



UNFPA MALAWI

Annual Report 2022
Results Achieved in Malawi

THREE ZEROS by 2030

Ending unmet need for family planning

Ending preventable maternal death

Ending gender-based violence and harmful practices

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Annual report 2022

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UNFPA is the United Nations sexual and reproductive health agency.

Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



UNFPA MALAWI

Annual Report 2022

Results Achieved in Malawi



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FOREWORD

In a challenging 2022, UNFPA made significant strides in accelerating the three transformative results in Malawi and ensuring no one is left behind in attainment of its key outcomes. Notable achievements were made in various areas, including access to sexual and reproductive health and rights services, family planning, addressing gender-based violence, promoting access to justice, economic empowerment of young women, and piloting the innovative use of technology in safe spaces.

By harnessing the power of technology, UNFPA expanded young people's reach to comprehensive sexuality education, which ensured that even those in hard-to-reach locations have access to vital sexual and reproductive health and rights services and information. This innovative approach has the potential to transform the delivery of sexual and reproductive health and rights services and empower young people, particularly those who are marginalized or face geographical barriers.

The year 2022 also brought unprecedented challenges as Malawi faced the devastating effects of Tropical Storm Ana and Tropical Cyclone Gombe. These natural disasters resulted in significant loss of lives, displacement of communities, and destruction of infrastructure.

The impact was particularly severe on women, girls, and young people, who are often more vulnerable in times of crisis. UNFPA worked tirelessly to respond to the immediate needs of those affected, providing integrated life-saving reproductive health and gender-based violence prevention and response services, including emergency obstetric care, and psychosocial support.

Amidst these challenges, Malawi faced another crisis in the form of a cholera outbreak. Pregnant women were particularly vulnerable, as cholera posed a grave threat to their health and the health of their unborn children. UNFPA, in collaboration with the Ministry of Health, responded swiftly to ensure the provision of life-saving health services, including clean water supply and medical support to pregnant women and their families.

In addition to emergency response efforts, UNFPA undertook a comprehensive evaluation of the 8th Country Programme. This evaluation provided valuable insights into the achievements, challenges, and lessons learned over the past years and we will build on them for the development of the 9th Country Programme, focusing on addressing the specific needs of the adolescent girl.

This next cycle Country Programme will focus on accelerating the SDG's achievement, advancing access to sexual and reproductive health and rights, improving access to quality maternal care and promoting gender equality and empowerment, among other priority areas.

UNFPA remains steadfast in its commitment to supporting the Government of Malawi and its people in addressing the complex challenges they face. We are determined to build a resilient and inclusive society that ensures the rights and well-being of every woman, girl, and young person. We extend our gratitude to all our partners and stakeholders for their unwavering support in these critical endeavors.

Together, we can overcome the challenges ahead and create a future where every individual in Malawi can realize their full potential.



Ms. Nelida Rodrigues
Representative, UNFPA Malawi





INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION

INCREASING CHOICES FOR FAMILY PLANNING

In 2022, UNFPA supported 11,142 adolescent girls aged 15 to 19 years with family planning methods, which contributed to an aversion of 653,854 pregnancies and 2,901 maternal deaths. The sustained utilization of family planning methods provided 1,542,891 couple-years of protection. With support from UNFPA, the Ministry of Health ensured that there is no zero stock out for family planning commodities at service delivery points, guaranteeing continued service delivery.

UNFPA also supported family planning campaigns in coordination with the Reproductive Health Directorate at the Ministry of Health to make sure all women of reproductive age have access to contraceptives of their choice. The campaigns have been carried out in Mangochi, Chikwawa, Nsanje, Nkhata Bay, Mulanje and Mchinji.

The campaigns also led to an increase in the uptake of Levoplant and a total of 1,341,949 women were counseled on sexual reproductive health and rights. A total of 1,460,600 adolescents and youth between 10 and 24 years-old, 892,782 females and 477,818 males, utilized integrated sexual reproductive health and rights services in 2022.

To increase access to modern contraceptives, localized door to door condom distribution and condom campaigns were conducted in close collaboration with the districts and local level stakeholders. A total of 14,267 clients were reached and 172,525 male condoms were distributed to clients.

STRENGTHENING ACCESS TO INTEGRATED SERVICES DURING DISASTERS

In 2022, Malawi was affected by Tropical Cyclone Ana and Tropical Storm Gombe which disrupted access to health services in the three focus districts of Chikwawa, Nsanje and Mulanje. Through outreach clinics, UNFPA managed to reach 1,734 young people between the ages of 10-24 who were able to access youth-friendly sexual reproductive health and rights services and psychosocial counseling. During this period, 5415 youths accessed self-care activities enabling them to continue with education in the districts while also preventing new HIV infections.



CAPACITY BUILDING FOR HEALTH STAFF

To strengthen the education of midwives, UNFPA provided scholarship support to 10 student midwives to complete their training, and thereafter to undergo certification under the Midwifery Regulatory License examination. In the result area of enhanced policy and accountability, UNFPA facilitated and provided technical support for revising four strategies; sexual reproductive health and rights, obstetric fistula, maternal death surveillance response and on youth friendly health services in collaboration with the Reproductive Health Directorate.

OBSTETRIC FISTULA REPAIR AND RE-INTEGRATION

UNFPA with financial support from the Embassy of Iceland in Malawi opened the Lilja Fistula and One Stop Centre in Mangochi worth over 148 million kwacha (approx. \$143,000). The Lilja Fistula Centre is a huge investment which should result in changing the lives and dignity of many women and girls in Mangochi and the surrounding districts as they access much needed quality health services. Not only will women access fistula repairs, but also sexual and gender-based services. In 2022, a total of 378 women living with fistula were repaired in the reporting year using fistula ambassadors to mobilize the patients.

