**FAMILY PLANNING SUB-Committee Meeting**

**1.0 INTRODUCTION**

On Wednesday the 18th of February 2015, Family Planning sub- committee had a family planning meeting at Reproductive Health Department conference room which started at 9:00 am, this time I was not on the invitees emailing list since we asked for an addition to invitation list in April the time Jeevan, Pam and I went to RHD to interview Fannie Kachale. Today the 27th of May I attended the family planning meeting at RHD from 9:00 am but I was privilege to grab more information on the previous meeting of which I was not present because the chairman of this meeting went through some of the things they discussed in the previous meeting for the sake of us who had just joined and she gave us presentations from the previous meetings so that we can understand better and that we should not be left out.

The February meeting commenced at 9:10 am and was chaired by Ms. Mary Phiri from RHD. A volunteer opened with a word of prayer then self-introductions were encouraged. The Chair read through the agenda which the members adopted.

**2.0 REVIEW OF PREVIOUS MEETING & MATTERS ARISING**

Members went through the previous minutes and the following were matters that arose:

**Under AOB**:

* HPP is working with Jesus Ministries and the process is ongoing.
* Need to follow up on IHI; to be invited to the next meeting to make a presentation.
* Map analysis was done by CHAI; partners can still send the details of their work and areas through RHD.
* The website developed by HPP is for all partners working on population development and is yet to be linked to e-government.
* The process for developing YFHS strategic plan has commenced with regional stakeholder meetings to acquire input from partners and relevant stakeholders. The final draft will be ready by April.

 **Action item Chart**:

* JSI has distributed half of the registers and the other half will be finalized in the coming two weeks.
* Item 2: Ms. Diana Khonje was not aware of this action point; to be carried forward.
* Items 3-6 were done.

**3.0 PRESENTATIONS**

**3.1 TFR & CPR in Malawi: Exploring the inconsistencies by Erin McGinn –Futures Project**

The presentation centered on the result findings on a study HPP did to investigate the relationship between TFR and CPR. HPP mathematically estimated Malawi’s TFR using the equations of the Proximate Determinants of Fertility Model, and compare those results with the TFR reported in Malawi’s DHS. The following are the findings:

* Account for women who have never been married but are sexually active; sexually active should be used to measure Cm in the PD equation.
* Fertility reductions occur when the age of marriage and/or the age of sexual debut increase over time. On average, a greater proportion of women were sexually active by age 18 than were married by age 18 across all three surveys.
* The increase in CPR to 46% has been largely gained through the increased use of injectables in Malawi, Rwanda, and Uganda, reflecting a trend toward a skewed method mix throughout the region. In contrast, Zambia has a more balanced method mix, with pills being the most commonly used method, followed by injectables.
* Unmet need for family planning among women in the postpartum period remained high at 26.2 percent in 2010; the proportion of contraceptive users who were breastfeeding, abstinent, or amenorrheic decreased from 35.3 percent in 2000 to 29.6 percent in 2004 and 28.0 percent in 2010.
* Abortion data difficult to obtain in Malawi. Abortion is only legal to save the life of the mother; HPP applied the same rate of increase in abortion rates experienced regionally, to the WHO estimate.
* HPP hypothesized that Malawi’s DHS fertility rates, as measured, may be higher than the true fertility rates and therefore used Bongaart’s Proximate Determinants of Fertility Model to estimate the TFRs. The study team found that the differences between the estimated and observed TFRs are less than half a child, which falls into a reasonable range of variation.

 **Recommendations:**

* Strengthen the integration of FP counseling and services into MCH services.
* Strengthen the FP options of postpartum women.
* Expanding contraceptive choice to all women should be prioritized.
* Promote contraception to both married and unmarried youth.

