planning services. This action created an enabling environment for government and partners to deliver services at low cost in hard-to-reach areas.

In summary, there has been overall commitment by the government and partners to leverage public and private resources to support full implementation of the CIP.

Commitment 4: Integrate information on modern methods of family planning into comprehensive sexuality education and in public media

Comprehensive sexuality education (CSE) leads to improved sexual and reproductive health, resulting in the reduction of sexually transmitted infections, HIV, and unintended pregnancy. It not only promotes gender equality and equitable social norms but has a positive impact on safer sexual behavior, delaying sexual debut, and increasing condom use (UNESCO, 2015). By 2017, the Ministry of Education, Science and Technology (MOEST) updated the government's life skills education (LSE) offered from Standard 1 through Standard 8, and Form 1 and Form 2 (LSE includes some information on HIV, condoms, and pregnancy) and there is a CSE curriculum elective for Forms 3–4. However, despite the title of CSE curriculum, the courses were notably lacking content around modern methods of family planning. The MOEST was reluctant to include the family planning module because teachers had not received appropriate training to instruct students on this area. LSE is taught by teachers with a Malawi school certificate of education (which is equivalent to an O-Level certificate) or a teacher education certificate. In some private schools, teachers may have a diploma in education or a bachelor's degree in education, arts, or sciences (UNESCO, 2019).

Specific Activities

4.1. Integrate information on modern contraceptives in CSE.

PARTIALLY EXECUTED

- Between 2017 and 2020, strengthened advocacy from CSOs and the MOH resulted in the MOEST integrating comprehensive information on family planning methods into its LSE and CSE curricula. A situational analysis conducted by UNESCO in 2019 showed that LSE is a core subject taught in teacher training colleges, meaning teachers should have the capacity to instruct students. The MOH reports that, although the MOEST has integrated family planning information, the updated curricula will not be incorporated into curricula for five more years. A curriculum for out-of-school youth is offered by the Ministry of Youth through school clubs, and this includes modern family planning methods. But there remains the challenge that all

current teachers and facilitators may not have the skills to adequately impart this information to students—rather, teachers often rely on health workers to provide this information.

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

EXECUTION UNCLEAR

- No clear evidence suggests these two curricula were harmonized. However, both have content or modules on CSE and include family planning contraception information (UNFPA and the former Ministry of Labour, Youth, Sports, and Manpower Development worked on the out-of-school CSE).

4.3. Promote standardized implementation of CSE curricula among all stakeholders in all sectors to ensure that standardized messages reach youth.

PARTIALLY EXECUTED

- While the MOEST has been teaching updated LSE/CSE curricula, partners and other stakeholders have been using their own variations. To ensure there is a standardized LSE/CSE curriculum going forward, PSI developed an LSE curriculum in 2018 and has since engaged the MOEST to adopt this curriculum to be used not only in schools but also by partners. The MOEST is in the process of fully adopting this curriculum within the next update cycle (this will replace the current 2017 MOEST curriculum).
- Development partners continue to use their own curricula for CSE delivered outside the main education system.

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

PARTIALLY EXECUTED

- Advocacy efforts by UNESCO and other partners have continued to ensure that CSE is properly taught in public institutions.
- There is no evidence to support that advocacy was conducted toward *privately owned* primary and secondary schools and tertiary institutions.

4.5. Use mass media and social media to destigmatize family planning and to reach young people in workplaces and communities with information.

FULLY EXECUTED

- The MOH and NGOs used several formats, e.g., reality shows, media campaigns, jingles, radio, SMS feedback loops, television, social media, local artists, dance, interactive drama workshops, serial radio drama, quizzes, and health talks, to reach this sub-population.
- Media outlets included national, faith, and youth radio, television, and print media houses. Key partners included: Nkhoma Synod, Youth Net and Counselling, PLAN Malawi, Save the Children under the USAID-funded Music4Life project, Theatre for Change Malawi, FHI 360 through a USAID project campaign Moyo ndi Mamba, Usamalire (Life is Precious, Take Care of It), and Development Media International and FPAM through the UK Foreign Commonwealth and Development Office (FCDO)-funded WISH project. In addition, HP+ worked with 12 community radio stations to promote YFHS and family planning.
- Content focused on priority health issues among adolescents, such as teen pregnancy and messages on planning one's family; keeping girls in school; access to contraceptives among young people, especially girls; the demographic dividend; commodity security; and integration of sexual and reproductive health/HIV and SRHR services during humanitarian crises.