KEY RESULTS

- 5415 youth have accessed self-care activities.
- UNFPA supported 110,142 additional users of family planning methods among adolescent girls aged 15 to 19 in Malawi.
- 653,854 pregnancies and 2,901 maternal deaths were averted due to an increased uptake of family planning services.
- 1,542,891 couple-years of protection was attained.
- 1,341,949 women of reproductive age were counseled on sexual and reproductive health and rights including family planning.
- 1,734 young people between the ages of 10-24 accessed youth friendly sexual and reproductive health services through 30 outreach clinics conducted in evacuation camps from floods.
- There were 110,142 additional users of modern family planning for young people aged 15 to 19 in UNFPA target districts.





STORY

A SECOND CHANCE FOR FISTULA SURVIVORS

Margaret Kumwenda was worried. Her teenage daughter, Jacqueline, had been missing from home for two weeks. “She used to be a very good girl but this changed when she started hanging out with the wrong crowd at school,” she said.

Her 15-year-old daughter’s disappearance was not her first, however, and when she returned, she refused to disclose where she had been. Ms. Kumwenda later learned that her daughter was in love with a boy from another village, and it was to him that she went when she ran away from home.

“I reported the boy to the police, but they told me that he was still a minor, and all they could do was counsel him and Jacqueline,” she said.

The counselling worked for a while, as Jacqueline stopped returning home late and she was always studying. But this didn’t last long.

The day came when Ms. Kumwenda returned home to find Jacqueline’s room was empty of all her belongings. “We tried looking for her, but to no avail,” she said.

Later, she learned that Jacqueline and her boyfriend had moved to Mzimba district, but she could not find out their exact location.

A MOTHER'S LOVE

For two years, she had no word from her daughter. “I tried all I could to locate her but it seemed she didn’t want to be found.” she said.

Just when she had given up hope of ever finding her daughter, she received an anonymous phone call alerting her that Jacqueline was unwell. Too afraid to face his mother-in-law, the girl’s husband had relayed a message through someone else that Jacqueline wanted to return to her mother.

When Jacqueline arrived home, she was not in good health. She told her mother that she had started leaking urine and faeces soon after giving birth. For months, she stayed indoors – until her husband decided to send her back to her mother.

Seeing the physical and mental difficulties her daughter was experiencing devastated her. “I didn’t know what to do.” said Ms. Kumwenda. “I remembered that there was a woman in our community who always talked about a similar condition, and how she can help to get it treated.”

She visited the woman, who is a fistula ambassador under the Spotlight Initiative, funded by the European Union, and the woman agreed to help her daughter. “She agreed to come to our house the next day.” she said.

Ms. Kumwenda accompanied Jacqueline to Nkhata Bay District Hospital for a clinical assessment, which showed that her daughter had an obstetric fistula. This is a hole that forms between the birth canal and bladder or rectum, after a long, obstructed labour, resulting in the uncontrollable leaking of urine and faeces.

Thankfully, Jacqueline’s fistula was not a complex one, and the repair could be handled at the district health office. After successful surgery, Jacqueline’s is finally free from fistula. She has been healed.



HEALING FISTULAS THROUGH SURGERY

In Nkhata bay, many adolescent girls and young women marry at an early age, which leaves them vulnerable to physical violence and harmful practices. This increases their chance of unintended, mistimed and higher-risk pregnancies. Recent statistics show that than one in two girls are married before the age of 18, which increases their risk of developing a fistula.

Through the Spotlight Initiative, UNFPA, the sexual and reproductive health agency, is working with Nkhata bay district council to help empower adolescent girls and women with knowledge and skills on sexual and reproductive health, and gender-based violence, to make informed decisions and to exercise their rights. In 2022, Nkhata Bay District, with support from the Spotlight Initiative, supported the repair of 11 fistula cases.

GENDER AND YOUTH: EMPOWERING WOMEN AND GIRLS

BRINGING DIGITAL INNOVATIONS IN SAFE SPACES

The country office piloted online safe spaces in order to provide an environment that encourages adolescent girls and young women to share experiences, opinions and views without fear or judgement. The platforms, which are in the form of a WhatsApp Chat Bot have allowed UNFPA to reach out and breakdown barriers to access information and has reached girls and young women that would otherwise be inaccessible.

The digital safe spaces were also used to promote rights, in particular rights to information for adolescent girls and young women. The digital safe spaces have also allowed the creation of peer networks to virtually share information on a number of areas including prevention and response to gender-based violence and support.

The platforms have enabled adolescent girls and young women to reach out if facing problems such as gender-based violence and reproductive health issues. They also help overcome loneliness and isolation as they have provided vast information.

COMBATTING VIOLENCE AGAINST WOMEN AND GIRLS

During the year, 19,692 gender-based violence cases were followed up on including 223 on sexual and gender-based violence. 6,941 adolescent girls and young women from the safe spaces are now able to demand their rights and 3,432 have enrolled back in school. A total of 1831 adolescent girls and young women accessed integrated sexual and reproductive health and rights services through outreach clinics.



8,751 safe space girls accessed various gender-based violence and sexual and reproductive health services. Through working with communities, local leaders, and safe spaces, 36 adolescent girls and young women were withdrawn from child marriages.

The number of survivors accessing Essential Services for gender-based violence increased from 68,960 in 2021 to 129,688 in 2022. A community level scorecard on integrated essential services has been developed with 48 community level trainers oriented to administer and apply the tool at the community level. The scorecard has helped communities to hold service providers accountable in the provision of integrated essential services.

76,800 adolescent girls and young women have been reached with information on harmful traditional practices and social norms that negatively affect them. These age-tailored combination prevention packages aim to increase retention in school, decrease teenage pregnancies and increase economic opportunities. 1,314 girls are in leadership positions in selected Spotlight initiative communities in various capacities out of whom 259 girls were holding positions in Village Development Committees

Integrated quality sexual reproductive health and gender-based violence essential services for survivors with disabilities was scaled up. This saw 1,414 adolescent girls and young women benefitting from disability aids. The disability aids included wheelchairs and tricycles. UNFPA also supported the construction of disability-friendly structures in health facilities in the Mzimba and Ntchisi districts. As a result of the support, 264 adolescent girls and young women with disabilities accessed integrated essential services including sexual reproductive health services.

