



# Malawi Implementation Strength Assessment study

Preliminary Results

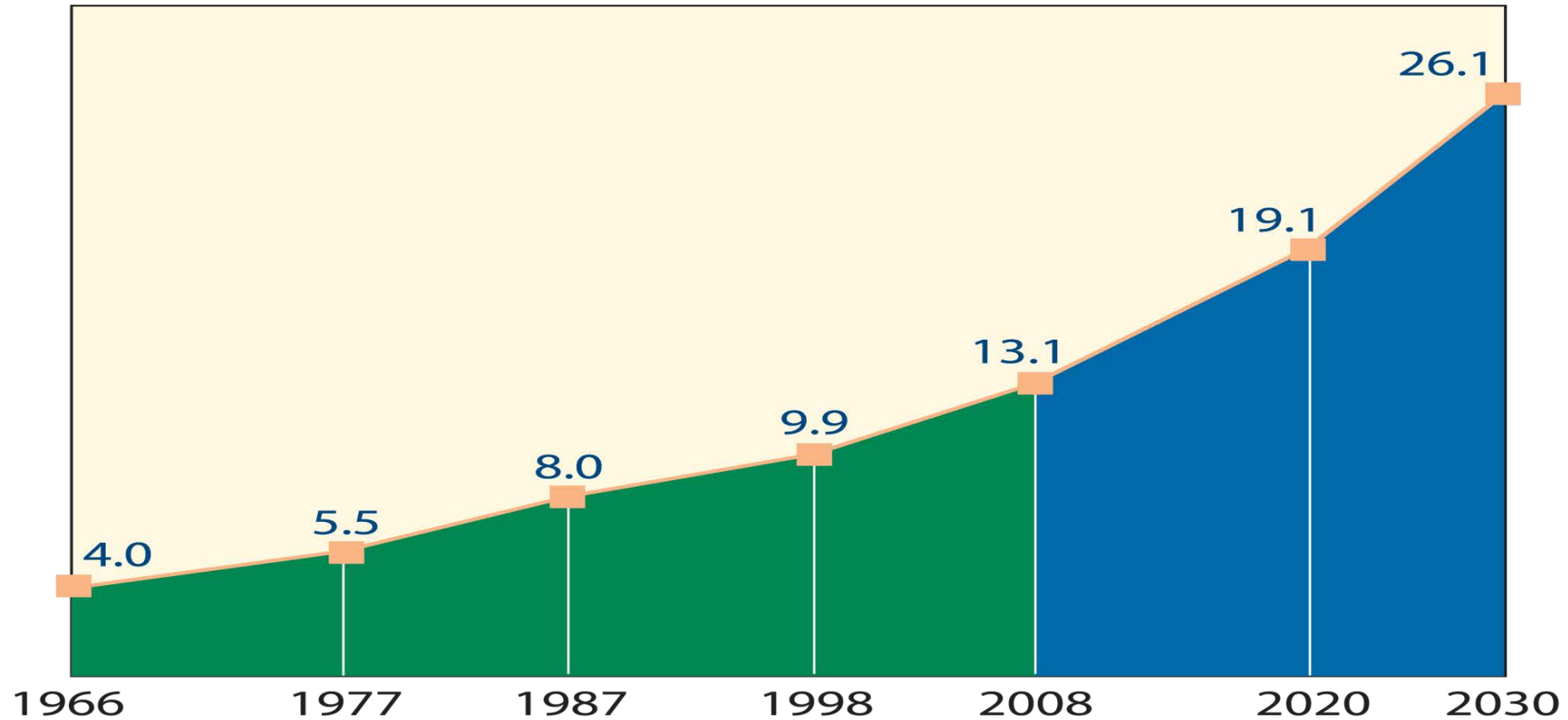
**NEP HLAC Meeting**

**Sogecoa Golden Peacock Hotel**

**Lilongwe, 8 December 2017**

# Malawi's population is rapidly growing

*Malawi Population Estimates*



Source: Population Data Sheet 2012: National Statistics Office; 2020 estimate based on TFR of 4.6

# Why Youth Matter for curbing population growth

- Youth constitute 20.49 % of the population (MDHS 2015/16)
- Age-specific fertility rate (ASFR) for women aged 20-24 is highest among all women of childbearing age (15-49)
- There has been a considerable increase in teenage (15-19) pregnancies from 26% (MDHS 2010) to 29% (MDHS 2015/16).
- Uptake of contraceptives remain low especially among the youth, 15-24 years of age.

