Republic of Malawi

NATIONAL SEXUAL
AND
REPRODUCTIVE HEALTH AND
RIGHTS (SRHR) POLICY

Ministry of Health

APRIL 2009
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FOREWORD

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

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

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

Revision of the SRHR Policy involved consultations with organizations implementing RH services, individual health experts, programme managers, health regulatory
bodies, training institutions and implementers. The whole exercise would have not been possible without technical and financial support from United Nations Population Fund (UNFPA). The Ministry of Health would like to thank all individuals and institutions for their contributions towards successful revision of this document.

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

Professor Moses Chirambo, Hon
Minister of Health
ACKNOWLEDGEMENTS

The Ministry of Health would like to extend sincere appreciation to all who contributed to the revision of the SRHR Policy. Sincere thanks go to the RHU and consultants for facilitating the revision exercise.

The Ministry would like to specially acknowledge the valuable comments and contributions from the following people for their assistance in the development of this policy: Dr. Chisale Mhango, Fannie Kachale, Dorothy Lazuzi, Dr. Frank Taulo, Julius Chingwalu, Joyce Msaliwa Kamwana, Rose Chisiza, Theresa Mwale, Abigail Kyei, Mexon Nyirongo, Deliwe Malema, Winnie Chilemba, Ruth Chipeta, Margot Fahnstock, Reuben Ligowe, Jeanne Russell, Richard Luhanga, Dr. Olive Liwimbi, Jean Mwalabu, Grace Banda, Eric Tsetekani, Dr. Ann Phoya, Wilfred Dodoli, Agnes Makonda-Ridley, Kondwani M. Mkandawire, Stella Kamphinda, G.M. Banda, Dr. Kondwani Ng’oma, Lucky Mhango, Sara Mtongwa, Mwalo Jere, Amon Khata, Dr. Mirriam Chipimo, E. Chitsa Banda, Dr. Martius C. Joshua, Dr. Andrew Gonani, Olive Mtema, Grace M. Bamusi, Lucy Doreen Phokoso, L.B. Banda, Dr. James Mpunga, Hastings Mthi, Michael Eliya, Dr. Peggy Chibuye, Georgina Chinula, Diana Khonje, Tambudzai Rashidi, Jane Banda, Mathews Banda, P. Fundi, A. Mphepo, T. Khanyepa, W.N. Maloya, Gift Chimwemwe Hara, Mary Juma, Elias Mwanyongo, Samuel Chirwa, Lily Maliro-Banda, Dr. Vanessa Sangala, Evelyn W. Zimba, Wilfred Lichapa, Andrew Khuzakhuza, Dr. Wilfred Dzama, Charles J. Chabuka, Hans R. Katengeza, Grace F. Mlava, Ellubey R. Maganga, Dr. Ellen Chirwa and Dr. Address Malata.

Chris V. Kangambwe
Secretary for Health
PREFACE

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency syndrome</td>
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<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>AU</td>
<td>African Union</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>BEmONC</td>
<td>Basic Emergency Obstetric and Neonatal Care</td>
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<td>BLM</td>
<td>Banja La Mtsogolo</td>
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<td>CBD</td>
<td>Community Based Distribution</td>
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<td>CHAM</td>
<td>Christian Health Association of Malawi</td>
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<td>CMERD</td>
<td>Central Monitoring, Evaluation and Research Division</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>EC</td>
<td>Emergency Contraception</td>
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<td>EHP</td>
<td>Essential Health Package</td>
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<td>EN/M</td>
<td>Enrolled Nurse/Midwife</td>
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<td>HIMU</td>
<td>Health Information Management Unit</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HAS</td>
<td>Health Surveillance Assistant</td>
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<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IUCD</td>
<td>Intra-uterine contraceptive device</td>
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<td>IEC</td>
<td>Information, Education and communication</td>
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<td>ITN</td>
<td>Insecticide Treated Bed Nets</td>
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<td>MACRO</td>
<td>Malawi AIDS Counselling and Resource Organisation</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MDHS</td>
<td>Malawi Demographic and Health Survey</td>
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<td>MGDS</td>
<td>Malawi Growth and Development Strategy</td>
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<td>MASA</td>
<td>Malawi Social Action Fund</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MNH</td>
<td>Maternal and neonatal Health</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoLG</td>
<td>Ministry of Local Government</td>
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<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>NAC</td>
<td>National AIDS Commission</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>NAPHAM</td>
<td>National Association of People Living with HIV AND AIDS in Malawi</td>
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<td>NGO</td>
<td>Non Governmental Organisation</td>
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<td>NMCM</td>
<td>Nurses and Midwives Council of Malawi</td>
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<td>POA</td>
<td>Programme of Action</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>PoW</td>
<td>Programme of Work</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHU</td>
<td>Reproductive Health Unit</td>
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<td>RHMIS</td>
<td>Reproductive Health Management Information System</td>
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<td>RNM</td>
<td>Registered Nurse/Midwife</td>
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<td>SRH</td>
<td>Sexual and Reproductive</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>SWAp</td>
<td>Sector Wide Approach</td>
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<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<td>UNFPA</td>
<td>United National Population Fund</td>
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1.0 Introduction

