

Malawi's Rising FP Program: Lessons from Integrating FP & Maternal & Child Health

Dr. Chisale Mhango FRCOG

Session Outline

1. History of Programme

1. Defining and packaging Family Planning services

2. Strategy

1. Meeting demand for services
2. Responding to research findings

3. Facilitating Factors

1. The role of Policy Makers e.g. Parliamentarians

4. Challenges

1. Lessons on response
2. Delivery options

5. Way Forward

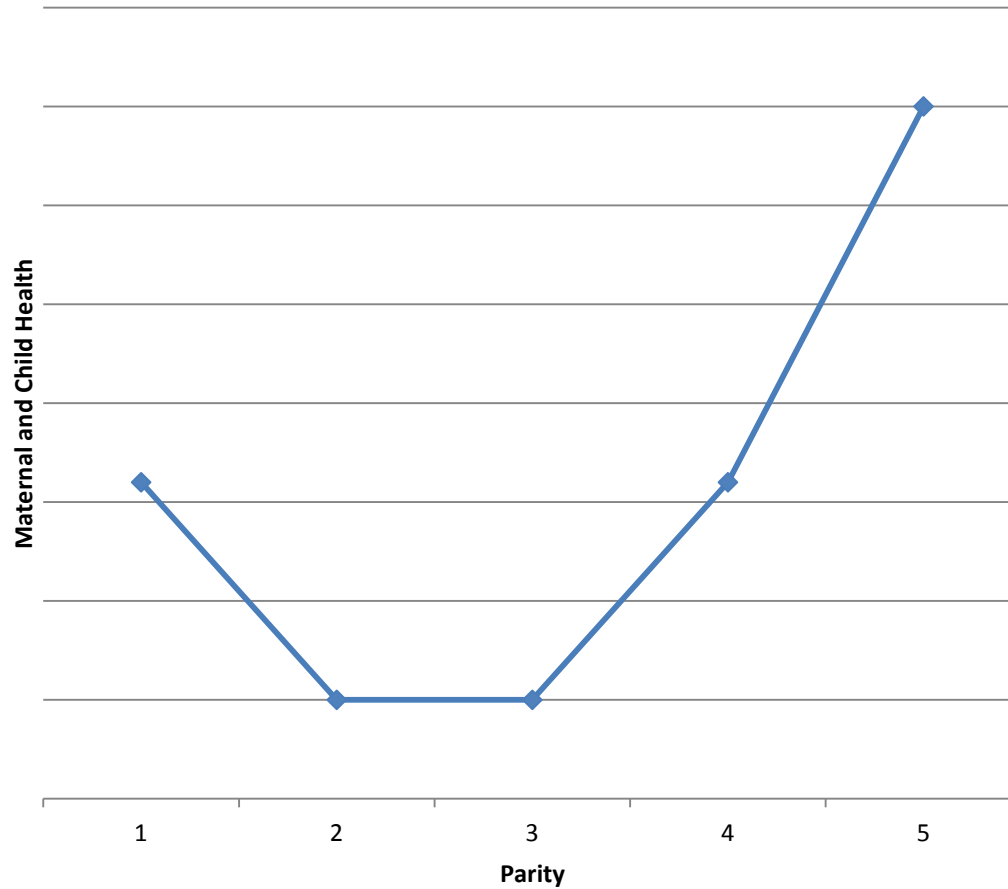
History– Defining and packaging Family Planning services

- Malawi was the last country in the Eastern, Central and Southern African Health Community to introduce contraceptive services in the public sector.
 - **Leadership did not think FP was a good idea at earlier period.**

Programme Strategy

- The service was first introduced in Malawi, as a “CHILD SPACING SERVICE”
 - **To avoid unnecessary controversy about its objectives**
- The service was introduced as a component of Maternal and Child Health
 - **Based on WHO studies which show that use of family planning leads to improved maternal and child health and survival**

