

## **Implementation of the September 2010 Munyonyo Parliamentary Meeting Resolutions and Reporting on Parliamentary Work to Advance FP/RH: The case of Malawi**

### **Country Progress**

- 1) Malawi is enjoying political will on issues regarding Family Planning and Reproductive Health. Notably, among other interventions, the First Lady of the Country is tasked to coordinate issues regarding safe motherhood which encompasses Family Planning and Reproductive Health. The issues therefore have visibility.
- 2) The numbers of women accessing Family Planning services has dramatically increased in recent years and currently stand at about 41% of reproductive women.
- 3) Family Planning and Reproductive Health are part of the agenda for the country's development programmes and this is reflected in Malawi's Growth and Development Strategy paper, a guide for the country's development path.
- 4) Budgetary allocation to the health sector is high accounting for about 15% of the national budget.
- 5) The leadership of the Malawian Parliament is giving adequate support to the Committee on Health and Population, in particular on the furtherance of its activities.
- 6) Family Planning and Reproductive Health are part of the agenda for the Committee on Health and Population. With adequate funding, more can be done in as far as oversight of Government is concerned.
- 7) Interaction with Civil Society Organisations is high, especially the Malawi Health Equity Network (MHEN). The discussions have included the rights of women in Reproductive Health issues. More can still be done to enhance this with many other stakeholders.
- 8) Furthermore, there is also a separate Committee on HIV and AIDS which is overseeing policy implementation regarding the integration of health services, for example Family Planning and HIV and AIDS services.
- 9) The Committee, through budget tracking as well as briefings by the Ministry of Health on budget estimates, lobbies for adequate resources to deal with Reproductive Health.
- 10) Maternal Mortality Rate remains high at 675 deaths per 100, 000 births. More work needs to be done in this area to reach required targets of 150 by 2015.

## **Achievements**

- 1) Large scale up in the training of medical personnel
- 2) High budgetary allocation to the health sector
- 3) Success in reduction of the goal of reducing child mortality
- 4) Increased usage of Family Planning (Approximately 41%). However more rural women need to be taken on board

## **Challenges**

- 1) More resources are needed. The Family Planning programme remains donor dependent
- 2) More rural women need to be accessed in Family Planning
- 3) Sustainability of good salaries for health workers remains a challenge in view of donor fatigue. More resources are needed