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

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

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

1. Integration of Prevention and management of STI, HIV, AIDS and malaria service in Primary Health Care
2. Strengthening of Community-based STI/HIV/AIDS and other SRHR services
3. Repositioning of Family planning as a key development strategy
4. The positioning of Adolescent sexual and reproductive health as a strategy for empowerment, development and social wellbeing
5. Reduction of the incidence of Unsafe Abortion
6. Universal Access to Quality Safe motherhood and child survival services
7. Increasing resources for SRHR services
8. Achievement of Reproductive Health Security
9. Establishment of effective coordination, monitoring and evaluation of the implementation of the Maputo Plan of Action

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

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

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

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

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

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

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

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

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

The emerging issues are in line with the 1994 ICPD Programme of Action; ICPD + 10; MDGs; African Union SRHR policy guidelines; the African Union Health Strategy; the Southern Africa Development Community Health Strategy; the Maputo Plan of Action; the Malawi Reproductive Health Strategy 2006 -2010; the Malawi Reproductive Health Service Delivery Guidelines; the Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi; Malawi Accelerated Child Survival and Development Strategy; Malawi Gender Policy and Malawi Population Policy. These issues are addressed in the national development guiding frameworks such as Vision 2020 and Malawi Growth and Development Strategy (MGDS).
The purpose of the Policy is to address SRHR problems that emerge from different age groups. Additionally, the policy also provides the framework for implementation of SRHR programmes in the country.

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

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

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

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

The SRHR policy is linked to the Malawi National Youth Policy and Youth Friendly Health Services National Standards. The young people in Malawi are faced with challenges such as early marriages, early and unwanted pregnancies, unsafe abortions, early child bearing, drug and alcohol abuse, high illiteracy rate, poverty, and HIV and AIDS pandemic.
The SRHR policy is linked to the HIV and AIDS policy which provides guidelines for implementation of HIV and AIDS activities. The policy advocates for rapid scaling up of testing and counselling services as well as access to ARTs. The policy also focuses on scaling up of PMTCT services.

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

1.5 Key Challenges
Key challenges and barriers to implementation of this policy include:

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

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

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

2.0 Broad Policy Directions

2.1 Vision
To attain highest level of sustained comprehensive and integrated SRHR service so as to improve quality of life for all.
2.2 Mission
Equitable delivery of comprehensive range of quality and integrated SRHR services that are accessible, acceptable, effective and safe to individuals, couples, and communities.

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

2.4 Policy Objectives
Provide direction to decision makers and programme managers for effective implementation of SRHR services
Provide guidelines for capacity building for provision of quality SRHR services.
Attain equivalence, harmonization, and standardization of guidelines for provision of SRHR services
Inform and guide stakeholders and partners on SRHR issues

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

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

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

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

⇒ **Efficiency**: All stakeholders shall use available health care resources efficiently to maximise health gains.
⇒ Accountability: All stakeholders shall discharge their respective mandates in a manner that takes full responsibility for the decisions made in the course of providing health care.
⇒ Community Participation: Community participation shall be encouraged in the planning, management and delivery of health services.
⇒ Evidence-based decision making: Interventions shall be based on proven and cost-effective national and international best practices.
⇒ Partnership and multisectoral Collaboration: Public-Private Partnership (PPP) and multisectoral collaboration shall be encouraged and strengthened to address the determinants of health.
⇒ Decentralisation: Health services management and provision shall be in line with the Local Government Act of 1998 which entails devolving health service delivery to Local Assemblies.
⇒ Appropriate Technology: All health care providers shall use health care technologies that are appropriate, relevant and cost effective.

3.0 Policy Themes

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

3.0.1 General Policy Statements

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

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

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

3.1 Family Planning

The need for family planning services arises from the risk of maternal, infant, and child morbidity when pregnancies are too early, too many, too late, and too frequent.
Despite efforts to make family planning services accessible to all Malawians, fertility rate remains high. According to the Malawi Multiple Indicator Cluster Survey 2006, total fertility rate was estimated at 6.3 per woman. This ranged from 6.6 and in rural areas and 4.5 in urban areas (MICS, 2006). Although knowledge of family planning is high, the unmet need for family planning is at 28% and total demand for family planning is at 62% (MDHS, 2004).

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

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

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

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

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

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

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

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

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

3.1.2.9 Dual protection shall be promoted among all sexually active persons.
3.1.2.10 Emergency contraception shall be made available to all women who have had unprotected sex.

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

3.1.3 Strategies

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

3.1.3.2 Increase coverage of family planning services among the young people.

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

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

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

3.2 Maternal and Neonatal Health

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

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

3.2.2 Policy Statements
3.2.2.1 Focused antenatal care shall be available to all pregnant women.
3.2.2.2 Implementation on the roadmap for the reduction of maternal and neonatal morbidity and mortality, which is regularly updated, shall be given the highest priority.
3.2.2.3 All women shall have ready access to essential obstetric care, well-equipped and adequately staffed maternal health care services, skilled attendance at childbirth, emergency obstetric care, postpartum care and effective referral and transport to avail the optimum level of care available.
3.2.2.4 All women shall be encouraged to have "birth preparedness plans" for institutional delivery with skilled birth attendance. Traditional births attendants shall not conduct deliveries as they have been given new roles (See annex for TBA roles)
3.2.2.5 PMTCT services shall be packaged in obstetric care services and shall be routinely offered from the first contact with all pregnant women. All mothers with positive HIV tests shall have access to free ARV services for the prevention of vertical HIV transmission.
3.2.2.6 All women tested for HIV shall be given their results and counselled accordingly.
3.2.2.7 The partograph shall always be used in the management of labour.
3.2.2.8 Kangaroo mother care shall be routinely used in the management of premature newborns
3.2.2.9 All women who have complications of abortion shall have access to quality post abortion care services, including post-abortion counseling, and family planning to prevent repeat abortion.
3.2.2.10 Manual vacuum aspiration shall be the main method of management of incomplete abortion where gestational age permits.
3.2.2.11 Service providers in public and private sector shall provide or refer for safe abortion to the fullest extent of the laws of Malawi all women
3.2.2.12 All maternal deaths shall be notified within 72 hours of occurrence.

