



Government of Malawi  
FP2030 Commitments

# Government of Malawi declaration of the Country FP2030 Commitment

Malawi is working for a future where all women and girls have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception, having children and participate as equals in society and its development. Moving towards 2030, the Government of Malawi commits to the FP2030 partnership to galvanize the next decade of family planning programming to ensure universal access, through the following commitments.

**1. Malawi re-commits to increase mCPR among all women to 60% by 2030 from a baseline of 48.9% in 2020.**

2. Government of Malawi commits to ensure universal access to, and coverage of, sexual reproductive health and rights information and services through promoting wider method choice, addressing equity issues, ensuring adherence to a rights-based approach, integration with other programs, improving systems and enhancing the policy environment.

3. Malawi is further committed to ending child, early and forced marriages and reducing teenage pregnancies in line with Malawi's aspirations as enshrined in Malawi 2063 vision towards an Inclusively Wealthy and Self-reliant Nation and its first ten-year implementation plan (MIP-1).

4. Likewise, Malawi is committed to increasing the budgetary allocation for family planning (FP) commodities, FP, and youth programming.

In all these commitments, Malawi is expected to involve all key government sectors, CSOs, NGOs, parliamentarians, traditional leaders, parents and most importantly the youth themselves through a robust multi-sectoral approach and achieving declined fertility paramount for the development of Malawi.

**Signed**

**Hon. Khumbize Kandodo Chiponda, MP.**

**Minister of Health**

## Acronyms

ABR	Adolescent birth rate
AGYW	Adolescent Girls and Young Women
ASRHR	Adolescent sexual reproductive health and rights
CBDA	Community-based Distribution agents
CEFM	Child, Early and Forced Marriage
CIP	Costed implementation Plan
CHAM	Christian Heath Association of Malawi
CHW	Community Health Workers
CMST	Central Medical Stores Trust
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisations
CYP	Couple Year Protection
DHIS2	District Health Information Software 2
DIPs	District Implementation Plans
EWG	Working Engagement Group
FP	Family Planning
GBV	Gender-Based Violence
Gvan	Global FP Visibility and Analytics Network
HIPs	High Impact Practices
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
HSSP	Health Sector Strategic Plan
ICPD	International Conference on Population and Development
LMIS	Logistics Management Information System
mCPR	Modern Contraceptive Prevalence Rate
MIP1	Malawi Implementation Plan 1

NAPPPAM	National Private Paramedical Practitioners Association of Malawi
NSO	National Statistical Office
PET	Public Expenditure Tracking
PPP	Public Private Partnerships
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SDPs	Service Delivery Points
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
VSLA	Village Savings and Loan Association
YCBDA	Youth Community-based Distribution Agents
FHS	Youth Friendly Health Services

## 1.0 Introduction

### 1.1 Coordination and consultative process

The development process for the Malawi FP2030 commitments and accountability mechanism was carried out through an inclusive and participatory process. The FP2020 Working Engagement Group (EWG) provided leadership and coordination. With support from the USAID funded Health Policy Plus project, a local consultant was hired to conduct an assessment on the progress of the FP2020 commitments. The results of this assessment were presented to the larger multisectoral FP stakeholder group to draft the commitments. The draft commitments were then reviewed and refined by the EWG and shared to the FP2020 Civil Society and youth focal points. This led to further workshops by the same grouping to review the commitments and develop an accountability framework. The final draft FP2030 commitments were then presented to the Safe Motherhood Technical Working Group (TWG) to review and approve the commitments.

### 1.2 Linkage between Second National FP CIP and the FP2030 commitments

The Malawi FP2030 commitments are a follow-on from those coined in 2012 and further revised in 2017. The FP2030 commitments are expected ensure that the gains made during the previous years are sustained and to address gaps through prioritizing high impact interventions that tackle the main drivers of low modern contraceptive prevalence rate (mCPR) amongst all women.

### 1.3 Narrative on proposed commitments objectives

The Malawi FP2030 commitments were developed against the backdrop of the FP2020 assessment that was conducted to compile progress against each commitment revised in 2017 noting that the 2012 commitments were mostly met at the time of renewal of commitments. Through a consensus building process, stakeholders at the FP2020 Take-Stock meeting in August 2020 agreed that Malawi should prioritize those FP interventions that were not fully met. However, stakeholders emphasized that the FP2030 commitments should employ evidence-based strategies and proven high impact interventions that increase uptake of FP implemented through a multisectoral approach at all levels. This should include line Ministries and the community to ensure that all sub-populations, including those marginalized and with disabilities to ensure that we are leaving no one behind.

#### Objective 1: Enhance data management systems for quality performance of FP/SRHR programs by 2030

Quality data disaggregated data by age, gender, and disability for equity is central for evidence-based decision making to improve programming and efficiencies in service delivery. Therefore, Malawi will advance quality disaggregated data management for both public and private sector at all levels for effective and efficient evidence- based decision making on FP/SRHR programming.

