Don’t Call Me Fragile: The Remarkable Performance of Malawi’s FP Program and What It Teaches Us

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Malawi Case Study: Choice, Not Chance
A Repositioning Family Planning Case Study
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Commentary
Fragile, Threatened, and Still Urgently Needed: Family Planning Programs in Sub-Saharan Africa
Roy Jacobstein, Lynn Bakamjian, John M. File, and Jane Wickstrom

Many family planning (FP) programs in sub-Saharan Africa are fragile; recent performance has fallen off and future performance is challenged. Yet robust and well-functioning FP programs are still urgently needed if countries are to meet their health, equity, poverty-alleviation, and economic development goals. In support of these observations, we present data on FP parameters in sub-Saharan Africa overall and in eight of its countries, including Nigeria, the most populous African country; Kenya, a long-time leader in FP in the region; and Uganda, with fertility among the highest in Africa and a population projected to more than triple in the next 40 years to become sub-Saharan Africa’s fourth most populous country. We also draw upon findings of individual case studies of the contraceptive programs of Ghana (Soko et al. 2005a), Malawi (Soko et al. 2005b), Senegal (Wickstrom et al. 2006), Tanzania (File and Simbakula 2006), and Zambia (Soko et al. 2009a), as well as a synthesis of some of these case studies (ACQUIRE Project 2009). All eight of these countries, which together comprise 40 percent of the population of sub-Saharan Africa, are facing the same difficult dynamics in terms of threat and need.

Trends and Current Status of Family Planning
The use of modern contraceptive methods is very low in sub-Saharan Africa, far lower than it is in other regions of the world. Only 18 percent of married women use a modern method of contraception, compared with 40 percent in Latin America and 53 percent in Asia (excluding China). This level of contraceptive use represents only a small rise in the contraceptive prevalence rate (CPR) for modern methods from the level of 13 percent seen in sub-Saharan Africa in the late 1990s to 2001 (FPR 2002 and 2009).

Unmet Need for Modern Contraception
Although the use of modern contraceptives is low in sub-Saharan Africa, unmet need for modern contraception is high. Twenty-nine of the 31 sub-Saharan African countries where a recent FPR has been conducted report levels of unmet need for modern-method use exceeding 20 percent; 29 countries report levels between 30 percent and 49 percent. In contrast to other regions, little or no reduction in unmet need for modern family planning has occurred during the past decade in sub-Saharan Africa. Unmet need for modern-method use is higher than current need (that is, not need) in many sub-Saharan African countries, in some cases substantially higher. Whereas 18 million married women in sub-Saharan Africa use modern contraception, 25 million lack modern means of managing their fertility (WIRM 2006).

Fertility and Population Growth
A consequence to this low prevalence of use and high unmet need is very high fertility and rapid population growth: sub-Saharan Africa’s total fertility rate (TFR) is 5.3 lifetime births per woman, substantially higher than the TFR of Latin America (2.5 births) and Asia 2.4 births. The situation is even worse for sub-Saharan African countries with a recent FPR that have TFRs that exceed six births per woman (FPR 2007). This
Malawi gets international credit for strides in family planning
Malawi: Socioeconomic and Health Indicators

- One of the 10 poorest countries in the world
  - GNP per capita US$810*

- Population: 13.1 million** (growth rate 2.8%/yr.)

- Mainly rural: 81.3% rural / 18.7% urban***

- Female literacy: 67.6% (9% completed primary)***

- Life expectancy at birth (years): 44 (M) / 51 (F)*

- Maternal mortality: 675 per 100,000 live births
  (984 per 100,000 in 2004)***

- HIV prevalence: 10.6% (12.9% women; 8.1% men)
  (was 15% in 2000; 11.8% in 2004)***

Sources:
*WHO Global Health Observatory
**2008 Malawi Population and Housing Census
Key Findings from 2010 Malawi DHS

- **FP use rising:** total CPR: 46% / modern CPR: 42%
  
  (in 2004, modern CPR 28%; in 1992, 7%, & “family planning” a prohibited term)

- **Fertility still quite high,** fell only slightly, & higher than wanted fertility
  
  - Total fertility rate (TFR) 5.7  (was 6.0 in 2004; 7.3 in 1966)
  
  - Wanted fertility: 4.5

- **Total demand for FP is high,** and now the norm: 73%

- **Demand to limit greater than demand to space**

- **Most commonly chosen methods:**
  
  - Injectables: 26%
  
  - Female sterilization: 9.7%
  
  - Implants: 1.3%

**Source:** MEASURE/DHS, Malawi DHS Survey, 2010.
Trends in Modern CPR:
Injectables, implants, and female sterilization

Source: Multiple DHS surveys; data is for married women (MWRA)

