Republic of Malawi

NATIONAL SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) POLICY

Ministry of Health

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FOREWORD

The Malawi Government is committed to providing comprehensive and integrated Sexual and Reproductive Health (SRHR) services in line with the recommendations of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, 1994. Malawi is also a signatory of the AU Maputo Plan of Action which advocates for integrated SRHR Plan. The Ministry of Health through the Reproductive Health Unit has since 1997 coordinated the integration, implementation, monitoring, and evaluation of SRHR services at all levels. The Malawi National Reproductive Health Programme is the framework through which the Ministry of Health manages SRHR services. The National RH programme goal is to promote through informed choice, safer reproductive health practices by men, women, and youth including use of quality and accessible reproductive health services.

In 2002, The Reproductive Health Unit (RHU) developed the Reproductive Health (RH) Policy to guide implementation of SRHR services. The SRHR policy has facilitated coordination between all stakeholders, guided decision makers, protected clients and providers, and provided a justification for allocation of resources.

The revision of the SRHR Policy came about due to the need to incorporate emerging issues in various components of SRHR and these include Basic Emergency Obstetric and Neonatal Care (BEmONC); Community Based Maternal and Neonatal Care; Cervical Cancer Screening; Youth Friendly health Services, Anti Retroviral Therapy, and Prevention of Mother to Child Transmission (PMTCT). The emerging issues are in line with both national and international recommendations on SRHR services. These include the Malawi Growth and Development Strategy (MGDS); African Union SRHR policy guidelines; The Malawi Reproductive Health Strategy 2006 -2010; Millennium Development Goals (MDGs); The Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; and Malawi Gender Policy.

Revision of the SRHR Policy involved consultations with organizations implementing RH services, individual health experts, programme managers, health regulatory

bodies, training institutions and implementers. The whole exercise would have not been possible without technical and financial support from United Nations Population Fund (UNFPA). The Ministry of Health would like to thank all individuals and institutions for their contributions towards successful revision of this document.

The Ministry of Health urges all public and private institutions to make maximum use of this policy for proper guidance during implementation of SRHR services.

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Minister of Health

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PREFACE

The Programme of Action of the 1994 International Conference on Population and Development mandates countries to provide comprehensive SRHR services in an integrated manner. The adoption of a comprehensive and integrated approach to SRHR in Malawi is a necessary response to expanding needs that include increased demand for family planning, increased maternal and neonatal morbidity and mortality, and a growing burden of reproductive ill health.

The Malawi Government is committed to implementing the comprehensive and integrated approaches to SRHR despite the financial and institutional challenges. The comprehensive approach to SRHR offers opportunities to improve not only the health of childbearing women, but also address the needs of youth, and involves men in all aspects of SRHR. The health of the newborn is largely dependent on the mother's health status and of her previous access to health care. SRHR needs increase during youth period. The needs increase particularly for women during the reproductive years. In old age, the general health of men and women reflect the earlier reproductive life events. Although individual SRHR needs differ at different stages of life, events at each phase have important implications for future wellbeing.

The rationale for integration is to increase effectiveness of the health care system to meet people's needs for accessible, acceptable, convenient client centred care. This includes prevention of ill health, provision of information and counselling, screening, diagnosis and curative care and referral of various SRHR problems. Integration of SRHR services needs to occur at the point of service delivery, at the health sector level, and within the national development planning processes. At the point of service, integration requires that health care providers have knowledge, skills, and attitudes to provide SRHR services and to refer patients for other necessary services not provided at the site. The type of SRHR services provided at any given level will be determined by the capacity of health care providers, available equipment and supplies, and feasibility of referral system. The social and cultural norms need to be taken into account in order to provide acceptable services. SRHR raises issues of human rights, equity, and discrimination which must be addressed through

participatory and inclusive processes that involve communities, families and individuals. Therefore, community mobilization is an integral part of integration at the point of service delivery.

Integration at health sector level is achieved through collaboration with other health programmes such as nutrition, HIV and AIDS, tuberculosis, and malaria. SRHR services require a strong functioning health system; therefore, there is need for developing mechanisms for supporting SRHR services. These include strengthening financing for the services, procurement and distribution of essential medicines, and planning human resource availability. Integration between public and private sector is critical for improving access and availability of SRHR services. This is achieved through mechanisms of contracting the private sector for provision of health services. Health sector level integration also requires resource mobilization exercises such as the sector wide approach (SWAp).

At the national development planning, integration involves linkages between SRHR policy within the health sector and other sectors such as agriculture, education, youth and women and child development. Promotion of SRHR within the development framework is crucial because health and development are entwined as SRHR is of importance for economic and social development.

The SRHR Policy provides the framework for implementation of SRHR programmes in the country. The policy has been divided into five sections as follows: introduction, broad policy directions, policy themes, implementation arrangements, and monitoring and evaluation.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency syndrome
ART	Anti-Retroviral Therapy
AU	African Union
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetric and Neonatal Care
BLM	Banja La Mtsogolo
CBD	Community Based Distribution
CHAM	Christian Health Association of Malawi
CMERD	Central Monitoring, Evaluation and Research Division
DHMT	District Health Management Team
EC	Emergency Contraception
EHP	Essential Health Package
EN/M	Enrolled Nurse/Midwife
HIMU	Health Information Management Unit
HIV	Human Immunodeficiency Virus
HAS	Health Surveillance Assistant
HTC	HIV Testing and Counselling
ICPD	International Conference on Population and Development
IUCD	Intra-uterine contraceptive device
IEC	Information, Education and communication
ITN	Insecticide Treated Bed Nets
MACRO	Malawi AIDS Counselling and Resource Organisation
MDGs	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MASAF	Malawi Social Action Fund
MMR	Maternal Mortality Ratio
MNH	Maternal and neonatal Health
MoH	Ministry of Health
MoLG	Ministry of Local Government
MTCT	Mother to Child Transmission
NAC	National AIDS Commission

NAPHAM	National Association of People Living with HIV AND AIDS in Malawi
NGO	Non Governmental Organisation
NMCM -	Nurses and Midwives Council of Malawi
POA	Programme of Action
PMTCT -	Prevention of Mother-to-Child Transmission
PoW	Programme of Work
RH	Reproductive Health
RHU	Reproductive Health Unit
RHMIS	Reproductive Health Management Information System
RNM	Registered Nurse/Midwife
SRH	Sexual and Reproductive
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
SWAp	Sector Wide Approach
TBA	Traditional Birth Attendant
UNFPA -	United National Population Fund

1.0 Introduction

The Malawi Government is committed to providing comprehensive Sexual and Reproductive Health and rights (SRHR) services in line with the National Health Policy and the recommendations of the International Conference and Population and Development (ICPD) held in Cairo, Egypt, 1994.

The ICPD (1994) approved a Programme of Action (POA) that emphasized the need to integrate SRHR and to discontinue the use of vertical programmes. This meeting defined Reproductive Health (RH) as: ñA state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processesò SRHR therefore, implies that people should have a satisfying and safe sexual life and that they shall be assisted to have the capacity to reproduce and the freedom to decide if, when and how often to do so.