Parity versus Maternal and Child Health

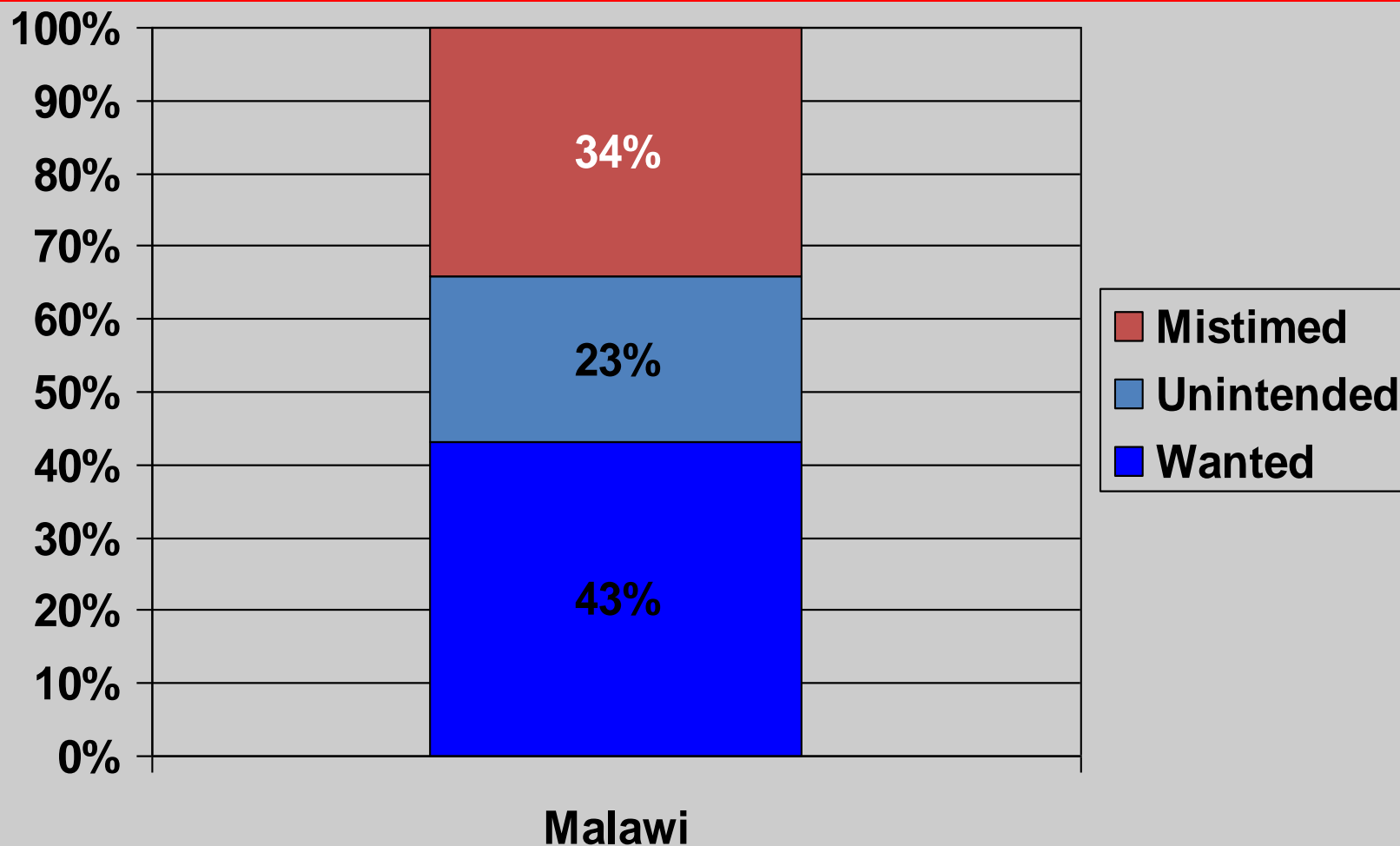


Family Planning

Goal:

To reduce unmet need for family planning services through provision of voluntary and comprehensive family planning services at all levels of care to all men, women and young people of reproductive age, thereby promote good health and socioeconomic development

Unmet Need for Family Planning in Malawi



17. Source: DHS

Addressing Unmet Need for Family Planning in Malawi

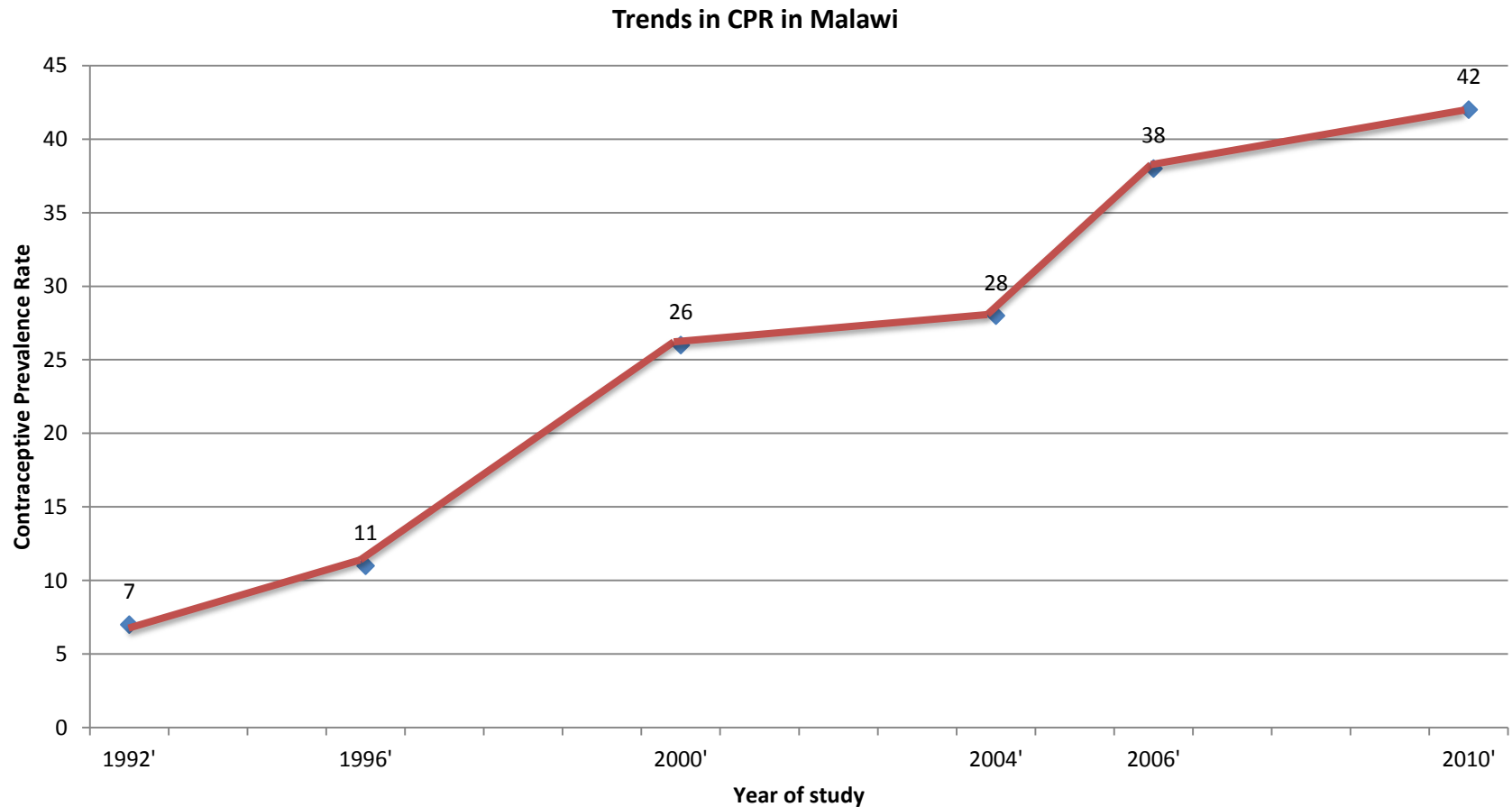
- Unmet need changes with awareness, so it remains high until there is universal FP coverage
 - It took 4 years to raise CPR by 4 percentage points from 7% to 11% (1992-1996)
 - It took another 4 years to raise CPR 15 percentage points from 11% to 26% (1996-2000)

NB FP is a lifestyle that is “infectious” attaining the 1st 5-10% CPR is painfully slow, thereafter CPR rises depend on the accessibility of the service.