# Implementation Strength Assessment in Malawi

- **Goal:** To assess the strength of implementation of family planning programs targeting youth (15-24) in all 28 districts
  - With a specific lens on youth and the Youth-Friendly Health Services (YFHS) program
- Conducted by NSO, MoH, JHU between July to August 2017
  - Included a validation study in 2 districts between April-May 2017
- Mobile phone interviews with all health workers who provide FP
  - Health facilities across all 28 districts (government, CHAM, BLM, FPAM, PSI)
  - In-Charges, Health facility workers, HSAs, CBDAs
- Data analyzed using Stats Report (web based tool), excel and R to produce tables, graphs, and maps within each domain of ISA

# Number of Interviews of ICs, HFWs, HSAs, & CBDAs

Interview Type	Number of Interviews Conducted
All Health Centers/ In-Charges	659
All HFWs	1833
Sampled HSAs*	4061
All CBDAs	3207
Total Interviews	9760

\*For HFs with more than 5 HSAs, we sampled 80% of these HSAs

# Content Domains of the ISA

Domains	Description of Indicators within Domain
Active HWs	How many HFWs, HSAs, and CBDAs are working across the country?
Training	What proportion of all HWs are trained in FP, YFHS? How recently?
Accessibility	When and how are trained HWs actually providing FP services in their catchment area?
Supervision	Do HWs receive supportive supervision per protocol? How often and what is the content?
FP Methods & Supplies	Do HWs have the necessary supplies (e.g. guidelines, job aids) and FP contraceptive methods (e.g. condoms, pills, injectables) to complete their tasks?

# Preliminary Results

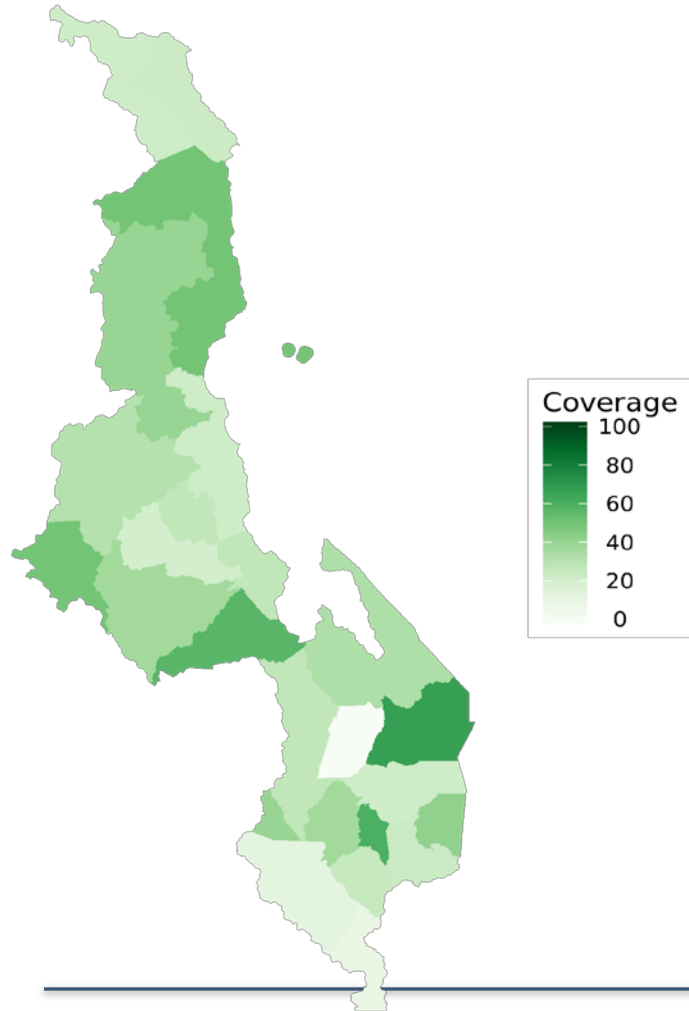
**Table 1: Percent availability of key program supplies at national level, across health facilities and health workers**