3.2.3 Strategies

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

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

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

3.3 Sexually Transmitted Infections and HIV/AIDS

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

3.3.1 Goal

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

3.3.2 Policy Statements

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

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

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

3.3.2.4 Young people shall not require parental consent for STI services, and confidentiality shall be maintained at all times.
3.3.2.5 Prevention of the transmission of sexually transmitted infections and HIV shall be given priority in the delivery of SRHR services by health workers.

3.3.3 Strategies
3.3.3.1 Strengthen behaviour change interventions to reduce risky behaviour among men, women and young people.
3.3.3.2 Strengthen integration of STI and HIV and AIDS services

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

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

3.4.2 Policy Statements
3.4.2.1 Screening for cervical and breast cancer shall be integrated in primary health care and routinely offered to all women at all levels of health care.
3.4.2.2 Men of 40 years of age or older shall routinely be offered screening services for prostate cancer at all levels of health care.
3.4.2.3 All cancer patients shall be referred to the appropriate level of care for management.
3.4.2.4 All cancers shall be reported to the national cancer registry of the Ministry of Health.

3.4.3 Strategies
3.4.3.1 Strengthen awareness for the prevention and management of reproductive health cancers
3.4.3.2 Strengthen the infrastructure for screening of cancers among men and women.

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

3.5.1 Goal
To reduce incidence of infertility among men and women

3.5.2 Policy Statements
3.5.2.1 Prevention of secondary infertility shall be fully integrated in Primary Health Care services at all levels.
3.5.2.2 Individuals and couples with infertility shall be screened and managed accordingly, including referral to appropriate level of care.

3.5.3 Strategies
3.5.3.1 Strengthen awareness on the prevention and management of secondary infertility.
3.5.3.2 Strengthen research on infertility

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

Most young people start having sex at the age of 12, on average. High risk sexual behaviour is more common among young people aged between 15 and 24. In Malawi, young people get most information on SRHR issues from their peers, schools, and media.
Young people are generally underserved in the current health care delivery system. Where SRHR services are available, often times; they are not convenient, acceptable nor accessible to young people. Young people therefore require not only basic information about their bodies, prevention of HIV, AIDS and pregnancy, but also age-appropriate services that address gender equality, empowerment, rights and responsibilities, and sexual and reproductive negotiation and decision making. The MoH has developed the Youth Friendly Health Services Standards in an effort to address SRHR needs of young people.

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

3.6.2 Policy Statements
3.6.2.1 All young people shall have access to quality youth friendly health services that are safe, guard their right to privacy, ensure confidentiality, and provide respect and informed consent, while also respecting their cultural values and religious beliefs.
3.6.2.2 Youth friendly health services shall be provided at all levels of care.

3.6.3 Strategies
3.6.3.1 Improving availability of and access of youth friendly health services
3.6.3.2 Strengthen behavioural change interventions in the YFHS
3.6.3.3 Strengthen research on SRHR knowledge, and attitudes among young people.

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

3.7.1 Goal
To reduce incidence of obstetric fistula among women in Malawi.
3.7.2 Policy Statements

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

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

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

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

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

3.7.3 Strategies

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

3.7.3.2 Strengthen awareness of the prevention and management of obstetric fistula

3.8 Harmful Practices/Domestic Violence

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

3.8.1 Goal

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

3.8.2 Policy Statements

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

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

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

3.9 Male Involvement in Reproductive Health

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

3.9.1 Goal

To promote male involvement in all SRHR issues and services.

3.9.2 Policy Statements

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

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

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

3.9.3 Strategies

3.9.3.1 Empower men to promote and patronize SRHR services

3.10 Resources and Supporting Systems

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

3.10.2 Policy Statements

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

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

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

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

3.10.3 Strategies

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

3.10.3.2 Strengthen commodity supply and logistics management.

3.10.3.3 Strengthen the referral system.

4.0 Institutional Strategies for Policy Implementation
The Reproductive Health Unit of the Ministry of Health shall direct the implementation of the SRHR policy through Zonal Health Officers, Directors of Central Hospitals and Chief Medical Officers in all the districts of Malawi.
4.1 Implementation Plan
The RHU is responsible for coordinating implementation of the SRHR programme. Therefore, the RHU is responsible for:

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

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

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

4.1.2 Behaviour Change Communication
Under the SRHR programme a comprehensive BCC strategy for all aspects of SRHR, including HIV/AIDS has been developed. The BCC strategy will also address advocacy, gender issues, client/provider interaction, and incorporate elements of young people/men and friendly services. This strategy aims at coordinating the inputs of all stakeholders involved in behavioural change activities related to SRHR. This coordination will ensure the improvement of quality of SRHR services.
4.1.3 Community Participation

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

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

4.1.4 Development of Human Resources

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

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

4.1.5 SRHR Commodity Security

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

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

4.2.1 Ministry of Health

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

4.2.2 Ministry of Agriculture and Food Security

- Promote household food security and utilization of nutritious foods to ensure appropriate nutrition for girls and women before pregnancy, during pregnancy, and after delivery
- Promote creation of Farmers' clubs in communities to sensitize and mobilize farmers towards food security
- Collaborate with partners and other stakeholders to develop the concept and promote creation of model villages for holistic community development
• Organize periodic Agricultural shows/fairs for promotion of awareness raising on good nutrition, food diversification, and food production at household level.

