Malawi context analysis for accountability interventions to support the delivery of FP2020 commitments

This country brief is part of a series of briefs produced by Action2020, a consortium led by Christian Aid and implemented by Christian Aid, Plan International UK and the HIV/AIDS Alliance. It follows an in-depth investigation into the context and opportunities for civil society-led accountability on family planning in 10 countries, with a focus on the commitments made by Governments as part of FP2020's global initiative to meet the need of an additional 120 million new contraceptive users by 2020. Each brief provides a country-specific overview of the context for family planning commitments - the power, politics and potential for accountability interventions related to these commitments – and proposes recommendations for accountability interventions related to these commitments[i]. A general note on Lessons Learned in FP Accountability accompanies this series[ii].

The right to enjoy full, free and informed access to contraceptive information, services and supplies is central to sexual and reproductive health and rights, as well as to the right to the highest attainable standard of health. These rights are universal, inalienable and indivisible, and States have a duty to respect, protect and fulfil these rights to the maximum of their available resources. There are a range of barriers and opportunities that either prevent or enable access to FP. Power, governance and accountability and women's participation and leadership all influence the outcomes and capacity of key actors to deliver for FP.

Malawi has been lauded for adopting many of the necessary policies and strategies and is on track to achieve the overall contraceptive coverage rate of 60% by 2020. Despite this, the real challenge lies in reaching more marginalized groups such as youth, where there is significant unmet need, and in lack of control and choice for women due to unequal gender power relations. For these groups, there are few political or institutional incentives to push forward coordinated and well-resourced programmes that can make a significant step forward for Malawi - due to deeply rooted cultural issues and fragmented institutional set-up.

According to the Youth Friendly Health Services (YFHS) evaluation of 2014:

- Unmet need for family planning methods among the youth aged 15 – 24 years is 19%
- 31% of the youth would like to have access to family planning but are unable to
- 31.7% of young people have heard of YFHS
- 13% have ever used these services.

Family planning context in Malawi

- Unmet need for Family Planning: 19% (2014)
- Contraceptive prevalence rate: 59% (2014)
- Total fertility rate: 5.1 (2014)
- Maternal mortality ratio: 634 per 100,000 births (2015)

Source:
http://data.worldbank.org/indicator/SH.STA.MMRT

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In addition negative provider attitudes, long distances to YFHS access points, long waiting times and lack of confidentiality are some of the reasons cited for discontinued use of health services by youth. While progress has been made in terms of fertility for married women, there is a persistent high adolescent fertility rate; with patterns of engaging in sexual activity with adolescent girls and a cultural tradition of early marriage for women (many reasons for both of these patterns are well-studied in YFHS Strategy 2015-20). This underscores the need for improved access to family planning services among the adolescents.

FP2020 commitment:
Increase the rate of contraceptive use in Malawi to 60% by 2020 with a focused increase in those aged 15-24. Create a family planning budget line and raise the age of marriage to 18 by 2014. Develop a comprehensive sexual and reproductive health programme and demonstrate accountability in the utilization of resources and financial allocation for family planning.

Progress to date:
Malawi has raised the legal age of marriage to 18 however the legislation is inconsistent with the constitution. No coordination on Youth Friendly Health Services and CIP and Life Skills Education curriculum do no target out-of-school and marginalised youth. No tracking has been carried out to verify if the creation of FP budget has been actually directed to FP.

While Malawi has seen progress in terms of Total Fertility Rate (TFR) and Contraceptive Prevalence Rate (CPR) in recent years, the government has clearly focused on young people in its FP2020 commitments as well as the recently launched Costed Implementation Plan (CIP) for Family Planning (2016 – 2020). However, the slow decline in fertility is not in line with the notable improvement in the contraceptive prevalence rate (CPR) for modern methods of contraception among married women, which increased from 7.4% in 1992 to 58.6% in 2014.

There are also marked differentials in levels of fertility across the country's socio- economic groups. For instance, the 2010 DHS data show that the fertility rate for women in the poorest 40% of households is 6.8 children, while the rate for the richest quintile is 3.7. The fertility rates for rural and urban residents are 6.1 and 4.0, respectively. Similar differentials are observed across education categories: women with no education have 6.9 children while those with secondary education have 3.8 children.

