GOVERNMENT OF MALAWI

PRIORITIZATION OF FAMILY PLANNING INTERVENTIONS AT NATIONAL AND DISTRICT LEVELS FOR 2018–2020

ADDENDUM TO THE 2015 MALAWI COSTED IMPLEMENTATION PLAN FOR FAMILY PLANNING, 2016–2020

February 2019

Foreword

The Government of Malawi accords high priority to the promotion and practice of family planning as one of the ways of improving the quality of life of its people. Malawi, along with several countries in Africa, made Family Planning 2020 (FP2020) commitments during the Family Planning London Summit in July 2012 to achieve a modern contraceptive prevalence rate of 60 percent by 2020 for all women, with a focus on reaching the 15–24-year age group.

To ensure that the FP2020 commitments are met, the *Malawi Family Planning Costed Implementation Plan, 2016–2020* was developed. This national plan details actions to achieve Malawi's vision and goals to improve the health and well-being of the country's population. It provides direction for Malawi's family planning programme, ensuring that all components of a successful programme are addressed and budgeted for government and partner buy-in.

The *Malawi Demographic and Health Survey 2015-16* indicates that 59 percent of married women use family planning methods, while only 46 percent of all women of childbearing age use contraceptives. While unmet need has been decreasing over the years, there is variation by region and background characteristics. Unmet need for family planning among women age 15–24 is 13.4 percent; if all women who want to space or limit their pregnancies were to use a family planning method, the contraceptive prevalence rate would increase to 61 percent. Within a resource-constrained environment, the Government of Malawi's efforts, and those of its partners, need to be strategic and targeted to better reach all women, including those aged 15–24, with information and services.

In 2018, the Ministry of Health and Population – Reproductive Health Directorate, with support from Track20 and the U.S. Agency for International Development-funded Health Policy Plus project, applied the FP Goals model. The model was used to determine country-specific priority interventions that will have the greatest impact on increasing demand for and use of high-quality family planning services across districts.

This addendum to the *Malawi Family Planning Costed Implementation Plan (2015-2020)* defines the priority interventions and key acceleration districts—Blantyre, Likoma, Lilongwe, Machinga, Mangochi, Mzimba, Nkhatabay, Nkhotakota, Nsanje, Salima, and Zomba—for maximized gains. Following this strategic, prioritized approach will help Malawi achieve more equitable growth in the modern contraceptive prevalence rate as the country strives towards its goals.

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Background

In 2018, Malawi's Ministry of Health and Population (MOHP) Reproductive Health Directorate convened family planning partners to take stock of progress made to date on the country's national family planning programme and to decide how to accelerate progress towards achieving commitments made at the 2012 London Summit on Family Planning. One of the key Family Planning 2020 commitments made by the country during the London Summit was increasing the modern contraceptive prevalence rate (mCPR) among all women to 60 percent by 2020. Malawi's 2015 *Costed Implementation Plan for Family Planning, 2016–2020*, is a comprehensive roadmap on how to achieve this.[1] However, to date, the costed implementation plan (CIP) has not been fully resourced. In 2018, the MOHP, donors, and family planning programme partners identified opportunities to focus resources and programme efforts over the next two years in order to meet their goal.

To guide these discussions, stakeholders applied the FP Goals model, with support from Track20 and the Health Policy Plus project, funded by the U.S. Agency for International Development. Application of the model was led by the MOHP and included significant input from stakeholders at the national, zonal, and district levels. The FP Goals model uses demographic data, family planning programme information, global evidence of the effectiveness of diverse family planning interventions, and other information collected from stakeholders and implementing partners. The model can help decision makers set realistic goals and prioritize investments across different family planning interventions.

The model application process was initiated in February 2018, establishing a baseline of family planning intervention coverage for every district in Malawi and the country as a whole. The data from each district were then analyzed to estimate district potential to contribute to the national goal of increasing mCPR to 60 percent among all women. Programme intervention areas were also analyzed to assess their capacity to contribute to increasing the national mCPR. Stakeholders used these data to identify CIP strategies that will have the greatest impact on increasing demand for and use of high-quality family planning services and to identify districts that should be prioritized for funding that becomes available to support these interventions.