**Objective 2: Improve access and utilization to quality FP services and information for all women with a focus on married and unmarried youth aged 10-24 by 2030**

In the last twelve years, the FP programme has made great strides in improving access to quality FP services and information for all women including young people, however, gaps remain. Malawi will improve quality and equitable FP services by sustaining gains already made and focusing on the underserved populations including adolescent girls and young women, youth, married and unmarried women. As such, Malawi will focus largely on implementing High Impact Practices (HIPs) for improved FP service provision and utilization at community and facility levels including private sector.

**Objective 3: Contribute to slowing the rate of population growth for manageable sector investments by 2030**

Malawi's population continues to grow exponentially and is poised to double by 2040. With a population that is largely youthful, efforts to slow this growth-rate through promoting a rights-based FP programme through a multi-sectoral approach and tackling the myths and misconceptions for increased uptake of modern FP methods will ultimately assist in curbing this growth. Malawi will therefore re-positioning FP as a multi-sectoral strategy for mitigating rapid population growth to sustain the country's social and economic development agenda.

**Objective 4: Improve coordination for efficient and effective on FP programme delivery by 2025**

FP is intricately linked to many other development sectors such as education, gender, nutrition, agriculture, climate change, and economic growth (amongst others). For service delivery to be effective, each sector will need to be invested in ensuring that information and access to services are invariably integrated in these programmes and delivered in a coordinated manner. Hence, Malawi aims to improve coordination among line ministries and stakeholders (Including CSOs and Private sector) at all levels by 2025 (National, District and Community) in the implementation of FP 2030 commitments.

**Objective 5: Ensure uninterrupted service and accessibility to a full range of FP method mix by 2025**

Malawi is currently laying out the Master Supply Chain Transformation plan (2021-2026) to strengthen supply chain operations and to make the public health sector more resilient. Contraceptive distribution continues to pose various challenges resulting in stock-outs. Malawi therefore commits to reduce FP commodity stock-out levels to a minimum of 5% across all levels (central level and service delivery points).

**Objective 6: End child, early, and forced marriages and to end teenage childbearing**

The effects of these harmful socio-cultural practices such as child, early, and forced marriages and the impact of teen pregnancy has dire effects on girl child's health and wellbeing, robbing her the chance to equally participate in, and contribute to, the overall development agenda of the country. This objective prioritizes safeguarding adolescent girls and young women (AGYW) from Malawi and its key stakeholders therefore commit to reduce teen childbearing from 29% to 20% and end child marriages by 2030.

## Objective 7: Increase financing for FP, YFHS and CSE programming at subnational, national, and global levels

Financial resources are vital for service delivery, adolescent programming, and policy implementation. With the current dwindling finance climate, Malawi commits to secure resources for implementation of the FP2030 commitments the FP Costed implementation Plan (CIP) and its successor CIP.

### 1.4 Coordination Mechanism

The FP2030 commitments will be implemented within the larger policy environment governance structures i.e., SRHR Policy, Health Sector Strategic Plan III, and the Malawi 2063 operational plan as well as representation in sector Ministry mechanisms. MOH – Reproductive Health Directorate (RHD) will lead the FP2030 agenda and will maintain the Engagement Working group (main, youth, and CSO groupings), reporting to the FP Sub-committee, Youth Friendly Health Services (YFHS) Sub-committee and Reproductive Health Commodity Security (RHCS) Sub-committee, feeding upwards to the Safe Motherhood Technical Working Group. However, RHD will be represented in all relevant line Ministry coordination with program working groups that are technical working fora to ensure that FP is keenly addressed in areas outlined in the FP2030 action plan. RHD will continue to work with and monitor milestones as per designated roles, responsibilities. The respective actors will provide leadership and coordination for implementation of aspects within the FP2030 action plan through their coordination structures. At the sub-national level, a similar approach will be used structured within existing district TWGs, sub-committees, etc. MOH-RHD will continue to provide oversight on the same. In all this, diversity, equity, inclusivity, and access will be regarded for both representation, implementation, monitoring, and reporting.

## 2.0 COUNTRY'S 2030 VISION STATEMENT

**Malawi re-commits to increase mCPR among all women to 60% by 2030 from a baseline of 48.9% in 2020.**

### 2.1 Commitment Objectives

Malawi's seven priority areas are aligned with other frameworks or national health strategies such as Malawi 2063, HSSP II (and III), National SRHR Strategy and policy, amongst others as well as regional and global instruments such as ICPD+25 and SDGs, etc.