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

4.2.4 Ministry of Education and Vocational Training
• Support services that address young people’s SRHR issues
• Implement life skills curriculum in both primary and secondary schools
• Establish a counselling and referral system for boys and girls with SRHR needs
• Strengthen school clubs to address SRHR issues
• Empower boys and girls to make informed decisions about their SRHR

4.2.5 Ministry of Information and Tourism
• Raise community awareness on SRHR services including harmful practices/domestic violence to promote women’s and men’s use of available services
• Facilitate public education through multimedia approach on issues of maternal, newborn health and family planning
• Promote advocacy for the importance of SRHR services
• Facilitate debate and discussions on issues of SRHR
- Facilitate implementation of Behaviour Change Interventions at community level on SRHR issues
- Coordinate publicity and media coverage among media stakeholders on SRHR issues

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

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

4.2.8 Ministry of Youth Development and Sports
- Promote sports among in and out of school youth as a medium for development of positive and healthy lifestyle
- Raise awareness on cultural practices that expose youth, especially girls, to HIV infection and SRHR complications.
• Promote behavioural change among young people and communities; specifically looking at modifying negative cultural practices into safe practices.

• Raise awareness on gender relationships that increase vulnerability to HIV infection and SRHR complications.

• Equip youth with Life Skills

• Mobilise youth to participate in programmes that promote safe sexual behaviour

4.2.9 Parliamentary Committee on Health

• Support enactment of appropriate legislation with respect to SRHR including minimum age of marriage and legislation on violence against women.

• Lobby with MPs to use constituency development funds to support SRHR initiatives in their various constituencies.

• Promote and support adequate national budgetary allocation for SRHR.

• Lobby for MPs to designate a focal person in their constituencies responsible for monitoring SRHR services.

• Declare SRHR as a national priority.

4.2.10 Development Partners

• Advocate the mobilization of resources and political will necessary to implement the SRHR policy.

• Foster the relationship and collaboration among all development partners to support Government in the implementation of policies and strategies to bring about necessary changes and improve health and quality of life.

• Support provision of technical and financial assistance to the MOH in thematic areas relevant to implementation of SRHR.

• Strengthen and support monitoring and evaluation of SRHR services.

• Support operational research related to SRHR.

• Promote advocacy for SRHR.

• Provide technical and financial support to review and develop policies, standards, and guidelines in SRHR.
4.2.11 Nurses and Midwives Council/ Medical Council

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

4.2.12 Training Institutions

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

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

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

4.2.14 Christian Health Association of Malawi (CHAM)

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

4.2.15 Civil Society Organisations

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

5.0 MONITORING AND EVALUATION

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

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

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

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

<table>
<thead>
<tr>
<th>Specific Goal</th>
<th>Outcome</th>
<th>Strategy</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td><strong>POLICY AREA 1: Family Planning</strong></td>
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<tr>
<td>Fertility rate among Malawians reduce through provision of voluntary comprehensive family planning services at all levels to all men, women and youth of the reproductive health age.</td>
<td>Contraceptive prevalence rate increased from 38% to 65%</td>
<td>Strengthen the availability, access to, and utilization of family planning services at both facility and community levels</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners, Communities</td>
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<td></td>
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<td>Strengthen male and youth friendly family planning services</td>
<td>MoH, NGO's, CHAM, Ministry of Youth Development and Sports, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners, Communities</td>
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<td></td>
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<td>Strengthen behaviour change interventions and outreach services.</td>
<td>MoH, NGO's, CHAM, Ministry of Youth Development and Sports, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners, Communities, MASAF</td>
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<td>Strengthen the integration of family planning services into the other EHP components.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Communities</td>
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<td>Strengthen monitoring and evaluation of family planning services.</td>
<td>MoH, NGO's, CHAM, Development, United Nations Agencies and Development partners</td>
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<td>Encourage individuals and families to delay the first pregnancy until the age of 20</td>
<td>MoH, NGO's, CHAM, Ministry of Youth Development and Sports, Communities, Ministry of Education, Ministry of Gender and Child Development, Communities</td>
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### Specific Goal

<table>
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<tr>
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<tr>
<td>Fertility rate among Malawians reduce through provision of voluntary comprehensive family planning services at all levels to all men, women and youth of the reproductive health age.</td>
<td>Contraceptive prevalence rate increased from 38% to 65%</td>
<td>Encourage individual women, men, and couples space their births for a minimum period of three years.</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
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<tr>
<td></td>
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<td>Encourage individual women, men, and couples space their births for a minimum period of three years.</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
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<td>Encourage individual women, men, and couples space their births for a minimum period of three years</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
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<td>Encourage individuals and families to avoid pregnancy after the age of 35</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
<td>Continuously</td>
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<td>Encourage women, men and couples not to have more than 4 children.</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
<td>Continuously</td>
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<td>Strengthen accessibility to emergency contraception and post exposure prophylaxis (PEP) among all clients including youth.</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, United Nations Agencies and Development partners , Communities</td>
<td>Continuously</td>
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<td>Strengthen research in family planning</td>
<td>MoH, NGO’s, United Nations Agencies and Development partners, Training Institutions</td>
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<td>Specific Goal</td>
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<tr>
<td>Fertility rate among Malawians reduce through provision of voluntary comprehensive family planning services at all levels to all men, women and youth of the reproductive health age.</td>
<td>Community Based Distribution of family planning at community level adopted as the main channel of delivery of family services.</td>
<td>Strengthen human resources to provide quality family planning services including community based distribution agents.</td>
<td>MoH, NGO’s, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners</td>
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**POLICY AREA 2: Maternal and Neonatal Health**

