



UNFPA MALAWI

Annual Report 2019

Accelerating our
transformative results

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Annual Report 2019

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UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Ending unmet need for family planning

UNFPA works with governments and partners to promote universal access to quality, integrated sexual and reproductive health services. UNFPA also promotes comprehensive sexuality education and youth leadership, which empower young people to exercise autonomy, choice and participation with regard to their sexual and reproductive health and rights.

Ending preventable maternal death

UNFPA partners with governments and others to strengthen health systems, train health workers, educate midwives and improve access to the full range of reproductive health.

Ending gender based violence and harmful practices

UNFPA works to prevent and respond to gender based violence through its work with policymakers, justice systems, health systems and humanitarian partners. UNFPA also focuses on eliminating harmful practices, child marriage, and helps to engage men and boys to advance gender equality.



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OUR KEY RESULTS IN 2019

- **31 percent increase to 2,057,656 couple years of protection.**
- **11 percent increase in the 15-19 year age group using family planning in 2019 in the six focus districts.**
- **98 percent of service delivery points are now able to manage their supplies and inventory efficiently employing a new logistics management information system.**
- **A total 1,751,300 adolescents and youth aged between 10-24 utilized integrated sexual and reproductive health services.**
- **75 national and district level networks for the participation of young people in policy dialogue and programming are now operating.**
- **300 frontline emergency workers trained on gender based violence.**
- **265,000 young people, 60 percent of which are girls, accessed a youth friendly health service.**
- **563,995 young people reached with social behaviour change and communication and comprehensive sexuality education.**
- **Full and preliminary results of the population and housing census are published in record time.**
- **A future strategy is in place to strengthen policymakers use of population data and increase data literacy in communities.**
- **50,200 vulnerable people were reached with crucial dignity kits and lifesaving reproductive health support during the floods caused by cyclone Idai.**



FOREWORD

As we publish our annual report for 2019 it is impossible not to mention the outbreak of Covid-19 across the world and the threat the virus poses to the way we live. The virus will leave a lasting impact on the world. Whilst we shall have to learn to live with the 'new normal' it is, however, also important not to lose focus of the many urgent challenges women and girls are confronted with in Malawi.

To mark the 25th anniversary of the International Conference on Population and Development UNFPA and partners hosted a major global summit in Nairobi in 2019. In Cairo 25 years ago a ground breaking programme of action was agreed that aimed to empower women and girls. It was remarkable to witness nations, including Malawi, renewing their commitment to tackling, and indeed accelerating an agenda to meet targets, to some of the major issues of our lifetimes.

At the conference Malawi made strong, timebound commitments in a wide range of areas that will benefit women and girls including universal access to sexual and reproductive health and rights; financing the programme of action agreed in Cairo, eradicating child marriage and ending gender-based violence and harmful practices. These government commitments will shape the priorities of UNFPA during the current country programme.

As the first year of our new country programme our achievements across sexual and reproductive health and rights, women and girl empowerment and population data are demonstrating strong outcomes and results.

There is an 11 percent increase in the 15-19 year age group using family planning in 2019 in the six focus districts. These youth friendly hubs located at healthcare centres are continuing to attract higher numbers of adolescent girls and boys that lack knowledge and skills to manage their bodies and lives.

We were also able to respond to the flooding disaster that hit many parts of Malawi in 2019 in the wake of cyclone Idai. Our teams quickly responded to needs of communities left vulnerable and homeless. Women and adolescent girls accessed dignity kits to help manage their sexual and reproductive health and rights, and maintain hygiene standards. Midwives received the materials they need to make safe births in situations of disaster, protecting lives and delivering healthy babies and mothers.

A total of 2,057,656 couple years of protection was reached in 2019 that is a 31 percent increase supported by wider availability of modern family planning methods. Our comprehensive sexuality education is also reaching out to record numbers of women and girls with over half a million girls participating in our programmes in 2019. It is empowering women and girls to make decisions about their lives that will lead to an increase in demographic dividends in the medium and long term.

The results of the first digitalized population and housing census were also released in 2019 in record time. The success of the census is acting as a catalyst for investment in the wider data and evidence-based decision making environment, which I am delighted to report UNFPA Malawi is at the forefront of, together with its partners.

In 2020 UNFPA Malawi will continue to build on its successes, and consolidate our results so far in our core areas of engagement. In light of Covid-19 we will also build our emergency response systems to ensure women and girls continue to have access to sexual and reproductive health and rights even in the face of a global pandemic that has disrupted countries across the globe. We are committed to defending our achievements and ensuring vulnerable women and girls access these basic rights.



Won Young Hong
UNFPA Resident Representative
Malawi



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2019 the trendline for sexual and reproductive health and rights continued to follow a positive trajectory. Despite remaining challenges related to available resources Malawi recorded an increase of 11 percent in the number of users of family planning services. A total of 1,751,300 adolescents and youth aged between 10-24 utilized integrated sexual and reproductive health services, and in partnership with the Ministry of Health the UNFPA's outcomes resulted in an increase from eight in 2018 to 33 health facilities being accredited as having met the quality of care standards prescribed by the government.

INCREASING CHOICE AND FAMILY PLANNING

In 2019, 2,057,656 couple years of protection was reached that is a 31 percent increase supported by wider availability of modern family planning methods.

Uptake of family planning services has continued on an upwards trend. In the target age group 15-19 years there was an 11 percent increase in users in 2019 in the six focus districts bringing the total to 162,440 users. This is directly linked to wider availability of family planning services and commodities and increased access for women and especially adolescents to these core services.

Individuals received advice and sexual and reproductive healthcare from 2,490 UNFPA trained health planning providers. In 2019 the range of family planning services was improved with the Syana Press and Levoplant methods introduced. Training to ensure 600 staff are qualified to administer these treatments was conducted for nurses, doctors and healthcare assistants across selected districts.

In total 623, representing 98 percent of service delivery points, are now able to manage their supply inventory efficiently with the installation of a functional logistics management information system. Procurement of family planning commodities ensuring continuity in access to a range of family planning methods is as a result improved, with a new project-supported inventory system, introduced across the districts.

This system monitors stock at service delivery level providing supply chain management to ensure there are no stockouts. To fully integrate the system 650 pharmacy staff were trained to manage it, including on, data analysis. Last mile tracking of commodities is also improved through regular checks of physical inventory of the commodities, in the districts, at least biannually.

SAFER BIRTHS

82 percent of the 56 EmONC health facilities supported by UNFPA were fully functional and providing the relevant signal functions. To further support safer births in 2019 UNFPA delivered 170 delivery beds, 50 midwifery kits, emergency reproductive health kits and 150 non-pneumatic anti-shock garments. Personal protective equipment, as well as facility curtains and buckets, were also delivered to centres to improve infection prevention.