#### Priority Area: Data and Evidence for Decision-Making

**Commitment 1: Advance quality disaggregated data management for both public and private sector at all levels for effective and efficient evidence-based decision making on FP/SRHR programming**

Objective 1: Enhance data management systems for quality performance of FP/SRHR programs

Timeline: 2030

#### **Rationale**

- Missing disaggregated data by age, gender and disability for equity missing in the national data reporting system in District Health Information Software 2 (DHIS-2)
- Community data not captured. HSAs are overwhelmed and systems are not harmonized. (Harmonisation of integrated community health system with DHIS-2)
- Private Sector not linked and not supported with tools to capture data into DHIS2
- Disaggregation on National Statistical Office (NSO) (Booster sample 10 -14 years)
- Institutionalize the tracker for those trained in Logistics Management Information System (LMIS) and FP service provision
- Data quality and data use at primary health care level
- Period review of uptake of FP services and interventions tailored to address gaps with focus at PHC, district and national level

#### **Strategies/Accountability Mechanisms**

- Strengthen public, private, pharmacies, drug stores and NGO providers' capacity to use digital health platforms for data capturing/reporting and monitoring tools at all levels
- Harmonize all data collections tools into one government owned tool and strengthen utilization by both private and public health facilities
- Integrate data quality assessment in supportive supervision and mentorship

- Develop and support capacity for evidence-based leadership and management of family planning programs
- Strengthen research, monitoring, evaluation, accountability, and learning to inform FP programming
- Link private clinics data capturing and visualization to the DHIS2 for example creating accounts and eLearning training data entry and visualization
- Advocate for use of one digital data capture tool from point of entry up to exit when accessing the service as seen in HIV, Child health, etc.

### **Indicators**

- Percentage - 100% of facilities utilizing harmonized data collection tools (indicators must be disaggregated by Public, CHAM, Private clinics, and Pharmacies)
- Percentage - 75% of facilities, pharmacies and private clinics utilizing electronic data capturing tools (indicator must be segregated by Public, CHAM, Private clinics, and pharmacies)
- Proportion - 100% of trained personnel using electronic tools
- Percentage - 90% of facilities utilizing data for decision making
- Percentage - 95% of facilities providing timely, accurate and complete reports
- Reporting - Age, gender, and disability disaggregated data

## **Priority Area: Service Provision**

**Commitment 2: Malawi commits to implement High Impact Practices (HIPs) for improved quality and equitable FP service provision and utilization at community and facility levels**

**Objective 2: Improve access and utilization to quality FP services and information for all women with a focus on married and unmarried youth aged 10-24**

Timeline: 2030

### **Rationale**

- Services provided at specific times coupled with commodity stock outs
- Target youth: Combine service provision that hinders access for the young people
- Provider attitude: Youth are unable to access services due to judgmental providers
- Community factors affect accessibility e.g., cultural beliefs, myths and misconceptions, stigma (include individual and societal factors)
- Lack of community empowerment on their right to demand for quality FP services
- Lack of comprehensive information on FP by the clients
- There are no community social norms that encourage access and use of FP services
- There is little political commitment in issues concerned with FP services at lower levels like constituency and community levels
- Increased early, unplanned, and unwanted pregnancies among the youth
- Private sector data not captured

## **Strategies/Accountability Mechanisms**

- Increase community outreach campaigns and mobile clinics for integrated SRH/FP services
- Integration of FP services with other services including SRHR, child, nutrition, and HIV & STI services.
- Strengthen the provision of SRHR/FP services during emergencies, disasters, pandemics and for vulnerable groups as disabled, key populations.
- Improve adolescent-responsive service delivery through provision of FP/SRH services in youth structures (e.g., in- and out-school youth Clubs, organizations, youth centers, youth interventions – VSLA).
- Strengthen capacity of SRH/FP service providers including community health workers (CHWs) to provide friendly services to clients at service delivery points (SDPs) and community level.
- Scale-up community engagement on FP and SRH.
- Strengthen referral linkages between communities and facilities.
- Reposition immediate Post-Partum FP and Post-Abortal Care services.
- Enhance task sharing of FP and SRHR services.
- Increase the coverage of services by expanding the reach of the private sector and improving efficiencies of public private partnerships (PPP).
- Ensure all private clinics are registered under National Private Paramedical Practitioners Association of Malawi (NAPPPAM), lead body.
- Engage duty bearers and lobby for FP and SRH services to be priority at community, district, regional and national level (CSOs).
- Strengthen FP service provision through service level agreements and MOUs in private owned clinics and enhance liquidation commitments.