The African Union Maputo Plan of Action signed by Malawi in September 2006 delineates the 9 components of an integrated RH plan. The plan takes into account the human lifecycle approach. These components are:-

Integration of Prevention and management of STI, HIV, AIDS and malaria service in Primary Health Care

Strengthening of Community-based STI/HIV/AIDS and other SRHR services

Repositioning of Family planning as a key development strategy

The positioning of Adolescent sexual and reproductive health as a strategy for empowerment, development and social wellbeing

Reduction of the incidence of Unsafe Abortion

Universal Access to Quality Safe motherhood and child survival services

Increasing resources for SRHR services

Achievement of Reproductive Health Security

Establishment of effective coordination, monitoring and evaluation of the implementation of the Maputo Plan of Action

The Ministry of Health (MoH) through the Reproductive Health Unit has since 1997 coordinated the integration, planning, implementation, monitoring and

evaluation of SRHR services in primary health care. The goal of the National SRHR service is to promote through informed choice, safer reproductive health practices by men, women, and young people including use of quality and accessible reproductive health services. The Malawi SRHR service focuses on:

Maternal and Neonatal Health (including prevention and management of unsafe abortion)
Young People's Sexual and Reproductive Health
Family Planning
Prevention and management of STI/HIV/AIDS
Early detection of and management of cervical, prostate and breast cancers
Elimination of harmful maternal practices, including domestic and sexual violence
Prevention and management of obstetric fistula
Prevention and management of infertility
Male involvement in the development, promotion and delivery of SRHR services
Development of human resources for SRHR services
Strengthening of the support systems for delivery of SRHR services.

SRHR has multidimensional aspects and hence collaboration with other sectors is critical. In addition, SRHR also raises issues of human rights, gender and equity, resource availability and distribution, which must be addressed through participatory processes that involve individuals, families, and communities. The revised SRHR policy shall therefore, provide guidelines to MoH and stakeholders on the implementation of the RH programme in response to Malawi's SRHR needs.

1.1 Background

Malawi is a landlocked country in south-eastern Africa. Administratively, it is divided into three regions, and 28 districts, out of which 13 are in the Southern Region, 9 in the Central Region and 6 in the Northern Region.

Malawi has an estimated population of 13,187,632 (National Statistical Office, 2008) comprising of 49% males and 51% females of which 42.2% is within the reproductive age of 15-49 years. The Malawi population is young, with 45% below the age of 15.

Life expectancy at birth is 42.8 years for men and 45.5 for females. About 83% percent of the population lives in the rural areas (MDHS, 2004). Educational attainment is higher for men than women 20% of men have never been to school as compared to 30% of the women (MDHS, 2004).

1.2 Situational Analysis

1.2.1 Background of Health Services

The Ministry of Health (MoH) provides about 60% of the health care services, the Christian Health Association of Malawi (CHAM) and other private-not-for profit NGOs provide about 37% and the Ministry of Local Government (MoLG) 1%. Other providers, namely private practitioners, commercial companies, Army and Police provide 2% of health services.

There are three levels of care in the health system: Primary level comprising health centres, health posts, dispensaries, and rural or community hospitals; secondary level made up of district and CHAM hospitals; and the tertiary level consisting of the central hospitals and one private hospital with specialist services.

1.3 Rationale of the Reproductive Health Policy

The revision of the SRHR Policy came about due to the need to incorporate emerging issues in various components of SRHR which include Basic Emergency Obstetric and Neonatal Care (BEmONC); Community Based Neonatal Care; Cervical Cancer Screening; Youth Friendly health Services, Anti Retroviral Therapy, and PMTCT.

The emerging issues are in line with the 1994 ICPD Programme of Action; ICPD + 10; MDGs; African Union SRHR policy guidelines; the African Union Health Strategy; the Southern Africa Development Community Health Strategy; the Maputo Plan of

Action; the Malawi Reproductive Health Strategy 2006 -2010; the Malawi Reproductive Health Service Delivery Guidelines; the Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; Malawi Accelerated Child Survival and Development Strategy; Malawi Gender Policy and Malawi Population Policy. These issues are addressed in the national development guiding frameworks such as Vision 2020 and Malawi Growth and Development Strategy (MGDS).

The purpose of the Policy is to address SRHR problems that emerge from different age groups. Additionally, the policy also provides the framework for implementation of SRHR programmes in the country.

1.4 Linkages between the SRHR Policy and other Development Frameworks and Sectoral Policies

Malawi has drawn its development agenda in consistence with Malawi Growth and Development Strategy (MGDS) covering the period 2007-2011. MGDS focuses on poverty reduction through sustainable economic growth and infrastructure development to attain the Malawi Vision 2020. However, it is important to note that all MDGS are interdependent, interrelated, and complimentary and are linked to SRHR policy.

Malawi is committed to the SADC Protocol on Health that was ratified in 2004. The protocol has three articles which are key to SRHR (Article 16- Reproductive Health; Article 10 - HIV and AIDS and Sexually Transmitted Diseases; and Article 17 ï Childhood and Adolescent health).

The MoH launched the Programme of Work (PoW) and delivery of the Essential Health Package (EHP). The EHP comprises eleven key components, together with essential supporting structures and systems, which address the major causes of death and illness in Malawi. The critical issues included in the delivery of EHP should be available free of charge to every individual in Malawi. Improved access to EHP and other related activities is considered key to the improvement of the health status of Malawians.

The SRHR policy is linked to the Malawi National Youth Policy and Youth Friendly Health Services National Standards. The young people in Malawi are faced with challenges such as early marriages, early and unwanted pregnancies, unsafe abortions, early child bearing, drug and alcohol abuse, high illiteracy rate, poverty, and

HIV and AIDS pandemic.

The SRHR policy is linked to the HIV and AIDS policy which provides guidelines for implementation of HIV and AIDS activities. The policy advocates for rapid scaling up of testing and counselling services as well as access to ARTs. The policy also focuses on scaling up of PMTCT services.

The SRHR policy is also linked to the Malawi Gender Policy. Issues of gender equality and equity are a challenge in Malawi. The gender policy focuses on women empowerment and gender mainstreaming in all developmental programmes.

1.5 Key Challenges

Key challenges and barriers to implementation of this policy include:

1.5.1 Institutional Challenges

Many health facilities are not adequately equipped to provide comprehensive SRHR services and there is uneven distribution. Communication and transport systems remain inadequately developed. Supply of essential drugs and equipment is also a major challenge.

Access to SRHR services is worse in rural areas as there is inequitable deployment of health personnel, which favours urban areas, the secondary and tertiary levels of care. This is aggravated by the critical shortage of health workers across the board, but especially shortage of midwives.

1.5.2 Financial Challenges

Despite government efforts to provide substantive budget allocation to MoH, the needs are overwhelming and therefore the need to work cost-effectively is imperative.

2.0 Broad Policy Directions

2.1 Vision

To attain highest level of sustained comprehensive and integrated SRHR service so as to improve quality of life for all.

2.2 Mission

Equitable delivery of comprehensive range of quality and integrated SRHR services that are accessible, acceptable, effective and safe to individuals, couples, and communities.

2.3 Overall Policy Goal

To provide a framework for provision of accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and young people of Malawi through informed choice to enable them attain their reproductive rights and goals safely.

2.4 Policy Objectives

Provide direction to decision makers and programme managers for effective implementation of SRHR service

Provide guidelines for capacity building for provision of quality SRHR services.

Attain equivalence, harmonization, and standardization of guidelines for provision of SRHR services

Inform and guide stakeholders and partners on SRHR issues

2.5 Guiding Principles

The guiding principles for SRHR policy are inspired by the Malawi Health Policy. These principles are:

⇒**Human Rights Based Approach and Equity:** All the people of Malawi shall have access to health services without distinction of ethnicity, gender, disability, religion, political belief, economic, social condition or geographical location. The rights of health care users and their families, providers, and support staff shall be respected and protected.

⇒**Gender Sensitivity**: Gender issues shall be mainstreamed in the planning and implementation of all health programmes

⇒ **Ethical Considerations**: The ethical requirement of confidentiality, safety and efficacy in both the provision of health care and health care research shall be adhered to.