Supply Item		Percentage availability (%)
Guidelines and Protocols for FP		85
Guidelines and Protocols for YOUTH FP		57
Job Aids for FP		82
Pamphlets or posters for FP		9
Health facilities with special rooms dedicated for youth		33
Health facilities with special days for youth FP		58
<b>Average number of days that FP services are provided per week by type</b>		
Health Facilities	HSAs	CBDAs
4.4	3.8	3.2

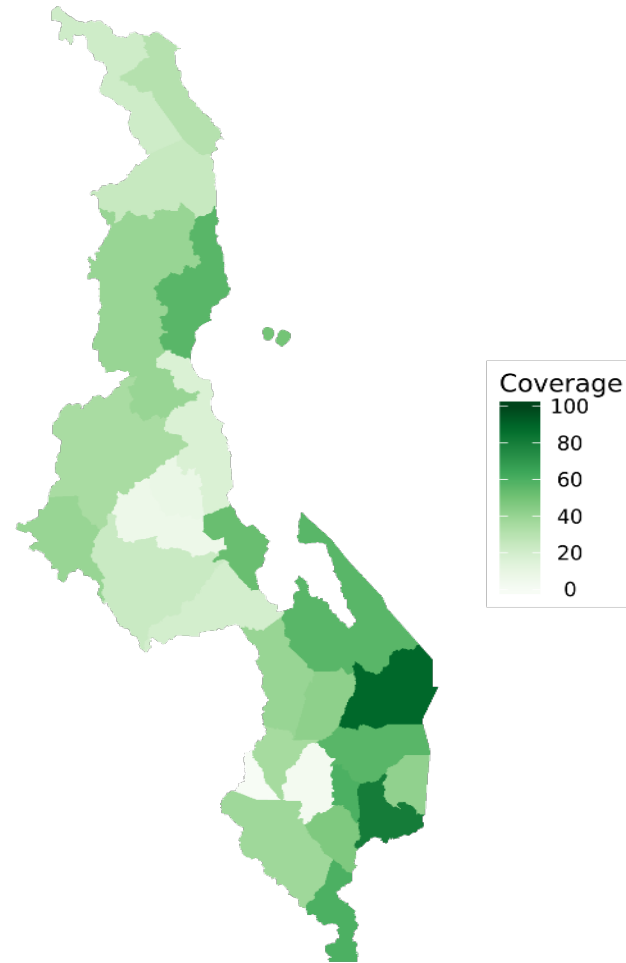


# Distribution of HFs with special rooms, with special days for FP, and HFs/HWs that have FP guidelines

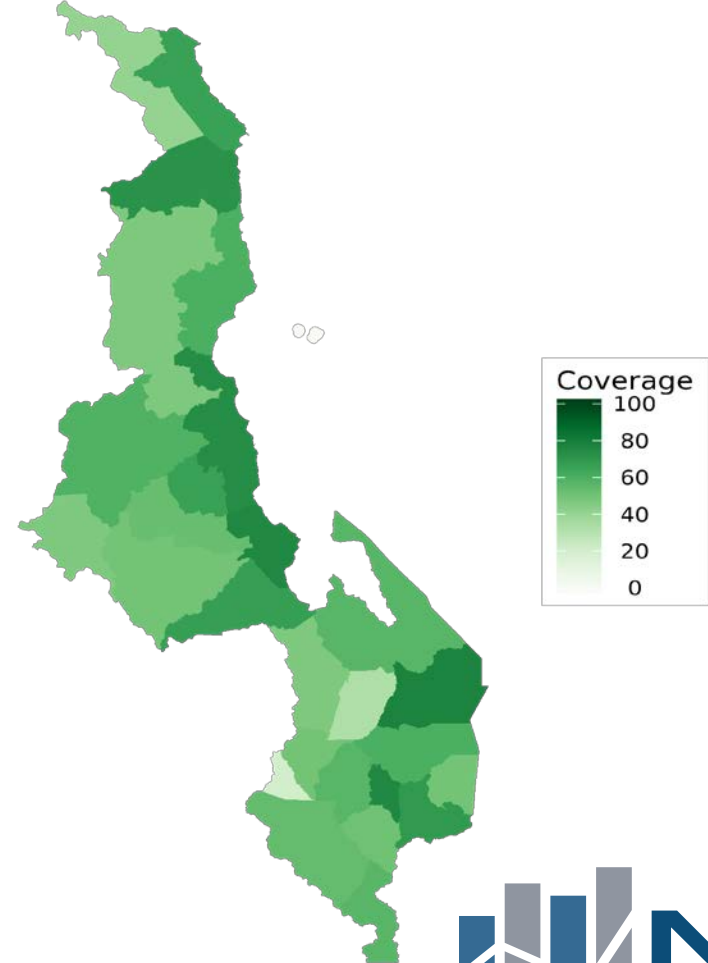
HFs w/ special rooms



HFs w/ special days

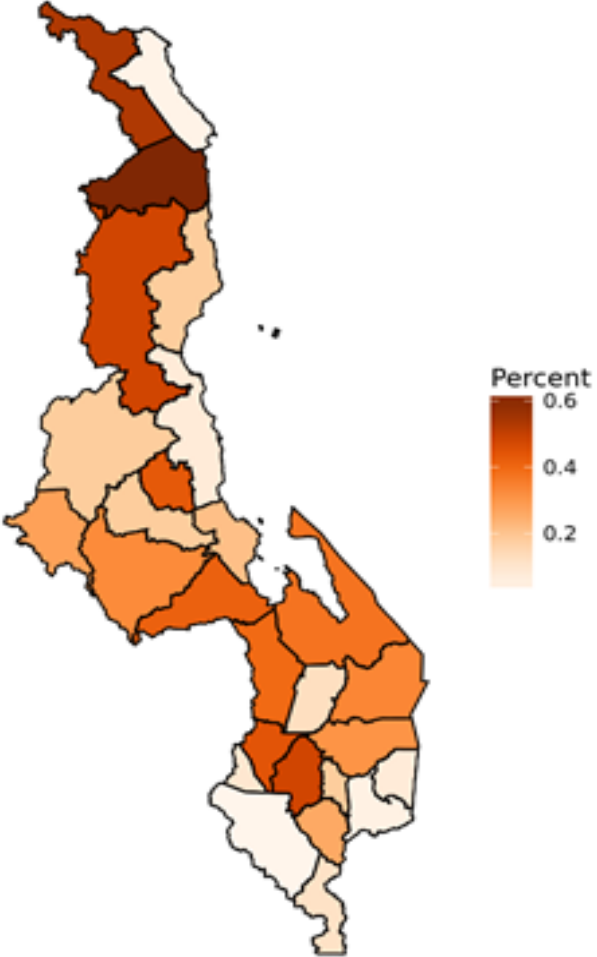


HFs/HWs with FP Guidelines