Definition of Family Planning

“A way thinking and living, adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health of the family group, and thus contribute effectively to social development of a country” (WHO 1971).

Trends in Contraceptive Prevalence in Malawi (Modern Methods only)



FACILITATING FACTORS FOR THE MALAWI FAMILY PLANNING PROGRAMME

REVISED STRATEGY ADOPTED IN 2004

- Malawi adopted family planning as a key strategy for social and economic development as outlined in the **MALAWI GROWTH AND DEVELOPMENT STRATEGY 2006-2011** which is in line with AU's **Continental Policy Framework for Sexual and Reproductive Health for Africa**
- “Population” was moved from the “Ministry of Health & Population” to the “Ministry of Development Planning” in order to link Population to development
- FP was strengthened as a tool for accelerating the achievement of all MDG targets

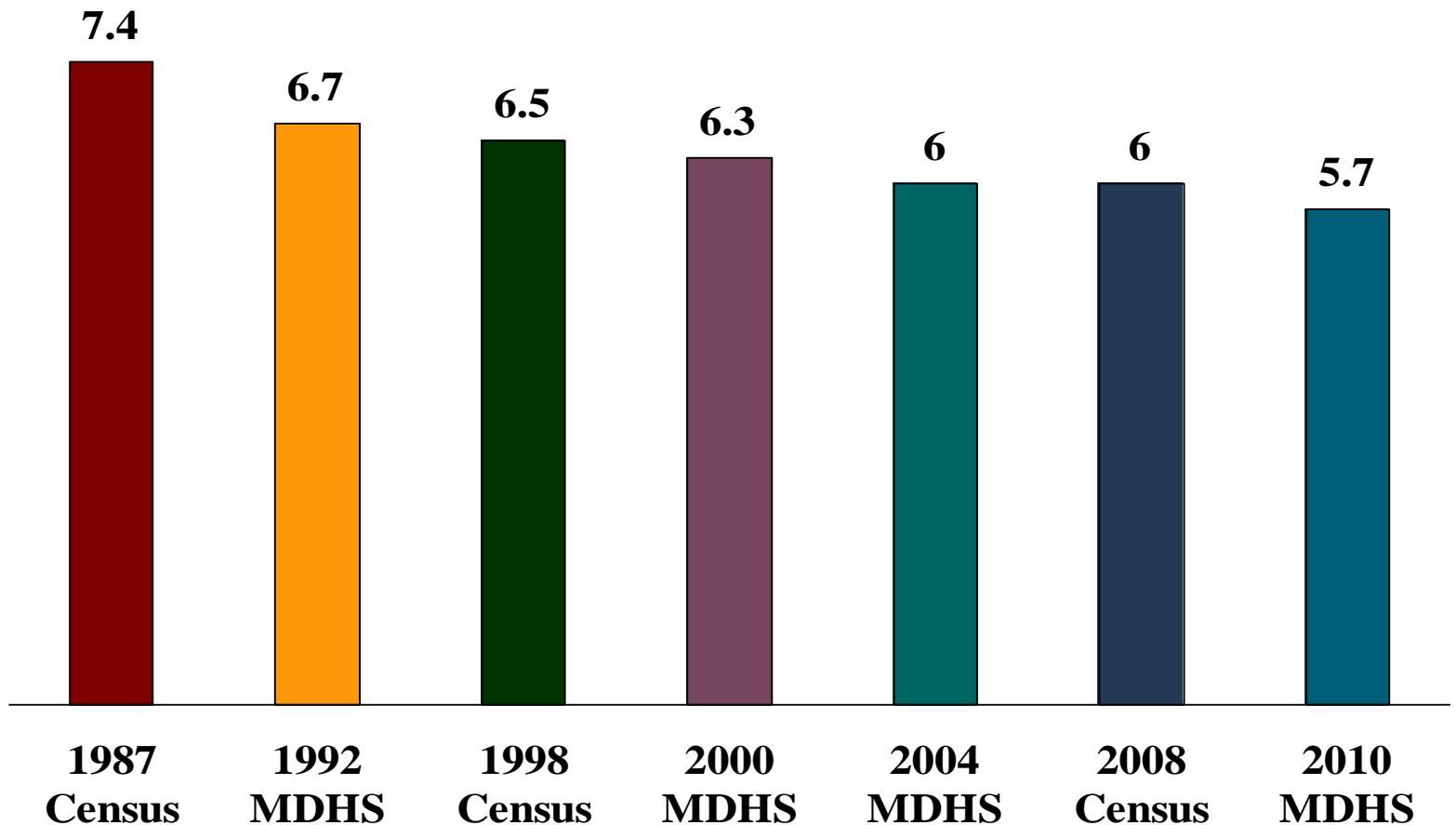
Malawi Growth and Development Strategy Targets for 2006-2011 Objective

Raise CPR from 28% in 2004 to 40.6% by 2011 so as to

1. Reduce annual population growth from 2.0% to 1.5%
2. Reduce Total Fertility Rate from 6.0 to 4.0 (**as desired by majority**) **thereby** assist Malawi to reduce
 - a. U5MR from 122/1,000 live birth to 90
 - b. IMR from 79/1,000 live births to 60
 - c. MMR from 984/100,000 live birth to 492
 - d. Increase life expectancy at birth from 37 years to 45