⇒ **Efficiency:** All stakeholders shall use available health care resources efficiently to maximise health gains.

⇒ Accountability: All stakeholders shall discharge their respective mandates in a manner that takes full responsibility for the decisions made in the course of providing health care.

⇒ **Community Participation:** Community participation shall be encouraged in the planning, management and delivery of health services.

⇒ **Evidence-based decision making**: Interventions shall be based on proven and cost-effective national and international best practices.

⇒ Partnership and multisectoral Collaboration: Public-Private Partnership (PPP) and multisectoral collaboration shall be encouraged and strengthened to address the determinants of health.

⇒ Decentralisation: Health services management and provision shall be in line with the Local Government Act of 1998 which entails devolving health service delivery to Local Assemblies.

⇒ Appropriate Technology: All health care providers shall use health care technologies that are appropriate, relevant and cost effective.

3.0 Policy Themes

The policy has set the following as priority areas that require attention and intervention to promote SRHR services:

3. 0.1 General Policy Statements

3.0.1.1 The SRHR policy shall be implemented within the framework of the Malawi Health Policy 2009, which calls for universal access to appropriate, affordable and quality health care services throughout the life cycles, on the basis of equality between women and men.

3.0.1.2 Sexual and reproductive health services and HIV and AIDS services shall be fully integrated and provided as a package.

3.0.1.3 All stakeholders shall participate in the development, implementation, monitoring and evaluation of the national SRHR service.

3.1 Family Planning

The need for family planning services arises from the risk of maternal, infant, and child morbidity when pregnancies are too early, too many, too late, and too frequent.

Despite efforts to make family planning services accessible to all Malawians, fertility rate remains high. According to the Malawi Multiple Indicator Cluster Survey 2006, total fertility rate was estimated at 6.3 per woman. This ranged from 6.6 and in rural areas and 4.5 in urban areas (MICS, 2006). Although knowledge of family planning is high, the unmet need for family planning is at 28 % and total demand for family planning is at 62% (MDHS, 2004).

3.1. 1 Goal

To reduce unmet need for family planning services through provision of voluntary comprehensive family planning services at all levels to all men, women and young people of reproductive age.

3.1.2 Policy Statements

3.1.2.1 Prevention of unplanned and unwanted pregnancy shall be given the highest priority in the development and implementation of the family planning service.

3.1.2.2 Public health facilities shall offer a full range of family planning services, including emergency contraception.

3.1.2.3 MoH shall facilitate expansion of FP service delivery through the private sector including social marketing

3.1.2.4 Individuals and couples shall be empowered to decide freely and responsibly the number, spacing and timing of children and shall be provided with the means to do so without coercion.

3.1.2.5 All public health facilities shall provide supportive supervision to community health workers in their catchment area including Health Surveillance Assistants, and shall function as depots for CBDA commodities and supplies.

3.1.2.6 Injectable contraceptives shall be available through the community-based delivery system using appropriately trained service providers.

3.1.2.7 Availability of long acting and permanent methods of contraceptives shall be expanded at all levels of health care service.

3.1.2.8 Post-exposure prophylaxis (PEP) ARVs shall be made available, free of charge after any high risk exposure where medically indicated.'

3.1.2.9 Dual protection shall be promoted among all sexually active persons.

3.1.2.10 Emergency contraception shall be made available to all women who have had unprotected sex.

3.1.2.11 Abortion shall not be used as method of family planning.

3.1.3 Strategies

3.1.3.1 Strengthen the availability, access to, and utilization of family planning services at both facility and community level.

3.1.3.2 Increase coverage of family planning services among the young people

3.1.3.3 Strengthen the integration of family planning in community-based health care package

3.1.3.4 Strengthen the integration of family planning services into the other EHP components.

3.1.3.5 Broaden the range of family planning methods offered at both health facility and community levels.

3.2 Maternal and Neonatal Health

Malawiôs maternal mortality ratio is estimated at 807 per 100,000 live births (MICS, 2006). These deaths are related to early child bearing, high fertility, postpartum infection, postpartum haemorrhage, pregnancy induced hypertension, complications of abortion, obstructed labour, HIV and AIDS, and anaemia. Malaria and poor nutrition contribute to anaemia in pregnancy. Although antenatal coverage is 97%, only about 54% of women deliver in a health institution, implying that other women deliver either at home or at Traditional Birth Attendants (TBA). Yet it is well known that the presence of skilled birth attendants at contributes significantly to reduction of maternal mortality and morbidity.

While, most infant birth complications occur during the postnatal period, use of postnatal services in Malawi is low. Only 33% of mothers received postnatal care within the 6 weeks of delivery whilst 18% received postnatal care within 48 hours of delivery (MICS, 2006). To strengthen maternal and neonatal services, the MOH/RHU have integrated Focused Antenatal Care (FANC), BEmONC, mother friendly services, Community Based Neonatal Care, and Kangaroo Mother Care (KMC), HIV prevention, and PMTCT, fistula treatment, family planning, post abortion care services into the SRHR programme.

3.2.1 Goal

To accelerate the reduction of maternal and neonatal morbidity and mortality to achieve the MGDS targets.

3.2.2 Policy Statements

3.2.2.1 Focused antenatal care shall be available to all pregnant women.

3.2.2.2 Implementation on the roadmap for the reduction of maternal and neonatal morbidity and mortality, which is regularly updated, shall be given the highest priority.

3.2.2.3 All women shall have ready access to essential obstetric care, well-equipped and adequately staffed maternal health care services, skilled attendance at childbirth, emergency obstetric care, postpartum care and effective referral and transport to avail the optimum level of care available.

3.2.2.4 All women shall be encouraged to have õbirth preparedness plansò for institutional delivery with skilled birth attendance. Traditional births attendants shall not conduct deliveries as they have been given new roles (See annex for TBA roles)

3.2.2.5 PMTCT services shall be packaged in obstetric care services and shall be routinely offered from the first contact with all pregnant women. All mothers with positive HIV tests shall have access to free ARV services for the prevention of vertical HIV transmission.

3.2.2.6 All women tested for HIV shall be given their results and counselled accordingly.

3.2.2.7 The partograph shall always be used in the management of labour.

3.2.2.8 Kangaroo mother care shall be routinely used in the management of premature newborns

3.2.2.9 All women who have complications of abortion shall have access to quality post abortion care services, including post-abortion counsel-ling, and family planning to prevent repeat abortion.

3.2.2.10 Manual vacuum aspiration shall be the main method of management of incomplete abortion where gestational age permits.

3.2.2.11 Service providers in public and private sector shall provide or refer for safe abortion to the fullest extent of the laws of Malawi all women

deemed to require or requesting the termination of their pregnancies.

3.2.2.12 All maternal deaths shall be notified within 72 hours of occurrence.

3.2.3 Strategies

3.2.3.1 Improve availability of, access to maternal and neonatal care to increase utilization of services

3.2.3.2 Improve quality of skilled maternal and neonatal care at all levels of care to reduce case fatality rates.

3.2.3.3 Newborn care shall be integrated as a standard component of basic emergency obstetric care for which all staff providing obstetric care shall be empowered to provide.

3.3 Sexually Transmitted Infections and HIV/AIDS

Sexually transmitted infections are a challenge in Malawi as they facilitate HIV acquisition, transmission, and progression. Prevalence of STI and HIV remain high despite efforts and investments being done to address the problems. HIV prevalence is higher among women than among men. Mother to child transmission of HIV is the major cause of paediatric HIV infections. Prevention, care, treatment and support of STIs and HIV are key to addressing the problem.

