**Financing Family Planning Activities Using Domestic Resources at District Level in Malawi**

**Background**

Malawi’s Costed Implementation Plan for Family Planning (CIP) guides family planning (FP) programming in Malawi, and seeks to increase domestic financing for FP at national and district level.[[1]](#footnote-1) In Malawi, decentralization gives District Councils the mandate to develop budgets that reflect local priorities, including determining which FP activities are implemented annually. Councils are critical in earmarking resources for FP activities and reducing partner and donor dependency. This abstract describes the processes, impacts and lessons learnt from an advocacy intervention carried out by the USAID-funded HP+ project, in collaboration with the Reproductive Health Directorate (RHD) in the Ministry of Health aimed at integrating the CIP into the District Improvement Plans (DIP) in four districts in Malawi.

**Objectives**

To test advocacy approaches to increasing government financing FP activities at the district level.

**Methods**

RHD and HP+ followed a multi-stage approach through national and zonal consultative workshops to prioritize FP activities to be programmed in Malawi. HP+ and RHD then focused on four selected districts, where additional workshops provided evidence on status of sexual and reproductive health and FP in the district based on national surveys such as MICS and MDHS; and building advocacy skills of district teams, which comprised members of the District Health Management Team, FP focal person, youth-friendly health services coordinators, and DIP coordinators. They prioritized high impact activities for changing sexual and reproductive health outcomes in the district. HP+ conducted a follow-up workshop to assess progress and to provide technical assistance. After completing the DIPs and the approval of budgets, a review meeting was conducted to review the advocacy process.

**Findings**

District FP coordinators were better advocates to key decision makers on the importance of FP for achieving district objectives. Machinga was the only district that allocated FP funds in their government budget, even though the district had a reasonable number of partners supporting FP activities compared to the others.

**Conclusion**

The district health budgets lack resources generally, and district leaders prioritise curative over FP (preventative) services. FP activities are left to donors to support. In response, HP+ has expanded its advocacy scope to target the district councils, with the hope of influencing an increased allocation to health in the overall budget, so that it reasonably covers a range of health needs, including FP.

1. Malawi FP Costed Implementation Plan Pg 29 [↑](#footnote-ref-1)