In 2022, 3,825 GBV survivors accessed services with the aid of the community fund and 9,156 survivors who experienced violence including fistula survivors benefitted from the survivor fund. Through the revolving fund, empowering activities for the mentors and mentees were planned and implemented. 10 girls have also been supported to go back to school through the community fund.

COMPREHENSIVE SEXUALITY EDUCATION

Through the Parents Child Sexuality Communication programme, 6,479 parents/ guardians and adolescents were reached with comprehensive sexuality education messages. This has resulted in improved communication on sexuality issues among parents/ guardians and their adolescents. Using the SASA! approach, 60 community based SASA! facilitators were trained in Dedza and Mchinji. After the training, the facilitators organised community dialogue sessions using the SASA! approach where 30,828 community members participated.

SASA! seeks to change individuals' attitudes, community norms and structures, by supporting entire communities through a phased process of change. 60 community-based theatre artists were also engaged resulting in 48,354 community members being reached with messages on sexual reproductive health and rights with special emphasis on gender-based violence awareness, prevention and response.

A further 89,512 young people including those living with disabilities and HIV were reached with comprehensive sexuality education information in schools and in communities through comprehensive sexuality education digital applications in 30 targeted schools.

21,141 young people also accessed sexual and reproductive health services such as family planning, HIV testing and counselling, treatment for sexually transmitted infections from health facilities, outreach and mobile vans in the targeted districts. Some of the young people including those with disabilities are participating in leadership positions while an estimated total of 622 young people are benefitting from self-care initiatives.

As a result of these community-level interventions, there has been an increase in gender-based violence reporting and withdrawal of girls from child marriages. 563 of cases, including gender-based violence cases and physical and economic abuse were reported through trained community structures in Dedza and Mchinji. The structures have also been pivotal in addressing and responding to gender-based violence, including child marriage in the intervention areas.



ENGAGING MEN AND BOYS

1,798 men and boys have been mentored to model positive masculine behaviour and support the success of the safe space girls' mentorship programme. UNFPA also supported the training of 60 male champions to improve male involvement in fighting gender-based violence, and sexual and reproductive health and rights. Through the male action groups, 32,894 adolescent boys and young men participated to discuss gender roles, positive masculinity and knowledge on sexual reproductive health and rights.

The adolescent boys and young men were also engaged to encourage behaviour change, assist in strengthening community institutions that address gender-based violence, and to promote women's equality and leadership. The male engagement strategy has increased knowledge on the negative social norms that affect girls in the community through peer-to-peer learning.

AWARENESS ON GENDER BASED VIOLENCE DURING HUMANITARIAN CRISIS

Approximately, 128 youth have been oriented on disaster and risk management, climate and disaster risk integration guidance. A total of 8,995 mentees were reached with sexual reproductive health and rights services, nutrition, human rights, gender-based violence and life skills information. As a result of the orientation, 80 percent of young people in the disaster-prone areas have improved knowledge and skills in gender-based violence case reporting and follow-up, and complete access to sexual and reproductive health services.

As a part of integrating sexual and reproductive health and rights with climate change, UNFPA supported young people to plant 2,999 trees in 2022. 128 youth were taught about disaster and risk management, climate and disaster risk integration guidance. 8,995 mentees from Mchinji and Dedza were reached with sexual and reproductive health and rights, nutrition, human rights, gender-based violence and life skills information.

KEY RESULTS

- **89,512 young people were reached with comprehensive sexuality education information.**
- **21,141 accessed sexual and reproductive health services such as family planning, HIV Testing, and counselling treatment for STI from health facilities. .**
- **8,995 mentees were reached with sexual and reproductive health and rights, nutrition, human rights, GBV, and life skills information.**
- **32,894 adolescent boys and young men participated to discuss gender roles, positive masculinity and knowledge on sexual reproductive health and rights through the male action groups.**
- **14,267 clients were reached, and 172,525 male condoms were distributed to clients through a localized door to door condom distribution campaign.**
- **196,484 individuals were empowered with skills to make informed decisions and adopt healthy sexual behaviours.**
- **The number of survivors accessing Essential Services for gender-based violence has increased from 68,960 in 2021 to 129,688 in 2022.**
- **13,847 individuals were reached with demand-creation activities to bring awareness to young women and adolescent girls on available sexual gender-based violence and sexual and reproductive health services across six districts.**

KEY RESULTS

- 19,692 gender-based violence cases were followed up on.
- 6,941 adolescent girls and young women from safe spaces are now able to demand their rights.
- 3,432 have enrolled back in school.
- 1,831 accessed integrated sexual and reproductive health services through outreach clinics.
- 8,751 accessed various gender-based violence and sexual and reproductive health services.
- 36 have been withdrawn from child marriages.
- 76,800 adolescent girls and young women have been reached with information on harmful traditional practices and social norms.
- 3,825 survivors accessed services through the aid of community fund.
- 9,156 survivors who experienced violence, including fistula survivors, benefitted from the survivor fund.







STORY

EMPOWERING YOUTH TO TACKLE GBV IN CAMPS

Mthumba camp is a collection of skeletal grass thatched huts punctuated by four modern prefabricated square shelters. The camp, which is located a few kilometres from Chikwawa District Council, is resident to 250 households displaced by Tropical Storm Ana, and most recently tropical cyclone Gombe.

Like many camps in the district, Mthumba is scarcely equipped to accommodate such a huge population. The camp has few functional toilets and has no source of potable water. The prefabricated shelters, which were supplied by the government, can only accommodate ten people each. And the rest must either sleep outside or in the huts, which barely protect them from weather elements.

HEIGHTENED RISK OF GBV IN CAMPS

Although the host community at Mthumba accepted the displaced families to build temporary structures on their land, friction was inevitable.