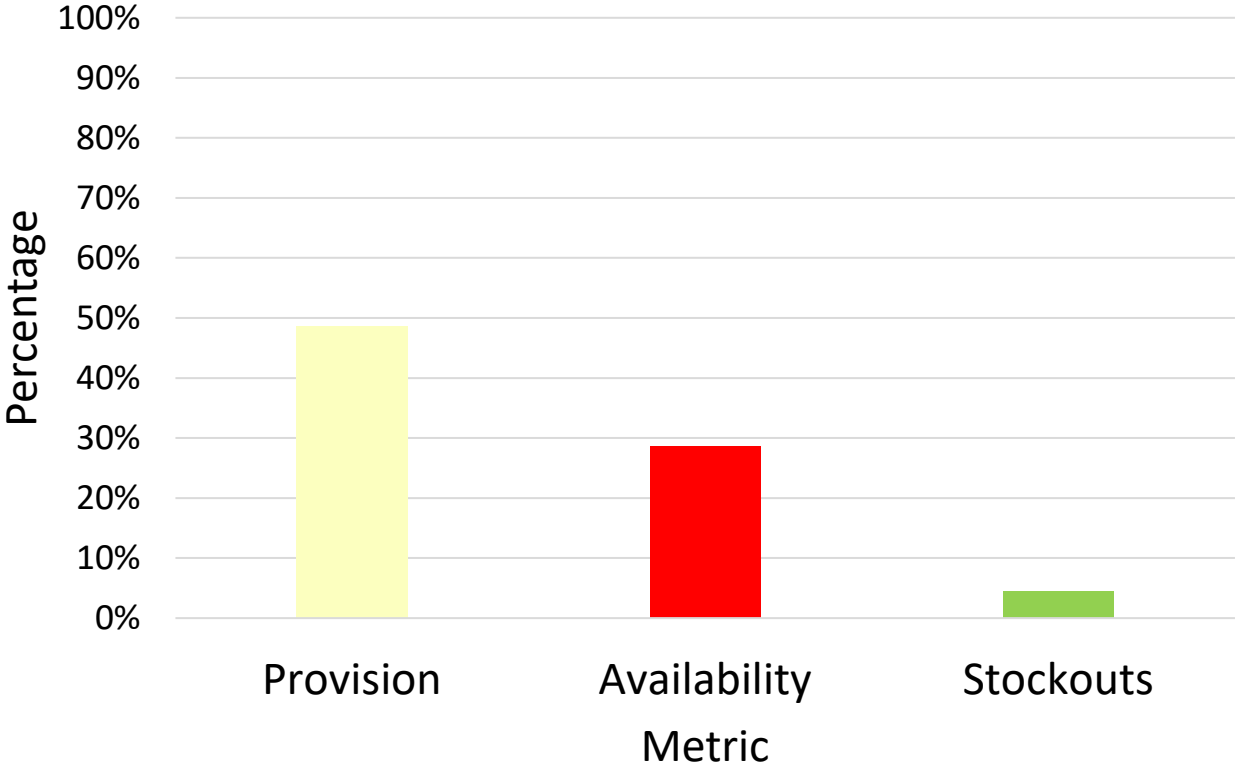


# Provision, Availability & Stockouts Condoms, Pills and Injectables by HSAs

Percentage of HSAs who had condoms, pills and injectables on the day of the interview

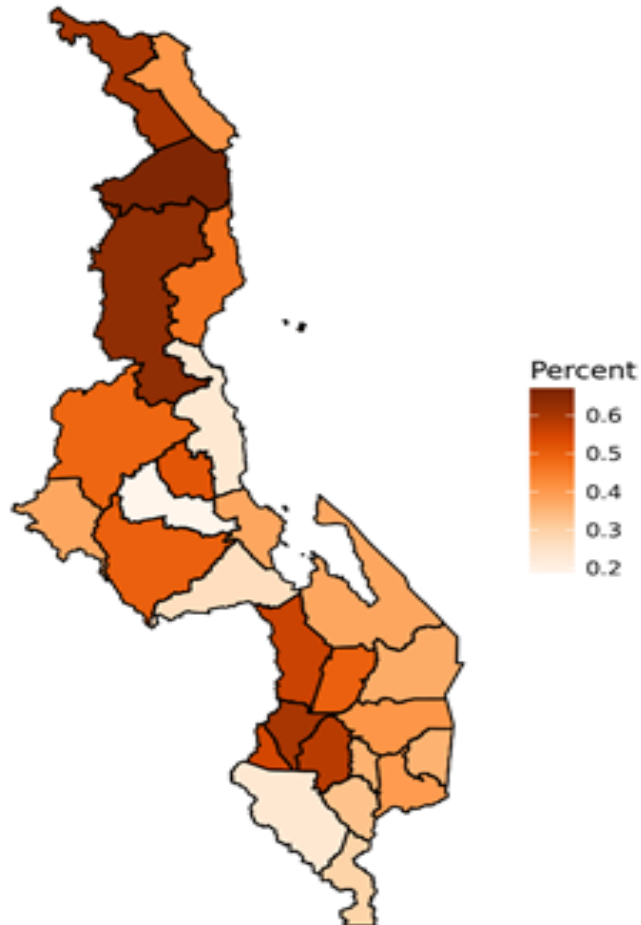


Provision, Availability and Stock outs of Condoms, Pills, & injectables at HAS level