**Comments**:

* FP services need to be provided to young people younger than 18 because evidence on the ground shows sexual activity starts as early as 9 years old.
* Changing of age of marriage only helps with child spacing but it does not delay child bearing, girls need to stay in school longer to delay marriage and child bearing.
* There is need for collaboration between the Ministry of Health and the Ministry of Education to ensure that the life skills course offered in public schools is comprehensive and age appropriate. FP has already been included in the school curriculum but there is need to train teachers delivering the course.
* The revised school curriculum on life skills which include FP services will be provided to pupils in Form 3 this was a recommendation from the parents and religious leaders that were part of the committee reviewing this. This shows that these groups of people have so much power to change policy hence it is important to work with them at community level to change their mindsets.
* There is a clause in the new Marriage bill which gives leeway to child marriage as it states that children at 15 years old can still get married with parental/guardian consent. Members agreed to issue a statement on this in collaboration with the Safe Motherhood Committee. Members were advised to work with Eye of the Child as they are currently in court appealing for a constitution amendment.
* Members emphasized on the new YFHS strategy being developed to include these issues to provide FP services to young people that are not yet sexually active and without children.

**3.2 Scale-Up COPE for Contraceptive Security in Malawi by Sitingawawo Kachingwe –Engender Health**

COPE stands for Client-oriented, provider-efficient service and it aims to improve the quality of services using easy to use tools to identify issues and empower staff to solve them locally. The new project will in total target 10 districts, 60 facilities from the five zones; the goal is to improve the system’s ability to make contraceptive methods reliably available for use by clients at the facility and community level. The districts are listed below:

Northern Zone: Mzimba South & Mzimba North

Central East Zone: Nkhotakota & Salima

Central West Zone: Lilongwe & Ntcheu

South East Zone: Balaka & Mangochi

South West Zone: Thyolo & Mulanje

**Comments:**

* Members enquired how the 60 facilities were selected to which the presenter replied that the facilities have not been selected yet but the districts will lead in the process with guidance from RHD keeping in mind of the following factors; facilities with high reported stock outs, high unmet needs and CPR.
* Advised not to push the use of one commodity but rather method mix should be encouraged throughout the implementation of the project despite the Ministry pushing for long term methods only.
* Advised to remove Mulanje from the list and replace it with another district after doing an assessment.

**3.3 Banja La Mtsogolo Quarterly Update by Phillimon Kashanga-BLM**

Below is a table showing the achievements of BLM for the last two quarters of 2014:

|  |  |
| --- | --- |
| Jul-Sep 2014 | Oct-Dec 2014 |
| Service | Total | Service | Total |
| MSL (TL) | 17227 | MSL (TL) | 11,380 |
| MSV (Vasectomy) | 37 | MSV (Vasectomy) | 37 |
| IUD (Other) insertion | 3714 | IUD (Other) insertion | 3,129 |
| Injectable - 3 month | 51429 | Injectable - 3 month | 33,213 |
| 3 Year implant insertion | 17383 | 3 Year implant insertion | 10,841 |
| 4 Year implant insertion | 299 | 4 Year implant insertion | 557 |
| 5 Year implant insertion | 29657 | 5 Year implant insertion | 22,474 |
| Pills  | 21582 | Pills  | 12,666 |
| Condoms  | 383021 | Condoms  | 841,918 |
| Emergency contraception  | 232 | Emergency contraception  | 1,101 |
|  |  |  |  |

**Comments:**

* A member enquired why service uptake for all except condoms went low between the two quarters to which the presenter replied that it has been noticed that it’s a yearly trend for the last two quarters and they think its attributed to the commencement of the planting season since people go the farm in the early morning hours and come back late afternoon hence they don’t attend clinics as they normally would. There are plans to change the clinic times from morning to afternoon during this period to cater for these clients.
* BLM also indicated that they had a major challenge of participants not attending trainings and workshops because of the new DSA policy; Ms. Vero Chirwa from USAID said she will share the summarized policy briefing and emphasized that the policy clearly states that meetings happening in major cities should be on full board but not the rest of the districts as they know that it is not easy to find proper accommodation in other areas and also that the meeting should be held in the area where most participants are coming from and participants from within the area can only get lunch allowances and not accommodation.