Training in Maternal Death Surveillance and Response was conducted for staff at Zomba Central Hospital in conjunction with a review of guidelines for monitoring of responses that will continue into 2020.

OBSTETRIC FISTULA REPAIRS

169 women with obstetric fistula were successfully operated on, and are back in their communities. With our partner Freedom From Fistula Foundation, training was conducted for 24 health workers from six districts in 2019. This training included skills for preventive, specialized surgical treatment and social rehabilitative services to ensure women are able to reintegrate back into their communities with a focus on skills and advocacy following fistula repair.

All six districts that participated in the training developed action plans which included community mobilization, highlighting community structures to work with, and identifying clinicians and nurses trained in fistula repairs.



KEY RESULTS

- 31 percent increase to 2,057,656 couple years of protection.
- 11 percent increase in the 15-19 year age group using family planning in 2019 in the six focus districts.
- 98 percent of service delivery points are now able to manage their supplies and inventory efficiently employing a new logistics management information system.
- A total of 1,751,300 adolescents and youth aged between 10-24 utilized integrated sexual and reproductive health services.



STORY

RESTORING HOPE

Like any expectant woman, Mary looked forward to being a mother. At just 17 years of age she was however, also anxious about being a first time mother with all the challenges this entails.

As she neared her ninth month of pregnancy Mary started to feel some pains and believing something could be wrong went to the closest maternity centre that was part of her local health facility she had used for antenatal sessions.

Arriving at the clinic there was no staff available to receive her and she was left to join a long queue of expectant mothers sitting on the floor patiently waiting for medical support.

“I started becoming scared,” says Mary, “I was in pain but I felt I was better off than the other women some of whom were writhing around on the floor with labour pains.”

Once the midwife arrived she tried to do her best to attend to all of the women waiting, but she was overwhelmed with the numbers, recalls Mary. “We were about 10 women and she was alone.”



“All of us wanted her to help, but that was impossible. Some of the women had to deliver on their own and the nurse just came in to help afterwards,” she explains.

After two days on the maternity ward at the centre, Mary’s condition deteriorated. Sensing danger, medical staff referred her to the district hospital, which was better equipped to handle her situation. At the district hospital, Mary was immediately taken into the operating theatre as she was experiencing complications.

“I came out of the theatre. I realized I was fine, but my child did not make it,” says Mary. “I was discharged from the hospital after three days but my body was also behaving strangely. I continually wet myself and I thought probably it was because of the operation.”

For weeks the problem persisted. Mary returned to the hospital for a medical check up and that is when she was informed that she had fistula causing the leakage of urine and faeces that Mary was experiencing.

The news hit her hard because, Mary had heard about fistula during antenatal sessions, and she knew how it had impacted on the lives of other women. Returning home, she explained to her husband the diagnosis by the medical staff. Her husband’s reaction was not uncommon in this situation.

“The following morning, my husband told me that he was no longer interested in me and abandoned me,” says Mary, adding, “He packed my belongings and told me to go to my parents’ house. This was hard for me, because the pregnancy was because of him and I felt I was left alone with the problem.”

At her parents Mary’s condition deteriorated, which made her stay inside and refuse to venture out to the community. Like many women with fistula she became isolated and lonely. She was unable to work because of her condition and felt like she was an additional burden on her parents with no support from her former husband.

After months living with her parents Mary’s mother met an ambassador for fistula sufferers, and she explained her daughter’s condition and situation. Later, the fistula ambassador visited the family and told them that she had submitted Mary’s name to Bwaila Fistula Centre for potential treatment.

The knowledge that fistula can be treated gave Mary hope. After three months, she learnt that she could finally be operated on to mend the damage. She travelled to Bwaila Fistula Centre, where she also met other women with similar conditions, waiting for treatment.

This particular fistula camp, supported by UNFPA with funding from the European Union, which started in September 2019 led to the screening of 42 patients, and the successful repair of 37 women.

“I am very happy and thankful to this programme for the treatment,” says Mary. “I missed visiting my friends or going to social gatherings because of the damage done. Now, I am healed and look forward to living my life again.”

FACTBOX

- **Obstetric fistula is almost eliminated in industrialized nations. It is preventable and can be surgically repaired. There is a backlog of cases for repair in Malawi.**
- **There is a fistula prevalence rate of 1.6 per 1,000 women, and anecdotal evidence suggesting that close to 20,000 women may be living with this condition in Malawi.**
- **Academic research shows women endure this condition for a median duration of 3 years.**
- **1,700 obstetric fistula repairs were carried out by the end of 2019 from 302 in 2012 supported by UNFPA.**



GENDER EQUALITY AND YOUTH: EMPOWERING WOMEN AND GIRLS

Women and girls in Malawi experience a range of barriers to participating equally in public and economic life. Violence against women and girls remains widespread. And adolescent girls in particular are vulnerable. Girls also have high rates of pregnancy, including unwanted pregnancies, further reducing their opportunities in life, experience pressures to marry early and drop out of school more frequently than boys. Even in school girls are less likely to succeed than boys and as a result experience limited life and employment opportunities.

COMBATting VIOLENCE AGAINST WOMEN AND GIRLS

In 2019 the focus to combat gender based violence was to increase awareness of both demand side and supply side, actors. As a result three key groups have improved awareness of issues around the law and gender based violence following their participation in training and orientation sessions to encourage stronger networks of action to combat violence against women and girls. And, as part of the Spotlight programme victim support centres, were rehabilitated that will act as hubs for victims of sexual and gender based violence.

Eighty chiefs and community organizers in six districts were trained on gender related legislation, the rights of women and girls outlined in these laws and their application to communities. This included training on gender based violence and the protections afforded women and girls, preparing participants to better respond to incidents of violence against women and girls, and how to provide for increased protections including improved community feedback and early warning mechanisms.

Forty eight women sex workers also have increased awareness of their rights and gender related laws, especially the provisions related to gender based violence, following participation in an orientation training camp. Action plans drafted will be further employed to reach out to vulnerable groups to promote understanding of their rights and recourse to access services.

A further 165 individuals, 45 percent of which were women from 10 disaster affected districts, and drawn from major frontline emergency respondents including the police, also received training on gender based violence prevention as part of the emergency response activities of 2019.



Two support centres for victims of gender based and sexual violence were rehabilitated in 2019 providing sheltered accommodation and a safe space for women and girl victims in the two districts of Mzimba and Ntchisi. These facilities will also act as hubs to provide access for young women to mentorship schemes, schemes to combat harmful practices and support to build skills for employment.