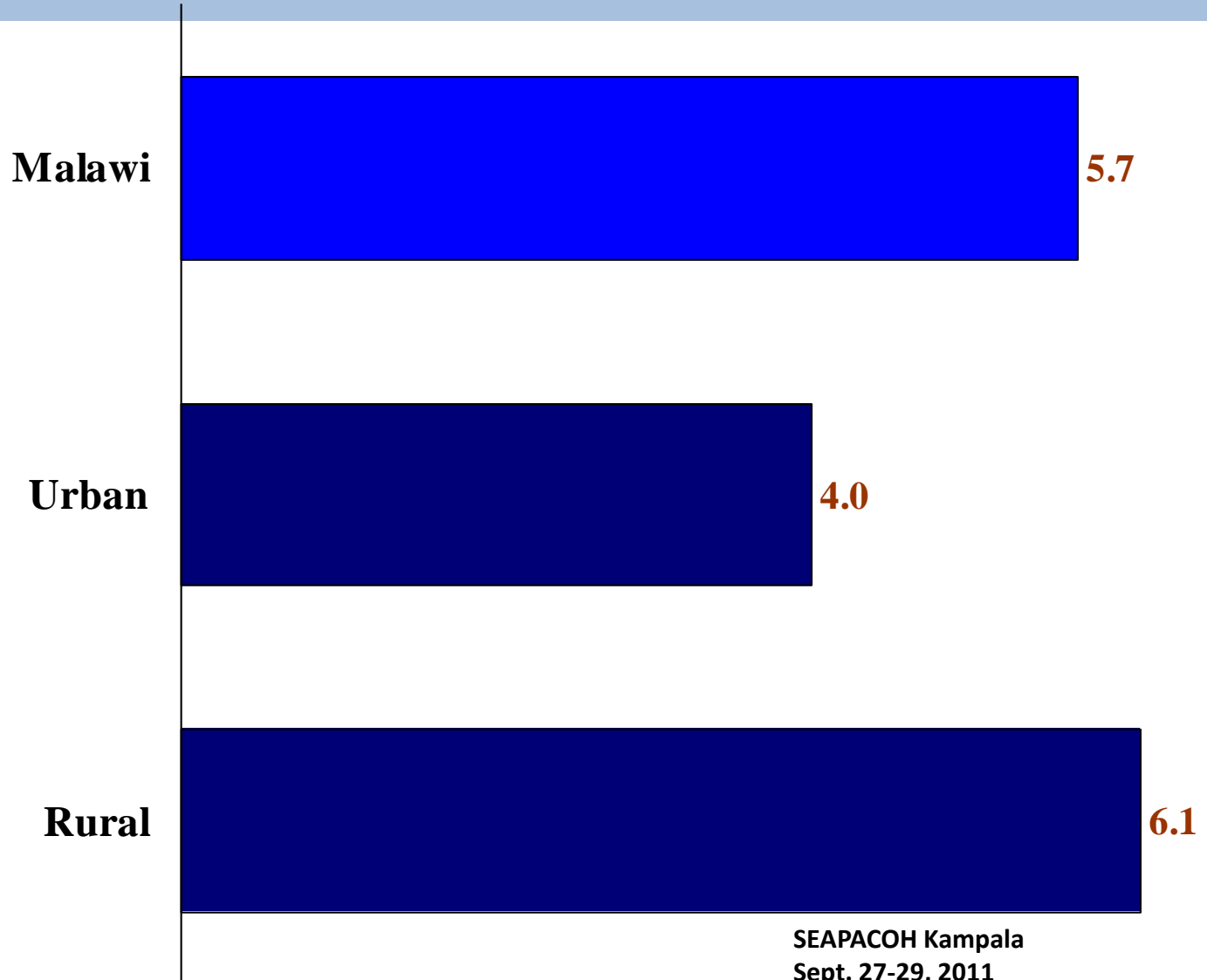
WHAT HAS FAMILY PLANNING DONE FOR MALAWI?

Trends in the TFR since the mid-1980s



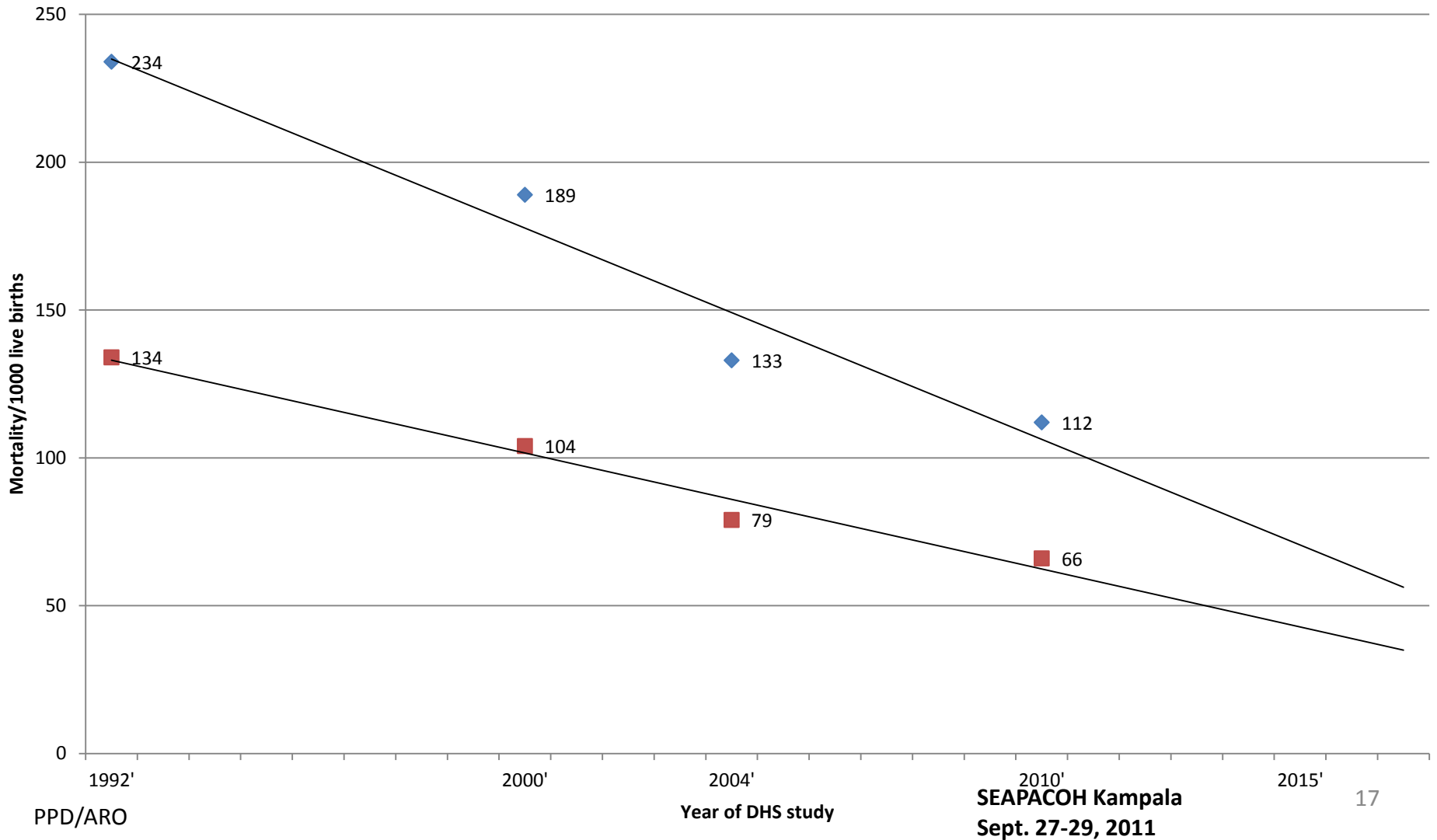
TFR: comparison by Residential Area – 2010