**3.4 Malawi Health Equity Network Activities under RMNCH-I by Rosemary Kambewa-MHEN**

The presentation highlighted on the background of the organization, mission and vision. In addition the presenter underlined the activities they are implementing using the membership base of the network, one of which is the RMNCH campaign. The campaign aims to increase demand for RMNCH services with focus on FP services. The districts were the campaign is being implemented are; Karonga, Salima, Dedza, Mangochi and Chiradzulu. The project has faced a couple of challenges one of which is the hiring kabaza men to act as husbands for pregnant women during their first antenatal visit at Koche health center in Mangochi district. MHEN asked the members to advice on how to tackle this issue.

**Comments:**

* RHD was tasked to contact Mangochi DHO on the issue and clearly communicate with the staff at Koche health centre that the bringing of husbands to antenatal visits is not a must it was merely a deliberate mechanism to help increase male involvement in ANC.
* Members agreed this was a communication issue and HEU need to be invited to the next meeting to further discuss the matter.

**3.5 FP 2020 Update by Vero Chirwa –USAID**

The in country TWG meets every last Friday of the month and it is jointly coordinated by UNFPA and USAID. The ministry is a member of the TWG through RHD and the focal person is Ms. Jean Mwalabu. The next meeting is scheduled for February 27th at USAID offices. Currently UNFPA has recruited a consultant whose contract is yet to be finalized and will commence work on March 1.

**3.6 Expanding effective contraceptive options (EECO) Project by Yamikani Ngongonda-PSI**

The project’s goal is to support the introduction of new technologies and approaches to meet the needs of women and girls throughput their reproductive health life cycle. The project plans to introduce five new products through PSI/Malawi’s social franchise and social marketing sites. The products include: the woman’s condom, progering, NES/EE ring, diaphragm and gel. The project is being supported by USAID and SIDA and will initially roll out in Blantyre and Lilongwe.

**Comments:**

* Members enquired how different the project was from previous projects that have been implemented before on the same to which the presenter responded that the project is research based and is responding to the needs of the clients, the research was done by PATH and improvements have been made to the products and pre testing was done too. He further added that the products will be socially marketed and the prices have been subsidized by the partners to make them affordable.
* Members commended PSI for this project as they all agreed that there is need for more brands for female condoms to increase uptake. RHD was advised to assist in the promotion and awareness of the products.

**3.7 Global female condom conference by Mary Phiri-RHD**

The conference was held in Zambia from 2nd to 6th December, 2014 and brought together over 100 delegates representing 20 countries from Africa, Europe, South/Latin America and the Caribbean Islands. Africa was represented by the hosts Zambia, Botswana, South Africa, Swaziland, Malawi, Kenya, Uganda, Togo and Zimbabwe. Delegates were drawn from UNFPA, Ministry of health and other implementing partners who have successfully implemented the female condom program. Malawi being identified as a good example of a country that has successfully managed to implement that female condom programming was invited to give their experience and technical assistance. The main outcome of the conference was the establishment of a community whose vision is to achieve universal access and use of FCs for all sexually active women, men and youth by 2020. Malawi delegates also came up with a Plan of Action to be incorporated in to the Joint MOH-UNFPA plan for 2015. The members also changed the FC slogan to “A powerful tool for triple action.”

**Comments:**

* Members said the new slogan was misleading as HIV/AIDS is an STI.
* Mary was advised to link up with partners in the communication sector to include messaged on FC to increase uptake.