3.3.1 Goal

To reduce the incidence of new STI and HIV infections in Malawi.

3.3.2. Policy Statements

3.3.2.1 Management of STI shall be provided through the syndromic management approach at all levels, supported by diagnostic services as necessary.

3.3.2.2 HTC services and condom use shall be fully integrated in the management of STI and shall routinely be offered to all men, women and young people, who present for STI services to promote and protect their health.

3.3.2.3 Contact tracing and partner notification shall be strengthened at all service delivery outlets.

3.3.2.4 Young people shall not require parental consent for STI services, and confidentiality shall be maintained at all times.

3.3.2.5 Prevention of the transmission of sexually transmitted infections and HIV shall be given priority in the delivery of SRHR services by health workers.

3.3.3 Strategies

3.3.3.1 Strengthen behaviour change interventions to reduce risky behaviour among men, women and young people.

3.3.3.2 Strengthen integration of STI and HIV and AIDS services

3.4 Reproductive Cancers

Cervical cancer is the commonest cancer in women in Malawi with an increasing incidence since the HIV pandemic. Statistics indicate that cervical cancer constitutes 78.6% of all documented female cancers. Breast and prostate cancers are also on the increase but there is paucity of information regarding the prevalence in Malawi.

3.4. 1 Goal

To reduce the incidence and complications of cancers of reproductive organs in all men and women.

3.4.2 Policy Statements

3.4.2.1 Screening for cervical and breast cancer shall be integrated in primary health care and routinely offered to all women at all levels of health care.

3.4.2.2 Men of 40 years of age or older shall routinely be offered screening services for prostate cancer at all levels of health care.

3.4.2.3 All cancer patients shall be referred to the appropriate level of care for management.

3.4.2.4 All cancers shall be reported to the national cancer registry of the Ministry of Health.

3.4.3 Strategies

3.4.3.1 Strengthen awareness for the prevention and management of reproductive health cancers

3.4.3.2 Strengthen the infrastructure for screening of cancers among men and women.

3.5 Infertility

Although the exact rates of infertility are not known, it is a fact that infertility affects some individuals and couples in Malawi. Infertility occurrences can be prevented if the causes are detected early and reproductive tract infections are managed. The most prevalent is secondary infertility which is preventable.

3.5. 1 Goal

To reduce incidence of infertility among men and women

3.5.2 Policy Statements

3.5.2.1 Prevention of secondary infertility shall be fully integrated in Primary Health Care services at all levels.

3.5.2.2 Individuals and couples with infertility shall be screened and managed accordingly, including referral to appropriate level of care.

3.5.3 Strategies

3.5.3.1 Strengthen awareness on the prevention and management of secondary infertility.

3.5.23.2 Strengthen research on infertility

3.6 Young people in Reproductive Health

Young people face a lot of challenges in Malawi due to new patterns of sexual behaviour, harmful and cultural practices, premarital sex and lack of access to family planning education and services. These lead to early and unwanted pregnancies, induced abortions, STIs and HIV infections. Young people in Malawi also face alcohol and drug abuse and mental health problems.

Most young people start having sex at the age of 12, on average. High risk sexual behaviour is more common among young people aged between 15 and 24. In Malawi, young people get most information on SRHR issues from their peers, schools, and media.

Young people are generally underserved in the current health care delivery system. Where SRHR services are available, often times; they are not convenient, acceptable nor accessible to young people. Young people therefore require not only basic information about their bodies, prevention of HIV, AIDS and pregnancy, but also age -appropriate services that address gender equality, empowerment, rights and responsibilities, and sexual and reproductive negotiation and decision making. The MoH has developed the Youth Friendly Health Services Standards in an effort to address SRHR needs of young people.

3.6. 1 Goal

To reduce the incidence of HIV and AIDS, STIs, unplanned and unwanted pregnancies, their complications, drug and alcohol use among young people.

3.6.2 Policy Statements

3.6.2.1 All young people shall have access to quality youth friendly health services that are safe, guard their right to privacy, ensure confidentiality,
and provide respect and informed consent, while also respecting their cultural values and religious beliefs.

3.6.2.2 Youth friendly health services shall be provided at all levels of care.

3.6.3 Strategies

3.6.3.1 Improving availability of and access of youth friendly health services

3.6.3.2 Strengthen behavioural change interventions in the YFHS

3.6.3.3 Strengthen research on SRHR knowledge, and attitudes among young people.

3.7 Obstetric Fistula

Obstetric fistula is common among young child bearing women in Malawi but there is also limited skilled repair service outlet.

3.7. 1 Goal

To reduce incidence of obstetric fistula among women in Malawi.

3.7.2 Policy Statements

3.7.2.1 All community members shall be made aware of the prevention of obstetric fistula and availability of repair services.

3.7.2.2 All women shall be encouraged to deliver under the care of skilled birth attendants.

3.7.2.3 Partograph shall routinely be used to monitor labour and promote the taking of timely action.

3.7.2.4 The management of labour, including early post-partum care shall be geared to the prevention of obstetric fistula.

3.7.2.5 Women who develop fistula shall have immediate access to repair services.

3.7.3 Strategies

3.7.3.1 Strengthen awareness of the magnitude and gravity of obstetric fistula and availability of services

3.7.3.2 Strengthen awareness of the prevention and management of obstetric fistula

3.8 Harmful Practices/Domestic Violence

Many Malawian women and children experience harmful practices, domestic and sexual violence, but the magnitude of the problem is not known. These practices include initiation, wife inheritance, fisi (hiring of the man for sex and conception), dry sex, death rituals, use of traditional herbs to induce labour, battery, rape, sexual harassment, psychological abuse, and genital mutilation.

3.8. 1 Goal

To reduce the incidence of harmful practices and domestic violence among women, men, and young people.

3.8.2 Policy Statements

3.8.2.1 Elimination of harmful SRHR practices shall be fully integrated in the delivery of sexual and reproductive health and rights services.

3.8.2.2 Service providers shall not perform prenatal sex selection or female genital mutilation.

3.8.3 Strategies

3.8.3.1 Strengthen awareness of practices that have a negative impact on maternal health among both men and women in the community.

3.9 Male Involvement in Reproductive Health

In Malawi, child bearing issues are regarded as womenôs issues. There is generally lack of male involvement in RH issues. Illiteracy, ignorance, poverty, increasing rural urban migration, and cultural beliefs contribute to lack of male involvement in SRHR issues.

3.9. 1 Goal

To promote male involvement in all SRHR issues and services.

3.9.2 Policy Statements

3.9.2.1 Behavioural change and high impact SRHR services shall be delivered at community level to promote universal coverage.

3.9.2.2 Menôs shared responsibility and active involvement in parenthood and sexual and reproductive behaviour shall be emphasized in the delivery of SRHR services.

3.9.2.3 Development of community SRHR services shall be participatory to ensure that such services meet the needs of men, women and young people as well as being culturally acceptable.

3.9.3 Strategies

3.9.3.1 Empower men to promote and patronize SRHR services

3.10 Resources and Supporting Systems

Human and material resources; and supporting systems influence the provision of comprehensive SRHR services. Currently, there are major challenges in the health delivery system in Malawi. These challenges include brain drain among health worker professionals, inadequate output in health training institutions, lack of supportive supervision, inadequate resources and materials, and poor communication.

3.10.1 Goal

To mobilize human and material resources; and supporting systems for provision of comprehensive SRHR services at all health care levels.

3.10.2 Policy Statements

3.10.2.1 Pre-service and in-service training and supervision at all levels of care shall be provided to all relevant service providers to ensure that they maintain technical competence, adhere to standards and respect human rights of the people they serve.