Priority Interventions

Malawi's family planning programme already serves millions of clients wanting to delay, space, and limit childbearing. Over three times as many women in Malawi are using modern contraceptive methods compared to those who still have an unmet need for family planning. Malawi's current success in family planning programming and contraceptive uptake means that further mCPR growth will be slow (one percentage point per year would be considered strong growth). This is known as being at the top of the "S-curve."[2] Countries at this stage need to be focused on providing equitable access, improving service quality, expanding the method mix, and ensuring the sustainability of the programme. As such, the highest priority for Malawi's family planning programme is to ensure **continuation** of comprehensive family planning programming in all districts.

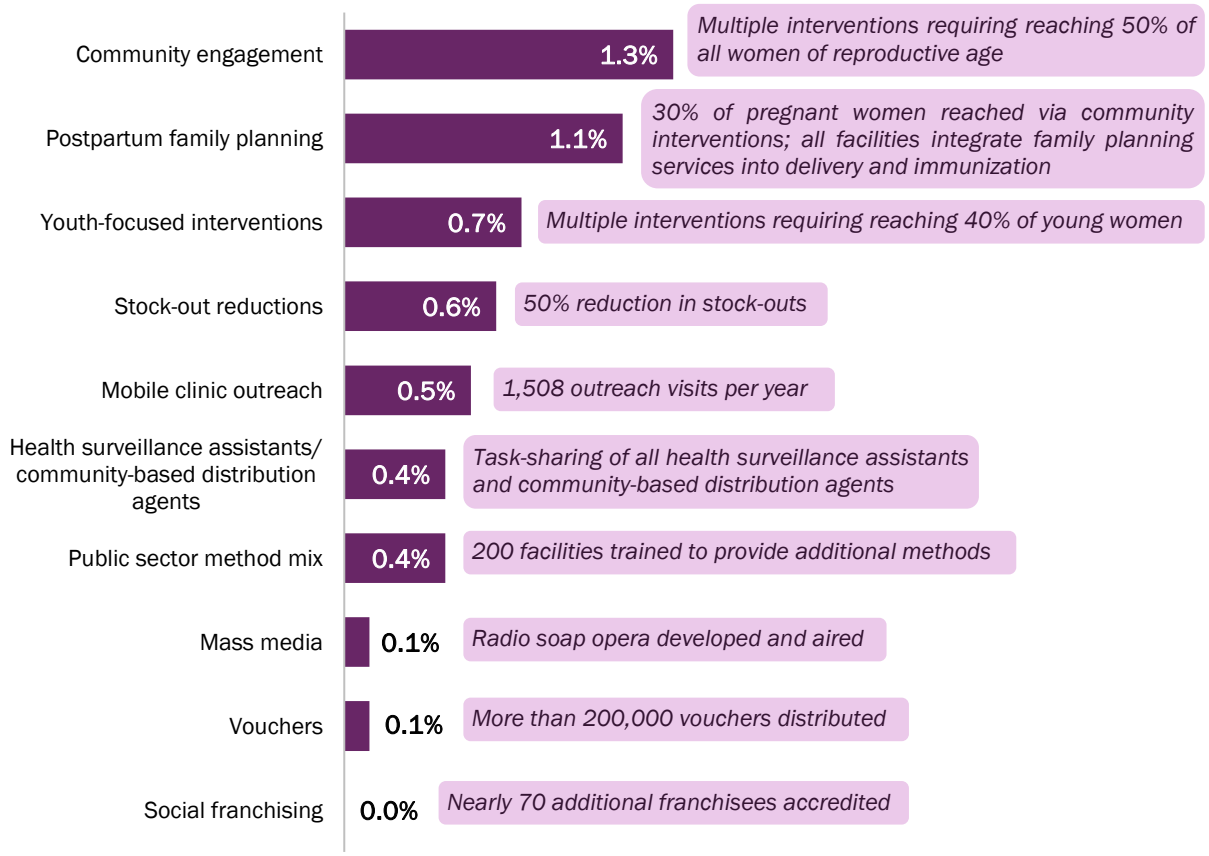
Some acceleration of Malawi's mCPR growth can be achieved through additional targeted interventions. During a workshop held in May 2018, stakeholders reviewed evidence-based,

[1] The costed implementation plan is available at: https://www.healthpolicyproject.com/ns/docs/Malawi_CIP_FINAL.pdf.