“At one time, men from the surrounding communities would come here drunk shouting that we need to go back from where we came from,” says 17-year-old Deborah Machiku who has been staying in the camp since January. “But the situation improved after our camp committee met with the local chief to resolve the issue.”

Despite the uneasy peace between the host community and the displaced people, there are lingering fears, especially among the women and girls, to perform household chores such as cooking or to venture outside, when it's dark.



“I can’t study inside the shelter because it’s too crowded,” says Deborah who sleeps in one of the prefabricated shelters. “I must go outside but I’m always afraid. There are people from different communities at the camp, and it’s difficult to know whom to trust.”

There are close to 220 young people staying at Mthumba camp. Through the Safeguarding Young People project funded by the Swedish government, UNFPA trained temporary youth peer educators in out of school, comprehensive sexuality education (CSE) to reach out to youth staying in the camps.

The CSE campaigns have equipped adolescents staying at Mthumba and other surrounding camps, with sexuality information that will assist them to make informed choices about their sexual health to reduce chances of unwanted pregnancies, school dropouts, HIV and sexually transmitted infections (STIs). In addition, this has raised their awareness and knowledge on gender-based violence in all its different forms.



YOUTH FIGHTING TO END GBV IN THE CAMPS

Sam Dickson (22) is the chairperson of the Mthumba camp youth group. He says, before the youth group started, youth in the camp were facing a lot of problems and had nowhere to go if they were confronted with issues such as gender-based violence.

“As young people we were being side-lined in many ways and had nowhere to report if we faced abuse or had grievances,” says Dickson. “Through our persistence, we have managed to work with the camp committee to establish reporting mechanisms at the camp.”

The youth group also works with village structures such as the community victim support unit and has direct contact with the youth office at Chikwawa district Council.

“We realized that sometimes one cannot feel safe to report abuse to fellow youth or the camp committee,” says Dickson. “That’s why we linked up with other structures so that those with issues to report, can have several options of where to find help.”

UNFPA’S RESPONSE EASES PLIGHT OF YOUTH IN CAMPS

Sam Dickson (22) is the chairperson of the Mthumba camp youth group. He says, before the youth

UNFPA has also supported Mthumba camp with dignity kits for women and adolescent girls, and most recently with solar torches and whistles. The torches and whistles have helped strengthen protection issues as women and girls now feel much safer to go out after dark.

“One of the key interventions that UNFPA is supporting at Mthumba camp is working with young people,” says UNFPA Deputy Representative, Masaki Watabe. “We have supported them to develop their own youth group, and in addition, we have also built capacity of young CSE educators to help pass on messages on sexual reproductive rights and gender-based violence.”

“This is to ensure that the displaced communities, especially women and girls, know about the risks they face while staying in the camps, the rights to protect themselves and the means to access different services.”



DEMOGRAPHIC INTELLIGENCE /POPULATION CHANGE AND DATA

COLLECTING AND USING DATA

The National Statistical Office (NSO) with funding from UNFPA embarked on a mission to update indicators in the Malawi Data Dissemination Platform. In 2022, data from the 2018 census and other survey data sources were added. Before, the online data platform only had data for the 2008 Population and Housing Census.

In addition, indicators from the 2018 Population and Housing Census, Malawi Multiple Indicator Cluster Survey (MICS) and the Demographic Health Survey (DHS) have been prepared and uploaded on the platform. Additional indicators from the Integrated Household Survey (HIS) are being processed. With support from UNFPA, the NSO has also developed and published the Atlas for Social Statistics and a Census Methodology report.

To improve user understanding and uptake of statistics, the NSO conducted two trainings targeting media and government officers. The activities aimed to improve the participants' knowledge on access and use of statistical information for decision making and publicizing statistical products. Some notable products included the NSO-GBV dashboard, the Malawi Data Dissemination Platform and the Malawi Data Portal.

KEY RESULTS

- 3 National Surveys/Studies produced on population data.
- 4 National level stakeholders with improved capacity and access to census and humanitarian data.
- 1 Report from census data developed.



STORY

A NEW BEGINNING FOR ADOLESCENT GIRLS

One rainy evening, 17-year-old Eunice Maliseni from Kabudula in Lilongwe, sneaked out of her bedroom carrying a suitcase with all her belongings. This was a carefully hatched plan, which had taken close to a week to put together. Eunice had to make it out of her parents' compound without being seen.

"I had to leave my parents' house because I was pregnant," says Eunice. "I feared that if they learned about this, they would be mad at me. So, I agreed with my boyfriend that we should elope."

PEER PRESSURE AND EARLY TEEN PREGNANCIES

Since childhood, Eunice always scored good marks in class and was well-mannered. However, problems started when she started to hang out with the wrong crowd at school. During break time, the girls would skip classes to meet with their boyfriends. By then, Eunice had no boyfriend, and this made her a subject of ridicule by her peers.

The pressure to conform forced her to get into a relationship. When Eunice's parents got wind of it, they tried to dissuade her, but to no avail. Her behavior also changed. She started coming home late and completely lost interest in school.

"Some of my friends were married and they would come telling me that I am missing out by going to school. I was convinced that if I got married, I would also enjoy what they were doing," she says.



CHILD MARRIAGE FUELING GENDER-BASED VIOLENCE

The pressure forced her to get into a relationship, leading her to get pregnant while in the second year of her secondary education, and later to get married. After only a year, Eunice's marriage turned out to be a disaster.

Her husband lost interest in her soon after she gave birth to their first-born child. He also started drinking excessively.

"He was spending all his money on alcohol and leaving us with nothing to eat," recalls Eunice. "When I asked him to change, he would become aggressive. This is when I realized that I made a mistake quitting school to get married."

Eunice's marriage woes continued for some time. Finally, she decided that she'd had enough of the abuse and went to her parents to ask for forgiveness. She wanted to come back home.