* In 1992, implants were included in “other methods”.
<table>
<thead>
<tr>
<th>Regional Prevalence of FS</th>
<th>Prevalence of FS, Selected Countries</th>
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</thead>
<tbody>
<tr>
<td>Worldwide: 18.9%</td>
<td></td>
</tr>
<tr>
<td>Asia: 23.4%</td>
<td>Thailand: 26.6%</td>
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<tr>
<td></td>
<td>Nepal: 18.0%</td>
</tr>
<tr>
<td>South America: 23.1%</td>
<td>Colombia: 31.2%</td>
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<tr>
<td></td>
<td>Brazil: 29.1%</td>
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<tr>
<td>North America: 22.3%</td>
<td>United States: 23.6%</td>
</tr>
<tr>
<td></td>
<td>Canada: 11%</td>
</tr>
<tr>
<td>Oceania: 13.9%</td>
<td>Australia: 15.9%</td>
</tr>
<tr>
<td></td>
<td>New Zealand: 14.6%</td>
</tr>
<tr>
<td>Sub-Saharan Africa: 1.6%</td>
<td>South Africa: 14.3%</td>
</tr>
<tr>
<td></td>
<td>Namibia: 10.3%</td>
</tr>
<tr>
<td></td>
<td>Malawi: 9.7%</td>
</tr>
<tr>
<td></td>
<td>Kenya: 4.8%</td>
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<tr>
<td></td>
<td>Rwanda: 0.8%</td>
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<tr>
<td></td>
<td>Ethiopia: 0.5%</td>
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<tr>
<td></td>
<td>Nigeria: 0.4%</td>
</tr>
<tr>
<td></td>
<td>Senegal: 0.2%</td>
</tr>
</tbody>
</table>

Source: World Contraception Use 2011 (data from 2009, for MWRA), United Nations, Department of Economic and Social Affairs, Population Division
### Reproductive Intentions: Selected countries, MWRA

<table>
<thead>
<tr>
<th>Country</th>
<th>Demand to space (%)</th>
<th>Demand to limit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi (2010)</td>
<td>34.6%</td>
<td><strong>37.7%</strong></td>
</tr>
<tr>
<td>Kenya (2008/09)</td>
<td>30.4%</td>
<td>40.7%</td>
</tr>
<tr>
<td>Namibia (2006/07)</td>
<td>21.4%</td>
<td>40.4%</td>
</tr>
<tr>
<td>Madagascar (2008/09)</td>
<td>29.3%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Ethiopia (2011)</td>
<td>32.7%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Senegal (2005)</td>
<td>31.5%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Nigeria (2008)</td>
<td>23.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Indonesia (2007)</td>
<td>29.5%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Bangladesh (2007)</td>
<td>21.6%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Dominican Republic (2007)</td>
<td>23.1%</td>
<td>61.2%</td>
</tr>
</tbody>
</table>

**Source:** Multiple DHS surveys (data for MWRA)
Key Aspects of Malawi FP Program

- Positive government policies
- Universal knowledge (of FP and FS)
  - “FP is on the road to becoming a norm, but where will the supplies come from?”
- Service delivery at community level
  - “We can’t have a medical approach to a social need.”
- Task-shifting of method provision to more cadres and sites
  - “We have a serious shortage of medical personnel.”
### Source of Modern Methods in Malawi

**Effective public-private partnerships with strong NGOs**

<table>
<thead>
<tr>
<th>Source</th>
<th>Total*</th>
<th>Female Sterilization</th>
<th>Implants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector</td>
<td>74%</td>
<td>54%</td>
<td>83%</td>
</tr>
<tr>
<td>Christian Health Association of Malawi (CHAM)</td>
<td>9%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Banja La Mtsogolo (BLM) (the Malawian MSI affiliate)</td>
<td>9%</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>Private sector</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Other source</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*“Total” = Female sterilization, Pill, IUD, Injectables, Implants, and Male condom*

Public-Private Partnerships, Mobile Services, and Provision of Clinical FP Methods

- Longstanding GOM public-private partnership with CHAM and BLM

- **National network:**
  - 33 BLM clinics, in 22 of Malawi’s 28 districts
  - BLM outreach teams from clinics to rural areas in 27 of 28 districts

- **Mobile outreach services**
  - Mainly for LA/PMs; often provided in MOH or CHAM facility
  - Provided **free of charge** (fees charged in clinics)

  > 90% of BLM services provided via mobile teams

- **All female sterilizations performed by clinical officers, not by doctors**

- **Large and increasing service volume:**
  - 115,000 female sterilizations in past 2&1/2 years
  - 9,000 implants in first 8 months of 2011, all outreach/rural clients (only 2600 in 2010)
  - 4,000 in past four months -- rapid↑ in implants, because less costly implant

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**Source:** Banja La Mtsogolo (BLM) service statistics, 2004-2011
Wide and Equitable FS Access and Use

**Use of FS by education level**

- No education: 13.5%
- Primary: 9.4%
- Secondary: 5.8%
- More than secondary: 13.8%

**Use of FS by residence**

- Urban: 12.4%
- Rural: 9.1%

*Source: MEASURE/DHS, Malawi DHS Survey, 2010. Data for MWRA*
“Takeaway Messages” from Malawi: Regarding FP, and LA/PMs

- Rapid increases in contraceptive use, including of female sterilization, can be generated and provided widely & equitably in sub-Saharan Africa despite severe shortages of health personnel, other disease burdens, and poverty

- **Contraceptive security** is critical and fragile, and needs constant attention and prioritization; for LA/PMs: “No provider, no program”

- **Task-shifting** is key to meeting reproductive intentions and growing demand for FP in general and LA/PMs in particular

- **Community-level services** are critical for widespread FP and LA/PM access and use
“Don’t forget the limiters”: A sizeable and growing proportion of women in Africa want to limit births -- this will continue to increase as TFR falls (as it has in other regions, even with the “youth bulge”).

Mobile services, in public-private partnerships -- with FP-dedicated providers and free services -- can greatly increase access to LA/PMs.

“Dedicated, mobile, free”

Female sterilization will be widely chosen when it is made affordable and accessible.

Implants use is likely to continue rising in Malawi and in Africa as a much less expensive implant (Zarin) is more widely introduced.
Zikomo kwambiri!

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