Training sessions were conducted for 20 mentors that includes adolescent girls on gender based sexual violence and these have since filtered out into communities where they are mentoring adolescent girls and engaging with communities. A campaign increasing awareness of violence against women and girls, and the support centre facilities reached 4,168 members of the public. Campaigns targeting group village headmen also increased their knowledge of gender based and sexual violence improving their ability to represent communities, and play a crucial role in combatting violence.

COMPREHENSIVE SEXUALITY EDUCATION

Comprehensive sexuality education was rolled out in 169 schools in three districts supported by the UNFPA in partnership with the Ministry of Youth, Sports and Culture. By the end of 2019, 563,995 young people were reached with social behaviour change and communication and comprehensive sexuality education. There was also significant expansion of the decentralized youth network that increased from 49 to 79 networks nationwide.

To widen access comprehensive sexuality education support material was produced including 2,000 programme and facilitator manuals. These are employed in schools through lead facilitators that have reached 48,000 students in 2019. In partnership with UNESCO the programme supported the Ministry of Education review on-line training content for comprehensive sexuality education to align it to the life skills syllabus. Thirty six teachers were also trained through this on-line course in 2019.

UNFPA and the Ministry of Youth, Sports and Culture, trained 188 youth facilitators at district level on comprehensive sexuality education. These facilitators have continued to conduct out of school sessions with their new skills.

A parent and child communication package was developed providing community level trainers with guidance and reference material to improve training for members of communities on discussing with children sexual and reproductive health.

To cascade this to the districts, the ministry supported 37 trainers to build capacity of community facilitators within the UNFPA focus districts. A further 102 adolescent boys drawn from three districts participated in a six day camp on comprehensive sexuality education.

The TuneMe platform contributed significantly towards increasing access to information on sexual and reproductive health and rights among girls and boys through social media. Young people were able to access a range of programming and content on sexual reproductive health and rights and gender based violence. The audience base has reached 60,868 young people, with 43,225 new visitors in 2019; and 63,840 TuneMe social media followers in 2019.

YOUTH FRIENDLY HEALTH SERVICES

In 2019, 265,000 young people, 60 percent of which are girls, accessed youth friendly health centres, supported with reproductive health supplies, supervision and training of providers. A further 55 healthcare providers, also received training during the year to improve these services that will now qualify for full official accreditation.

90 percent of supported health facilities conducted out-reach activities on sexual and reproductive health and rights in communities around the targeted schools and have reached 34,500 young people in 2019.

SAFEGUARDING YOUNG PEOPLE: ENGAGING YOUTH NETWORKS

In partnership with the National Youth Council of Malawi, UNFPA supported an advocacy platform attended by 23 members of parliament. The campaign's conclusions led to the endorsement by the group, and a commitment to increase the range of youth issues at parliamentary level, and approach the speaker in the near future with a proposal to create a youth caucus in parliament.

To reinvigorate the national youth network a youth assembly was convened for 87 young people from all districts to elect a new executive committee. A new executive committee which forms the African Youth and Adolescent Network Malawi Chapter is now in place.

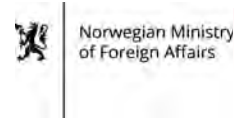
Two hundred and sixty eight individuals (142 men, 126 women) received leadership, advocacy and communication training to assist develop strategies to advocate for adolescent sexual and reproductive health and rights and target decision makers and communities at district level.

In partnership with the Ministry of Youth, Sports and Culture a Climate, Environment and Disaster Risk Reduction Integration Guidance (CEDRIG) meeting was held for 23 young people. The sessions improved the integration of climate change in environmental risk factor planning and have provided the foundation for a national report that will guide CEDRIG implementation in Malawi.



KEY RESULTS

- 75 national and district level networks for the participation of young people in policy dialogue and programming are now operating.
- 300 frontline emergency workers trained on gender based violence.
- 265,000 young people, 60 percent of which are girls, accessed a youth friendly health service.
- 563,995 young people reached with social behaviour change and communication and comprehensive sexuality education.



STORY

CHOOSING EDUCATION OVER EARLY MARRIAGE

Hawa was living a content life with her family at their home village in Salima district, Malawi. Her husband was a painter and decorator and had many customers within Salima and in the capital, Lilongwe. Although she had eight children they managed on their modest income.

To supplement their earnings, Hawa and her husband grew different crops in a family farm a few kilometres from their village. However, when her husband was involved in a car accident, which left him with serious head injuries, things changed and their lives were turned upside down.

“My husband was our main bread winner,” says Hawa. “But now with his injuries, he cannot paint anymore or help with the farming. I have to take care of the family alone and it has been very tough as I have a big family.”



POVERTY FORCING GIRLS OUT OF SCHOOL

The change of circumstances had an impact on Hawa's children. Relying on farming meant having an income during harvesting and selling the surplus crops to their own needs. This small profit permitted the children to attend school and visit the town where facilities were better than in the village.

"It was very difficult, especially for my girls as they had grown up in town having all the basics, but are now struggling in the village," she says.

One of her girls, Mariata, became pregnant when she started a relationship with a local boy who promised to marry her. By then, she was only 17 and in class level two.

The family of the boy offered to arrange for a formal marriage, but Hawa, although struggling, would not agree. "I knew Mariata had made a mistake but I could not give her away for marriage at that young age," she says. "I wanted her to go back to school after delivering the baby."

Mariata thought marriage was the only option to escape the poverty experienced by her family since her father was injured. All the nice things her boyfriend had given her as gifts strengthened a false sense of security for the future and she was, initially unwilling to return to school.

NO TO EARLY MARRIAGE

At first Mariata refused to listen to her mother's advice but was later convinced when she visited a UNFPA supported youth friendly corner in her village.

"None of my friends knew I was pregnant," she says. "So, one day I joined them at a youth friendly health centre for a counselling session. That day, the talk was about the importance of education and they brought a nurse from the facility."

"She told us how she became pregnant as a teenager and later went ahead with her education after giving birth. This changed my thinking and I went home and told my mother that I did not want to marry until I was older."

Since making the decision she has never looked back. Now, Mariata is back in school after giving birth and is in class year three.

"I visit the health centre every weekend to meet my friends and discuss how we can improve our lives through education," says Mariata. "Sometimes when I face situations I cannot handle, I visit the youth friendly centre to meet our counsellor for advice. This has helped me to stay focused with my education."

Mariata's mother continues to support her children and balances her work with looking after the baby whilst her daughter attends school.