[2] For more information about the "S-curve" see: Track20, 2018, *Exploring Opportunities for mCPR Growth in Malawi,* available at: http://www.track20.org/download/pdf/2018%20Opportunity%20Briefs/english/Malawi%20FP%20Opportunity%20Brief.pdf.

high-impact family planning interventions covered by the FP Goals model. These ranged from supply-side interventions (e.g., services delivery, systems strengthening), to demand-side interventions (e.g., community engagement, mass media). Each was examined to determine what impact scaling up the intervention might have on mCPR within the country context, assuming full implementation of scale-up as defined within the CIP. The FP Goals model application predicted that for Malawi at its current stage of family planning programming, scaling up community engagement and postpartum family planning would have the largest impact on mCPR, followed by providing more youth-focused interventions, reducing commodity stock-outs, and increasing mobile clinical services (see Figure 1).[3] Based on these results and discussions about the level of effort it would take to achieve scale-up for different intervention areas, the MOPH and partners agreed that some interventions should remain at their current level of effort. These interventions include supporting health surveillance assistants and community-based distribution agents, expanding the method mix offered in the public sector, and using social franchising, vouchers, and mass media to encourage family planning service uptake. (See Annex 1 for additional information about the FP Goals model and the interventions that were modelled.)

Figure 1. Increase in mCPR from 2018–2023 Based on Full Implementation of the CIP

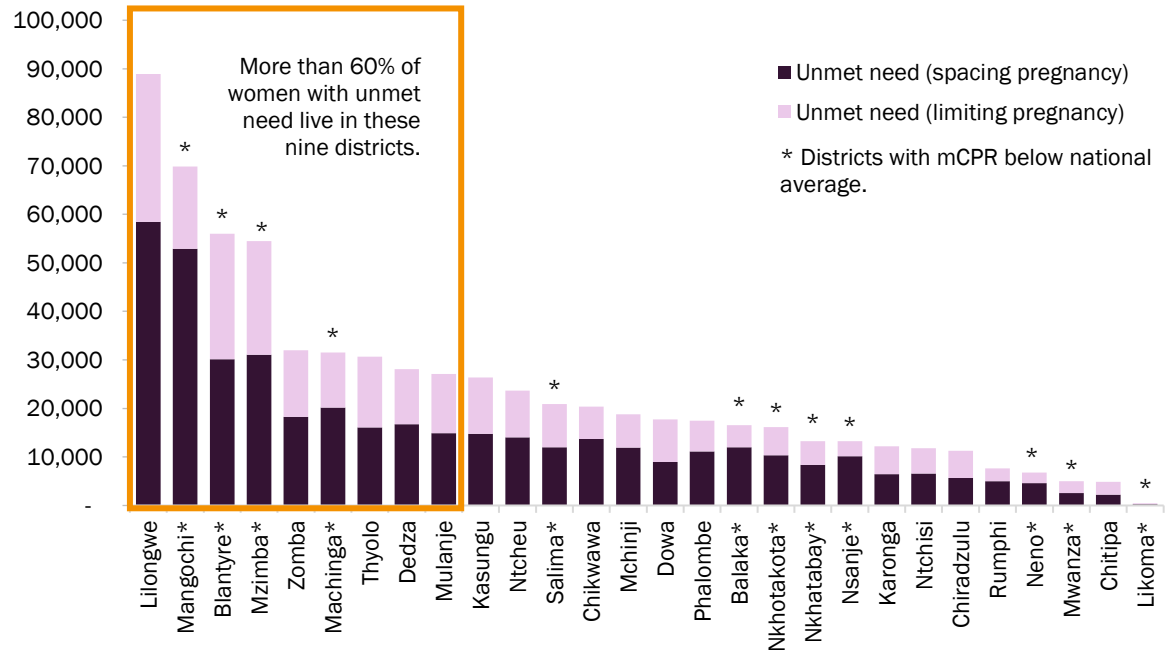


[3] Postpartum family planning is the prevention of unintended or closely spaced pregnancies through the first 12 months following childbirth. There are a range of postpartum family planning interventions available from integrating family planning counseling into antenatal care visits to help women plan for the postpartum period to offering family planning methods immediately after birth (such as intrauterine devices, tubal ligation, or vasectomy for the father) to integrating family planning services into well-baby and immunization visits. In most districts, integration of postpartum family planning into delivery services is already fairly high, however, integration into immunization services is very low or non-existent. As such, Malawi should expand its postpartum family planning programming to the antenatal and postnatal care settings in order to expand its impact.

