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

PPD/ARO

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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)

![Graph showing trends in contraceptive prevalence rate in Malawi from 1992' to 2010'.](image)

Contraceptive Prevalence Rate

Year of study


7 11 26 28 38 42

PPD/ARO

SEAPACOH Kampala
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10
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

- 1987 Census: 7.4
- 1992 MDHS: 6.7
- 1998 Census: 6.5
- 2000 MDHS: 6.3
- 2004 MDHS: 6
- 2008 Census: 6
- 2010 MDHS: 5.7
TFR: comparison by Residential Area – 2010 MDHS

- **Malawi**: 5.7
- **Urban**: 4.0
- **Rural**: 6.1

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Countdown to 2015 in Malawi

Trends in U5MR and IMR in Malawi

Mortality/1000 live births vs. Year of DHS study


134 189 133 112 66
Fertility and Infant Mortality

Malawi

Total fertility rate

Infant mortality rate

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Trends in MMR in Malawi

Year of study


MMR/100,000 live births

1200 1120 984 807 675 620

Countdown to 2015

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CRUDE BIRTH AND DEATH RATES IN MALAWI

Trends in Crude Birth and Death Rates in Malawi

41.2
37.9
39.5

25
14.1
10

1987'
1998'
2008'

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Fertility and Maternal Mortality

Total fertility rate vs Maternal mortality ratio

Malawi 2010

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Trends in Age-Specific Fertility Rates
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