COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR MALAWI

Second regular session 2023

Comments by Germany	UNFPA country/regional office response to comments
Overall, our assessment of this CPD is that it is very comprehensive and of high quality. We particularly appreciate the focus on the health and well-being of adolescent girls, and their access to SRHR.	UNFPA would like to express appreciation to Germany for the positive assessment and observation. UNFPA remains committed to accelerating efforts in Malawi towards the three transformative results and the health and wellbeing of adolescent girls and their access to SRHR remains a key part of this effort.
Given the CPD's assessment of an "inadequate midwifery workforce" as one of the main drivers of inadequate access/low quality of SRHR services, it would strengthen the document to include more concrete commitments to how this will be addressed, as well as including an indicator on midwifery/health workforce in the results framework.	UNFPA thanks Germany for this comment. The outlined strategy in paragraph 25 (b) of the CPD: "strengthening the capacity, distribution and retention of the midwifery workforce, in line with the International Confederation of Midwives standards" will be further unpacked through annual workplans but will be focussed around a number of strategies including: ● Advocacy with the Government to employ additional midwives and related health professionals to fill the current gaps existing in the MNH workforce. ● Resource mobilisation to support upgrading nurses and midwife technicians to the professional level, by strengthening skills and competencies in line with International Confederation of Midwives standards for quality care. ● Training and certification of more midwives to contribute to an increase in the MNH workforce. ● Mentorship on EmONC and related live-saving obstetric skills for the MNH cadres. UNFPA will measure progress through the annual work plan level in collaboration with the Government and partners. In addition, the progress will be informed by global surveys including the State of World's Midwifery report that takes place every three years.

Comments by United States	UNFPA country/regional office response to comments
Under Programme rationale (point 4 and 6), we recommend using the updated CPR for married women at 64.7% based on the 2020 MICs Report. The MDHS 2015 data can therefore be replaced.	UNFPA thanks the United States for these comments, and notes that both the Malawi DHS and MICS data have been used as sources in the CPD. Where applicable, recent MICS (2019-2020) data have been used (eg: the Total Fertility Rate in paragraph 1). The use of DHS data in certain instances has been agreed with the Government of Malawi for consistency and comparability of data, and to capture trends over time. Furthermore, UNFPA Malawi has supported the Government on the resource mobilisation for undertaking the DHS in 2023-2024, that will sustain comparability of trends and performance, noting that USAID is a major donor in this area. A footnote has been included in paragraph 4 in the CPD with the recent CPR and TFR values based on MICS.
Under Programme rationale on page 2, it states that early sexual debut and pregnancy results from "rites of passage, defilement and rape, among others." Recommend more technically accurate terms then rites of passage and defilement. The emphasis on crime/violence risks may not impede some consideration of unprotected adolescent sexual intercourse which is likely also prevalent.	UNFPA appreciates this comment from the United States, and agrees on the importance of including consideration of a variety of factors that contribute to early pregnancy in Malawi, including unprotected sexual intercourse, which is now included in the CPD through a revision to paragraph 5. The revised sentence now reads: "Adolescent pregnancy is also caused by unprotected sexual intercourse and influenced by poverty and education levels, place of residence, and social and gender norms." Recognising the 9th CPD theory of change and 2018 Traditional Practices Study in Malawi, it is acceptable to use "initiation ceremonies"; accordingly, the text 'rites of passage, defilement' in the CPD has been replaced with 'initiation ceremonies' in paragraph 5. For additional information, see the 2018 Traditional Practices study in Malawi
Under Programme rational on page 2 and again on page 3, we encourage the use of MICs data that is more up to date than DHS, which outlines current family planning data as: The MCPR for married women is 64.7%. The total fertility rate is now at 4.2 based on the 2020 MICS report. Unmet need is 15.4%.	UNFPA acknowledges that the MICs data is more up to date than the available DHS data on family planning, and would like to clarify that where applicable, recent MICs have been used in the CPD. The use of DHS data in certain instances in the CPD has been agreed with the Government of Malawi to allow for consistency and comparability of data, and to capture trends over time.