3.10.2.2 There shall be increased fiscal investment designed to improve the quality and availability of sexual and reproductive health services to all people of Malawi

3.10.2.3 Essential RH commodities as determined from time to time shall be included in the Essential Drug List of the Ministry of Health

3.10.2.4 Programme managers shall ensure that all essential reproductive health commodities supplies and basic equipment are available at all service outlets.

3.10.3 Strategies

3.10.3.1 Advocate for increased commitment and resources for maternal and neonatal care among all partners.

3.10.3.2 Strengthen commodity supply and logistics management.

3.10.3.3 Strengthen the referral system

4.0 Institutional Strategies for Policy Implementation

The Reproductive Health Unit of the Ministry of Health shall direct the implementation of the SRHR policy through Zonal Health Officers, Directors of Central Hospitals and Chief Medical Officers in all the districts of Malawi.

4.1 Implementation Plan

The RHU is responsible for coordinating implementation of the SRHR programme. Therefore, the RHU is responsible for:

- Policy guidelines formulation, dissemination, and review
- Coordinating all development partners and stakeholders involvement in SRHR activities
- Providing guidelines for SRHR research
- Guiding and monitoring implementation of the SRHR programme
- Mobilizing resources to achieve the goals of SRHR programme

4.1.1 Programme Management

SRHR Policy will be implemented through the national RH Programme which is co-ordinated by the RHU through various management structures. At the policy/ technical level the RHU will operate under the guidance of SRHR Technical Working Group, which addresses policy and programme issues and monitor progress in line with the comprehensive work plan. The head of RHU under the supervision of the Secretary for Health will manage all aspects of the RH programme and will provide overall policy and strategic direction to all SRHR activities.

National budgets for SRHR will be reviewed and external resources will be mobilized through round table discussions, proposal development, and other fundraising activities.

4.1.2 Behaviour Change Communication

Under the SRHR programme a comprehensive BCC strategy for all aspects of SRHR, including HIV/AIDS has been developed. The BCC strategy will also address

advocacy, gender issues, client/provider interaction, and incorporate elements of young people/men and friendly services. This strategy aims at coordinating the inputs of all stakeholders involved in behavioural change activities related to SRHR. This coordination will ensure the improvement of quality of SRHR services.

4.1.3 Community Participation

Community participation contributes to the achievement of the goal of the programme. Therefore, the RHU will collaborate with the District Health Management Team (DHMT) and Health Centre Staff to encourage community involvement in SRHR initiatives. The communities will be empowered with skills to take the lead in problem identification and solutions. Communities are diverse and complex, therefore, issues of culture and traditions will be taken into account.

The goal is to achieve community ownership of the health programme. The strategy is to empower communities to adopt and promote a continuum of care between household and health care facility.

4.1.4 Development of Human Resources

Implementation of the SRHR policy will require adequate numbers of well trained and highly motivated health workers. It will also entail provision of adequate material resources to enable health workers to provide efficient and effective services. The MoH has developed a Human Resource Development Policy for the Public Sector. It is anticipated that the implementation of this plan will result in a larger pool of human resources for the health sector, which will eventually lead to an increased number of skilled health workers providing integrated SRHR services efficiently.

The goal is to meet the minimum staffing levels at all services outlets, especially at health centres as per WHO criterion. The strategy is to advocate for increased training of skilled service providers and equitable deployment of the available staff. Service providers shall be expected to maintain their technical competence and standards.

4.1.5 SRHR Commodity Security

The MoH shall finalise the development of the RH Commodity Strategy to improve forecasting, procurement, and distribution of SRHR commodities. Districts shall ensure that essential SRHR commodities and supplies are always available in their respective service outlets.

4.2 Institutional Arrangements

Many institutions will be involved in implementation of SRHR programmes as follows:

4.2.1 Ministry of Health

- Take overall responsibility and commitment for improving SRHR care
- Plan, develop and coordinate the provision of SRHR services
- Provide overall guidance for provision of SRHR care
- Advocate for the highest priority to be accorded to SRHR programmes as a necessary prerequisite for the attainment of MDGs
- Mobilize and leverage human and material resources for the implementation of SRHR policy
- Promote and coordinate partnership with Development Partners, International Organizations, Non-governmental organizations, private and public sectors for cooperation and collaboration to accelerate implementation of SRHR policy
- Ensure that the provision of SRHR services by all partners and stakeholders at all levels meets the required standards
- Disseminate relevant SRHR guidelines and standards
- Coordinate support and monitoring of progress towards implementation of SRHR policy

4.2.2 Ministry of Agriculture and Food Security

- Promote household food security and utilization of nutritious foods to ensure appropriate nutrition for girls and women before pregnancy, during pregnancy, and after delivery
- Promote creation of Farmersôclubs in communities to sensitize and mobilize farmers towards food security
- Collaborate with partners and other stake holders to develop the concept and promote creation of model villages for holistic community development

- Organize periodic Agricultural shows/fairs for promotion of awareness raising on good nutrition, food diversification, and food production at household level.

4.2.3 *Ministry of Economic Planning and Development*

- Ensure the provision of adequate budgetary allocation to support implementation of SRHR policy
- Promote partnership with Development Partners, International Organizations, Non-governmental organizations, private and public sectors for cooperation and collaboration to accelerate implementation of SRHR policy
- Utilise the Population Unit to promote awareness towards SRHR
- Monitor progress towards the achievement of all MDGs

4.2.4 *Ministry of Education and Vocational Training*

- Support services that address young peopleôs SRHR issues
- Implement life skills curriculum in both primary and secondary schools
- Establish a counselling and referral system for boys and girls with SRHR needs
- Strengthen school clubs to address SRHR issues
- Empower boys and girls to make informed decisions about their SRHR

4.2.5 *Ministry of Information and Tourism*

- Raise community awareness on SRHR services including harmful practices/domestic violence to promote womenôs and menôs use of available services
- Facilitate public education through multimedia approach on issues of maternal, newborn health and family planning
- Promote advocacy for the importance of SRHR services
- Facilitate debate and discussions on issues of SRHR

- Facilitate implementation of Behaviour Change Interventions at community level on SRHR issues
- Coordinate publicity and media coverage among media stakeholders on SRHR issues

4.2.6 *Ministry of Local Government and Rural Development*

- Support the promotion of community initiatives for SRHR at village level
- Support empowerment of men and women to make informed decisions on SRHR issues
- Assist communities dispel misconceptions and eliminate harmful practices that could prevent use of SRHR services
- Mobilize community leaders to participate in birth preparedness including organizing and supporting community transport for referral of women with obstetric complications
- Support empowerment of community leaders to promote SRHR
- Support men involvement in SRHR issues

4.2.7 *Ministry of Women and Child Development*

- Support empowerment of women to make informed choices on their sexual and reproductive health issues
- Mainstream SRHR issues of equity and empowerment
- Educate men to enhance their participation and involvement in the improvement of SRHR health of the community
- Support advocacy against harmful cultural practices that affect womenôs and girlsôreproductive health.
- Prevention of gender based violence

4.2.8 *Ministry of Youth Development and Sports*

- Promote sports among in and out of school youth as a medium for development of positive and healthy life style
- Raise awareness on cultural practices that expose youth, especially girls, to HIV infection and SRHR complications.