The Ministry of Health provides 60% of health services in Malawi while 30% is provided by Christian Health Association (CHAM) and other non-profit organizations. The rest is provided by private companies, the police, army and local government. Public sources, such as government hospitals and government health centres currently provide contraceptives to nearly three-quarters (74%) of current users. CHAM and mission facilities supply contraceptives to 9% of users, as does Banja la Mtsogolo (BLM)[3]. Condoms are most commonly obtained from shops and pharmacies (38%), while most other methods are obtained at government hospitals and health centres

The Malawian government's effort to integrate FP provision and enhance partnerships with key players in the field of FP has resulted in some progress around policy, political, financial, partnerships, programme and service delivery commitments. To this end, the government has approved the National Population Policy, and the Reproductive Health Unit within the Ministry of Health was elevated to a full directorate in December 2012. The government has enhanced Private Public Partnership (PPP) on FP and is working towards ensuring an effective and integrated supply chain for FP commodities, which saw a decrease in stock-outs.

Over the years, the promotion of family planning services has grappled with operational and policy reform issues such as revitalization of Community Based Dispensing Programme, policy changes to allow Health Surveillance Assistants (HSAs) to provide FP commodities and health system strengthening at facility level.

At the national level, the country has set up a Taskforce on Family Planning comprising 12 members from government, development partners and CSOs. Other sub committees at national level are relevant such as the Family Planning subcommittee, the Safe Motherhood subcommittee, the Reproductive Health subcommittee, the Youth Friendly Health Services subcommittee and the Commodities subcommittee. The relative power and influence of the taskforce and subcommittees would nevertheless need to be fully analysed to allow focus on key actors and influencers of change.

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While noting progress made, significant gaps remain in meeting these commitments. The government's failure to put policies into action has resulted in the increase coverage of services through the expansion of public/private partnerships. However, this may disadvantage poor people due to potentially high costs of such services and their focus on urban areas at the expense of the majority (81% of Malawians) that live in rural areas[4]. There is no coordination on the implementation of the YFHS and the CIP and Life Skills Education curriculum do not target out-of-school and marginalised youth.

Strategic accountability interventions in Malawi

Social accountability programmes must be 'strategic': pursuing multiple pathways to change, creating an enabling environment for collective action and linking citizen mobilisation to agents within governments with similar incentives[5]. Interventions must link citizens to authorities with the necessary capacity to enforce agreements in order to achieve substantial outcomes[6]. When applied in tandem, these strategies may increase political incentives to act, and facilitate oversight and reflexive evaluation of barriers, gaps and opportunities for FP by all stakeholders.

The key pathways to effective FP accountability in Malawi can be conceptualised as three overlapping components, outlined below. For interventions to be successful, they must start by identifying the prevailing drivers and political incentives/ disincentives to develop smart, context specific strategies for securing change[7] [8].

Figure 1: Key pathways to effective FP accountability

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The following section explores the context and opportunities for action in Malawi using these three pathways as a framework for analysis.

Enhanced citizens' voice and agency problem analysis:

This strategic area of work includes ensuring better availability and quality of information about rights and entitlements for poor and marginalised communities and CSOs; and that with the correct tools and skills, they will be able to use it to engage with government and service providers.

Inadequate youth access to family planning services

The YFHS faces many barriers in terms of implementation. Young men and women face exclusion and unmet need for FP and SRH services that are friendly, accessible and available. Health facilities, particularly in rural and hard to reach areas are understaffed. Some family planning providers are not trained to provide FP services including YFHS. And there is a common denial in some circles that premarital sex among youth occurs.

The YFHS Strategy needs to ensure that the youth are able to access appropriate services and meet the demand that is currently unmet. Empowered youth at national, district and local levels through platforms, innovative youth fora and youth oriented empowerment activities to voice their SRHR concerns and demand strategy implementation, resourcing and access as their right cold help to hold government to account for their commitments. Youth voice would improve the responsiveness of service providers to respect youth's health rights and allow them access to FP services.

Weight of traditions and cultural barriers

Malawi's deeply rooted cultural beliefs and practices including those on family planning are passed orally from one generation to the other by opinion leaders and other authorities and these are firmly held within society. There are persistent myths, misconceptions and fears on the effects of family planning methods affect the uptake of family planning services.

Opening up opportunities to engage in traditional governance or to enlist religious leaders in a) advocacy and messaging work and b) in engaging in accountability channels for religious organisations (especially those running health services) is an essential pathway worth exploring.

Media

The media mapping exercise conducted showed that although the Malawi media is ideally expected to play a watchdog role and facilitate robust engagement between duty-bearers and rights holders on FP commitments and issues, it has not done much due to the lack of adequate knowledge, interest and understanding on family planning issues and FP2020. A key recommendation would be media empowerment to promote both coverage and accountability through capacity building on FP, SRHR issues and the Malawi commitments.