	As noted above, a footnote has been included in paragraph 4 in the CPD with the recent CPR and TFR values based on MICS.
Under Programme rational on page 3, it states that Malawi has a "lack of a logistic management information system." This is incorrect. There are both OpenLMIS and eHIN.	UNFPA acknowledges the existence of the two mentioned systems in Malawi. UNFPA currently supports OpenLMIS, and will continue to do so in the 9th CPD. However, these platforms along with the DHIS 2 are not interoperable which makes it difficult to anticipate and manage the stockout of commodities. This challenge will be addressed under the country programme quality of care output; as mentioned in paragraph 25 of the CPD "improving reproductive health commodity security, focusing on supply-chain management systems and 'last-mile' assurance". The text in the CPD in paragraph 6 has been amended to refer to "limited interoperability" rather than a lack of such a system. As such, the full sentence now reads: "The provision of high-quality integrated SRHR services is affected by limited funding for commodities, weak supply chain management systems, an inadequate midwifery workforce, weak referral and health management information systems, including the limited interoperability of logistic management information systems, and other health systems challenges. "
Under Programme rational on page 3, it states there is limited funding for commodities, but it's our understanding that the national need has been met through a combination of donors and government contributions.	UNFPA takes note of the comment by the United States on the funding for commodities. With regards to the reference to limited funding, UNFPA would like to highlight the unpredictability in funding for SRHR commodities in Malawi, including family planning commodities. For example, there is no longer available funding from one key donor for commodities and the Health Sector Joint Fund has not allocated commodities funding for the year 2023. It is encouraging that the domestic resource through the Supplies Partnership Compact has increased to $571,000 for 2023, however the allocation is about 19% of the quantifiable gap estimated at $3,000,000 for 2023.
For Output 1 (pg. 5), rather than integrating into policies (there are a lot of policies already incorporating these issues), the focus should be on strengthening operationalization and accountability.	UNFPA appreciates this comment by the Government of the United States, and fully agrees with the feedback. In the 9th CPD, UNFPA is advancing integration at policy planning, programme delivery, monitoring and accountability. On Page 5 paragraph 23 of the CPD, the following strategies

	are outlined to address operational and accountability challenges: (a) advocacy for sustainable and innovative financing (including for domestic financing). Financing is a major limiting factor for translating policies into practice; (b) advocacy for the integration of SRHR, HIV and GBV prevention and response, focusing on adolescents in UHC interventions to ensure equitable delivery of the essential health package; (c) enhancement of stakeholder coordination for policy advocacy and programming; (d) harmonization of sectoral management information systems. This will enhance evidence-based planning and delivery; (e) strengthening data generation, analysis and reporting systems for SRHR, GBV and harmful practices, humanitarian programmes, including administrative sector-based data systems. Again, this will enhance evidence-based planning and delivery; (f) strengthening accountability mechanisms and capacities for resilient health, education and protection systems; (g) operationalization of the National Population Policy as an overarching policy framework; (h) rolling out innovative and digital solutions for evidence-based interventions targeting the populations left furthest behind.
Under Programme priorities and partnerships, on page 4, it describes the HIV situation as extremely bleak and yet Malawi has nearly achieved epidemic control. Malawi has reduced the number of HIV/AIDS deaths by 73 percent and the number of new HIV infections by 41 percent since 2003. The U.S. suggests including the positive news as well in this section.	UNFPA acknowledges the positive changes as it is indicated on page 2 para 4: "The country has also registered remarkable progress in the fight against HIV and AIDS, with the HIV prevalence in the population over 15 years of age decreasing from 10.6 per cent in 2010 to 7.7 per cent in 2023 (NSP for HIV and AIDS 2020-2025)". Despite the achievements in the country, new infections of HIV remain high particularly amongst adolescents and youth and sex workers. In the theory of change of the 9th CPD, UNFPA Malawi looked at all contributing factors which are highlighted (on the CPD page 4,point 9) particularly among adolescents and youth. On page 4 point 16, the CPD mainly indicates strategies to eliminate new sexually transmitted cases of HIV by integrating SRHR/GBV and HIV: "improving the quality and integrated delivery of SRHR, GBV and HIV prevention services by strengthening people-centred delivery systems". This issue is also addressed under output 5 page 7: "...(b) scaling up demand, access and referral of adolescent girls to a comprehensive SRHR package of care,

	including HIV prevention and menstrual health interventions; (c) scaling innovation and digitalization solutions for in-school and out-of-school life skills and comprehensive sexuality education.”
It is exciting to see the integration and strengthening of SRHR and GBV services - what are UNFPA’s plans to integrate or strengthen HIV prevention services as part of SRH? Given the complementarity of UNFPA’s plans with PEPFAR DREAMS programs, recommend this address whether including how and when collaboration with DREAMS programs and partners and in districts where DREAMS is operating?	UNFPA will continue to strengthen SRHR and GBV linkages, development of normative policy and technical guidance on integration along with HIV prevention at national (policies and guidelines), district (integration of SRH, GBV and HIV in district implementation plan including support for provision of basic SRH/GBV/HIV integrated package), community (in and out of school Comprehensive Sexual Education, outreach activities), and individual (self-care interventions which includes HIV self-testing and self-management) levels. As it was discussed during CPD consultative meeting with development partners, on 15 June, UNFPA agreed with USAID and PEPFAR that during implementation of 9th CPD, districts will be mapped to ensure synergies with implementation of the PEPFAR DREAMS programme. UNFPA Malawi appreciates the existing partnership with the USAID, PEPFAR, CDC, and BHA in the country. UNFPA will continue the good practice of monthly meetings with USAID to strengthen our partnership and harmonisation of activities during implementation of the 9th Country Programme. UNFPA will also partner with the Government on the Global Fund adolescent girls and young women programme that covers some districts with an integrated SRH/HIV/GBV package of services.