District Prioritization

The national results hide a large variation in impact across districts due to differences in demographics, baseline contraceptive use, and service delivery infrastructure. Focusing on these differences by district can help identify missed opportunities for growth among districts falling below the national mCPR and ensure efforts in Malawi are well prioritized. Furthermore, absolute impact needs to be considered alongside relative impact; for example, due to population size, some districts with higher mCPR also have higher numbers of women with unmet need. Figure 2 illustrates the absolute number of women with unmet need for family planning to either space or limit pregnancies; districts with an asterisk have an mCPR below the national average.

Figure 2. Unmet Need for Family Planning in Malawi, by District



Sources: National Statistical Office (NSO) and ICF. 2017. *Malawi Demographic and Health Survey 2015-16*. Zomba, Malawi, and Rockville MD, USA: NSO and ICF; and United Nations Population Division. 2017. *2017 Revision of World Population Prospects*. Available at: https://population.un.org/wpp/.

These data have helped stakeholders to identify and designate a select number of districts as **acceleration** districts, where additional funding available for family planning programming could be used to further increase mCPR by 2020. Acceleration districts are based on two criteria:

- **Low levels of contraceptive use.** This criterion focuses on districts falling below the national average on multiple indicators, including mCPR (indicated with an asterisk in Figure 2) and contraceptive use among married youth, unmarried sexually active youth, and postpartum women. Eight districts were prioritized based on this criterion for scale-up of interventions to increase both demand generation of family planning and access to family planning across all applicable populations.
- **Absolute number of young people with unmet need for contraception.** An additional three districts were prioritized for youth-focused interventions. These districts already perform near or above the national average, in terms of contraceptive use (overall and among the select subpopulations), but, due to their size, also include a large share of married and unmarried sexually active young women with a current unmet need for family planning.

The acceleration districts, and their target areas, are identified in Figure 3. The remaining 17 districts should continue to receive support for family planning activities at current levels, as reducing these interventions could lead to decreases in access to and information on family planning, ultimately resulting in an overall national decline in mCPR.

Most districts in Malawi should be considered **continuation** districts—the family planning programme needs to keep doing what it is doing to maintain momentum.

Eleven districts are designated **acceleration** districts, where any new funding should be directed to specific interventions to achieve added impact.

Based on the FP Goals modelling, each acceleration district should focus more effort and resources on specific interventions to maximize opportunities to increase their district's mCPR. Figure 3 lists the top three interventions that should be prioritized to see the greatest impact on mCPR growth in the acceleration districts. The percentages shown indicate estimated additive value to mCPR over five years (Annex 2 provides estimated additive values to mCPR for seven of the interventions modelled). In addition, the three districts prioritized for youth-focused interventions—Blantyre, Lilongwe, and Zomba—should focus on interventions that address the needs of both married and unmarried sexually active young women. The interventions should be designed to address each district's context and consider both demand- and supply-side factors.

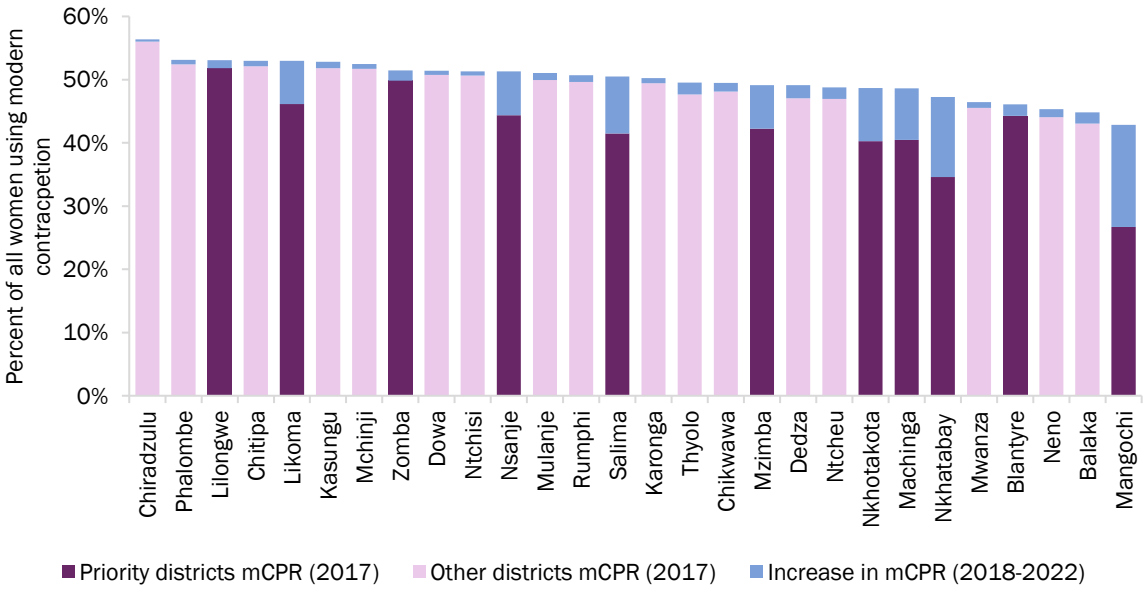
Figure 3. Priority Districts and Interventions (with Estimated Additive Value to mCPR over Five Years for Each District)