Recommendations for action:

- Increase awareness among citizens (young people, parents, teachers, and faith communities) on SRHR rights.
- Link youth groups to the available interface spaces to engage with the duty bearers and other key actors on FP issues.
- Build capacity of youth and CSOs to package FP evidence and therefore to influence policy implementation on family planning at national and local level
- Engage with traditional leaders, religious leaders and FP health providers: exploring work with traditional and religious leaders with a view to influencing the government to implement strategy and fund adequately.
- Empower media to promote both coverage and accountability through capacity building on FP, SRHR issues and the Malawi commitments.

Increased political space for state-citizen engagement problem analysis:

This strategy creates opportunities and capabilities for decision-makers, service providers and community representatives to come together and have dialogue about finding common solutions to bottlenecks and policy problems in service delivery. Smart interventions can provide a meaningful starting point for citizens to engage the state as partners.

Gender inequalities - lack of women's control and choice

There is a widely-held harmful belief that family planning methods give opportunities to women to become promiscuous because they cannot get pregnant or that pregnancy is an important factor that shows women's faithfulness to their husbands, a common belief among men as a demonstration of their male chauvinism. Overall then women, and adolescent girls are denied freedom to openly choose FP services and methods, and this in turn limits their participation in voice and action interventions.

There are some long term options for developing and building participation and leadership by women and girls - rebalancing gender power relations that inhibit choice and control - but this is unlikely to be a short term win possibility. Increasing women and girls participation in FP is an area to explore further especially in terms of spaces for participation at local and national level.

Lack of participation, accountability and transparency

The broader institutional context remains in Malawi highly fragmented and is characterized by policy incoherence, inequitable distribution of resources and what some have termed "competitive clientelism" where successive political parties have sought power and then used state influence and resources to further their patron-client relations[9]. Given this environment, there has been a push among civil society organisations (CSOs) to strengthen local citizens' participation in political affairs to increase their voice to demand from politicians, duty bearers and service providers starting from the local level.

This analysis points to a number of further implications in terms of partners, ways of working and priority areas. Civil society in general is weak in Malawi and a number of other actors (faith groups, local leaders) are very important in mediating access to services. This means any future programme will need to work to build multi-stakeholder partnerships (that ideally consider value addition in areas of expertise, financial resources and professionalism among others), that can bring together a range of stakeholders relevant for family planning and who currently wield significant influence over it. The ability to build multi-stakeholder partnerships (formal and informal), that bring together civil society, media, faith groups and government service providers,

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would need to be established at the local and the national levels, to raise the profile of family planning and the need to focus on those left behind.

Recommendations for action:

- To encourage young women to have greater influence over resources allocation, service monitoring and budget tracking through the planned accountability interventions
- To coordinate engagement among actors to respond to young people's family planning demands at national and local levels – by facilitating targeted stakeholder dialogue meetings and exploring accountability opportunities on key studies- mobilizing support agents
- To build multi-stakeholders' collaborative relationships that recognises benefits of working together towards shared goals on FP issues.

Open, inclusive, responsive and accountable institutions problem analysis:

Creating institutionalised dialogue and interaction between state and civil society will require work to build capacity of the state and service providers. This strategic strand of work addresses issues preventing the emergence of responsive state governance. It seeks to address the often inaccessible, unaccountable and exclusionary political and bureaucratic systems and processes that underpin policymaking and service delivery.

Building the capacity of public and private sector health service providers

Low capacity plays a significant role, particularly at local government level, where politicians and officials lack skills to engage with the relevant stakeholders for accountability. There is therefore a need to promote a collaborative way of working – based on dialogue and transparency principles - , that will build the capacity of local government to engage with communities and CSOs, through multiple strategies (insider and outsider approaches).

Lack of institutional coordination fails to address poor services and poor policy implementation

Issues of uncoordinated policy and enabling framework severely affect family planning in Malawi. While there is a direct link between population and family planning, the institutional arrangements in Malawi are designed in such a way that population issues fall under the Ministry of Finance, Economic Planning and Development while family planning falls under the Ministry of Health[10].

While there is a structure for coordination of family planning at national level through the various Technical Working Groups and taskforces, these forums do not have well set schedules and plans of activities, and do not exist at district level. In addition, there is no provision at district level to oblige service providers on family planning outside government to report to the designated and recognized family planning focal persons which is the Family Planning Coordinator's office and the District Health Management Team.