 **4. O RHD UPDATES**

* UNFPA is printing 1000 Kulera( family planning) flip charts and SSDI has supported the printing of 1000 more flipcharts which will be distributed HIS.
* EC survey is being finalized this Friday February 20; 250 facilities have been visited including CHAM and, government facilities and training institutions.
* RHD is conducting trainings on LARC with support from UNICEF under RMNCH-I to be done in 18 districts.
* A communication strategy framework meeting took place end January with the aim of orienting members on how to effectively communicate on the side effects of commodities.
* Next Generation Implant ToTs will commence from 2nd March with 10 participants from government, 5 from PSI and 5 from BLM. The government participants will be supported by PSI.
* YFHS strategy development is underway with regional consultations scheduled for the following weeks update. The exercise will also review training materials including YFHS national standards guideline during the first week of March; a consultant is yet to be recruited for the latter.
* SRH/MCH Sub Cluster has plans to set up tents at camps to provide comprehensive SRH information and services.
* Safe Motherhood Sub Committee meeting is scheduled for tomorrow at CHAI conference room, 9am.
* The Malawi government with leadership from the Ministry of Gender, Social & Children Welfare is attending the 9th CSW session in New York. The team is currently working on a national report on the status of women’s health in Malawi as this year’s theme is Beijing platform and Plus B. Mary will share the finalized report with members.

**5.0 AOB & Summary of Action Points**

**5.0 AOB was as follows:**

* To be tabled at the next Safe Motherhood subcommittee meeting; update on the incorporation of SMI into MoH as the former is still operating as a separate entity and still using part of government’s funds.
* On Dedza district facing stock outs AHS was advised to work with HSAs as they are currently responsible for giving feedback at district level.
* Ms. Mary Mpinda is currently serving notice at Christian Aid, a new staff member; Emmanuel Kanike will need to be added to RHD contacts.
* Programmers were urged to build better trusting relationships with communities they are working in.
* Umba to circulate the presentations made at the meeting.

**6.0 Action Points: Below is a summary of the action items agreed from the meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Action Item**  | **Responsible Person** | **Deadline** | **Progress**  |
| 1 | Circulate presentations done at the meeting  | Umba |  |  |
| 2 | Liaise with FP partners in communication to increase uptake of FC  | RHD-Mary  |  |  |
| 3 | Invite HEU to the next sub committee meeting | Umba |  |  |
| 4 | Contact Mangochi DHO to enquire about the husband hiring issue  | RHD-Mary |  |  |
| 5 | Share the Malawi report for women’s health to be presented at CSW  | RHD-Mary |  | Done |
| 6 | Share summarized DSA policy with partners  | Vero |  |  |
| 7 | Members to issue statement at Safe Motherhood Sub Committee Meeting on the new marriage bill clause on marriage with consent from parents & gurdians at 15 years  | RHD-Mary  |  | Done.A presentation was done at the SMSCM; Eye of the Child won the court case, the constitution is to be ammended therefore the lause in the bill is invalid.  |
| 8 | New Engender program to select another district replacing Mulanje  |  |  | Done. Chikwawa has replaced Mulanje.  |

**7.0 Date of Next Meeting & Closing Remarks**

The meeting was closed at 12:55pm and a volunteer offered a closing prayer. The next meeting date was scheduled for May 20th but it was shifted to today the 27th of May 2015, I do not know the reasons for changing the dates.

**8.0 OVERALL REFLECTIONS**

Looking at the presentations and comments people made it seems some people still do not understand the concept behind various family planning methods, especially from the rural areas.

**9.0 LIST OF THE ABBREVIATIONS THAT ARE IN THIS REPORT**

**FP:** Family Planning

**MHEN:** Malawi Health Equity Network

**HPP:** Health Policy Project

**YFHS:** Youth Friendly Health Services

**JSI:** John Snow Incorporated

**TFR:** Total Fertility Rate

**CPR:** Contraceptive Prevalence Rate

**IHI:**

**DHS:** Demographic Health Survey

**DSA:** Daily Subsistence Allowance

**RMNCH:** Reproductive Maternal Neonatal Child Health

**ANC:** Ante Natal Care

**HEU:** Health Education Unit

**TWG:** Technical Working Group

**EECO:** Expanding Effective Contraception Options

**SIDA:**

**NES/ EE:**

**PATH:**

**STI:** Sexually Transmitted Infections

**LARC:** Long Acting Reversible Contraceptives

**ToT:** Training of Trainers

**CSW**: Social and Children Welfare

**SMI:** Safe Motherhood Initiative