"I don't mind taking care of the baby as long as she goes to school," says Hawa. "I want her to be educated and better off than me as I did not go far with my education."

THE HOPE OF A BRIGHTER FUTURE FOR MARIATA

Mariata now aspires to be a teacher. She wants to be a role model for the many youths in her village who do not go to school or have dropped out.

“We have so many youths being idle in our village,” she says. “If I work hard to become a teacher, probably they will be motivated to go back to school. Most think education is unimportant as we don’t have many educated and successful people in our community.”



FACTBOX

- Malawi has one of the highest rates of child marriage in the world with approximately 1 in 2 girls being married before the legal age of 18. About 30% of girls give birth before the age of 19.
- Girls aged 15-19 years are twice as likely to die during childbirth as women 20 years and above.
- 265,000 young people, 60% girls have accessed youth friendly health services at the targeted facilities.
- A total of 53 youth friendly health centre are supported by UNFPA with funding from the Government of Norway under the United Nations’ Joint Programme on Girls Education.

POPULATION AND DEVELOPMENT

Support to the nationwide population and housing census that captured essential key and small area population data in 2018 has provided the springboard to strengthen the capacity of the National Statistical Office and the wider National Statistical System set out in legislation in order to generate and analyze population data.

POPULATION AND HOUSING CENSUS REPORTS

In 2019 the full and preliminary results of the population and housing census were published in record time that have provided the foundation for a series of quantitative and qualitative analysis of key social, demographic and economic indicators and an unprecedented snapshot of life in Malawi.

These compilations of results concluded the first stage of data analysis and provide a wide range of statistical data on population dynamics. 1,000 copies of the preliminary report and 500 copies of the final report were printed. The data was well received by policymakers and the general public and has continued to build confidence in the statistical system.

A UNFPA communication expert supported the National Statistical Office deliver a campaign to promote the results of the census nationally. This included the production and airing of radio and television content; the design, production and distribution of corporate products to ensure wide access to the results.





During the 50th session of the Statistical Commission for the United Nations, the National Statistical Office shared the success story of the 2018 population and housing census. In addition, as part of the efforts to strengthen south-south cooperation, four countries: Botswana, Kenya, Zambia and Zimbabwe visited Malawi to learn about the experience in the 2018 digitalized population and housing census.

TRANSFORMING DATA INTO ANALYSIS

Support in 2019 also focused on strengthening the quality of the planned 17 thematic studies, the drafting of which, commenced following the completion of the full census report. In partnership with the US Census Bureau this included continued capacity building of the 70 experts drawn from a range of public and academic institutions selected to participate in the drafting of the reports.

This training included strengthening of large dataset analysis, drafting skills, storytelling and special analytical training attended by teams writing analytical reports on population projections, fertility and nuptiality, mortality, migration and population age, and sex structure.

Three of the main authors of thematic reports were also trained in China on population projections to strengthen their skills for data analysis. And 15 statisticians were trained in analysis and tabulation of census data using the Census and Survey Processing System. The census thematic reports are scheduled to be further refined in 2020.

STRENGTHENING THE NATIONAL STATISTICAL SYSTEM

An assessment was conducted of the ICT needs of the National Statistical Office. A costed workplan for hardware and software requirements was developed for the dissemination and localization of census information and results. A costed implementation plan was also produced for the integration of MASEDA, introduction of the census dissemination tool and mobile platform to support the localization of data, and training of users in the use of the dissemination tools.

To identify key priorities and outline a pathway for the future of the National Statistical System a strategic plan was produced. This plan proposes deepening the engagement of the National Statistical Office with the wider statistical system. This includes developing common planning and resource mapping, standardized protocols, practices as well as the development of methodological tools employed across institutions and sectors with a coordinating mechanism in place to centralize the planning and results of these activities.

SOUTH-SOUTH COOPERATION

Upon retrieval of tablets, power banks and accessories used by census enumerators, UNFPA organized a tablet verification exercise in preparation for transfer to Zambia. The exercise involved physical inspection for damage and system malfunctioning as well as establishing the number of missing tablets.

The verification registered 15,035 tablets loaned to the National Statistical Office for the 2018 population and housing census. 14,993 tablets were physically checked for damage and functionality. A total of 42, representing 0.28 percent of the tablets were missing and 47, representing 0.31 percent were not functional. In August 2019, 15,025 tablets were subsequently transferred to Zambia consistent with an agreement with the United Kingdom's Department for International Development aimed at increasing value for money of the tablets.

KEY RESULTS

- **Full and preliminary results of the population and housing census were published in record time.**
- **Census thematic reports progressing well and scheduled to be concluded in 2020/21.**
- **A future strategy is in place to strengthen policymakers use of population data and increase data literacy in communities.**

STORY

DIGITALIZING THE POPULATION AND HOUSING CENSUS:

MAXIMIZING VALUE FOR MONEY THROUGH REGIONAL COOPERATION



The governments of Malawi and Zambia have for the last few years embarked on ambitious goals of digitalizing their population and housing censuses that are conducted every 10 years.

As the coordinator of the National Statistical System, the National Statistical Office of Malawi made a convincing case that technology could provide the stimulus for a leap forward in developing the national statistical framework. And in advance of the 2018 census with support of donors invested heavily in new technologies.

Although the advantages of introducing new digital technology were clear it was also important to offer value for money for the investment made with partners supporting the procurement of 15,000 of these tablets. The challenge to find sustainable solutions for technology led Malawi to approach Zambia to seek out novel ways to ensure experiences and digital tools were available for both countries' census.

Subsequently, Malawi has demonstrated digital technology can radically transform a population and housing census ensuring enumeration and data processes are more efficient and reliable. It has also, however, in cooperation with UNFPA country offices in Malawi and Zambia demonstrated how to maximize utility of technological hardware by facilitating transfer of the tablets to its neighbour in advance of the census in Zambia due to be conducted in 2020.

NEIGHBOURHOOD COOPERATION

In August 2019 the full consignment of 15,025 tablets and power banks were transported from the storage facilities in Malawi to Zambia as part of south-south collaboration facilitated by UNFPA country offices' in both countries. The hardware and software employed by the statistical office in Malawi will be utilized to conduct the 2020 population and housing census in Zambia, maximizing the value for money of our investment.

Malawi is sharing its own experience with the statistical agency in Zambia and valuable lessons learnt from its own census are informing the decisions being made in Zambia regarding the use of technology. This represents for the first time an exchange of technology and technological knowhow between these two neighbouring countries in the area of population dynamics.