MDHS

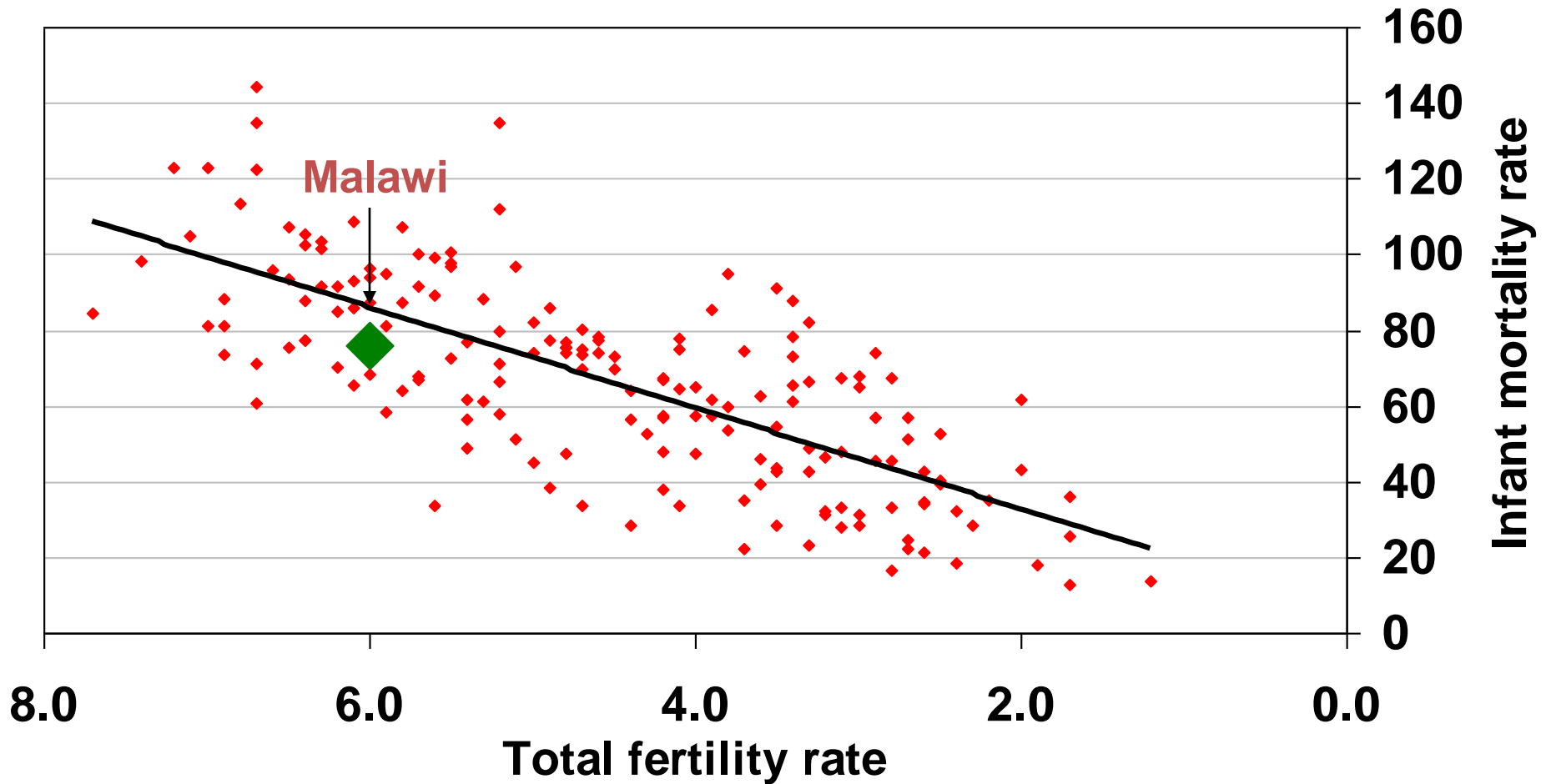


Countdown to 2015 in Malawi

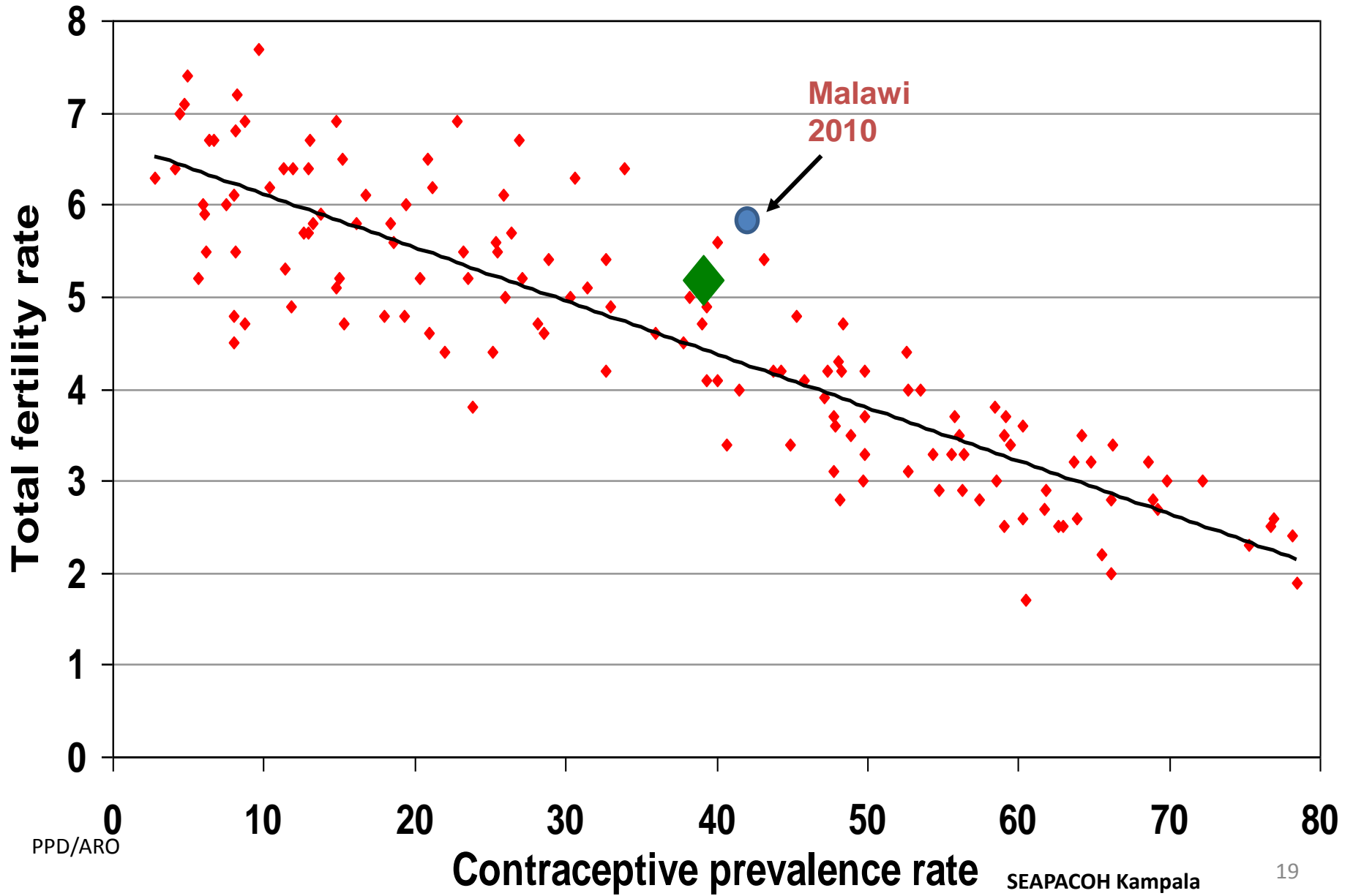
Trends in U5MR and IMR in Malawi



Fertility and Infant Mortality

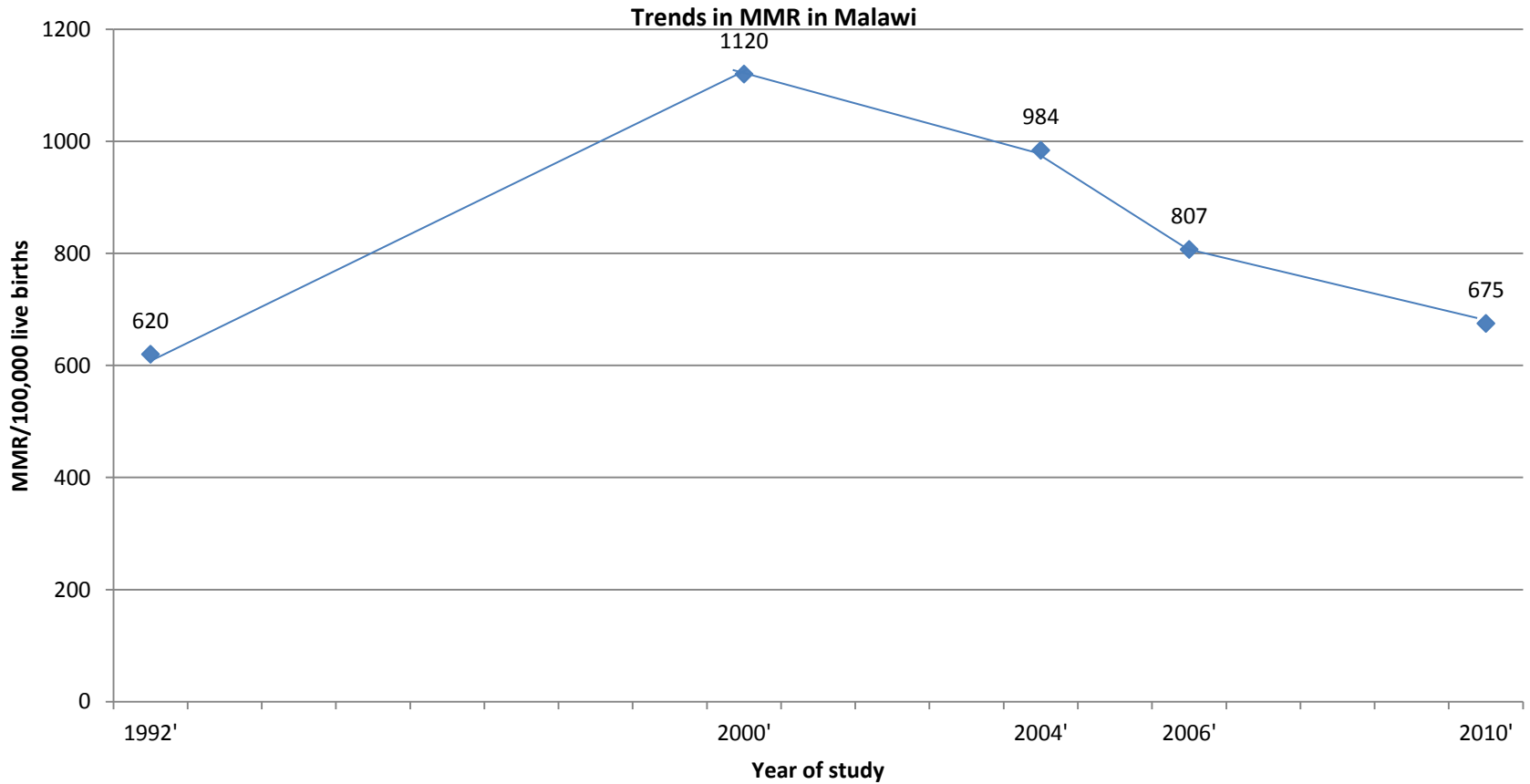


Total Fertility and Contraceptive Use