- Promote behavioural change among young people and communities; specifically looking at modifying negative cultural practices into safe practices
- Raise awareness on gender relationships that increase vulnerability to HIV infection and SRHR complications.
- Equip youth with Life Skills
- Mobilise youth to participate in programmes that promote safe sexual behaviour

4.2.9 Parliamentary Committee on Health

- Support enactment of appropriate legislation with respect to SRHR including minimum age of marriage and legislation on violence against women
- Lobby with MPs to use constituency development funds to support SRHR initiatives in their various constituencies
- Promote and support adequate national budgetary allocation for SRHR
- Lobby for MPs to designate a focal person in their constituencies responsible for monitoring SRHR services.
- Declare SRHR as a national priority

4.2.10 Development Partners

- Advocate the mobilization of resources and political will necessary to implement the SRHR policy
- Foster the relationship and collaboration among all development partners to support Government in the implementation of policies and strategies to bring about necessary changes and improve health and quality of life
- Support provision of technical and financial assistance to the MOH in thematic areas relevant to implementation of SRHR
- Strengthen and support monitoring and evaluation of SRHR services
- Support operational research related to SRHR
- Promote advocacy for SRHR
- Provide technical and financial support to review and develop policies, standards, and guidelines in SRHR

4.2.11 Nurses and Midwives Council/ Medical Council

- Provide guidance for certification for the attainment of minimum standards, competence, and skills required for the provision of SRHR care
- Support and promote inclusion of relevant components of SRHR into pre-service curriculum of training Institutions
- Monitor and evaluate midwifery/medical services to ensure adherence to acceptable standards of practice
- Support development of SRHR standards
- Reinforce professional conduct for health care providers to ensure provision of quality SRHR care

4.2.12 Training Institutions

- Incorporate emerging issues in SRHR into pre-service training
- Conduct research for improvement of SRHR services
- Increase out-put of professional health workers
- Institute in-service education training in SRHR services

4.2.13 White Ribbon Alliance (WRA)/ Nurses and Midwives Associations

- Support advocacy for prioritizing implementation of SRHR programme
- Promote community awareness and empowerment on issues of SRHR
- Support human resource development for SRHR care provision through advocacy

4.2.14 Christian Health Association of Malawi (CHAM)

- Collaborate with MoH to implement Service Agreements to enable beneficiaries access maternal and newborn care services in CHAM institutions free of charge
- Provide technical and financial support for provision of SRHR services
- Support MoH in training health workers to provide SRHR services

4.2.15 Civil Society Organisations

- Provision of sexual and reproductive health and rights services

- Support community initiatives related to sexual and reproductive health and rights
- Create awareness of sexual and reproductive health and rights issues in the community.
- Advocate for the strengthening of sexual and reproductive health and rights services

5.0 MONITORING AND EVALUATION

5.1 Monitoring and Evaluation

The National Reproductive Health Strategy (2006 ï 2010) has set monitoring and evaluation approach with RH core impact, outcome, indicators, and targets. These will be utilized in monitoring and evaluation of the SRHR policy

The strategy shall be the strengthening of monitoring and evaluation mechanisms of the SRHR service for better decision making and service delivery, and the strengthen supervision of SRHR services at all levels.

5.2 Policy Review

The SRHR policy has been developed within the broader framework of development strategies such as MDGS and MDGs. In this regard, the lifetime of the policy has been set to 2015, when it will be reviewed to assess its performance and its targets. It may have to be reviewed earlier, in case of newly emerging SRHR issues.

Appendix I: Implementation Plan

OVERALL POLICY GOAL: To provide a framework and guideline for accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and youth of Malawi to enable them attain their reproductive rights and goals.