A REGIONAL SHOWCASE

As part of its strategy of cooperation with neighbouring countries Malawi is now a regional showcase example of how to manage the introduction of new technology to revolutionize how population data is collected successfully. The early planning, coordination and informed decisions regarding technology and once employed, comprehensive monitoring of the roll out of the system, has ensured this is a technological success story. Malawi is also working on strengthening south-south cooperation by increasingly sharing its journey towards a digital census. As well as Zambia this has included Botswana, Kenya and Zimbabwe all of which have sent delegations to visit Malawi to learn about the experience.

Malawi has acted as a conduit taking the best of industry practice to design and deliver its own census and then sharing its experience with neighbouring countries to assist these digitalize their own census systems.



FACTBOX

- **The first digitalized national population and housing census was conducted in record time.**
- **Introduction of Computer Assisted Personal Interview-CAPI leading to important cost and time savings.**
- **A high number, 14,993 from 15,025 tablets, were returned after use with full functionality.**
- **15,025 tablets transferred to the Zambia Statistical Agency.**

PROTECTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EMERGENCY SETTINGS

The Government of Malawi declared a State of Disaster on 8 March 2019 as a response to the flooding caused by cyclone Idai in the south of the country. These floods affected approximately 800,000 people in 15 districts across Malawi, displacing over 90,000 families. A total of 868,895 were affected by rising water levels throughout the country leaving an estimated 730,000 people in need and 87,000 sheltering in internally displaced camps.

Flooding coincided with critical food shortages during the lean season in Malawi leading to a humanitarian crisis with 3.3 million individuals classified in crisis or emergency categories in the Multi Vulnerability Assessment Committee report. An estimated 20 percent of the population were exposed to food crisis.

As part of the United Nations' response plan, UNFPA provided support to the sexual and reproductive health and rights of women and adolescents, across the affected districts. In the flood hit areas 50,200 vulnerable people were reached with crucial dignity kits and lifesaving, reproductive health support.

SUPPORTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The UNFPA and its partners distributed a range of reproductive health kits. This included midwifery kits which assisted 35,967 pregnant women to deliver babies in clean environments. An additional 70 cases of miscarriage and abortion were treated with the kits, saving the lives of women.



One hundred and fifty health workers and police were trained on clinical management for victims of gender based violence, including post-rape treatment, sexually transmitted disease testing and treatment, delivery and post-abortion care as well as emergency psychological care.

And a total of 133 rape and sexual assault victims received post rape and post exposure prophylaxis treatment with drugs from kits. 8,117 cases of sexually transmitted infections were also treated using kits.



KEY RESULTS

- **50,200 vulnerable people were reached with crucial dignity kits and lifesaving reproductive health support during the food crisis and floods caused by cyclone Idai.**
- **35,967 pregnant women delivered babies in clean environments in an emergency setting.**

DIGNITY KITS DISTRIBUTION

In the displaced person camps women and girls were supported with 14,200 dignity kits distributed to adolescent girls, lactating mothers and elderly women in seven affected districts. Sanitary conditions in the camps were poor with women resorting to washing in rivers and because of a lack of available sanitary materials managing menstruation was challenging for many women. By providing dignity kits these women were able to maintain proper personal hygiene standards and manage menstruation with dignity.

COORDINATING RESPONSES WITH AFFECTED COMMUNITIES

District health and protection cluster coordination structures were supported by gender based violence and sexual reproductive health coordinators that facilitated regular health and protection meetings at regional and district levels throughout the period of the emergency. UNFPA human capacity was also boosted by a UNFPA gender based violence sub-cluster coordinator based in Blantyre who led the coordination of the district and cluster coordination meetings.

Affected communities were also closely involved in the response. The camp based committees were actively consulted in the selection of beneficiaries including the identification of women and girls in camps that received dignity kits. A clear criteria for beneficiaries was shared with communities where priority was given to the most vulnerable women and girls.

STORY

EMERGENCY RESPONSE DURING CYCLONE IDAI

After days of heavy rainfall in the wake of cyclone Idai flooding was affecting an increasingly large area. As the rain continued to fall a greater number of people were forced to flee from their villages to safer areas.

At the time of the floods Tadala lived with a group of friends in close proximity to her school, Mtowe Secondary School. She recalls it was a Sunday morning when a group of people, including her parents arrived at her school. Her parents and many others in their community had fled their village as the river banks burst and the rain continued to pour down-leaving their small village under half a metre of water. Grabbing as many of their belonging which they could carry her parents left the village as their small house flooded with water and headed for the safety of the school.

Tadala could see a long line of women snaking back in the direction that her parents had come from carrying shopping bags, baskets and buckets on their heads. “Among the people in this group were my parents who live in Ntchuwa area and I just saw them coming, telling me that our house is full of water and our belongings were washed away” she explained. “They then occupied our classrooms, because they had nowhere else to go” explains Tadala.



The school was quickly converted into a makeshift camp to provide shelter for the communities fleeing the flooding that grew to house 4,747 displaced persons. Life is hard in these camps that are crowded and lack adequate facilities which usually the students rely upon for maintaining their sexual and reproductive health.

The influx of people make it especially hard for adolescent girls. “Our bathrooms are not well protected and covered because they are made of grass; as we bath, boys peep through the grass and it is unpleasant and intimidating,” says Tadala “Sometimes we resort to bath in the night or go to a nearby river.” She continues, “It is difficult for many of us girls to also manage our menstruation because we lack soap and pads and the presence of boys is making it difficult as we do not have any privacy.”

Silira Simbi, 14, who is also living at the camp faces similar problems. “In addition to the lack of pads, the place where we sleep is not safe because it is congested” says Silira “We cannot ask our parents for money to buy sanitary pads because they do not have any sources of income and we live together at the camp and we have lost everything due to the floods” she says.

To respond to the needs of adolescents in these camps UNFPA urgently delivered 14,200 dignity kits distributed to adolescent girls, lactating mothers and elderly women in seven affected districts. The dignity kits include soap, underwear, sanitary pads, and tooth paste. The kits were targeted at the most vulnerable - primarily targeting adolescent girls.

“We will now use the pads we have received today and no more use the cloth we were using before- they are also hygienic” says Tadala after receiving a dignity kit.

FACTBOX

- **Floods affected approximately 800,000 people in 15 districts across Malawi, displacing over 90,000 families.**
- **52,000 vulnerable people were reached with crucial dignity kits and lifesaving reproductive health support during the floods caused by cyclone Idai.**
- **Midwifery kits assisted 35,967 pregnant women delivered babies in clean environments in an emergency setting.**
- **In the displaced persons camps women and girls were supported with 14,200 dignity kits distributed to the most vulnerable.**

MANAGEMENT SNAPSHOT

The UNFPA's programmes are strongly anchored in the Government of Malawi's development priorities. The national development plans, Sustainable Development Goals and the African Agenda 2063 have all provided a common framework for our engagement.