District	Intervention 1 (% additive value to mCPR)	Intervention 2 (% additive value to mCPR)	Intervention 3 (% additive value to mCPR)
Blantyre	Youth-focused interventions* (0.6%)	N/A	N/A
Likoma	Mobile clinical outreach (2.7%)	Expand method mix in public sector (1.2%)	Postpartum family planning (1.2%)
Lilongwe	Youth-focused interventions* (0.6%)	N/A	N/A
Machinga	Postpartum family planning (2.8%)	Mobile clinical outreach (1.8%)	Community engagement (1.4%)
Mangochi	Postpartum family planning (7.9%)	Mobile clinical outreach (2.3%)	Community engagement (2.0%)
Mzimba	Postpartum family planning (2.2%)	Community engagement (1.5%)	Mobile clinical outreach (1.2%)
Nkhatabay	Postpartum family planning (5.3%)	Mobile clinical outreach (3.4%)	Community engagement (1.8%)
Nkhotakota	Mobile clinical outreach (2.8%)	Postpartum family planning (2.6%)	Community engagement (1.3%)
Nsanje	Postpartum family planning (2.6%)	Expand method mix in public sector (1.3%)	Community engagement (1.2%)
Salima	Postpartum family planning (3.2%)	Mobile clinical outreach (2.9%)	Community engagement (1.4%)
Zomba	Youth-focused interventions* (0.8%)	N/A	N/A

* Interventions for married and unmarried youth.

Using a prioritized approach will help Malawi achieve more equitable mCPR growth as the country strives towards its goals. If programming efforts are concentrated in priority districts currently lagging in contraceptive use, contraceptive use should rise in each district over the next five years to bring them in line with the rest of the country (see Figure 4).

Figure 4. Projected mCPR Increases by District, if Priorities are Implemented



Next Steps and Recommendations

The FP Goals model predicts that if adequate resources are provided to support the priority interventions, Malawi can expect to achieve an mCPR growth rate of 0.7 percent per annum among all women, from 45.7 percent in 2017 to 48.1 percent in 2020 and 49.4 percent by 2022. Government, donors, and implementing partners now need to align their family planning activities and work plans to accommodate the priority interventions and acceleration districts identified in Figure 3. In order to do this, the following immediate actions are recommended:

Next Steps

- Orient and capacitate family planning coordinators to implement these priorities in their districts
- Hold an annual work plan harmonization meeting among family planning stakeholders
- Monitor implementation of priority interventions

- **Disseminate the addendum and plan activities with family planning coordinators.** As custodians of the family planning programme in each district, it is important to make all family planning coordinators aware of the priority interventions. In the prioritized **acceleration** districts, it is particularly important that these coordinators are empowered to understand how the execution and scale-up of these interventions at the district level will contribute to achieving Malawi's national goal and commitments. Further, family planning coordinators will need to look at population and facility data from existing programmes and partners in their districts to inform activity planning that will lead to achieving the desired intervention coverage. Planned activities can be found in the *Malawi Costed Implementation Plan*

for Family Planning, 2016–2020, and should reflect family planning high-impact practices.[4]

- **Coordinate with partners.** An issue that emerged during the application of the FP Goals model was the need to improve partner coordination at the national and district levels. Partners recommended holding an annual meeting as part of the work planning process at the national level, so they could share their plans for family planning activities with the MOHP and with each other. Each partner would report what they are doing and where and identify opportunities to better collaborate on or align with activities being conducted by other partners. Partners recommended holding quarterly family planning technical working group meetings at the district level in order to bring together all family planning partners operating in the district and to ensure maximum coverage of traditional authorities within the district.