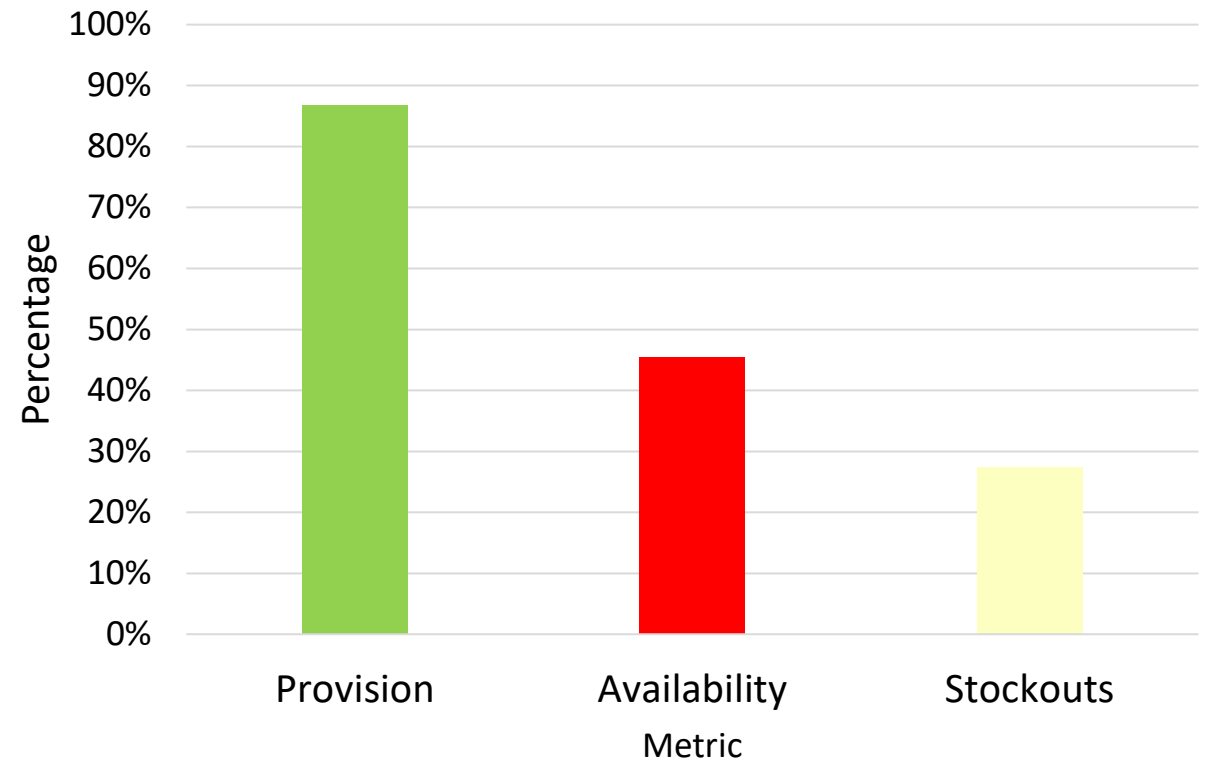


# Provision, Availability & Stock outs Condoms and Pills by CBDAs

Percentage of CBDAs who had condoms and pills  
on day of interview



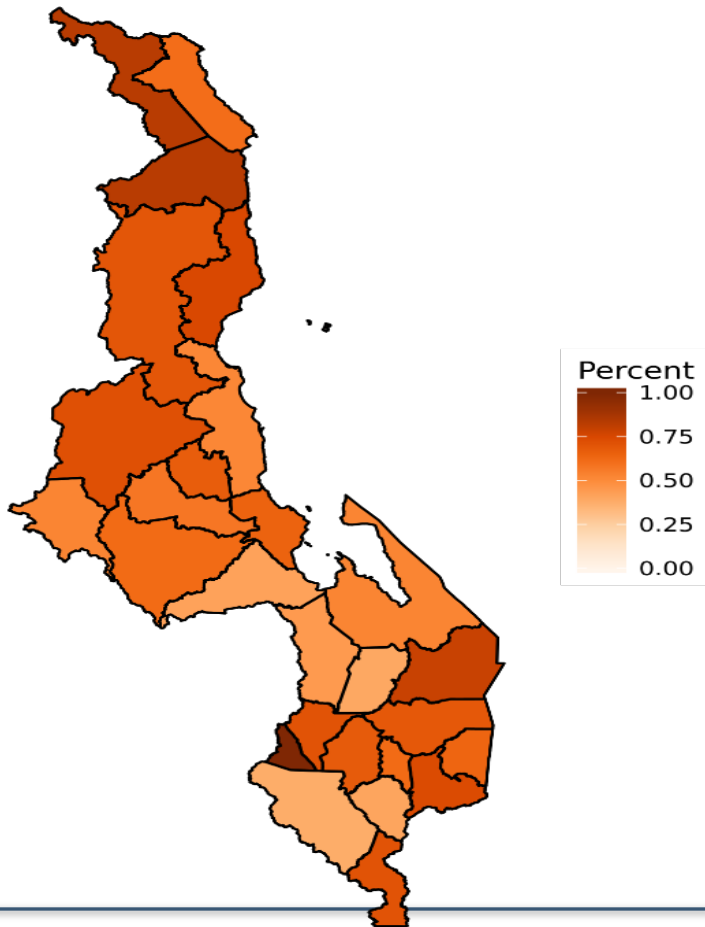
Provision, Availability and Stock outs of Condoms & Pills at  
CBDA level