## **Indicators**

- mCPR all women, married women
- mCPR adolescent girls (15-19 years) and young women (20-24 years)
- Couple Year Protection (CYP)
- Contraceptive method-mix
- Percentage of women aged 15-19 who have begun childbearing
- Adolescent birth rate (Age-Specific Fertility Rate (ASFR) – 15-19 years)
- Number of pregnancies averted due to contraceptives
- Percentage of facilities providing integrated services
- Percentage of women accessing FP services immediate postpartum Proportion of trained CHWs providing FP and SRHR services
- Percentage of private sector facilities supported with FP service provision including training and commodities
- Number of communities demanding for FP services
- Percentage of duty bearers prioritizing FP
- Number of reports from private clinics

## Priority Area: Rapid Population Growth

**Commitment 3: Malawi commits to re-positioning FP as a multi-sectoral strategy for mitigating rapid population growth to sustain the country's social and economic development agenda**

**Objective: Contribute to slowing the rate of population growth for manageable sector investments**

**Timeline: 2030**

### **Rationale**

- Stock-outs
- Target youth
- Provider attitude
- Poor method-mix; more concentrated on short acting methods
- Late initiation of contraceptives
- Limited Access-Distance
- Socio-Cultural/religious Barriers; at individual and community levels
- Community level-Religious and cultural beliefs; addressing community norms on accepting use of FP by young people
- Male involvement

### **Strategies/Accountability Mechanisms**

- Reposition community engagement and use of digital mass media to raise awareness on modern FP methods.
- Enhance male involvement in increasing utilization of modern family planning methods.
- Reposition YFHS to ensure youth access quality FP/SRHR services.
- Mainstreaming population and family planning key messages in all key ministry activities held at community level.
- Integration of climate change and environment in mitigating rapid population growth.
- Enhance advocacy for population and FP programs at all levels (funding, harmonization of policies).
- Community engagement: i.e., Community mobilization approaches which would transform people's mindset on use of FP; to create demand; Traditional/Religious leaders.
- Task Shifting; strengthen the community-based structure to support FP service provision; Outreach services, Use of youth community-based distribution agents (YCBDAs) or community-based distribution agents (CBDAs).
- Support/Strengthen integrated and coordinated supply chain for FP commodities.
- Reposition YFHS to ensure youth access quality integrated FP/SRHR/HIV services, i.e., Target Young in FP (Use of YCBDAs) service provision-task shifting, adolescent and youth sexual reproductive health and rights (AYSRHR) services; Train younger service providers to

support YFHS; Youth reproductive health (RH) Assistants/Community Youth Mobilisers-for community mobilization.

- Deliberate efforts for Socio-Inclusion; People with disabilities i.e., FP braille, ramps for access; Hard to reach areas.
- FP in humanitarian/emergency settings; strengthen outreach/mobile clinics.
- Integration of health, climate change and environmental issues in mitigating rapid population growth (one health approach).
- Resource Mobilization to promote FP programming.
- Track down best practices in programming in FP/Young people, Building evidence through research.
- Advocacy to support Government to increase budget allocation to FP commodities, FP, and Youth programming.
- Monitoring of district implementation plans (DIPs); Ensure inclusion of activities in the DIP.

### **Indicators**

- Percentage of women and men aged 10-49 years who heard or saw a family planning message on radio or television or in a newspaper or magazine, on mobile phone, on Internet, website, on poster, on clothing or in a drama in the past few months
- Percentage of currently married women using a family planning method who jointly make family planning decisions with their husband
- Number of YFHS services accessed disaggregated by sex and age
- Number of key ministries mainstreaming population and family planning key messages in their policies and strategies.
- Percentage increase in funding for population and FP program
- Proportion of policies and strategies mainstreaming population and family planning issues
- Percentage of currently married/unmarried women using family planning methods
- Number of FP methods accessed by youths disaggregated by sex and age.

## **Priority Area: Coordination**

**Commitment 4: Malawi commits to improve coordination among line ministries and stakeholders (Including CSOs and Private sector) at all levels by 2025 (National, District and Community) in the implementation of FP 2030 commitments.**

Objective: To improve coordination for efficient and effective on FP programme delivery

Timeline: 2025

### **Rationale**

- Conflicting policies
- Poor and uncoordinated messaging on FP programming
- Poor inter-ministerial collaboration

- Limited evidence sharing and use various stakeholders
- Lack of knowledge on government priorities by various stakeholders and subnational district structured
- No alignment with Health Sector Strategic Plan (HSSP), Malawi Implementation Plan (MIP) 1, Population and other key policies

### **Strategies/Accountability Mechanisms**

- Align Malawi FP 2030 Commitment to Malawi 2063 MIP 1 and Malawi Health Sector Strategic Plan 2030 objectives and plans and relevant policies.
- Harmonize and integrate partner plans, activities and systems on population, family planning and SRHR with those of the government.
- Strengthen already existing inter-ministerial coordination structures and planning guidelines constituting ministry of health, Local government (Local government finance Committee), education, gender, and youth at national and district levels.
- Develop and execute a structured standard capacity building approach for FP coordinators.
- Strengthen coordination and alignment of plans within the ministry of health at all levels in FP programme delivery.