“My parents refused to take me back. They were still angry with me as I didn’t listen to their advice not to quit school.” says Eunice. “So, I understood their stance.”

Eunice’s life was to change when she heard that a new project in her area was calling for teenage mothers and adolescent girls to join safe spaces that were being established in the community. The safe spaces were set up under the Technology and Empowerment Enhancing Networks (TEENS) project by UNFPA with funding from the Government of Ireland.

A NEW BEGINNING FOR ADOLESCENT GIRLS

After joining the safe space, Eunice was exposed to a whole new universe. She met other girls in her predicament, and some who had moved on successfully. Through the interactions and learnings, Eunice’s resolve to quit her marriage grew. She was determined to correct the mistake she made and go back to school.

“My dreams of becoming a nurse came to an end because I listened to bad advice.” says Eunice who is now 19 years old. “However, I knew that if I went back to school and worked hard, I could still become a nurse.”

With support from the safe space mentor, Eunice went to her uncle and explained her plans. The uncle then approached her parents and pleaded with them to allow Eunice to come back home. The safe space mentor also weighed in and explained to the parents the dangers of letting their daughter stay in an abusive marriage.

Eunice’s parents finally agreed that she could come back but on the condition that she supports her child. To help her on this, they gave her a piece of land so that she could start farming.

“Last year, I planted soya beans.” she told UNFPA. “I harvested 10 bags and sold them. From the money I got, I paid my school fees and bought more farming supplies. I have also kept some money for the upkeep of my child.”

Eunice is now back in school and is in form three. With everything on track again, Eunice is dreaming big.

“I am left with one year in secondary school and I am confident that I will make it to college.” she explained. “Next year, I want to expand my farming business so that I can start keeping money for my college fees.”

The TEENS project is being implemented in Lilongwe peri-urban covering four Traditional Authorities. So far, the project has facilitated the creation of 78 safe spaces with a total enrolment of 2,340 teenage girls and adolescent mothers.



PROTECTING SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN EMERGENCY SETTINGS

BUILDING CAPACITY OF FRONTLINE WORKERS AND FIRST RESPONDERS

To ensure the prioritisation of reproductive health interventions during the early phases of a humanitarian crisis, UNFPA trained 45 health service providers and members from the protection cluster on the Minimum Initial Service Package (MISP) readiness Assessment Analysis.

The training empowered the participants with knowledge on how to assess and refer survivors of gender-based violence to appropriate services providers within the disaster-prone districts. Furthermore, a total of 84 participants were trained in MISP and clinical management of rape in the three districts of Nsanje, Chikwawa and Mulanje.

UNFPA with support from the Gender-Based Violence Area of Responsibility (GBV AOR) developed and administered a tool kit comprising of focus group discussions guides, key informant interviews guides, technical capacity building assessments, a MISP- readiness assessment tool for gender-based violence prevention and response services to promote gender-based violence preparedness during a humanitarian crisis.

ENSURING SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN EMERGENCY SETTINGS

During the Tropical Storm Ana and Tropical Cyclone Gombe response, UNFPA with funding from the Central Emergency Response Fund (CERF) and the UNFPA Emergency Fund (EF) provided lifesaving interventions to the internally displaced populations, covering dual strategic areas of SRHR and gender-based violence, sexual exploitation and abuse prevention.

The interventions were executed through the quick re-orientation of emergency workers and local gatekeepers, camp committees on gender-based violence/ sexual exploitation and abuse prevention and response management standards to strengthen the coordination of gender-based violence service provisions. A total of 294 gatekeepers and front-line workers were reached through this initiative.

In addition, UNFPA distributed 20,000 dignity kits in Nsanje, Chikwawa and Mulanje. 6,000 dignity kits were procured under the Central Emergency Response Fund whilst another 6,000 were procured with funding from the UNFPA emergency funds. 8,000 dignity kits were already prepositioned as part of the emergency response. The response reached 219,098 women and 22,786 men with sexual reproductive health and rights services, counselling and treatment.

UNFPA also managed to reach 10,403 girls and 3,330 boys in the adolescence age bracket with sexual and reproductive health services including family planning services and HIV prevention, treatment and care. A total of 155 Safe Spaces were established for adolescent girls and young women as part of the response. Furthermore, UNFPA managed to reach 9,473 women and girls with gender-based violence/ sexual exploitation and abuse prevention services including psychosocial support and counselling that were provided in 155 Safe Spaces and in One Stop Centres in the three districts.



JOINT SDG FUND



외교부
Ministry of
Foreign Affairs





STORY

EMPOWERING COUPLES THROUGH FAMILY PLANNING SERVICES

In many cultures in Malawi, when a girl gets married, she is supposed to continue helping grow the lineage by bearing children for the husband. A delay in getting pregnant is usually treated with suspicion. And in some instances, the woman can be ostracized by the community for failing to 'give' her husband an heir.

When Adija and Medison Banda got married, they were met with the same expectation. Mr. Banda comes from a tribe that pays a bride price. So, when he married Adija, he couldn't wait to become a father.

INFLUENCE OF CULTURE ON FAMILY PLANNING

A year after they got married, the couple was blessed with a baby girl, which brought joy to the couple. However, the 'elders' from the husband's side were not that pleased. They wanted a boy-child.

The pressure to have a son forced the couple to try again. And within a year, they had another child. A girl.

“This made him restless and he told me that we should not stop trying,” says Ms. Banda.

Within five years of marriage, the couple had four children, all girls. “We reached a point where my body couldn’t take it anymore,” explains Ms. Banda. “I was literally giving birth almost every year. This had an effect on my health as I kept getting ill.”

In addition, the children were also getting ill now and then. Ms. Banda couldn’t manage to take care of them alone. Her husband, a banana farmer, was always working in the family garden to try and feed the growing family.

“When we got married, my husband was a successful farmer,” Ms. Banda recalls. “But he started struggling as all the sales from the produce went to food and settling hospital bills for the kids.”