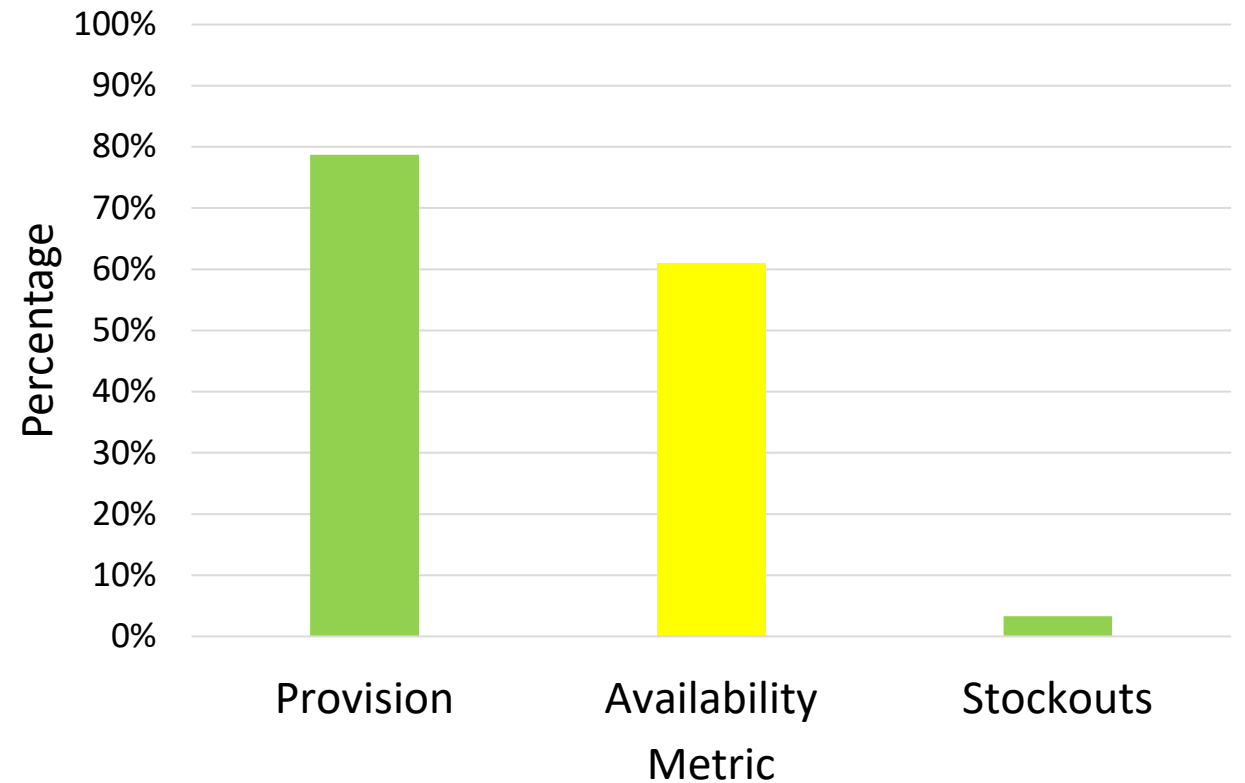
# Provision, Availability & Stock outs

## Condoms, Pills, Injectables, & Implants by Health Facilities