In 2019 Malawi also renewed its commitment to accelerate implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD and Agenda 2030 for Sustainable Development.

RESOURCE DELIVERY 2019 (IN USD)

■ UNFPA CORE
■ NON-CORE/DONOR



SOURCE OF FUND

2019

UNFPA CORE	2,148,217.18
NON-CORE/DONOR	14,823,991.90
TOTAL	16,972,209.08

DONORS AND PARTNERSHIPS, 2019 (IN USD)

UNFPA PROGRAMMES	DELIVERY 2019	FUNDING SOURCES/ DONORS IN 2019
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	9,533,917.64	EUROPEAN UNION, NORWAY, SWEDEN, SWITZERLAND, , UNFIP, UNFPA, UNITED KINGDOM
GENDER EQUALITY	1,658,772.36	EUROPEAN UNION, UNFPA, UNDP
YOUNG PEOPLE	2,449,009.87	NORWAY, UNFIP
POPULATION AND DEVELOPMENT	806,180.75	DFID, GIZ, ICELAND, NORWAY, UNFPA
PROGRAMME COORDINATION AND ASSISTANCE AND PROGRAMME SUPPORT	2,524,328.46	UNFPA

KEY PARTNERS

STATE MINISTRIES AND DEPARTMENTS

Ministry of Finance, Economic Planning and Development, Ministry of Health and Population, National Statistical Office, Ministry of Gender, Children, Disability and Social Welfare, Ministry of Labour, Youth, Sports and Manpower Development.

NON STATE ACTORS

University of Malawi, Association of Malawian Midwives, Nurses and Midwives Council of Malawi, National AIDS Commission, Family Planning Association of Malawi, and Malawi Girl Guides.

POLICY ENGAGEMENT

In 2019 the UNFPA co-convened the International Conference on Population and Development 25th anniversary summit (ICPD25) in Nairobi in partnership with the governments of Denmark and Kenya. During this anniversary event nations made a firm recommitment to the goals of the programme of action in the form of a series of national targets that will be centre stage of their policies over the next 10 years.

UNFPA worked with the Government of Malawi and a wide range of stakeholders including civil society, youth and the private sector to organize a national symposium on population and development to gather input from the widest possible range of stakeholders to shape Malawi's national commitments to be pledged at the conference in November 2019.



In advance of the summit UNFPA also supported the government develop a set of indicators using demographic structure and data to support the commitments that were presented by the Government of Malawi at ICPD25.

Five position papers aimed at positioning population at the centre of development were also developed in partnership with AFIDEP linking population to poverty, human capital development, the private sector and creation of jobs, climate change and emergency response, and governance. The policy briefs will form the basis of a series of policy dialogues to be conducted throughout 2020.

We also continued in 2019 to advocate for budgetary allocation increases for family planning in Malawi through parliament. For the year 2019, the Government of Malawi allocated USD248,000, which is an incremental rise from 2018 when the amount was USD120,000.

A United Nations expert mission visited Malawi in 2019 to assess the overall data environment and policy framework for the generation, analysis, dissemination and use of data. The recommendations were widely discussed with government and development partners and are integrated into programming workplans for 2020/21.

The UNFPA continued to act in a key leadership role promoting co-ordination of support to the National Statistical Office and population data with frequent policy level meetings convened to form common positions on the support. It has supported the Government of Malawi to undertake a review of the national population policy resulting in a new draft national population policy document and a strategic plan, the former of which, is at the stage of internal review and awaiting cabinet approval.



STORY

CREATING SAFE SPACES FOR GIRLS TO THRIVE

“I am so happy to have been part of this landmark training,” explains 28 year old Twambilile Kayuni, who works as a gender programme coordinator for the Girls Empowerment Network. “It not only made me a trainer, but it also transformed me as a person.”

Twambilile says, although she had heard about the safe space model training, she had different expectations before the training as she was not knowledgeable about the subject. Her expectations changed, and for the better, when the training started.

“I was eager to learn more about the Spotlight programme, especially how to implement the activities,” she says, adding, “But when the training started, it was beautiful to learn that we were only to learn about the safe space model. It was a bonus also to learn that we would become trainer of trainers.”



A GENERATION OF CHANGE MAKERS

With the skills gained during the training, Twambilile says she is now able to identify gaps that are in their current programming, which the safe space model can address.

“We were not specifically looking at the problems from an holistic approach as the safe space model does,” says Twambilile. “This model has key learnings such as creating safe spaces for girls and also creating girls’ social networks. It has an in-depth section on mentorship, which transformed me from being a community worker, to thinking of myself as a mentor.”

Twambilile and her peers are a cadre of trainers and resource persons that will be rolling out the safe space model nationwide. The trainers will identify and train potential mentors in targeted districts and support recruitment of adolescent girls and young women.

Their aim is to provide safe space mentorship that is empowering adolescent girls and young women to exercise their sexual and reproductive health and rights, and prevent gender based violence, including challenging harmful practices.

HOPE FOR THE FUTURE FOR GIRLS

“After we train the mentors in the community, I see them becoming a great inspiration for girls and role models for many,” Twambilile says. “In addition, the safe spaces will be a powerful advocacy tool for girls to speak out and to bring issues of harmful practices into the spotlight.”

Twambilile adds that the mentors will play a pivotal role in guiding the girls in their everyday life by inspiring them to speak out, and be who they want to be in life.

Twambilile concludes: “The model covered so well how to involve community leaders who are not only the opinion shapers but custodians of harmful cultural practices. If we engage them strategically, we can convince them to change and allow the girls to have the safe space we want them to have to grow and thrive.”



FACTBOX

- **The Spotlight Initiative Malawi Country Programme is a partnership between the UN agencies, UN Women, UNFPA, UNICEF and UNDP, working together towards a common goal, in partnership with Malawi Government, the European Union and civil society organizations.**

THE WAY FORWARD



The UNFPA's country programme that runs from 2019-2023 is now well underway and results in the first year, lay the foundations for our programming, to reach new levels of delivery going forward. The theory of change we have developed underpins how our programming hangs together to ensure more efficient, effective and economy in how we work and will evolve along with programming over this period.

Our commitment to OneUN will also mean stronger partnerships with United Nations' agencies to take advantage of joint programming. The strong message of the Government of Malawi outlined in their commitments at the Nairobi summit will also provide additional impetus to reaching the targets set 25 years ago to empower women and girls so they are in control of their own sexual and reproductive health and rights.