### **Indicators**

- Number of FP2030 commitments included in the MIP 1 and HSSP III
- Percentage of partners aligning their plans, guidelines, activities, and systems with government priorities
- Percentage of districts with functional SRHR TWGs including CSOs committees
- Percentage of line ministries and partners participating in the coordination structures at national and district levels
- Number of curriculums developed for enhancing capacity of FP coordinators
- Number of FP coordinators oriented using the developed curriculum
- Number of joint coordination meetings and reviews conducted within Ministry of Health in support of FP2030 commitments
- Number of joint coordination and review meetings between government, CSOS, Private sector and other stakeholders on FP2030 commitment implementations

## **Priority Area: Commodity Security**

**Commitment 5: Malawi commits to reduce FP commodity stock-out levels to a minimum of 5% across all levels (central level and service delivery points)**

**Objective 5: To ensure uninterrupted service and accessibility to a full range of FP method mix**

**Timeline: 2025**

### **Rationale**

- Persistent stockouts of FP commodities

- Lack of comprehensive and accurate reports to input in quantification of commodities
- Poor coordination and collaboration among sections responsible for supply chain leading to stock outs
- Little political will making FP services not a priority leading to low funding for FP commodities

### **Strategies/Accountability Mechanisms**

- Enhance the whole supply chain from source to last mile through planning, quantification, procurement, storage, forecasting and distribution.
- Strengthen collaboration between Central Medical Stores Trust (CMST) and RHD for timely procurement and distribution of FP commodities.
- Strengthen the usage of Platforms for managing FP commodities at all levels (such as Microsoft NaVision, Open LMIS, FP Global FP Visibility and Analytics Network (Gvan).
- Improve access and utilization to data on commodity stocks at all levels.
- CSOs to continue lobbying with budget holders to increase funding for FP commodities.
- Learn and adapt best practices from other government procurement process on health supply chain.

### **Indicators**

- Percentage of facilities stocked out of a family planning commodity in the last month (maximum of 5%)
- Number of supply chain TWGs strengthened
- Number of FP commodities and supplies procured and distributed on time and in accordance with the distribution plan
- Percentage of Family planning coordinators and pharmacists using platforms for managing FP commodities and supplies
- Percentage increase in FP commodities funding

## **Priority Area: Young People/Child, Early, and Forced Marriages (CEFM)/Teen Pregnancies**

**Commitment 6: Malawi and its key stakeholders commits to reduce teen childbearing from 29% to 20% and end child marriages by 2030**

**Objective: To end child, early and forced marriages and to end teenage childbearing**

**Timeline: 2030**

### **Rationale**

- High rates of teenage pregnancies and child marriages
- Fertility decline
- Unsafe abortions contributing to high rates of MD
- Harmful socio-cultural norms
- Limited access to SRHR/FP information and services among young people

- Economic Challenges

### **Strategies/Accountability Mechanisms**

- Support programs aimed at keeping girls in school and ending child and forced marriages including gender-based violence (GBV).
- Enhance the Policy enabling environment on SRH/FP access by adolescents: Clarify policy positions on contentious/unclear/misunderstood policy positions e.g., Age of consent for SRHR/FP services for adolescents.
- Strengthen structures and programs to reduce teen pregnancies and child marriages at all levels.
- Enhance engagement of adolescent girls and young people in decision making (planning and implementation) at all levels.
- Advocate for life skills and social studies to be core subjects in secondary schools (comprehensive sexuality education).
- Enforce implementation of the marriage, divorce, and family relations act (2015).
- Develop and implement programs that engage young boys and men on teen pregnancies and child and forced marriage.
- Strengthen Community structures and programs to reduce teen pregnancies and child marriages at all levels.
- Strengthens coordination among stakeholders from various sectors.
- Support CSE program implementation for both in and out of Schools.
- Advocate for in school (comprehensive sexuality education curriculum; Inclusion and diversity.
- Linking the community's programs with formal service provision points.
- Execute AGYW in all districts across all levels.
- Conduct booster sample outlined in the National Population Policy on women aged 10-14years.