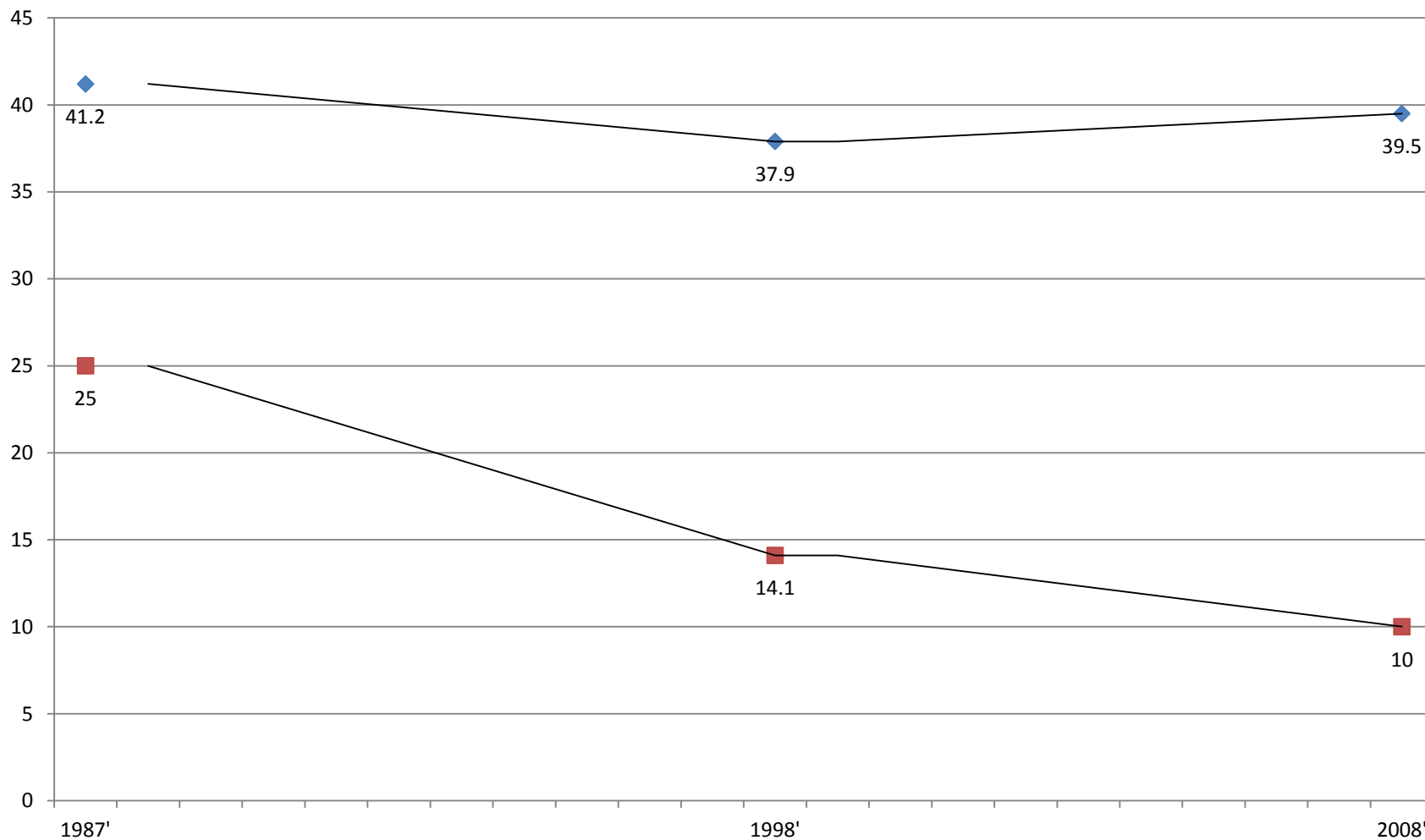
PPD/ARO

Countdown to 2015



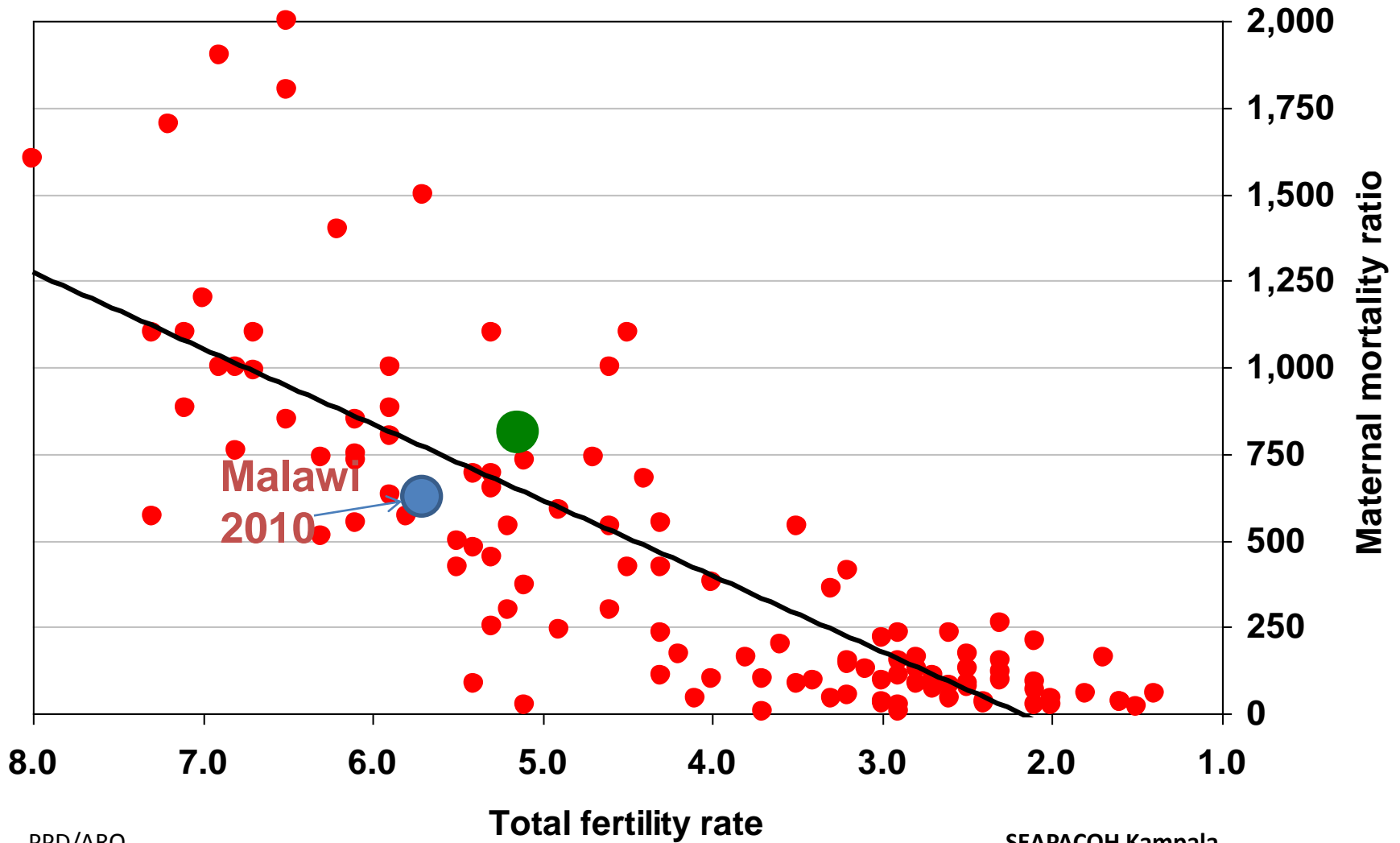
CRUDE BIRTH AND DEATH RATES IN MALAWI

Trends in Crude Birth and Death Rates in Malawi

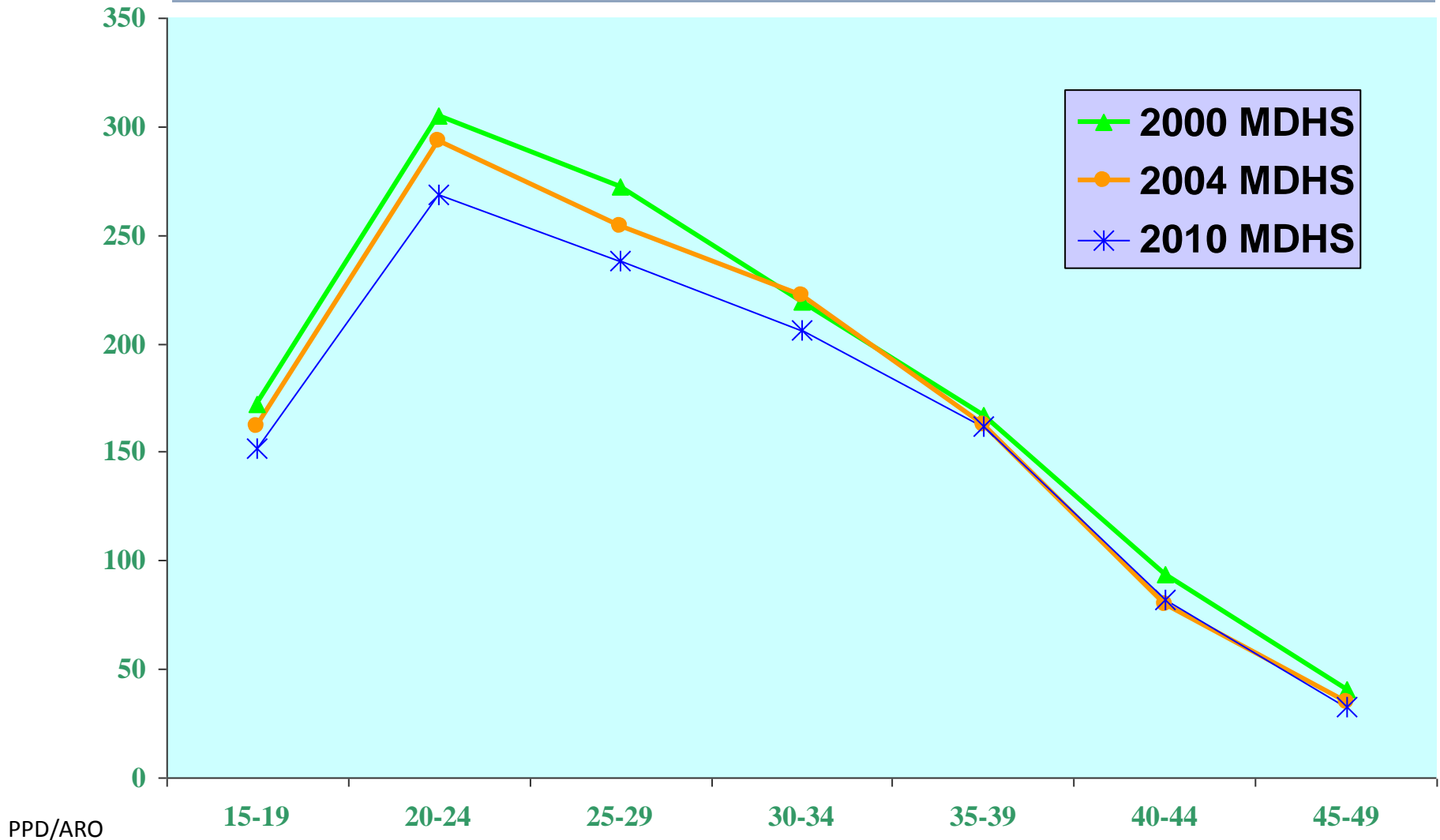


WAY FORWARD

Fertility and Maternal Mortality



Trends in Age-Specific Fertility Rates



PPD/ARO

SEAPACOH Kampala
Sept. 27-29, 2011

Addressing challenges

1. High Unmet Need for Family Planning



Continue to prioritize FP as key strategy for social development

- i. Promote postpartum family planning
- ii. Scale-up community-based contraceptive services targeting
 - low parity women
 - young people
 - PLWHA
 - rural populations
- iii. Implement an effective RH Commodity Security Strategy by advocating for increased budget for contraceptives

Thank You