PIPELINE PROJECTS

There is a strong set of new programming planned to start in 2020 that is closely aligned with the UNFPA country programme's priorities.

Sexual and reproductive health and rights remains a core programme area in 2020 especially in the context of the Covid-19 pandemic. A joint United Nations programme strengthening the health system will be launched in 2020. UNFPA will lead the pillar that improves access to integrated quality EmONC and BEmONC services and provides family planning services including those for adolescents at local health facilities.

In 2020 UNFPA will support the procurement of over 5.5 million contraceptives and with no stockouts ensure women, men and families have increased choice over planning for their future.

Greater resources will be directed to adolescent girls with a new programme supporting teenage mothers in the two districts of Mchinji and Dedza. Nearly a quarter of a million young women and adolescent girls will access community based skills development programmes ranging from literacy to farming supported with safe spaces and sexual and reproductive health services.

A new phase of the joint United Nations' programme in schools also targeting adolescents is scheduled to commence in 2020. It will continue to provide safe spaces within school environments that encourages adolescent girls to complete their education, provide access to age appropriate sexual and reproductive health and rights information and reduce the number of teenage pregnancies.

As part of our global partnership to combat harmful practices including child marriage in 2020 the United Nations, European Union and UNFPA will continue to strengthen access to essential sexual and gender based violence services as part of the Spotlight Initiative Programme.

In respect to the recovery efforts in the flood hit areas following cyclone Idai in 2020 we will continue to ensure health centres in the 10 worst affected regions receive key supplies. Increasing the resilience of these communities delivery beds, emergency reproductive health kits and midwifery kits as well as other equipment required for emergency responses will be supplied to facilities.

Our response, in the event, of an escalation of a health crisis in Malawi of the Covid-19 pandemic is in place to ensure women have access to safe facilities for births and pregnancies. As part of the United Nations Covid-19 Response and Recovery Multi-Partner Trust Fund key infrastructure will be in place in 46 Covid-19 treatment centres in 28 districts to ensure safe spaces in the health sector are available, even in an emergency crisis setting, for pregnant women.

Population data will also be a critical programme area in 2020 and UNFPA will continue to support strengthen the data environment for decision making. The use of data generated by the population and housing census in 2018 will be maximized with the publication of thematic studies on core development areas and support to local communities will assist these access this data in a meaningful way. Furthermore, our work on the National Statistical System will continue to be a priority for 2020 to ensure as the system evolves, it does so, in a harmonized and co-ordinated framework.

LESSONS LEARNT

The UNFPA's programming and engagement are continuously reviewed to ensure we learn from our programming approaches. In 2019 the key lessons highlighted are the continued importance of community engagement and listening to stakeholders to ensure their priorities for development are consistently matched by those in our programming.

We have now reached a third of the way to the 2030 deadline for meeting the targets in the Sustainable Development Goals agreed in 2015. With a decade remaining to meet these development goals focus on the ICPD agenda is crucial for Malawi. Empowering women and adolescents over the next 10 years by ensuring universal access to quality sexual and reproductive health and rights will be key to achieving the overall targets for the goals. Indeed the lesson learnt from Malawi is these are enabling rights that have a strong impact on other targets.

Young people below 35 years of age represent 75 percent of the population in Malawi and we need to be able to harness the energy of this majority as change agents. Discovering new roles for young people within the sexual and reproductive health and rights environment that both benefits the wider community and recognizes their contribution to society is crucial for the future.

More investment is also required at the district and community levels in the "3Ps": people – numbers as well as skills of the service providers; places – improvement of health facilities including equipment, maintenance, buildings; and products – for instance no stockouts of contraceptives, medicines to ensure access to affordable quality sexual and reproductive health services.

We have also learnt that the relationship between communities and development can be deepened by widening access to population data. Local knowledge and big data are not mutually exclusive tools to tackle development issues. On the contrary, they are most effectively employed when used together and shared across communities. Data availability, increased capacity for data analysis and data literacy especially in youth age groups offers significant potential for the future.

As we have seen with the population and housing census turning big data into sector based analysis takes significant investment in time and resources. Although digital technology accelerated the collection of data from households, labour intensive intellectual work is still required to apply big data to real world problems that affect women and girls.

One of the challenges for the forthcoming period is deepening that relationship between evidence and stakeholders including government and communities with an increased investment in generating data for population dynamics that can be applied and used at local levels. Not only in the case of emergency responses, but in finding solutions to development challenges faced by women and girls in their daily lives.

MALAWI ICPD25 COMMITMENTS



1.)

COMMITMENT CATEGORY:

Intensifying our efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD and Agenda 2030 for Sustainable Development.

ICPD COMMITMENT

1. Intensifying our efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD and Agenda 2030 for Sustainable Development.

MODE OF ENGAGEMENT

Budgetary and financial

NATIONAL COMMITMENT TITLE

Malawi commits to increase the health budget to 15% of the national budget by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi commits to increase spending on health by raising the percentage of the national budget allocated for the health sector from 10% in 2019 to 15% by 2030 that will strengthen programme implementation and provide adequate funding to meet key policy indicator targets for scaling up services including sexual and reproductive health and rights services.

2.)

COMMITMENT CATEGORY:

Achieve universal access to sexual and reproductive health as a part of universal health coverage, by committing to strive for:

ICPD COMMITMENT

2. Zero unmet need for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives.

MODE OF ENGAGEMENT

Programmatic action

NATIONAL COMMITMENT TITLE

Malawi commits to reduce unmet needs for all women to below 11% by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi commits to reduce the unmet need of married women and unmarried adolescent girls (15-19 age group) for family planning and sexual and reproductive health services from 19% and 22% in 2016 to 11% and 12% respectively by 2030 by scaling up sexual and reproductive health service provision and ensuring 100% availability of affordable family planning services, commodities and life-saving drugs support and advisory services for communities and contraceptives.

3.)

COMMITMENT CATEGORY:

Achieve universal access to sexual and reproductive health as a part of universal health coverage, by committing to strive for:

ICPD COMMITMENT

3. Zero preventable maternal deaths, and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive approach of the essential sexual and reproductive health package, including measures for preventing and avoiding unsafe abortions, and post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity and autonomy, and to provide access to essential services in support of this right.