### **Indicators**

- Percentage of girls completing 12 years of education
- Percentage of women aged 15-19 who have begun childbearing
- Percentage of women aged 10-49 who have begun childbearing
- Percentage of women aged 15-19 who have ever been in union (currently married, living together, divorced, separated, or widowed)
- Percentage of women aged 10-14 who have ever been in union (currently married, living together, divorced, separated, or widowed)
- Percent representation of adolescent girls and young people in decision making position
- Percentage of women 15-19 and 20-24 who have experienced physical, sexual, or emotional violence in the past 12 months
- Percentage of women 10-14 who have experienced physical, sexual, or emotional violence in the past 12 months
- Number of programs aimed at engaging young boys and men on child and forced marriage
- Level (Number) of engagement by community gatekeepers.
- Number of girls withdrawn from early marriages

## Priority Area: Financing

### Commitment 7: Malawi commits to secure resources for implementation of the FP2030 commitments the CIP and its successor CIP

Objective: To increase financing for FP, YFHS and CSE programming at subnational, national and global levels

Timeline: 2030

#### **Rationale**

- Expired CIP
- Donor fatigue
- Poor prioritization at all levels
- Lack of political will
- Limited integration on service
- Not aligning resources allocation to key priorities

#### **Strategies/ Accountability Mechanisms**

- Develop resource mobilization strategies for FP 2030 targeting subnational, national, and global levels
- Prioritize FP, YFHS and CSE in national budget
- Improve accountability on the allocated resources
- Improve allocation for SRHR program to reach 30% of the total health budget
- Improve allocation of SRHR resources to 30 % of the district total health budget.
- Develop and implement a CIP for Family Planning to be in line with the FP2030 commitments
- Review planning and resource allocation guidelines in line with FP priorities

#### **Indicators**

- Percentage increase in FP budget allocation and expenditure
- Percentage of the total national health budget allocated to the SRHR program
- Percentage of the total district health budget allocated to the SRHR program
- Number of FP-CIPs developed and implemented in line with the FP2030 commitments
- Number of resource mobilization strategies for FP 2030 developed and implemented
- Number of FP and YFHS indicators monitored at Council Level

## Annex 1 - COMMITMENT CONSULTATION PROCESS

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The road and process to FP2030 Commitments for Malawi was consultative led by technical guidance from government and Donor, CSOs and Youth focal points supporting in their capacities financially and technical guidance. The leading teams worked with a high CORE engagement group to ensure all key stakeholders and partners are co-opted. Various consultations avenues were used, bulk of it being consultive meetings with various groupings stakeholders and individual consultations from donor community, CSOs Youth and the private sector. The following steps were undertaken led by the Malawi's Ministry of Health Reproductive Health Department and the CSO Focal Organization, CARE.

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Phases	Steps	Timeline	Proposed and Conducted Activities
Phase 1	<ol style="list-style-type: none"> <li>1. Establish an inclusive Commitment Committee (completed) and develop a stakeholder engagement plan</li> <li>2. Secure buy-in from key decision-makers</li> <li>3. Review previous commitment's progress</li> <li>4. Develop a commitment roadmap</li> </ol>	November. 18, 2020 to August 15, 2021	<ul style="list-style-type: none"> <li>• FP2020 EWG meeting</li> <li>• Review of Previous commitment and have road map develop refer Phase 1 step 3</li> <li>• Stakeholder engagement plan using this roadmap done</li> </ul> <p>Teams included the:</p> <ul style="list-style-type: none"> <li>• Government technical staff from the Reproductive Health Departments (with FP Services, YFHS, Supply chain, finance, data, and population leads)</li> <li>• Donor-UNFPA, WHO, USAID, Foreign, Commonwealth &amp; Development Office (FCDO) Malawi Office, CHAI,</li> <li>• CSO representatives from INGOS and local NGOs including CARE (CSO Focal Point), Palladium, PSI, MSH, WRA Options, MANASO, BLM, FPAM and YONECO, and others</li> <li>• Youth Focal person (YONECO) and Youth Lead All for youth and SRHR Alliance</li> <li>• Memo to Secretary for Health and relevant Ministries               <ul style="list-style-type: none"> <li>○ Backed by letter from Fp2030 Secretariat</li> </ul> </li> </ul>

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- Presented previous commitments and shared the plan and timeline for readiness of draft new commitments and CIP assessment brief and roadmap
- This was followed by a series of meetings
  - CIP Stock take meeting which includes the FP2020 report
  - CIP dashboard giving progress. Shared credentials with partners
  - RHD conducted a CIP review meeting-2018 did a gap analysis and CIP addendum developed, valid up to 2020
  - CORE Group met and reviewed all documents to be used and drafted the shell of the commitments
  - FP 2020/CIP Zero draft report was submitted in June 2021
  - CIP report is Excel based shared to RHD
  - Work in Progress draft available at HP+ level