- Phone applications were launched, such as Thanzi Lathu (My Health) and Sunga Moyo (Keep Healthy) by PSI, Chipatala Cha Pa Phone (Health Centre by Phone) by Concern WorldWide through Village Reach, and “Tune Me” (a free mobile Facebook app) for sexual and reproductive health information supported by UNFPA.

In summary, during its FP2020 program, Malawi made concerted cross-sectoral efforts on integration/standardization of CSE in various government curricula and focused on primary and secondary school engagement on CSE. Furthermore, family planning and related issues are robustly covered through various media streams in Malawi.

Commitment 5: Promote meaningful engagement with young people in coordination and implementation of sexual and reproductive health, family planning, and youth-friendly health services

Participation in development programming is a fundamental right. It is one of the guiding principles of the Universal Declaration of Human Rights that has been reiterated in many other conventions and declarations. Through active participation, young people are empowered to play a vital role in their own development and in their communities, helping them to learn pivotal life skills, to develop knowledge on human rights and citizenship, and to promote positive civic action. To participate effectively, young people must be given the proper tools, such as information and education about and access to their civil rights (UNDESA, 2013). From 2012–2020, partners rallied to ensure young people were empowered to participate in several policy fora.

Specific Activities

5.1. Strengthen capacity of 100 to 200 sexual and reproductive health leaders at youth clubs and youth-led organizations to participate in planning and coordinating the implementation of YFHS services.

FULLY EXECUTED

- The Ministry of Youth trained 18 youth network members in each region on SRHR.
- The Ministry of Youth and MOH-RHD, with support from HP+, trained 70+ youth on advocacy, SRHR, local governance, policy communication, and economic empowerment.
- A peer-to-peer approach was used by FPAM’s Youth Action Movement to catalyze youth participation through community-based structures.
- Inclusiveness and open dialogue were used to solicit young people’s views on pertinent SRHR policy issues. Examples include the Youth Conference: Pre-Symposium on Population and Development in 2019: “The Role of the Youth in Accelerating Malawi's Promise on ICPD (International Conference on Population and Development).” This was organized by the National Youth Council of Malawi in partnership with the MOH. A youth advisory committee was formed by the National Planning Commission during the development of the National Agenda 2063.
- The MOH extended membership in governance structures (such as technical working group meetings) to youth representatives.

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

FULLY EXECUTED

- Many partners initiated several programs to advocate with and for young people, targeting guardians, teachers, and communities to develop a positive attitude toward YFHS. Key initiatives included:

- The HP+ grassroots activity in Mangochi, which engaged community members to fully deliver the YFHS strategy at the local level.
- Goal Mw/PSI, in the initial phase of the Pamawa ndi a Chinyamata (PAMAWA) project, which developed appropriate messaging for YFHS in Mangochi.
- PSI's Youth Alert!, which featured a youth-led and youth-owned radio program in which youth hosts discussed sexual and reproductive health for 800 youth clubs.
- FPAM's work with Youth Action Movements to discuss sexual and reproductive health.

Overall, there was notable progress to build the capacity of youth for meaningful engagement with young people in coordination and implementation of sexual and reproductive health, family planning, and YFHS.

Commitment 6: Improve the accuracy of data on stocks at facility and central levels

Measuring health facility stock-out rates is one way to assess the performance of health commodity supply chains. Malawi has been grappling with ensuring at least a minimum level of contraceptive supplies at the last mile of delivery. Several NGOs and CSOs recognized the need for better-quality data and advocacy to achieve an uninterrupted supply and replenishment of stocks.