MODE OF ENGAGEMENT

Policy and guidance
Programmatic action

NATIONAL COMMITMENT TITLE

Malawi commits to continue to lower the maternal mortality ratio to 110 per 100,000 live births by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi commits to continue to lower the maternal mortality rate from 439 per 100,000 live births in 2016 to a maternal mortality ratio of 110 per 100,000 live births by 2030. The Government will finalize a comprehensive legal framework for sexual and reproductive health and rights, build increased capacity of nurses and midwives, gynaecologists and other critical paramedicals, widening access to new long acting reversible contraceptives for adolescents and the development of a universal health insurance framework will increase the sexual and health access of the most vulnerable by 2030.

4.)

COMMITMENT CATEGORY:

Achieve universal access to sexual and reproductive health as a part of universal health coverage, by committing to strive for:

ICPD COMMITMENT

4. Ensuring access for adolescents and youth to comprehensive and age-appropriate sexual and reproductive health and rights information, education and adolescent-friendly comprehensive, quality and timely services to be able to make informed choices/decisions about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, sexual and gender-based violence, sexually transmitted infections and HIV/AIDS, and to be able to transition safely and happily into adulthood and to realize their full potential.

MODE OF ENGAGEMENT

Programmatic action

NATIONAL COMMITMENT TITLE

Malawi commits to achieving that 100% of service points delivering sexual and reproduce health are youth friendly.

COMMITMENT DESCRIPTION

In 2014, 13% of young people accessed youth friendly sexual and reproductive health services. This will be increased to 100% by 2030. Youth friendly sexual and reproductive health services and rights including HIV and AIDS will be scaled up from pilot districts to providing leadership training and comprehensive age appropriate sexuality education and contraceptive counselling.

5.)

COMMITMENT CATEGORY:

Address sexual and gender-based violence and the harmful practices of child, early and forced marriages and female genital mutilation, by committing to strive for:

ICPD COMMITMENT

5. Zero sexual and gender-based violence, including zero child, early and forced marriage, as well as zero female genital mutilation, in order to realize all individuals' potential as agents of change in their society – both socially and economically.

MODE OF ENGAGEMENT

Programmatic action

NATIONAL COMMITMENT TITLE

Malawi will end child marriage by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi will end child marriage and delay first pregnancy among girls (10-19 years) by 2030. It will reduce the number of women that were married before 18 years of age from 47% in 2016 to zero in 2030, effectively reinforcing laws, coordinating policy making, promoting national prevention awareness and advocacy campaigns as part of a wider programme to target all forms of violence against women, girls and boys.

6.)

COMMITMENT CATEGORY:

Mobilize the required financing to finish the ICPD Programme of Action and sustain the gains already made, by:

ICPD COMMITMENT

6. Using national budget processes, increasing domestic financing and exploring new and innovative financing instruments and structures to ensure full, effective and accelerated implementation of the ICPD Programme of Action.

MODE OF ENGAGEMENT

Budgetary and financial

NATIONAL COMMITMENT TITLE

The Government of Malawi will increase budgetary allocation to reproductive maternal, neonatal, child and adolescent health to 30% by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi commits to increase the health budget allocated to reproductive maternal neonatal, child and adolescent health from 8% in 2019 to 30% by 2030.



MALAWI ICPD25 COMMITMENTS



7.)

COMMITMENT CATEGORY:

Draw on demographic diversity to drive economic growth and achieve sustainable development, by:

ICPD COMMITMENT

7. Harnessing the demographic dividend through investing in adolescents' and youth's education, employment opportunities and health, including family planning and sexual and reproductive health and services.

MODE OF ENGAGEMENT

Policy and guidance

NATIONAL COMMITMENT TITLE

Malawi commits to providing 12 years of free education for every child.

COMMITMENT DESCRIPTION

The Government of Malawi commits to providing 12 years of quality free education for every child ensuring girls and boys enjoy a full primary and secondary education and equal access to vocational, technical and higher education courses.

8.)

COMMITMENT CATEGORY:

Draw on demographic diversity to drive economic growth and achieve sustainable development, by:

ICPD COMMITMENT

8. Providing quality, timely and disaggregated data, investing in digital health innovations and improvement of data systems to achieve sustainable development by 2030.

MODE OF ENGAGEMENT

Programmatic action

NATIONAL COMMITMENT TITLE

Malawi commits to fully digitalizing population data collection systems by 2030.

COMMITMENT DESCRIPTION

The Government of Malawi by 2030 commits to a 100% fully digitalized population data collection system supporting the regular production of disaggregated data and high quality analysis. Schemes to support data literacy in communities assisting improve localized and participatory development decisions will be rolled out across all districts.

9.)

COMMITMENT CATEGORY:

Draw on demographic diversity to drive economic growth and achieve sustainable development, by:

ICPD COMMITMENT

9. Committing to the notion that nothing about young people's health and well-being can be discussed and decided upon without their meaningful involvement and participation ("nothing about us, without us").

MODE OF ENGAGEMENT

Policy and guidance

NATIONAL COMMITMENT TITLE

Malawi commits to include 30% representation of youth in decision making bodies.

COMMITMENT DESCRIPTION

The Government of Malawi commits to include 30% of youth in decision making bodies by reviewing the legal framework, national youth policy and guidelines by 2030.

10.)

COMMITMENT CATEGORY:

Uphold the right to sexual and reproductive health care in humanitarian and fragile contexts, by:

ICPD COMMITMENT

10. The Government of Malawi commits to incorporate sexual and reproductive health and rights in 100% of implementation of humanitarian responses, contingency and recovery plans.

MODE OF ENGAGEMENT

Policy and guidance

NATIONAL COMMITMENT TITLE

Malawi commits to ensuring all humanitarian responses incorporate sexual and reproductive health and rights.

COMMITMENT DESCRIPTION

The Government of Malawi commits to incorporate sexual and reproductive health and rights in 100% of implementation of humanitarian responses, contingency and recovery plans.



Greening

SUSTAINABLE DEVELOPMENT GOALS

Reduce
Reuse
Recycle



SUSTAINABLE DEVELOPMENT GOALS

2	3	5	13	14	17
Water	Good Health	Gender	Climate	Life Below Water	Partnerships

STOP
Violence



SUSTAINABLE DEVELOPMENT GOALS

2	3	5	13	14	17
Water	Good Health	Gender	Climate	Life Below Water	Partnerships

I'm4climate
Action

SUSTAINABLE DEVELOPMENT GOALS

2	3	5	13	14	17
Water	Good Health	Gender	Climate	Life Below Water	Partnerships

I WILL RECYCLE



SUSTAINABLE DEVELOPMENT GOALS

2	3	5	13	14	17
Water	Good Health	Gender	Climate	Life Below Water	Partnerships

UNFPA Malawi

Results Achieved 2019



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