Phase 2 Step 5 and 6:	March 15th, 2021, to	FP2020 EWG in-person meeting (3-4 days), Meeting Objectives
<ul style="list-style-type: none"> <li>● Setting goals</li> <li>● Defining commitment areas and developing an accountability plan</li> </ul>	16th September 2021	<p>To review progress made in Malawi in implementation of FP2020 Commitments and FP-CIP; and develop Malawi's post 2020 agenda -which are the draft FP2030 Commitments.</p> <p>Specific Objectives.</p> <p>Review of progress made on FP2020 ii) Identify gaps and opportunities in Malawi's FP program iii) Make consensus on Malawi's FP2030 agenda and commitments and iv) Define targets and indicators for Malawi's FP2030 agenda and commitments</p> <p>From 13th – 16th September 2021, Reproductive Health Department with support from CARE and HP+ held an FP2020 Take Stock meeting and the Development of the FP2030 draft commitments.</p> <p>Workshop was officiated by the Secretary of Health, Dr Charles Mwansambo accompanied by Fannie Kachale, PhD. Director of</p>
	Members present:	
	<ul style="list-style-type: none"> <li>● Government officials</li> <li>● CSOs</li> <li>● Youth</li> </ul>	

Reproductive Health Services. Mary Mulombe Phiri, government FP 2020/2030 focal person shared the history, background, and successes of the FP program with a consultant sharing the FP 2020 Assessment: Taking Stock of FP 2020 and the assessment report. His presentation included the status of various policy, political, financial, and programming commitments, which showed moderate completion as most were still in progress.

Other working documents shared were the CIP Dashboard for Malawi, the R4S report, the WHO TA Mechanism report and NPCs Thinking on how FP commitments align with the Malawi Vision 2063 and the FP2020 evolution and forward thinking to 2030 and Malawi Roadmap to realizing the commitments and how all the above links to each other.

Subsequent days were broken into commitment development with 6 groups using the workshop presentation, the CIP Dashboard, Addendum, Track 2020, FP goals, Service delivery, Key ministry reports, R4S report, WHO TA Mechanism report and AGYW report.

The team came up with the following draft broad commitments under the 3 key pillars namely: Policy, Service delivery and financing.

Seven Issues identified under the key pillars: Data and evidence, Weak systems, Financing, Rapid population growth & fertility, Coordination, Commodity security and Youth teen pregnancy, early and child marriages

Sub commitments under the three pillars

For FP2030, the mCPR will still be set at 60%, even though statistics show that its unlikely to be achieved

Lobbying for increase of funds should start with the planning departments from the MoF then to the parliamentary committees

Rights should not be ignored in the interventions or strategies

Need for data/statistical evidence to support suggested commitments

Need to disaggregate married women, adolescents, and young people as they need tailor made interventions

Three follow-on Regional Consultations 1½ day Meetings were conducted. Met with selected district level management, youth, service providers per region (North, Centre, South) according to the pillars of the commitment. Shared, the current commitments and through group work invite comments and review. Various engagement meetings both online and meeting in November 2021, January 2022, and March 2022 to solicit input from various CSO members, reps from government ministries, Population Policy task force; Religious, and Youth groups

Commitment cleaning Meeting exercises followed on by the FP EWG Core Group conducted from December 2021 to March 2022 on a rolling basis as input was trickling in from various stakeholders.

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Step 7 to 9:

Week June 7th,  
2021, to August,  
2022

- Iterative share of commitment's draft for feedback
- Launch commitment at the country level

Other proposed events dependent on availability of partner, projects, and resources to finance:

- Revisiting the Accountability plan (includes all M&E)
- 1-day National Consensus Building meeting with FP Stakeholders
- 1-day National Consensus Building meeting with SM Sub Committee
- Email to FP2020 Secretariat
- Virtual meeting with FP2020 Secretariat on questions and comments
- 1-day National Consensus Building meeting with MPs
- 1-day National Consensus Building meeting with High level decision makers from Line Ministries (Directors/PS/SH level)
- 1 day Validation meeting (Stakeholders, Management, etc.)
- High-Level luncheon or Dinner to share the commitments with Ministries responsible, Stakeholder country directors (CDs), executive directors (Eds), etc.
- EWG Snr. Management meeting MOH for approval Group meeting to finalize
- High-Level luncheon or Dinner to share the commitments with Ministries responsible, Stakeholder CDs, EDs, etc.

Phase 3 Step 9: Launch commitment at the country level

Step 10: Amplify commitment at national, regional and global levels

To be launched after ICFP Conference

Opportunities to explore include the 2022 World population day Commemoration and launch of the 2022 National Population Policy.

- Stakeholder Awareness (email blast, etc. on FP2030 commitments)
- Youth event
- ICPD

## Annex 2 - COMMITMENT ACCOUNTABILITY APPROACH

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**1. In fewer than 300 words, please describe your country's accountability approach for 2030 commitments (Please refer to the accountability guidance for examples of successful accountability approaches):**

Malawi realizes that a shared understanding and addressing of the FP2030 Commitments is needed among all actors in the country. By committing to ensuring universal access to, and coverage of, sexual reproductive health and rights information and services through promoting wider method choice, addressing equity issues, ensuring adherence to a rights-based approach the country is putting measure in place that will ensure empowerment to account for yearly progress, reporting and tracking of successes and challenges. Among others, Malawi realizes that its FP budget is financed from by donors up to 95%, and the country wants to explore means of transition to domestic financing. All this and the road to this actualization of domestic financing needs accounting to every grain of resource available.