<table>
<thead>
<tr>
<th>Maternal mortality rate reduced by three quarters.</th>
<th>80% of mothers have assisted childbirth by skilled attendants.</th>
<th>Improve the availability of, access to, and utilization of quality MNH care.</th>
<th>MoH, NGO’s, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development</th>
<th>Maternal mortality rate reduced by three quarters.</th>
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<tbody>
<tr>
<td></td>
<td>Strengthen national and district health planning and management of MNH care.</td>
<td>Advocate for and strengthen male involvement in MNH care.</td>
<td>MoH, NGO’s, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development</td>
<td>Continuously</td>
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<td></td>
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<td></td>
<td>MoH, NGO’s, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development, Parliamentary Committee on Health, Ministry of Women and Child Development</td>
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Sexual And Reproductive Health and Rights (SRHR) Policy 28
<table>
<thead>
<tr>
<th>Specific Goal</th>
<th>Outcome</th>
<th>Strategy</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
</tr>
</thead>
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<tr>
<td>Maternal mortality rate reduced by three quarters.</td>
<td>80% of mothers have assisted childbirth by skilled attendants.</td>
<td>Advocate for increased commitment of government, development partners, and other stakeholders and partners for MNH care.</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development, Parliamentary Committee on Health, Ministry of Women and Child Development, Ministry of Information and Tourism, MASAF, Ministry of Agriculture and Food Security</td>
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<td></td>
<td>Strengthen research in MNH</td>
<td>MoH, NGO's, United Nations Agencies and Development partners, Training Institutions, WRA</td>
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<td></td>
<td>All pregnant women have access to basic emergency obstetric and neonatal care services.</td>
<td>Strengthen human resources to provide quality MNH skilled care.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Yearly</td>
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<td>Empower communities to ensure participation and demand for MNH services.</td>
<td>MoH, NGO's, CHAM, Ministry of Local Government and Rural Development, MASAF, Ministry of Information and Tourism, Parliamentary Committee on Health</td>
<td>Continuously</td>
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<tr>
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<tr>
<td>POLICY AREA 3: Sexually Transmitted Infections and HIV and AIDS</td>
<td>All people in Malawi have access to STI and HIV prevention, care, treatment and support services</td>
<td>Strengthen human resources to provide STI/ HIV services.</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
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<td>Strengthen provision of PMTCT services at all health care levels.</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
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<td></td>
<td>Expand availability of STI/HIV prevention information, education and counselling (IEC) services to all men, women, and youth</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Ministry of Gender and Child Development, Ministry of Education, Ministry of Information and Tourism</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen provision of STI and HIV health promotion materials to all men, women and youth</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Ministry of Information and Tourism, Ministry of Agriculture and Food Security</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen STI/HIV commodity security.</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routinely offer HCT to all pregnant women, STI clients, and partners</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comprehensively manage STI clients using the Syndromic Management Approach</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen STI/HIV activities within SRHR services.</td>
<td>MoH, NGO, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
</tr>
<tr>
<td>Specific Goal</td>
<td>Outcome</td>
<td>Strategy</td>
<td>Responsibility for Implementation</td>
<td>Time Frame</td>
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<tr>
<td>Incidence and prevalence of STI and HIV and AIDS in Malawi halved.</td>
<td>All people in Malawi have access to STI and HIV prevention, care, treatment and support services</td>
<td>Strengthen behaviour change interventions.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen provision of ART to all eligible HIV positive pregnant women, youth, their partners and family members</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen research in STI/HIV.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen availability of both male and female condoms at all levels of the health care system</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registered Nurses and Nurse-Midwife Technicians to prescribe STI drugs following training in the Syndromic Management Approach.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council</td>
<td>Continuously</td>
</tr>
</tbody>
</table>

**POLICY AREA 4: Reproductive Cancers**

<table>
<thead>
<tr>
<th>Specific Goal</th>
<th>Outcome</th>
<th>Strategy</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Incidence and complications of cancers of reproductive organs reduced in all men and women</td>
<td>Health promotion services on cancer of the cervix, prostate and breast provided all facilities and communities</td>
<td>Strengthen awareness on reproductive cancers and services available.</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Ministry of Information and Tourism</td>
<td>Continuously</td>
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<tr>
<td></td>
<td></td>
<td>Strengthen awareness on reproductive cancers and services available.</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Ministry of Information and Tourism</td>
<td>Continuously</td>
</tr>
<tr>
<td>Specific Goal</td>
<td>Outcome</td>
<td>Strategy</td>
<td>Responsibility for Implementation</td>
<td>Time Frame</td>
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</tr>
<tr>
<td>Incidence and complications of cancers of reproductive organs reduced in all men and women</td>
<td>Health promotion services on cancer of the cervix, prostate and breast provided all facilities and communities</td>
<td>Strengthen human resources to provide reproductive cancer services.</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council, Medical Council</td>
<td>Continuously</td>
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<td></td>
<td></td>
<td>Strengthen monitoring, evaluation and research in reproductive cancer.</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Training Institutions</td>
<td>Continuously</td>
</tr>
</tbody>
</table>