Specific Activities

PARTIALLY EXECUTED

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

- The OPTIONS-WISH project undertook an in-depth analysis on the effects of the distribution processes that contribute to family planning commodity stock-outs and undertook a commodity gap analysis tracing Depo-Provera to clients. The analysis report assisted stakeholders to work more strategically to address gaps.
- CSOs took the lead to follow up on the late release of domestic funds to satisfy the government family planning commodity budget. Late funding was resulting in low expenditure rates and delayed procurement and receipt of contraceptives.
- OPTIONS-WISH collaborated with the White Ribbon Alliance and Malawi Health Network to advocate with the MOH and the finance ministry for more funding to increase efficiency in the family planning commodities supply chain (e.g., improved distribution, quality, and access to health services throughout the country). This joint effort provided oversight for commodities procured externally through the Health Services Joint Funds, which released an emergency fund in 2019. To improve efficiency, coordination, and oversight for commodities, beginning in 2018, the Central Medical Stores Trust and Procurement Supply Management shared their delivery schedules with MOH-RHD, partners, and all district health officers.
- Zonal managers of local health facilities reported client and provider bias was seen promoting one choice of family planning method. The MOH-RHD, PSI, BLM, and other stakeholders responded by providing comprehensive counseling and awareness to clients about all method choices.

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

FULLY EXECUTED

- The family planning commodities supply chain was changed from a "push" to a "pull" system.
- Harmonization of the global and national supply chain and frequent technical working group meetings, among other efforts, improved the status of family planning commodity stocks.

6.3. Strengthen linkage of the electronic logistics management information system (LMIS) system to the DHIS2.

PARTIALLY EXECUTED

- The LMIS system has not been directly linked to the DHIS2; however, other digital capabilities have been set up to ease the flow of data on commodities, which has improved the accuracy of data on stocks of family planning commodities.
- In 2018, Chemonics launched OpenLMIS. Data from this system is combined with other information to produce a one-month stock status report available to all stakeholders.
- In 2019, a web-based international tracking commodity procurement platform known as the Global Family Planning Visibility and Analytics Network (GFPVAN) was put into use. This system tracks supply plans, in-country inventory reports, and incoming shipments, and provides a global picture of all donor commodity procurements from multiple sources. The information from GFPVAN is then merged with data on stock levels at the central level and at service delivery points to give a full picture of overall stock status.

6.4. Promote evidence-based family planning product availability through service delivery point surveys, physical inventory, and spot checks.

FULLY EXECUTED

- UNFPA procures 70 percent of family planning commodities on behalf of the MOH using UNFPA supplies funding and resources from FCDO (then the UK Department for International Development) and Norwegian AID. This ensures commodities meet high-quality standards and are prequalified. The information from GFPVAN contributes to planning for expected shipments and monitoring their arrival and distribution to sites.
- GFPVAN data is now a standing item on the agenda for Reproductive Health Commodity Security technical working group meetings to assist in decision making and advocacy.
- Supervision, stock status reports, and early warning systems help inform impending shocks. For example, in the first half of 2020, stock status reports from Health Technical Support Services and Chemonics were used to establish where there were stock-outs, implement re-routing of commodities, and determine needed procurements.
- Forecasting and quantification reports were prepared and informed annual family planning supply needs.
- Service delivery point surveys have been conducted nationally by the MOH-RHD with support from UNFPA. Chemonics conducts the surveys during routine and/or quarterly and annual monitoring. Spot checks are integrated within supervision or

monitoring activities and have informed decisionmakers and partners on the status of commodities.

- Other studies, such as the 2018 FP Expenditure Survey, have been conducted to understand the landscape and have been used for advocacy on domestic financing for commodities and/or programming.

Overall, this commitment has enabled improved data to inform planning, procurement, and disbursement of family planning commodities.

Enabling Factors and Challenges

Enablers

Outreach services: Outreach efforts greatly improved access to family planning services, especially LARCs in hard-to-reach areas and for youth. Partners implemented several variations of mobile clinic services and, while not all intended target groups were reached (e.g., the 10–14-year age group), outreach services have contributed to increasing the provision of family planning at a rapid and remarkable pace.