Some of the mechanisms to used include:

- Government approved reporting mechanism and tracking through
  - The FP Costed Implementation Plan (CIP) Dashboards at National and subnational levels
  - Track30 and DHIS2
- Joint tracking of Expenditures and financing mechanisms using various approaches among them including the Public Expenditure Tracking (PET Tools)
- Social Accountably mechanisms for where services are low performing indicators using Community score Card, Motion Tracker and The Common Framework.
  - Meaningful participation of young people in programming; Engaging young people in decision making spaces
  - Level of engagement with various structures; duty bearers; employ participatory engagement approaches
  - Engagement of public sector/ Media engagement on positive reporting
- Best approaches using Research in various approaches, to generate evidence
- Reporting and enhancing collaboration through various network, coalitions, and alliances.

**2. Please check which guiding principles your accountability approach adheres to:**

**Mutual accountability** where governments are obligated to deliver on the commitments they have made, and civil society partners are engaged to support the government to deliver on the commitments and monitor progress:

- If checked, then please describe how in approximately 200 words

The Motion Tracker - a customized, dynamic framework for strengthening accountability that focuses on developing local ownership, strong relationships between all stakeholders, and transparent agreement on commitments and the action required to meet them.

**Bottom-up accountability approach** that elevates the role of civil society and youth partners:

- If checked, then please describe how in approximately 200 words

Malawi will use the Community Score Card, Motion Tracker and CIP dashboards as detailed above.

√ **Meaningful participation of traditionally underserved and overlooked groups through existing and new inclusive platforms, in implementation and monitoring of progress. In particular, please detail how youth-led organizations will be engaged:**

- *If checked, then please describe how in approximately 200 words*

- Malawi will use Community Score Card Approach: A social accountability approach that brings together community members, service providers, and local government to
- Identify service access, utilization, and provision challenges
- Mutually generate solutions
- Work in partnership to implement and track the effectiveness of those solutions in an ongoing process of improvement.
- District Youth Networks will be trained on the approach, commitments and each will facilitate dialogues biannually to track progress on meaningful engagement

√ **Visibility and transparency in sharing information on country progress towards meeting the commitments:**

- *If checked, then please describe how in approximately 200 words*

Use of dashboards and Score Cards

√ **Social accountability mechanisms at the subnational level that engage civil society and citizens, including young people:**

- *If checked, then please describe how in approximately 200 words*

CSOs will be incorporated in budget advocacy, as well as in monitoring the accountability framework. Community voices will be heard through use of the score cards, community engagement and through local governance structures.

√ **Alignment with other national processes for monitoring other country commitments such as EWEC, ICPD+25, etc.:**

- *If checked, please describe how in approximately 200 words*

Malawi has an ICPD+25 country plan, and all SRHR government policies area aligned to SADC SRHR Strategy, SDGs, etc. The FP2030 commitments are aligned to all these frameworks and therefore will feed into the M&E reporting.

3. *Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.*

Malawi will hold a Track 30 Data Conesus Building workshop each year in a multisectoral approach with support financial and technical support from Avenir Health. A baseline meeting was held on June 2022. The 2021 output is available and has been shared with stakeholders.

4. *Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:*

*FP 2030 EWG and FP Technical committee already in place to execute the necessary roles and agree on the necessary strategies*

As described mechanism for reviewing data include Annual, quarterly and Interface meetings where issues will be tabled for joint action plan. These will provide the platform for review and action on commitments that show lack of progress and /or outright violations of SRH. FP2030 leads (government, CSO Youth and Donor) will be tasked to follow up on partners, report on progress,

commitments that lack progress and any violations. Once validated, the bi-annual and annual progress reports will be shared within the coordination mechanisms of the different actors.

*Describe how the above accountability approach will be funded:*

Resource mobilisation efforts by MOH and other line Ministries for support for funding where government is unable to fund. Government will also leverage existing programmes and activities to integrate the social accountability findings.

**5. Please define technical assistance needed to fully implement the above accountability approach:**

Currently Malawi needs capacity development and technical assistance on:

- Motion Tracker and the Common Framework Design. Trainings and layering it out on the TORS for FP2030 Leads so that we have a unified tracker
- HMIS/DHIS2 data analysis to generate FP2030 core indicator through Track30
- Annual panel surveys to determine mCPR and unmet need
- Annual budget and expenditure tracking from domestic financing to determine resource allocations and expenditures on FP program
- Conduct FP commodity forecasting and quantification for advocacy and accountability

**6. Any additional information:**