**POLICY AREA 5: Infertility**

| Incidence of infertility reduced among men and women | Health promotion services on prevention of infertility provided at all health facilities | Strengthen awareness on causes of infertility and services available | MoH, NGO & United Nations Agencies and Development partners | Continuously |
| | Management services for infertility to men and women provided at all appropriate levels of care | Strengthen human resources to provide infertility services | MoH, NGO & United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council | Continuously |
| | | Strengthen research in infertility | MoH, NGO & United Nations Agencies and Development partners, Training Institutions | Continuously |

**POLICY AREA 6: Youth in Reproductive Health**

<p>| Incidence of HIV and AIDS, STIs, unplanned pregnancies and complications and drug use reduced among youth | Comprehensive and acceptable SRHR services provided to youth at health care delivery points, community level and in and out of school | Increase availability, access and utilization of quality youth friendly health services that meet needs of youth. | MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development, Ministry of Women and Child Development | Continuously |</p>
<table>
<thead>
<tr>
<th>Specific Goal</th>
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<th>Strategy</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of HIV and AIDS, STIs, unplanned pregnancies and complications and drug use reduced among youth</td>
<td>Comprehensive and acceptable SRHR services provided to youth at health care delivery points, community level and in and out of school</td>
<td>Strengthen provision of information on SRHR rights to the youth</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Youth Development and Sports, Ministry of Women and Child Development, Ministry of Education</td>
<td>Continuously</td>
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<tr>
<td></td>
<td></td>
<td>Strengthen the training of service providers at all delivery points, communities and institutions to acquire knowledge, skills and positive attitudes to effectively provide youth friendly health services.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
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<td></td>
<td></td>
<td>Strengthen services on prevention and treatment of substance abuse.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
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<td></td>
<td></td>
<td>Strengthen research in SRHR knowledge, practices, and attitudes among youth</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners</td>
<td>Continuously</td>
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<td>Strengthen provision of health information including SRHR and HIV which is relevant to youth &amp; needs, circumstances and stage of development</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Youth Development and Sports, Ministry of Education, Ministry of Agriculture</td>
<td>Continuously</td>
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<tr>
<td>Specific Goal</td>
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<td>Responsibility for Implementation</td>
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<tr>
<td>Incidence of HIV and AIDS, STIs, unplanned pregnancies and complications and drug use reduced among youth</td>
<td>SRHR services that are youth-friendly provided by all service providers at all levels of care</td>
<td>Develop a supportive environment for the delivery of youth SRHR services</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Ministry of Ministry of Education</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen linkages between service delivery points, communities and Stakeholders for provision of information, counselling and advice.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Ministry of Ministry of Education</td>
<td>Continuously</td>
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<tr>
<td>POLICY AREA 7: Obstetric Fistula</td>
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<tr>
<td>Incidence of obstetric fistula reduced among women in Malawi</td>
<td>Health promotion services provided to all women, and men, and communities on causes and prevention of obstetric fistula</td>
<td>Strengthen awareness on the magnitude and gravity of obstetric fistula and the availability of obstetric fistula repair services.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
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<td>Strengthen human resource for management of obstetric fistula.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/ Medical Council</td>
<td>Yearly</td>
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<td></td>
<td></td>
<td>Strengthen research on magnitude of obstetric fistula.</td>
<td>MoH, NGO's, United Nations Agencies and Development partners, Training Institutions,</td>
<td>Continuously</td>
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<tr>
<td>POLICY AREA 8: Harmful Practices/Domestic Violence</td>
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<tr>
<td>Incidence of harmful practices and domestic violence reduced among women, men, and youth</td>
<td>Health promotion services on harmful practices/dominic violence and their effects provided to all men, women and youth</td>
<td>Strengthen awareness on harmful practices/domestic violence that have a negative effect on reproductive health.</td>
<td>MoH, NGO's, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, Ministry of Youth Development and Sports</td>
<td>Continuously</td>
</tr>
<tr>
<td>Specific Goal</td>
<td>Outcome</td>
<td>Strategy</td>
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<tr>
<td>Incidence of harmful practices and domestic violence reduced among women, men, and youth</td>
<td>Access to legal entitlement course of law, counselling and other support services provided for victims of harmful practices, domestic and sexual violence.</td>
<td>Strengthen human resources to provide screening, treatment and follow-up care for support of victims of harmful practices and domestic violence including post exposure prophylaxis.</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen research on magnitude of harmful practices and domestic violence.</td>
<td>MoH, NGO’s, United Nations Agencies and Development partners, Training Institutions</td>
<td>Continuously</td>
</tr>
</tbody>
</table>

**POLICY AREA 9: Male Involvement in reproductive Health**

<p>| Male involvement in all SRHR issues and services achieved | Information on importance of male involvement in SRHR issues and services provided to all men and women | Advocate for male involvement in SRHR issues and services. | MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/ Nurses and Midwives Associations, Ministry of Women and Child Development | Continuously |
| | | Strengthen community awareness on the importance of male involvement in SRHR issues and services. | MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/ Nurses and Midwives Associations, Ministry of Women and Child Development | Continuously |
| | Males integrate into all SRHR services | Strengthen human resource capacity for promoting male involvement in SRHR issues and services. | MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council | Continuously |</p>
<table>
<thead>
<tr>
<th>Specific Goal</th>
<th>Outcome</th>
<th>Strategy</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY AREA 10: Supporting Systems</td>
<td>Adequate human and material resources, and support systems for provision of comprehensive SRHR services at all health care levels mobilised</td>
<td>Strengthen commodity security and logistics management system of SRHR medicines and supplies.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen the referral system and communication system.</td>
<td>MoH, NGO &amp; CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Ministry of Local Government and Rural Development</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen pre-service and in-service education for delivery of SRHR services.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Continuously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen monitoring and evaluation of SRHR services.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development</td>
<td>Continuously</td>
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<tr>
<td></td>
<td></td>
<td>Strengthen research in reproductive health issues.</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Training Institutions</td>
<td>Continuously</td>
</tr>
</tbody>
</table>
Appendix II: Policy Impact Monitoring and Evaluation