Moreover, the government currently faces significant resource and capacity constraints. In this context, accountability is less about getting government and service providers to take action, but rather will require greater collective action from a range of state and non-state actors in order to actually deliver change.

Using the platforms and spaces for review and coordination may lead to change in implementation of policies, genuine performance monitoring and connecting up the political drivers of change. Harnessing the good offices of the Reproductive Health Unit, at the Ministry of Health, could lead to more joined up action.

The analysis also highlights the need for differentiated strategies for working at different levels: due to the institutional fragmentation and ad hoc decentralisation processes, there is scope to facilitate collective problem solving and action at the local level, to address issues that can be solved at district level or below – for example within district resource allocations and district level performance monitoring. This would need to be complemented by mobilisation at the national level, aimed at aggregating up district level experience and capturing greater media attention to raise the profile for family planning.

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Under-resourced strategies

The government created a family planning budget line in the 2013/2014 budget. The budget allocation for 2013/14 was GBP 26,876 (MK 24 million) and this was increased in the 2014/2015 financial year to GBP 67,189 (MK 60 million) and GBP 78,387 (MK 70 million) in the 2015/2016 financial year. This increase is, however, in nominal terms. No tracking of budget has been carried out to verify if the creation of an FP budget and if the announced increase in budget is actually directed to FP. There is no specific family planning sub account in the National Health Accounts to facilitate tracking of family planning resources. In addition, the budget line in the national budget only funds procurement of contraceptives, and does not include other important activities such as capacity development and social mobilization.

FP systems audit at local and national level (such as budget monitoring, citizen report cards, and annual surveys) would draw attention to disparities between different groups or regions, and help solve local service delivery issues such as youth friendly services. Local trackable budgets will always need to be presented in tandem with national level budget analysis.

Recommendations for action:

- Promote a collaborative way of working – based on dialogue and transparency principles - that will build the capacity of local government to engage with communities and CSOs, through multiple strategies
- Support FP systems audit at local and national level to draw attention to disparities between different groups or regions, and help solve local service delivery issues;
- Leverage opportunities and spaces of existing social accountability work;
- Engage different market actors on market system strengthening, based on identified needs.

Conclusion and general recommendations

Interventions on FP2020 social accountability is of strategic importance to the government and key development partners. It would also deliver a series of focused studies, such as on youth and agency profiling, FP systems audit and policy analysis. Focus areas lie on:

- Strengthening the capacity of young people and their agents to engage on governance and accountability issues;
- Strengthening/establishing spaces for young people to engage with different actors across the political and social levels of influence to dialogue and engage on family planning matters;
- Overcoming cultural barriers to participation, political will and funding support for FP through increased engagement with traditional leaders, religious leaders and FB health providers;
- Rebalancing gender power relations that inhibit choice and control: increasing women and girls participation in FP will be an area to explore further especially in terms of spaces for participation at local and national level;
- Improving institutional coordination, delivery of services, budgeting and expenditure through increasing citizen participation and accountability, along with FP systems audit at local and national level.

[i] This brief is based on a full Country Context Analysis, available on request from Christian Aid and Plan International UK.

[ii] Also available on request from Christian Aid and Plan International UK.

[3] Banja La Mtsogolo (BLM) is a Malawi-based results-oriented social business and non-profit organisation, which provides family planning, sexual and reproductive health care and allied health services. BLM is part of Marie Stopes International (MSI)'s Global Partnership which operates in over 40 countries.

[4] NGOs are providing cheaper or free services under programmes like BLM.

[5] Fox, J.A. (2007), "The Uncertain Relationship between Transparency and Accountability". Development in Practice 17(4): 663-671; and Fox, J.A. (2014) Social accountability: What does the evidence really say? GPSA Working Paper No. 1

[6] Mansuri, G., & Rao, V. (2012). Localizing Development: Does Participation Work? Washington, DC: World Bank and World Development Report (WDR) 2014: Making Services Work for the Poor. Washington, DC: World Bank

[7] O'Meally, S. C. (2013). Mapping context for social accountability. Washington DC: Social Development Department, World Bank

[8] World Bank (WDR) (2014) *World Development Report: Making Services Work for the Poor*. Washington, DC: World Bank

[9] Cammack et al 2014

[10] There are also other government ministries and departments that are relevant to family planning and population issues such as Ministry of Education, Ministry of Youth, Ministry of Gender, Children, Disabilities and Social Welfare. Due to inadequate coordination and sharing of operational guidelines, there is poor service delivery and limited expertize on family planning in the other relevant government ministries and departments, and critical sectors such as CSOs and the private sector.

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