Specific Goal	Out-come	Strategy	Responsibility for Implementation	Time Frame
POLICY AREA 1: Family Planning				
Fertility rate among Malawians reduce through provision of voluntary comprehen-sive family planning services at all levels to all men, women and youth of the reproduc-tive health age.	Contra-ceptive preva-lence rate in-creased from 38% to 65%	Strengthen the availability, access to, and utilization of family planning services at both facility and commu-nity levels	MoH, NGOõs, CHAM, Ministry of Economic Planning and Develop-ment, Ministry of Local Government and Rural Development, United Nation Agencies and Development partners , Communities	Continu-ously
		Strengthen male and youth friendly family planning services	MoH, NGOõs, CHAM, Ministry of Youth Development and Sports, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continu-ously
		Strengthen behaviour change inter-ventions and outreach services.	MoH, NGOõs, CHAM, Ministry of Youth Development and Sports, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities, MASAF	Continu-ously
		Strengthen the integration of family planning services into the other EHP components.	MoH, NGOõs, CHAM, United Nations Agencies and Develop-ment partners, Communities	Continu-ously
		Strengthen monitoring and evaluation of family planning services.	MoH, NGOõs, CHAM, Development, United Nations Agencies and Development partners	Continu-ously
		Encourage individuals and families to delay the first pregnancy until the age of 20	MoH, NGOõs, CHAM, Ministry of Youth Development and Sports, Communities, Ministry of Education, Ministry of Gender and Child Development, Communities	Continu-ously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Fertility rate among Malawians reduce through provision of voluntary comprehensive family planning services at all levels to all men, women and youth of the reproductive health age.	**Contraceptive prevalence rate increased from 38% to 65%**	**Encourage individual women, men, and couples space their births for a minimum period of three years.**	**MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities**	Continuously
		Encourage individual women, men, and couples space their births for a minimum period of three years.	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continuously
		Encourage individual women, men, and couples space their births for a minimum period of three years	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continuously
		Encourage individuals and families to avoid pregnancy after the age of 35	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continuously
		Encourage women, men and couples not to have more than 4 children.	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continuously
		Strengthen accessibility to emergency contraception and post exposure prophylaxis (PEP) among all clients including youth.	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities	Continuously
		Strengthen research in family planning.	MoH, NGOs, United Nations Agencies and Development partners, Training Institutions	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Fertility rate among Malawians reduce through provision of voluntary comprehensive family planning services at all levels to all men, women and youth of the reproductive health age.	Community Based Distribution of family planning at community level adopted as the main channel of delivery of family services.	Strengthen human resources to provide quality family planning services including community based distribution agents.	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners MoH, NGOs, Training Institutions, Ministry of Local Government and Rural Development	Continuously
POLICY AREA 2: Maternal and Neonatal Health				
Maternal mortality rate reduced by three quarters.	80% of mothers have assisted childbirth by skilled attendants.	Improve the availability of, access to, and utilization of quality MNH care.	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development,	Maternal mortality rate reduced by three quarters.
		Strengthen national and district health planning and management of MNH care.	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development	Continuously
		Advocate for and strengthen male involvement in MNH care	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development, Parliamentary Committee on Health, Ministry of Women and Child Development	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Maternal mortality rate reduced by three quarters.	80% of mothers have assisted childbirth by skilled attendants.	Advocate for increased commitment of government, development partners, and other stakeholders and partners for MNH care.	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development, Parliamentary Committee on Health, Ministry of Women and Child Development, Ministry of Information and Tourism, MASAF, Ministry of Agriculture and Food Security	Continuously
		Strengthen monitoring and evaluation mechanisms for better decision-making and service delivery of MNH services.	MoH, NGOs, United Nations Agencies and Development partners, CHAM,	Continuously
		Strengthen research in MNH	MoH, NGOs, United Nations Agencies and Development partners, Training Institutions, WRA	Continuously
	All pregnant women have access to basic emergency obstetric and neonatal care services.	Strengthen human resources to provide quality MNH skilled care.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Yearly
		Empower communities to ensure participation and demand for MNH services.	MoH, NGOs, CHAM, Ministry of Local Government and Rural Development, MASAF, Ministry of Information and Tourism, Parliamentary Committee on Health	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
POLICY AREA 3: Sexually Transmitted Infections and HIV and AIDS				
Incidence and prevalence of STI and HIV and AIDS in Malawi halved.	All people in Malawi have access to STI and HIV prevention, care, treatment and support services	Strengthen human resources to provide STI/ HIV services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council,	Continuously
		Strengthen provision of PMTCT services at all health care levels.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Continuously
		Expand availability of STI/HIV prevention information, education and counselling (IEC) services to all men, women, and youth	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Gender and Child Development, Ministry of Education, Ministry of Information and Tourism	Continuously
		Strengthen provision of STI and HIV health promotion materials to all men, women and youth	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Information and Tourism, Ministry of Agriculture and Food Security	Continuously
		Strengthen STI/HIV commodity security.	MoH, NGOs, CHAM, United Nations Agencies and Development partners,	Continuously
		Routinely offer HCT to all pregnant women, STI clients, and partners	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
		Comprehensively manage STI clients using the Syndromic Management Approach	MoH, NGOs, CHAM, United Nations Agencies and Development partners,	Continuously
		Strengthen STI/HIV activities within SRHR services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Incidence and prevalence of STI and HIV and AIDS in Malawi halved.	All people in Malawi have access to STI and HIV prevention, care, treatment and support services	Strengthen behaviour change interventions.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development, Ministry of Women and Child Development	Continuously
		Strengthen provision of ART to all eligible HIV positive pregnant women, youth, their partners and family members	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
		Strengthen research in STI/HIV.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, NAC, Training Institutions	Continuously
		Strengthen availability of both male and female condoms at all levels of the health care system	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
		Registered Nurses and Nurse -Midwife Technicians to prescribe STI drugs following training in the Syndromic Management Approach.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council	Continuously
POLICY AREA 4: Reproductive Cancers				
Incidence and complications of cancers of reproductive organs reduced in all men and women	Health promotion services on cancer of the cervix, prostate and breast provided all facilities and communities	Strengthen awareness on reproductive cancers and services available.	MoH, NGOs, United Nations Agencies and Development partners, Ministry of Information and Tourism	Continuously
		Strengthen awareness on reproductive cancers and services available.	MoH, NGOs, United Nations Agencies and Development partners, Ministry of Information and Tourism	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Incidence and complications of cancers of reproductive organs reduced in all men and women	Health promotion services on cancer of the cervix, prostate and breast provided all facilities and communities	Strengthen human resources to provide reproductive cancer services.	MoH, NGO's, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council, Medical Council	Continuously
		Strengthen monitoring, evaluation and research in reproductive cancer.	MoH, NGO's, United Nations Agencies and Development partners, Training Institutions	Continuously
POLICY AREA 5: Infertility				
Incidence of infertility reduced among men and women	Health promotion services on prevention of infertility provided at all health facilities	Strengthen awareness on causes of infertility and services available	MoH, NGO's, United Nations Agencies and Development partners	Continuously
	Management services for infertility to men and women provided at all appropriate levels of care	Strengthen human resources to provide infertility services	MoH, NGO's, United Nations Agencies and Development partners Training Institutions, Nurses and Midwives Council/Medical Council	Continuously
		Strengthen research in infertility	MoH, NGO's, United Nations Agencies and Development partners, Training Institutions	Continuously
POLICY AREA 6: Youth in Reproductive Health				
Incidence of HIV and AIDS, STI's, unplanned pregnancies and complications and drug use reduced among youth	Comprehensive and acceptable SRHR services provided to youth at health care delivery points, community level and in and out of school	Increase availability, access and utilization of quality youth friendly health services that meet needs of youth.	MoH, NGO's, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development, Ministry of Women and Child Development	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Incidence of HIV and AIDS, STIs, unplanned pregnancies and complications and drug use reduced among youth	Comprehensive and acceptable SRHR services provided to youth at health care delivery points, community level and in and out of school	Strengthen provision of information on SRHR rights to the youth	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Youth Development and Sports, Ministry of Women and Child Development, Ministry of Education	Continuously
		Strengthen the training of service providers at all delivery points, communities and institutions to acquire knowledge, skills and positive attitudes to effectively provide youth friendly health services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
		Strengthen behaviour change interventions.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Youth Development and Sports, Ministry of Women and Child Development, Ministry of Education, Ministry of Information and Tourism	Continuously
		Strengthen services on prevention and treatment of substance abuse.	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
		Strengthen research in SRHR knowledge, practices, and attitudes among youth	MoH, NGOs United Nations Agencies and Development partners, Ministry of Education	Continuously
		Strengthen provision of health information including SRHR and HIV which is relevant to youthos needs, circumstances and stage of development	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Youth Development and Sports, Ministry of Education, Ministry of Agriculture	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Incidence of HIV and AIDS, STIs, unplanned pregnancies and complications and drug use reduced among youth	SRHR services that are youth friendly provided by all service providers at all levels of care	Develop a supportive environment for the delivery of youth SRHR services	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Ministry of Education	Continuously
		Strengthen linkages between service delivery points, communities and Stakeholders for provision of information, counselling and advice.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Ministry of Education,	Continuously
POLICY AREA 7: Obstetric Fistula				
Incidence of obstetric fistula reduced among women in Malawi	Health promotion services provided to all women, and men, and communities on causes and prevention of obstetric fistula	Strengthen awareness on the magnitude and gravity of obstetric fistula and the availability of obstetric fistula repair services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Continuously
	Treatment and follow - up care provide to all women with obstetric fistula	Strengthen human resource for management of obstetric fistula.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/ Medical Council	Yearly
		Strengthen research on magnitude of obstetric fistula.	MoH, NGOs, United Nations Agencies and Development partners, Training Institutions,	Continuously
POLICY AREA 8: Harmful Practices/Domestic Violence				
Incidence of harmful practices and domestic violence reduced among women, men, and youth	Health promotion services on harmful practices/ domestic violence and their effects provided to all men, women and youth	Strengthen awareness on harmful practices/domestic violence that have a negative effect on reproductive health.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, Ministry of Youth Development and Sports	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
Incidence of harmful practices and domestic violence reduced among women, men, and youth	Access to legal entitlement course of law, counselling and other support services provided for victims of harmful practices, domestic and sexual violence.	Strengthen human resources to provide screening, treatment and follow -up care for support of victims of harmful practices and domestic violence including post exposure prophylaxis.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Continuously
		Strengthen research on magnitude of harmful practices and domestic violence.	MoH, NGOs, United Nations Agencies and Development partners, Training Institutions	Continuously
POLICY AREA 9: Male Involvement in reproductive Health				
Male involvement in all SRHR issues and services achieved	Information on importance of male involvement in SRHR issues and services provided to all men and women	Advocate for male involvement in SRHR issues and services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/ Nurses and Midwives Associations, Ministry of Women and Child Development	Continuously
		Strengthen community awareness on the importance of male involvement in SRHR issues and services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/ Nurses and Midwives Associations, Ministry of Women and Child Development	Continuously
	Males integrate into all SRHR services	Strengthen human resource capacity for promoting male in involvement in SRHR issues and services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Continuously

Specific Goal	Outcome	Strategy	Responsibility for Implementation	Time Frame
POLICY AREA 10: Supporting Systems				
Human and material resources; and supporting systems for provision of comprehensive SRHR services at all health care levels mobilised	Adequate human and material resources, and support systems for SRHR services provided to all health institutions	Strengthen commodity security and logistics management system of SRHR medicines and supplies.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development	Continuously
		Strengthen the referral system and communication system.	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development	Continuously
		Strengthen pre-service and in-service education for delivery of SRHR services.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Continuously
		Strengthen monitoring and evaluation of SRHR services	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development	Continuously
		Strengthen behaviour change interventions.	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development, Ministry of Women and Child Development	Continuously
		Strengthen research in reproductive health issues	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions	Continuously

Appendix II: Policy Impact Monitoring and Evaluation

OVERALL POLICY GOAL: To provide a framework and guideline for accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and youth of Malawi to enable them attain their reproductive rights and goals.