Deliberate demand-creation approaches and use of social media: Strategic and repeated social and behavioral change communications, social media, and mobile apps played an important role in addressing information gaps, especially about LARCs. These media contributed to increasing equity and enabled men, women, and youth to make informed decisions and increase uptake of family planning.

Extended clinic hours for youth: Offering clinic hours convenient for youth, including extending clinic hours to after school and weekends, created a window of opportunity for youth to seek services and provided more privacy for young people to visit clinics.

Grassroots approach: The multisectoral approach used by HP+ in Mangochi increased the acceptability of YFHS by communities, increased access to services by young people, encouraged active youth participation and investment in YFHS facilities, and provided economic empowerment.

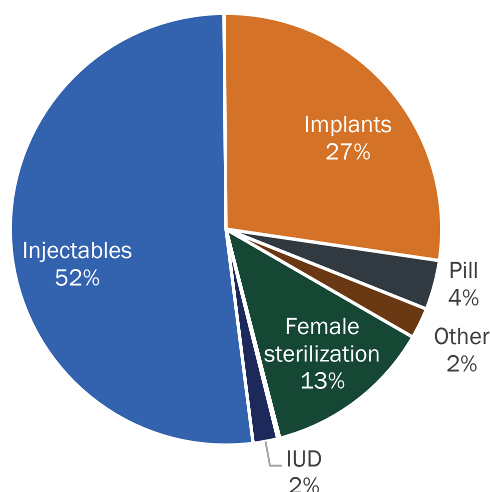
Advocacy by CSOs: Collaborative and evidence-based advocacy for family planning financing, supply chain strengthening, and oversight by CSOs was central in enabling increases in budget allocations, promoting transparency for timely disbursement of funds, and efficiency in procurement systems.

Challenges

The FP2020 agenda has allowed for remarkable strides and achievements but has not been without its bottlenecks. The recurring challenges are outlined next.

Programmatic elements affecting uptake of LARCs: LARCs continue to gain momentum within the method mix, with an exponential rise for all women from 4 percent in 2010 to 23 percent in 2016 and 27 percent in 2020. However, issues affecting uptake include inconsistent and poor-quality data leading to stock-outs; social norms, myths, and religious beliefs on contraceptives, especially for youth; low domestic financing; and poor coordination.

Figure 2. Method Mix, Multiple Indicator Cluster Survey 2019–2020



Limited resources for full implementation of the CIP: All partners overwhelmingly reported that low funding levels affected the implementation of the FP2020 commitments. Without the 80 percent funding for procurement of family planning commodities provided by donors (USAID, UNFPA, and FCDO) and consequent flagship programs, CIP implementation would undoubtedly be poorer. Government allocation is only a small fraction (2.55 percent) of the total funding needed for commodities.

Prioritization of family planning in programming: The government needs to make family planning a higher priority if it wishes to continue to receive donor support. Increasingly, donors are demanding development partner workplans align to MOH priorities. If government priorities remain rooted in agriculture, education, and infrastructure, SRHR will be less of a priority among donors as well. The issue of prioritization was also echoed by participants involved in the supply chain who noted that family planning commodities are never considered a priority.

> *If the objective is not among the guidelines, even if you push issues of family planning in [development] planning, I think the activity will not be given priority and will not be funded both at national and district levels.*
>
> —Key informant, donor community

Child marriages and early pregnancies remain high: Enforcement of the Marriage, Divorce and Family Relations Act of February 2015 remains low at district and community levels and only a handful of leaders speak out strongly against child marriage and for girls to remain longer in school. Likewise, the act and related child protection laws fall short of offering sentencing guidelines for child marriage offenders, which poses a problem for those hearing such cases. Interventions by stakeholders appear to tackle the immediate issue of child marriages with little or no interventions addressing the root causes of this practice.

Inconsistent policies and guidelines for service delivery of family planning to young people: The SRHR policy states that anyone requiring family planning services should be able to access those services, while some other health policies require service providers to obtain consent from the guardian when young adolescents attempt to access family planning services. In the absence of clear guidelines, service providers remain uncertain about providing contraceptives to younger clients below 16 years of age.