After noting that the family’s fortune was going down, Ms. Banda convinced her husband that they should start family planning. This wasn’t easy. Mr. Banda still harboured the idea that one day his wife will give him a son. But the harsh reality of failing fortunes and biting poverty made him think otherwise. He gave in to the idea.

A BETTER FUTURE WITH FAMILY PLANNING

The following morning, Ms. Banda visited Mzenga Health Centre where she sought advice from health staff on family planning. Mzenga Health Centre is one of the many health facilities in the country benefitting from the support of UNFPA.

The Fund procures sexual reproductive health and family planning commodities to empower women and adolescent girls to voluntarily and safely choose when to have children, and how many they want to have. In addition, the Fund ensures last mile assurance, that is, making sure the commodities reach the end users.

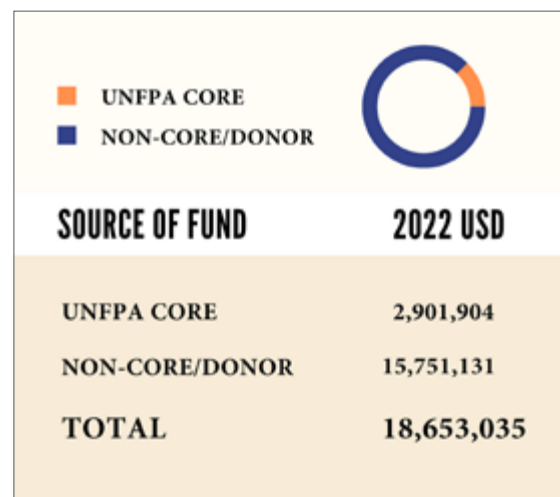
“After the health staff told me of the family planning methods available, I opted for a three-year contraceptive implant. I needed time to rest from all the births I went through in a short span of time,” explained Ms. Banda.

A year after the couple opted for the contraceptive implant, things have changed for the better. The kids are growing up healthy and the couple now has more time to focus on their banana farming business.

“I wish we had made the decision earlier,” said Mr. Banda. “My children are now growing up healthy and my business is doing well. I am content with the children I have and I want to focus on getting them a good education.”

MANAGEMENT SNAPSHOT

RESOURCE DELIVERY 2022



DONORS AND PARTNERSHIPS, 2022

UNFPA PROGRAMMES	DELIVERY 2022, USD	FUNDING SOURCES/ DONORS IN 2022
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	10,293,586	CANADA, EUROPEAN UNION, GERMANY, ICELAND, NORWAY, SWEDEN, SWITZERLAND, UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIPS, UNFPA, UNITED KINGDOM
GENDER EQUALITY	2,001,030	CANADA, EUROPEAN UNION, ICELAND, REPUBLIC OF KOREA, UNFPA
YOUNG PEOPLE	4,356,075	REPUBLIC OF KOREA, NORWAY, SWITZERLAND, UNFPA, UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIPS
POPULATION AND DEVELOPMENT	385,931	GERMANY, ICELAND, NORWAY, UNITED KINGDOM, UNFPA
PROGRAMME COORDINATION AND SUPPORT	1,616,414	UNFPA

KEY PARTNERS IN 2022

Ministry of Health, Ministry of Education, Ministry of Youth and Sports, Ministry of Gender, Community Development and Social Welfare, Ministry of Finance and Economic Affairs, National Planning Commission, Malawi Human Rights Commission, Ministry of Natural Resources and Climate Change, National Statistical Office (NSO), district councils and departments, Kamuzu University of Health Sciences, African Institute for Development Policy, Goal Malawi, Action Aid, AMREF Health, Ntchisi Organization for Youth Development, Foundation for Civic Education, Nayichi AIDS Network Services, Girls Empowerment Network (GENET), Family Planning Association of Malawi (FPAM), Banja La Mtsogolo Malawi Girl Guides Association (MAGGA) and Youth Net and Counselling (YONECO).

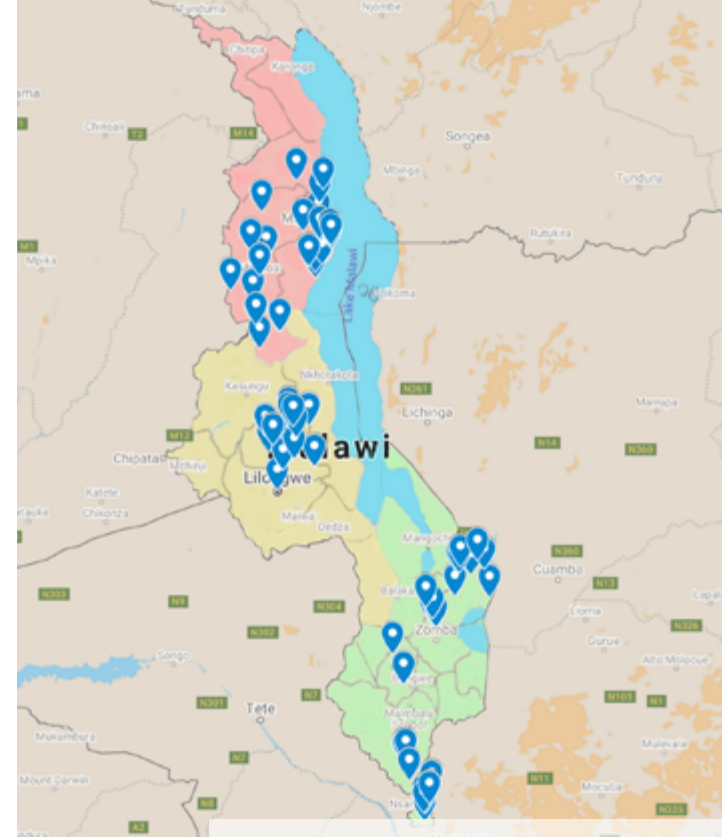
PROGRAMMING LOCATIONS

There were 14 active programmes in 13 districts and 145 traditional authorities. The implementing districts were as follows: Chikwawa, Chiradzulu, Dedza, Dowa, Kasungu, Machinga, Mangochi, Mchinji, Mzimba South, Nkhata Bay, Nsanje, Ntchisi and Salima.