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 1: Family Planning							
To provide accessible and convenient family planning services to all men, women and youth of reproductive age	% of health facilities providing accessible and convenient family planning services	HMIS MoH Health Facility surveys Supervisory visit reports	Not known	80% of health facilities providing accessible and convenient family planning services	All health facilities in Malawi providing accessible and convenient family planning services	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nation Agencies and Development partners , Communities	Yearly
To provide and expand Community Based Distribution Agents (CBDA) of family planning at community level	% of CBDAs providing family planning services	HMIS MoH Health facility Surveys	3%	15% of contraceptives provided by CBDAs	Expansion in CBDA programmes	MoH, NGOs, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners MoH, NGOs, Training Institutions, Ministry of Local Government and Rural Development	Yearly

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Mile-stone	Responsibility for Imple-mentation	Time Frame
POLICY AREA 1: Family Planning							
To provide and expand Community Based Distribution Agents (CBDA) of family plan-ning at community level	% of CBDA's providing family plan-ning services	HMIS MoH Health facility Surveys	3%	15% of contracep-tives pro-vided by CBDA's	Expansion in CBDA pro-grammes	MoH, NGO's, CHAM, Ministry of Economic Planning and Devel-opment, United Nation Agencies and Development partners MoH, NGO's, Training Institutions, Ministry of Local Government and Rural Development	Yearly
To increase the avail-ability, accessibility, utilization and quality of MNH care during preg-nancy, childbirth and postnatal period at all levels of the care deliv-ery system	% of facilities providing comprehen-sive MNH care at all levels of health care system	HMIS RHU MoH NSO	Not all facili-ties provid-ing compre-hensive MNH care at all levels	All facilities providing compre-hensive MNH care at all levels	90% of facili-ties providing comprehen-sive MNH care at all levels	MoH, NGO's, CHAM, Ministry of Economic Planning and Devel-opment, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development,	By 2015
To strengthen the capacity of individu-als, families, commu-nities, civil society organizations and Government to im-prove MNH	% of facilities providing comprehen-sive MNH care at all levels of health care system	HMIS RHU MoH NSO	Not all facili-ties provid-ing compre-hensive MNH care at all levels	All facilities providing compre-hensive MNH care at all levels	90% of facili-ties providing comprehen-sive MNH care at all levels	MoH, NGO's, CHAM, Ministry of Economic Planning and Devel-opment, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development,	By 2015

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 3: Sexually Transmitted Infections and HIV and AIDS							
To increase access to STI and HIV prevention, care, treatment and support services for all individuals and families	% of facilities providing comprehensive STI & HIV services	MoH Health facility surveys NSO	Not known	80%	Increased % of facilities providing comprehensive STI and HIV services	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council,	2015
To provide health promotion services on cancer of the cervix, prostate and breast in all health facilities and communities	% of providers providing health promotion services on cancers of cervical, prostate and breast in all health facilities	MoH HMIS Health facility surveys Supervisory visits	Not known	60%	Increased % of providers providing health promotion services on reproductive cancers	MoH, NGOs, United Nations Agencies and Development partners, Ministry of Information and Tourism	2015
POLICY AREA 4: Reproductive Cancers							
To provide screening, referral, and treatment services for cervical, prostate, and breast cancers to men and women	% of providers providing screening, referral and treatment for cervical, prostate and breast cancers	MoH HMIS Health facility surveys	Not known	70%	Increased % of providers providing screening, referral and treatment for cervical, prostate and breast cancers	MoH, NGOs, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council, Medical Council	2015

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 5: Infertility							
To provide health promotion services on prevention of infertility at all health facilities	Increased Number of providers for health promotion services on prevention of infertility at health facilities	MoH HMIS Health facility surveys	Not known	70%	Increased % of providers providing health promotion services on prevention of infertility	MoH, NGOs, United Nations Agencies and Development partners	2015
To provide management services for infertility to men and women at all appropriate levels of care	% of providers providing management for infertility to all men and women at all levels	MoH HMIS Health facility surveys	Not known	70%	Increased % of providers providing management for infertility to all men and women at all levels	MoH, NGOs, United Nations Agencies and Development partners Training Institutions, Nurses and Midwives Council/Medical Council	Yearly
POLICY AREA 6: Youth in Reproductive Health							
To provide comprehensive and acceptable SRHR services to youth at health care delivery points, community level and in and out of school	% of facilities providing comprehensive and acceptable SRHR services to youth at Health care delivery points, community level and in and out of school	MoH HMIS Health facility surveys	Not known	80%	Increased % of facilities providing comprehensive and acceptable SRHR services to youth at Health care delivery points, community level and in and out of school	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development, Ministry of Women and Child Development	2015

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 6: Youth in Reproductive Health							
To provide services that are youth friendly by all service providers at all levels of care	% of providers providing health promotion to all youth friendly services at all levels	MoH HMIS Health facility surveys	Not known	80%	Not known	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Ministry of Education	Yearly
To provide health promotion services to all women, and men, and communities on causes and prevention of obstetric fistula	% of facilities providing health promotion to all women, men and communities	MoH HMIS Health facility surveys	Not known	60%	Increased % of facilities providing health promotion services on prevention of obstetric fistula	MoH, NGOs, CHAM, United Nations Agencies and Development partners	Yearly
POLICY AREA 7:Obstetric Fistula							
To provide treatment and follow-up care to all women with obstetric fistula	% of facilities offering treatment and follow-up for obstetric fistula	MoH HMIS Health facility surveys	Not known	60%	Increased % of fistulas repaired successfully	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/ Medical Council	Yearly

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 8: Harmful Practices/Domestic Violence							
To provide health promotion services on harmful practices/ domestic violence and their effects to all men, women and youth	% of facilities providing healthcare for harmful practices	MoH NSO District Assemblies	Not known	60%	Increased % of health services for victims of harmful practices	MoH, NGOôs, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, Ministry of Youth Development and Sports.	Yearly
To provide access to legal entitlement course of law, counselling and other support services for victims of harmful practices, domestic and sexual violence	% of people who access legal and counselling services	MoH NSO Ministry of Women and Child Development	Not known	60%	Increased % of victims accessing legal and counselling services	MoH, NGOôs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	Yearly
POLICY AREA 9: Male Involvement in reproductive Health							
To promote male involvement in all SRHR issues and services	% of providers providing information on importance of male involvement in SRHR issues and services to all men and women	MoH NSO Ministry of Women and Child Development	Not known	80%	Increased % of providers providing information on importance of male involvement in SRHR issues and services to all men and women	MoH, NGOôs, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/ Nurses and Midwives Associations, Ministry of Women and Child Development	Yearly

Specific Objectives	Indicator	Source of Data	Current Situation (Baseline data)	Desired Target	Key Milestone	Responsibility for Implementation	Time Frame
POLICY AREA 9: Male Involvement in reproductive Health							
To integrate males into all SRHR services	% of institutions integrating male involvement in SRHR	MoH NSO Ministry of Women and Child Development	Not known	100%	Increased % of institutions integrating males to SRHR services	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council	2015
POLICY AREA 10: supporting Systems							
To provide adequate human and material resources, and support systems for SRHR services to all health institutions	% of providers trained in SRHR care (all cadres)	Training institutions Nurses and Midwives council MoH	80%	100%	Increased % of health institutions training health care workers in SRHR	MoH, NGOs, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development	2015