- **Monitor the execution of priority interventions.** In order to ensure progress is made towards the desired outcomes, it is critical to conduct routine monitoring over the course of the next two years. Two types of monitoring are recommended: routine monitoring, to track processes needed to achieve target intervention coverage, and strategic monitoring, which will track actual progress towards each outcome indicator. Routine monitoring can be integrated into quarterly supervision by the Central Monitoring and Evaluation Division or into other monitoring activities conducted by implementing partners and the Reproductive Health Directorate. Strategic monitoring data is discussed at quarterly family planning technical working group meetings to review input indicators and identify bottlenecks, while the annual Track20 consensus meeting provides a forum for discussing progress towards key outcomes. It is important for the MOHP and its partners to use these meetings to improve collaboration and coordination of activity implementation.

[4] High impact practices are "a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format." More about high impact practices, including a list of family planning practices is available at www.fphighimpactpractices.org/.

Annex 1: FP Goals Model

The FP Goals model, developed by Avenir Health's Track20 project, is designed to improve strategic decision making. The model combines demographic data, family planning programme information, and evidence of the effectiveness of a wide range of family planning interventions to project the increase in modern contraceptive prevalence rate that would result from scaling up different sets of interventions. More about the Family Planning Goals model is available at: http://track20.org/pages/our_work/innovative_tools/FPgoals.php.

In Malawi, the model was developed by district, drawing on a wide range of data sources to represent the current situation within the country. Data sources used include the *Malawi Demographic and Health Survey 2015-16*, the 2017 United Nations Population Division population projections, the United Nations Population Fund Facility Survey (2016), the District Health Information System version 2, and partner reports. Scale-up scenarios were generated based on existing priorities within the Malawi costed implementation plan and consultations with stakeholders. A number of different scenarios were generated and discussed before agreeing on the prioritized results shown in this document.

Further Explanation of Family Planning Interventions Modelled

Intervention Area	Scale-Up in Acceleration Districts
Expand method mix in the public sector	All facilities provide a range of family planning methods (pills, injectables, intrauterine devices, and implants) if not already doing so
Postpartum family planning	All facilities integrating postpartum family planning into delivery and immunization services; at least 30 percent of the population covered through community-based postpartum family planning activities
Mobile clinical outreach	At least 20 percent coverage of the population through mobile services
Stock-out reductions	At least 50 percent reduction of stock-outs
Promote family planning via mass media	At least 50 percent of the population is reached/covered through radio-based communication programming
Comprehensive community engagement	At least 50 percent of women reached via comprehensive community engagement activities
Youth-focused interventions	At least 25 percent of married youth reached via multicomponent interventions with youth-friendly health services and 15 percent of married youth reached via curriculum-based interventions At least 25 percent of unmarried youth reached via multicomponent interventions with youth-friendly health services and 15 percent of unmarried youth reached via curriculum-based interventions

Annex 2: Interventions and the Estimated Additive Value to mCPR Over Five Years for Each Acceleration District

District	Expand Method Mix in Public Sector	Postpartum Family Planning	Mobile Clinical Outreach	Stock-Out Reductions	Mass Media	Comprehensive Community Engagement	Youth-Focused Interventions	Total Increase
Blantyre	0.4%	n/a	n/a	0.8%	n/a	n/a	0.6%	1.8%
Likoma	1.2%	1.2%	2.7%	0.6%	n/a	1.1%	n/a	6.8%
Lilongwe	0.2%	n/a	n/a	0.4%	n/a	n/a	0.6%	1.3%
Machinga	0.1%	2.8%	1.8%	0.6%	0.6%	1.4%	0.9%	8.2%
Mangochi	1.0%	7.9%	2.3%	0.8%	1.2%	2.0%	1.0%	16.2%
Mzimba	0.6%	2.2%	1.2%	0.8%	n/a	1.5%	0.7%	6.9%
Nkhatabay	0.9%	5.3%	3.4%	0.7%	n/a	1.8%	0.6%	12.6%
Nkhotakota	0.9%	2.6%	2.8%	0.8%	n/a	1.3%	n/a	8.4%
Nsanje	1.3%	2.6%	1.0%	0.6%	0.2%	1.2%	n/a	6.9%
Salima	0.6%	3.2%	2.9%	0.7%	0.1%	1.4%	n/a	9.0%
Zomba	0.3%	n/a	n/a	0.5%	n/a	n/a	0.8%	1.6%

Note: Shaded cells are the prioritized interventions for each district. Estimates were produced by the FP Goals model.