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

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Indicator</th>
<th>Source of Data</th>
<th>Current Situation (Baseline data)</th>
<th>Desired Target</th>
<th>Key Milestone</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY AREA 1: Family Planning</td>
<td>To provide accessible and convenient family planning services to all men, women and youth of reproductive age</td>
<td>% of health facilities providing accessible and convenient family planning services</td>
<td>HMIS MoH Health Facility surveys Supervisory visit reports</td>
<td>Not known</td>
<td>80% of health facilities providing accessible and convenient family planning services</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, Ministry of Local Government and Rural Development, United Nation Agencies and Development partners, Communities</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>To provide and expand Community Based Distribution Agents (CBDA) of family planning at community level</td>
<td>% of CBDA's providing family planning services</td>
<td>HMIS MoH Health facility Surveys</td>
<td>3%</td>
<td>15% of contraceptives provided by CBDA's</td>
<td>Expansion in CBDA programmes</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners, Training Institutions, Ministry of Local Government and Rural Development</td>
</tr>
<tr>
<td>Specific Objectives</td>
<td>Indicator</td>
<td>Source of Data</td>
<td>Current Situation (Baseline data)</td>
<td>Desired Target</td>
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<tr>
<td><strong>POLICY AREA 1: Family Planning</strong></td>
<td>To provide and expand Community Based Distribution Agents (CBDA) of family planning at community level</td>
<td>% of CBDA's providing family planning services</td>
<td>HMIS, MoH, Health facility Surveys</td>
<td>3%</td>
<td>15% of contraceptives provided by CBDA &amp; Expansion in CBDA programmes</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners MoH, NGO's, CHAM, Ministry of Economic Planning and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>To increase the availability, accessibility, utilization and quality of MNH care during pregnancy, childbirth and postnatal period at all levels of the care delivery system</td>
<td>% of facilities providing comprehensive MNH care at all levels of health care system</td>
<td>HMIS, RHU, MoH, NSO</td>
<td>Not all facilities providing comprehensive MNH care at all levels</td>
<td>All facilities providing comprehensive MNH care at all levels</td>
<td>90% of facilities providing comprehensive MNH care at all levels</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development</td>
</tr>
<tr>
<td></td>
<td>To strengthen the capacity of individuals, families, communities, civil society organizations and Government to improve MNH</td>
<td>% of facilities providing comprehensive MNH care at all levels of health care system</td>
<td>HMIS, RHU, MoH, NSO</td>
<td>Not all facilities providing comprehensive MNH care at all levels</td>
<td>All facilities providing comprehensive MNH care at all levels</td>
<td>90% of facilities providing comprehensive MNH care at all levels</td>
<td>MoH, NGO's, CHAM, Ministry of Economic Planning and Development, United Nation Agencies and Development partners White Ribbon, Nurses and Midwives Council/Medical Council, Ministry of Local Government and Rural Development</td>
</tr>
</tbody>
</table>
### Specific Objectives

**POLICY AREA 3: Sexually Transmitted Infections and HIV and AIDS**

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Indicator</th>
<th>Source of Data</th>
<th>Current Situation (Baseline data)</th>
<th>Desired Target</th>
<th>Key Milestone</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>To increase access to STI and HIV prevention, care, treatment and support services for all individuals and families</td>
<td>% of facilities providing comprehensive STI &amp; HIV services</td>
<td>MoH Health facility surveys NSO</td>
<td>Not known</td>
<td>80%</td>
<td>Increased % of facilities providing comprehensive STI and HIV services</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council,</td>
<td>2015</td>
</tr>
<tr>
<td>To provide health promotion services on cancer of the cervix, prostate and breast in all health facilities and communities</td>
<td>% of providers providing health promotion services on cancers of cervical, prostate and breast in all health facilities</td>
<td>MoH HMIS Health facility surveys Supervisory visits</td>
<td>Not known</td>
<td>60%</td>
<td>Increased % of providers providing health promotion services on reproductive cancers</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Ministry of Information and Tourism</td>
<td>2015</td>
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</tbody>
</table>