Access to YFHS: The YFHS strategy is a blueprint in providing services to young people in a holistic, comprehensive, multisectoral approach. While this has created an enabling environment for reaching youth, services are mostly being provided in a siloed or fragmented manner. "Safe spaces" may not always be inviting or do not provide family planning services. Outreach also may not always reach the intended target groups.

Poor supply chain management: Progress has been made in achieving an uninterrupted supply of commodities, but sustainability of commodity security is still an underlying threat due to (1) the low contribution by the government to the funding of family planning commodities; and (2) the lack of skills among some pharmacists at district health offices to use the OpenLMIS and other systems, coupled with high turnover. This affects access to reliable logistics data and sometimes inaccurate quantification of national requirements for reproductive health products and rational planning of supplies, leading to stock-outs or the need for emergency procurement by donors.

Contribution of Collaboration and Coordination

Malawi's global FP2020 commitments have played a catalytic role in localizing policy, stewardship, governance, and financing for family planning priorities. The MOH-RHD has led the implementation of these commitments for the past eight years. The identification of a focal point within the directorate has, on every occasion, ensured that this pledge remained high on the development agenda across sectors.

The establishment of the Engagement Working Group and incorporating key NGOs, CSOs, and youth voices enabled a collective vision rallying behind the FP2020 commitments, enhanced partnerships through shared resources and/or delineated roles and responsibilities for interventions, leveraged resources through synergies, and promoted complementarity. Flagship programs were streamlined to ensure that services were offered in different districts to maximize the reach of the family planning program.

The development of policies, such as the 2013 National Population Policy and Malawi Vision 2063, were a collaborative effort between government and partners with line ministries taking the lead and ensuring that family planning found its place within these documents. Members of parliament led advocacy for the family planning budget line following partner engagement around the issue. District resources have been put toward family planning in their district implementation plans. Communities have accepted family planning and YFHS, enabling uptake of contraception for all.

Lessons Learned

Having strong coordination mechanisms at national and district levels with clear strategies and active leadership by the MOH ensures buy-in, collaboration, and propels stakeholders into action. The FP2020 agenda brought together a broad range of skills, models/systems, and capacity building that was applied to implementing the strategies through partnerships. The Engagement Working Group provided an ideal opportunity for the MOH and partners to critically review strategies and challenges facing implementation and, in most cases, was pivotal in coming up with solutions. These new relationships and interactions reduced some inefficiencies while effectively leveraging synergies and reducing duplication.

CSOs work in a more coordinated manner when a common accountability goal is defined, evidence is available, and capacity strengthening is provided. For

example, HP+ offered training and mentoring to the Malawi Network of AIDS Service Organizations (MANASO), White Ribbon Alliance Malawi, MEHEN, OPTIONS, and the MOH-RHD. This resulted in stronger advocacy and joint accountability activities among the local organizations. White Ribbon Alliance advocated for family planning commodity budgeting while MANASO provided oversight on budget expenditures. OPTIONS Consultancy, in a consortium with other CSOs, partnered to justify to the government the need to increase the family planning budget allocation for commodities in 2018.

The availability of flexible funds with strong fiduciary controls by development partners enables support to governments for procuring family planning commodities. For example, the Health Services Joint Fund (HSJF) was established by the Government of Malawi and development partners to support the implementation of Malawi's Health System Strategic Plans 2011–2016 and 2016–2021. The HSJF channels pooled development partner funds to address priority health service constraints. The Royal Norwegian Embassy, together with FCDO and the KfW bank, are the three donors supporting the MOH through the HSJF. From FY 2018 to FY 2020, some needed family planning commodities were procured from HSJF.