POLICY ENGAGEMENT

The reporting period coincides with the engagement of government and non-governmental key stakeholders for the process of developing a new Country Programme to ensure alignment with the Government of Malawi's 'youth centric' national development plan outlined in the Malawi Vision 2063. Across all sectors of economic activity, the plan locates young people as central agents of development and sets targets for education, health and productive economic activities. Specific policies targeting youth development include increased participation of young people in decision making, employment and training, ensuring universal access to health services, including family planning, environmental management and business.

The country office signed the Family Planning Compact with the Malawi Government contributing \$446,000 in 2022 for the procurement of family planning commodities.



WHERE WE WORK : SAFE SPACE LOCATIONS

The Compact aims to achieve five strategic results i.e., improved enabling environments, increased demand for reproductive health commodities, improved efficiency for procurement, improved access to reproductive health and family planning, and strengthened national capacity and systems. UNFPA continues to focus on strengthening resilient supply chains to reach “the last mile” with contraceptives, strengthen its market intelligence regarding procurement options and capacity and will continue to invest in green procurement practices.

A critical milestone was achieved with the review of the National Youth Friendly Health Strategy (2023-2030), and development of the National Youth Investment Plan and of the National Youth Policy. The final draft of the National Youth Policy has been approved by Cabinet. The National Youth Investment Plan was finalized and is planned to be launched together with the National Youth Policy.



STORY

BRIDGING THE PARENT-CHILD COMMUNICATION GAP

Growing up with her grandparents wasn't an easy thing for 16-year-old Mphatso Kayindi from Chikambi village in Chikwawa. Mphatso's grandfather is the chief in the village, and as a guardian of local customs, the community looked up to him to uphold them.

"We grew up in a very strict environment," says Mphatso. "Our grandfather always expected us to be exemplary in everything we do." However, as Mphatso and her siblings grew up, they started questioning some of the rules at home that they felt were unfair to them. During weekends, they were supposed to stay home to do household chores and to study.

"As much as we wanted to do well in class, studying over the weekend wasn't fun at all," she says.

To keep the three teenagers busy, their grandparents would ensure that they had enough chores to last them the whole weekend. But this didn't stop the youngsters from venturing out to have some fun.

A CONFLICT OF TRADITIONS

The trio would scale the fence without the grandparents' knowledge. And all this time, they would be thinking that their grandkids were busy studying. And when the grandparents eventually discovered the truth, a conflict ensued.

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“I was shocked when I learned that the kids were jumping over the fence to go and play football.” says Anne Fabiano, who is Mphatso’s grandmother.

Ms. Fabiano thought that this behaviour was unbecoming. She was worried that if it continued, it would encourage other kids in the community to go against their parents.

“I sat down with Mphatso and her sisters and told them that I wasn’t happy with their behaviour. As an elder sister, she was supposed to be exemplary to her siblings.” says Mrs. Fabiano. “I expected an apology from her, but she just left without saying a word.”

PARENTAL GUIDANCE AND SUPPORT

Since the discovery, the relationship between grandparents and the grandchildren showed no improvement until Ms. Fabiano joined a Parent-Child Communication (PCC) group formed in 2022. The group was established in the village with support from UNFPA under the Swedish funded Safeguard Young People Project.

The Parent-Child Communication group was formed after UNFPA and the Chikwawa District Council noted that there were gaps in communication between adolescent girls, young women and their parents, leading to undesirable outcomes such as high teen pregnancies and child marriages.

Current statistics for the district show that 1 in 3 adolescent girls 15–19 in the district have begun childbearing. Of those, 52 percent gave birth before their 18th birthday.

Apart from addressing the communication gap between parents and their children, the Parent-Child Communication group is also helping the women to openly discuss sociocultural norms, and harmful traditional practices, which are impeding the rights of youth, especially adolescent girls.

Ms. Fabiano is glad that she joined the Parent-Child Communication group. “Times have changed.” she says. “Our children are far more exposed than us. They know things which we didn’t know at their age. It’s important that we also know how they think so that we can build a common understanding on issues.” And for Mphatso, the Parent-Child Communication group couldn’t have come at a better time.

“Since joining the group, my grandmother is now more sensitive to my needs.” she says. “We are now closer than before as I can openly discuss issues such as menstrual health, which in the past she considered a taboo.”

Open communication provides an opportunity for parents to discuss sensitive topics such as substance abuse, peer pressure, and sexuality. By establishing a safe and non-judgmental environment, parents can equip their children with the knowledge, awareness, and skills to make safe and responsible choices.





THE WAY FORWARD

we are working towards the **THREE ZEROS**



**ZERO preventable
maternal death**



**ZERO unmet need
for family planning**



**ZERO gender-
based violence**

ACCELERATION OF THE THREE ZEROS

Following an extensive validation exercise in 2022, the country office reviewed the results and resource framework and scanned for strategic opportunities for strengthening the UNFPA six accelerators to align with the UNFPA global strategic plan for the period 2022–2025. The six accelerators provide a comprehensive framework for UNFPA's work in advancing sexual and reproductive health and rights, and they represent key areas of focus for achieving the Sustainable Development Goals by 2030.

The exercise also includes the critical pathways to achieve the three transformative results i.e., ending unmet need for family planning, ending preventable maternal deaths and eradicating sexual and gender-based violence and harmful practices in the strategic plan as they will remain key priorities for the country office. These ensure alignment of the 9th Country Programme to the UNFPA global strategic plan and reflect national priorities established in the Malawi Vision 2063 and first 10-year implementation plan, ensuring national alignment.