**POLICY AREA 4: Reproductive Cancers**

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Indicator</th>
<th>Source of Data</th>
<th>Current Situation (Baseline data)</th>
<th>Desired Target</th>
<th>Key Milestone</th>
<th>Responsibility for Implementation</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>To provide screening, referral, and treatment services for cervical, prostate, and breast cancers to men and women</td>
<td>% of providers providing screening, referral and treatment for cervical, prostate and breast cancers</td>
<td>MoH HMIS Health facility surveys</td>
<td>Not known</td>
<td>70%</td>
<td>Increased % of providers providing screening, referral and treatment for cervical, prostate and breast cancers</td>
<td>MoH, NGO &amp; United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council, Medical Council</td>
<td>2015</td>
</tr>
<tr>
<td>Specific Objectives</td>
<td>Indicator</td>
<td>Source of Data</td>
<td>Current Situation (Baseline data)</td>
<td>Desired Target</td>
<td>Key Milestone</td>
<td>Responsibility for Implementation</td>
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<tr>
<td><strong>POLICY AREA 5: Infertility</strong></td>
<td>To provide health promotion services on prevention of infertility at all health facilities</td>
<td>Increased Number of providers for health promotion services on prevention of infertility at health facilities</td>
<td>MoH, HMIS Health facility surveys</td>
<td>Not known</td>
<td>70%</td>
<td>Increased % of providers providing health promotion services on prevention of infertility</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>To provide management services for infertility to men and women at all appropriate levels of care</td>
<td>% of providers providing management for infertility to all men and women at all levels</td>
<td>MoH, HMIS Health facility surveys</td>
<td>Not known</td>
<td>70%</td>
<td>Increased % of providers providing management for infertility to all men and women at all levels</td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>POLICY AREA 6: Youth in Reproductive Health</strong></td>
<td>To provide comprehensive and acceptable SRHR services to youth at health care delivery points, community level and in and out of school</td>
<td>% of facilities providing comprehensive and acceptable SRHR services to youth at Health care delivery points, community level and in and out of school</td>
<td>MoH, HMIS Health facility surveys</td>
<td>Not known</td>
<td>80%</td>
<td>Increased % of facilities providing comprehensive and acceptable SRHR services to youth at Health care delivery points, community level and in and out of school</td>
<td>2015</td>
</tr>
<tr>
<td>Specific Objectives</td>
<td>Indicator</td>
<td>Source of Data</td>
<td>Current Situation (Baseline data)</td>
<td>Desired Target</td>
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<tr>
<td>POLICY AREA 6: Youth in Reproductive Health</td>
<td>To provide services that are youth friendly by all service providers at all levels of care</td>
<td>% of providers providing health promotion to all youth friendly services at all levels</td>
<td>MoH HMIS Health facility surveys</td>
<td>Not known</td>
<td>80%</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Ministry of Education</td>
<td>Yearly</td>
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<tr>
<td></td>
<td>To provide health promotion services to all women, and men, and communities on causes and prevention of obstetric fistula</td>
<td>% of facilities providing health promotion to all women, men and communities</td>
<td>MoH HMIS Health facility surveys</td>
<td>Not known</td>
<td>60%</td>
<td>Increased % of facilities providing health promotion services on prevention of obstetric fistula</td>
<td>Yearly</td>
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<tr>
<td>POLICY AREA 7: Obstetric Fistula</td>
<td>To provide treatment and follow-up care to all women with obstetric fistula</td>
<td>% of facilities offering treatment and follow-up for obstetric fistula</td>
<td>MoH HMIS Health facility surveys</td>
<td>Not known</td>
<td>60%</td>
<td>MoH, NGO &amp; CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/ Medical Council</td>
<td>Yearly</td>
</tr>
<tr>
<td>Specific Objectives</td>
<td>Indicator</td>
<td>Source of Data</td>
<td>Current Situation (Baseline data)</td>
<td>Desired Target</td>
<td>Key Milestone</td>
<td>Responsibility for Implementation</td>
<td>Time Frame</td>
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<tr>
<td>POLICY AREA 8: Harmful Practices/Domestic Violence</td>
<td>% of facilities providing healthcare for harmful practices</td>
<td>MoH NSO District Assemblies</td>
<td>Not known</td>
<td>60%</td>
<td>Increased % of health services for victims of harmful practices</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, Ministry of Youth Development and Sports.</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>% of people who access legal and counselling services</td>
<td>MoH NSO Ministry of Women and Child Development</td>
<td>Not known</td>
<td>60%</td>
<td>Increased % of victims accessing legal and counselling services</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>Yearly</td>
</tr>
<tr>
<td>POLICY AREA 9: Male Involvement in reproductive Health</td>
<td>% of providers providing information on importance of male involvement in SRHR issues and services to all men and women</td>
<td>MoH NSO Ministry of Women and Child Development</td>
<td>Not known</td>
<td>80%</td>
<td>Increased % of providers providing information on importance of male involvement in SRHR issues and services to all men and women</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Parliamentary Committee on Health, Ministry of Information and Tourism, WRA/Nurses and Midwives Associations, Ministry of Women and Child Development</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

Sexual And Reproductive Health and Rights (SRHR) Policy
<table>
<thead>
<tr>
<th>Specific Objectives</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>POLICY AREA 9: Male Involvement in reproductive Health</strong></td>
<td>To integrate males into all SRHR services</td>
<td>% of institutions integrating male involvement in SRHR</td>
<td>MoH NSO Ministry of Women and Child Development</td>
<td>Not known</td>
<td>Increased % of institutions integrating males to SRHR services</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Training Institutions, Nurses and Midwives Council/Medical Council</td>
<td>2015</td>
</tr>
<tr>
<td><strong>POLICY AREA 10: supporting Systems</strong></td>
<td>To provide adequate human and material resources, and support systems for SRHR services to all health institutions</td>
<td>% of providers trained in SRHR care (all cadres)</td>
<td>Training institutions Nurses and Midwives council MoH</td>
<td>80%</td>
<td>Increased % of health institutions training health care workers in SRHR</td>
<td>MoH, NGO’s, CHAM, United Nations Agencies and Development partners, Ministry of Local Government and Rural Development</td>
<td>2015</td>
</tr>
</tbody>
</table>