Service providers were more successful at reaching young people by providing services at the community level—either by pitching a tent, or through a youth club—rather than through public facilities. Outreach services were a successful mode in offering high-quality YFHS. Similarly, MOH partners that ran outreach services (PSI, BLM, and ONSE) and repetitive demand-creation with targeted messaging reached more adolescents. To bring about meaningful behavioral change, there is need for repeated family planning messages. The messages increased awareness of family planning among adolescents, building knowledge and then slowly creating behavior change. Once that level of awareness and knowledge had been increased, MOH partners provided youth-friendly services and were able to attract new users.

Before introducing new products on the market, pilot studies help to gauge the suitability, reception, and acceptability of family planning commodities. The MOH with its partners instituted a pilot study on the female condom in Mangochi, Lilongwe, and Mzimba targeting public and private outlets. A similar study was conducted before Sayana Press was rolled out. These pilot studies helped the MOH and partners understand the receptiveness of communities to female condoms and assisted with appropriate messaging for scale up.

Recommendations

Sustain and extend domestic financing for family planning. Momentum for domestic financing of family planning commodities should be sustained and extended to other program and systems components of the next national family planning program through engagement with relevant line ministries. Further, as members of parliament rotate, sensitization and capacity strengthening in advocacy skills for these decisionmakers should not be overlooked. It was noted that members successfully advocated for increased resources for the family planning budget after they understood the implications of unintended and mis-timed pregnancies and the opportunities to realize a demographic dividend for various development sectors. Advocacy efforts should come earlier in the budgeting process and should be continuous, to allow space for members to champion this cause. This will enable prioritization of family planning in parliament and open space for follow-up of issues, thereby ensuring accountability.

Prioritize equity in mCPR among different sub-groups. While mCPR has grown substantially, further growth, especially among married women, may be attenuated as mCPR nears the top of the “S-curve” (its maximum potential).[2] At this stage, mCPR cannot continue to increase as rapidly. Yet significant unmet need still exists among unmarried women and young girls; these target groups should remain at the core of national and district programming.

Enhance efforts for girls to complete education. The total fertility rate in Malawi is 4.4 children per woman, while women indicate the desire to have 3.4 children (NSO and ICF, 2017). Keeping girls in school has been seen to delay first births, increases the likelihood of smaller family sizes in the future, and, to some extent, curbs early and forced child marriages. The Government of Malawi should enhance efforts for girls to complete education up to the tertiary level, with complimentary behavioral change interventions to counter a wider set of social constructs that influence perceptions of the value of girls, continue to hamper girls and women’s self-actualization, and place limits on their roles in society and the economy.

Close the gap on unmet need for family planning among youth. The assessment shows that most youth interventions still lag and yet young people are willing to access family planning services. The unmet need for all women 15–24 years of age is 19 percent—which shows an opportunity to provide contraceptives to young women who want to use a method but don’t have access to one. Among the women in this age group who have an unmet need for modern contraception, 54 percent are unmarried, and 51 percent are 15–19 years of age, i.e., in the younger half of the age group. These demographic groups represent the largest opportunity for investments in adolescent and youth programming that will lead to growth in mCPR and help women meet their reproductive intentions. Overall, targeted programming to reach groups of different ages and marital status should be a priority, along with identifying cost-effective YFHS models.

Conclusion

The global FP2020 commitments provided a catalyst for concerted efforts for family planning policy implementation, optimization of available resources, and a focused approach to programming. This led to a scale-up of access to and use of voluntary family planning.

While Malawi may not have reached the goal of 60 percent mCPR for all women, it did reach 49 percent, representing 81 percent of the pledge. The accomplishments realized through increased evidence-based activities and projects greatly improved and accelerated voluntary family planning services in hard-to-reach areas, including among youth, and improved provision of services for those who needed and wanted it.

The FP2020 agenda substantially addressed unmet need with the proportion of clients opting for LARCs steadily increasing. To ensure that gains are not lost, stakeholders working on the FP2030 commitments should be cognizant of these achievements and leverage opportunities to address remaining gaps.

[2] Stage one of the S-curve is characterized by slow growth and little annual change when mCPR is low; stage two is an opportunity for rapid growth during the transition from low to high mCPR; and stage three is characterized by slowing growth as mCPR reaches its maximum.

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