NEW COUNTRY PROGRAMME VISION AND PRIORITIES FOR GETTING TO ZERO

In the process of developing the new Country Programme, the country office will continue engaging with government and non-governmental key stakeholders including the youth and women network and academia, utilising lessons learned from the current cycle, the 8th Country Programme evaluation findings and recommendations. From these, evidence will be drawn for determining the status of the transformative results and setting priorities. Further collaboration and support will be drawn from the Regional Office for refinement of the Country Programme and its required documentation. The donor partners will be engaged at the final stages of the development process before submission to the Executive Board for approval.

LESSONS LEARNT

Financial support in the form of community and survivor revolving funds, girls and women at risk of violence were able to access quality, integrated essential services that include SRH, justice, prosecution, and psychosocial support. This also addresses the challenge of remoteness and long travel distances to pursue justice and access services due to financial barriers like transport to the nearest facility for examination and evidence preservation in cases of sexual violence. Dialogue and engagement of gatekeepers enables community resilience in addressing and challenging and ending harmful social norms such as child marriages.

Youth economic empowerment is key to increasing the uptake of sexual reproductive health and rights and services amongst young people. When young people, especially girls are economically empowered, they have control over their bodies and their lives and can make independent and informed decisions about their sexual reproductive health. Reports from a joint UNFPA/ FAO project have sighted adolescent girls withdrawn from marriages making conscious decisions about their education, livelihood, care for their children, and if and when to have a partner. The evidence generated is key for scalability, which will continue to be concretized by the joint M&E system between UNFPA and FAO.

The use of mobile vans for sexual reproductive health services proved to be a cost-effective model, as it reduced the need for patients to travel long distances to access healthcare. The initiative also helped to decongest health facilities as patients were able to receive services from the mobile vans, reducing the burden on health facilities. By bringing services near to the population, continuity of the use of services is enhanced. The success of the initiative has prompted other health facilities nearby to adopt the use of mobile vans for sexual reproductive health services and information.

Community engagement is critical in demystifying myths surrounding health programs such as school health programs, iron and folic acid supplementation, and sexual and reproductive health services. Through community engagement, we can understand community beliefs and practices, build trust, co-create solutions, develop tailored communication strategies, and promote community ownership with community leaders, mother groups, food committees and members of health centre committees.

Digital technology is transforming how young people access and manage their health. With the use of iPads to access sexual reproductive health information, adolescents can get accurate, age-appropriate information at their own pace and time. Participating classes exhibit a greater understanding of sexual and reproductive health and rights knowledge and information. They feel positive about youth-friendly health services, with health centre reports in participating schools indicating an increase in the numbers of young people ages 10-24 who are accessing youth-friendly services. Teachers also reported digital technologies help to ease their workload.





STORY

USING THE PULPIT TO FIGHT GENDER-BASED VIOLENCE

Hanifu Kasimu was excited when he was deployed to serve in Mlomba village in Machinga district as a Sheikh. However, a few weeks after he arrived, he became so worried about the high incidences of rights violations for women and girls in the area.

Almost every day, he would hear of a case of gender-based violence affecting someone he knew from the village or from his mosque. As a religious leader, Sheikh Kasimu had to do something to help curb the increasing cases of gender-based violence in his community. However, many including seniors in his mosque, were not for the idea.

“At first, I was shocked with their response,” said the 26-year-old Sheikh. “But later I realised that there was still a thin line separating our religion and the local culture. So, it was understandable when many of the elders voiced their concerns that I was bringing social issues not related to our religion in the mosque.”

SAILING AGAINST THE STORM

The opposition didn't dissuade the Sheikh from seeking to change behaviours that encouraged gender-based violence within his mosque and the community. He went on preaching against the vice even though it was fast making him unpopular.



“I remember people had to walk away from the mosque the minute I raised such issues,” he recalls. There was still so much conservatism, and many were not ready to accept that women and girls have the same rights as men and boys.”

The young Sheikh didn't relent. However, as the rift with older members in the mosque became palpable, a solution had to be found. A group of concerned members approached Sheikh Kasimu to have the disagreements resolved. For the Sheikh, the meeting was a perfect opportunity to explain his stance against gender-based violence.

“All they needed was some evidence that I wasn't cooking things in my head but that I was guided by the Holy Quran in my teachings,” he said, adding, “It wasn't easy to convince them, but eventually they were pretty much convinced with my explanations. Now, my prayer was that they also help to change the mindsets of those who were against my teachings.”



RIGHTS TRAINING INSPIRES MORE COURAGE

At 26, Sheikh Kasimu is maybe one of the youngest Muslim clerics in the district. Due to his passion for promoting women and girls' rights, UNFPA through the Spotlight Initiative, funded by the European Union, nominated him to be trained as a male champion.

After the training, the Sheikh came back recharged. He continued to confront some of the well-established traditions such as initiation ceremonies and sexual cleansing, which were negatively impacting the lives of women and adolescent girls.

"Since some of these cultures are deep rooted, it was quite a challenge to convince especially the men folk to forgo them as they were benefiting from them," the Sheikh told UNFPA.

With time, many including those that were against his teachings, started coming to lend him an ear.

"I didn't have much time during prayers to talk about all the issues," he explained. "That's when I decided to form a male group in the village to help me spread the word. Surprisingly, many young people were eager to join me."

MORE MEN TAKE UP THE CHALLENGE

The male group meets every Friday after prayers to discuss issues on gender-based violence, sexual reproductive health, and rights among others.

The male action group also travels to other mosques around the area to share their knowledge on gender-based violence and human rights. "We even get invited to other mosques," said a proud Sheikh Kasimu. "It's something that gives me joy to go and share this knowledge with other people because our religion is sometimes wrongly perceived as one that promotes the oppression of women."

In 2022, UNFPA through the Spotlight Initiative trained 60 male champions. Through the male action groups, 32,894 adolescent boys and young men participated to discuss gender roles, positive masculinity and knowledge on sexual reproductive health and rights.

UNFPA Malawi

Results Achieved 2022



Ensuring rights and choices for all since 1969

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