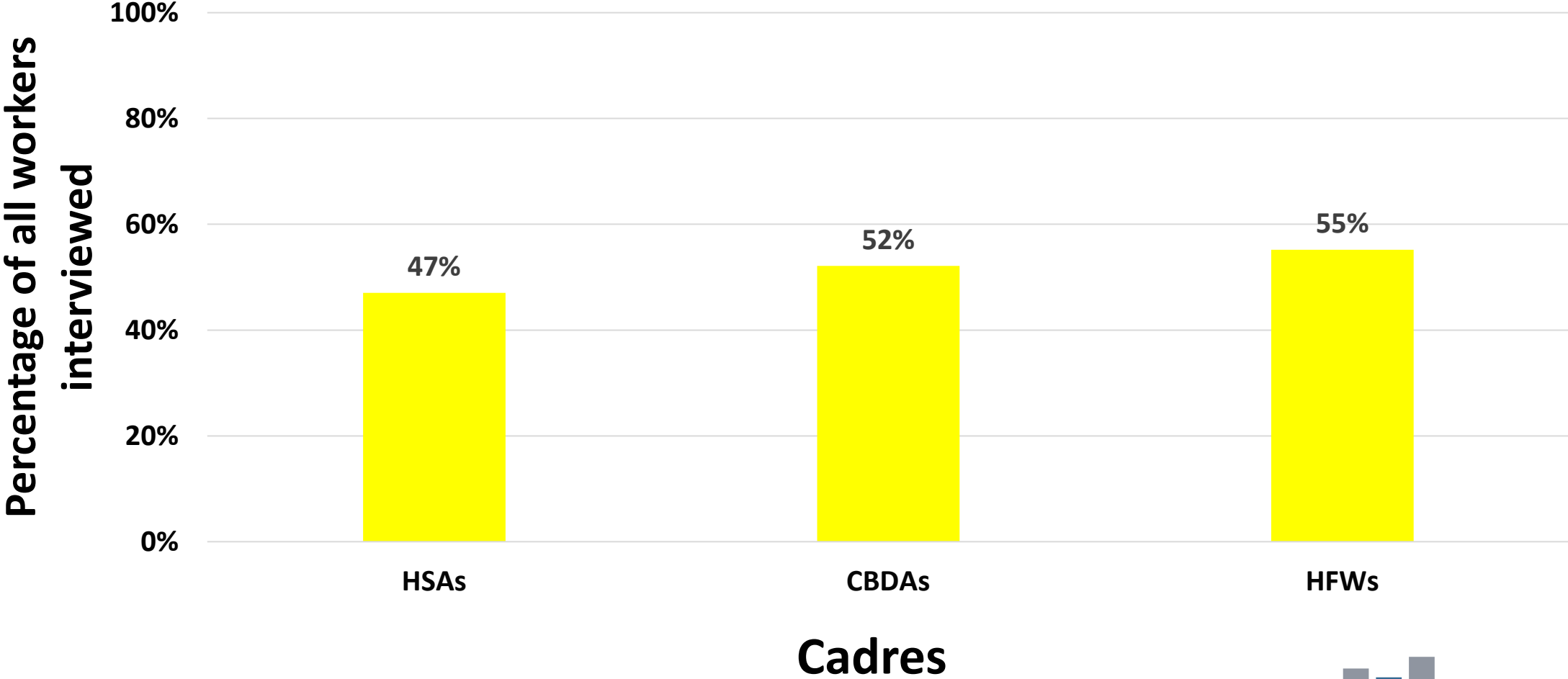
Percentage of Health facility workers who had Condoms, Pills, Injectables & Implants available on day of interview



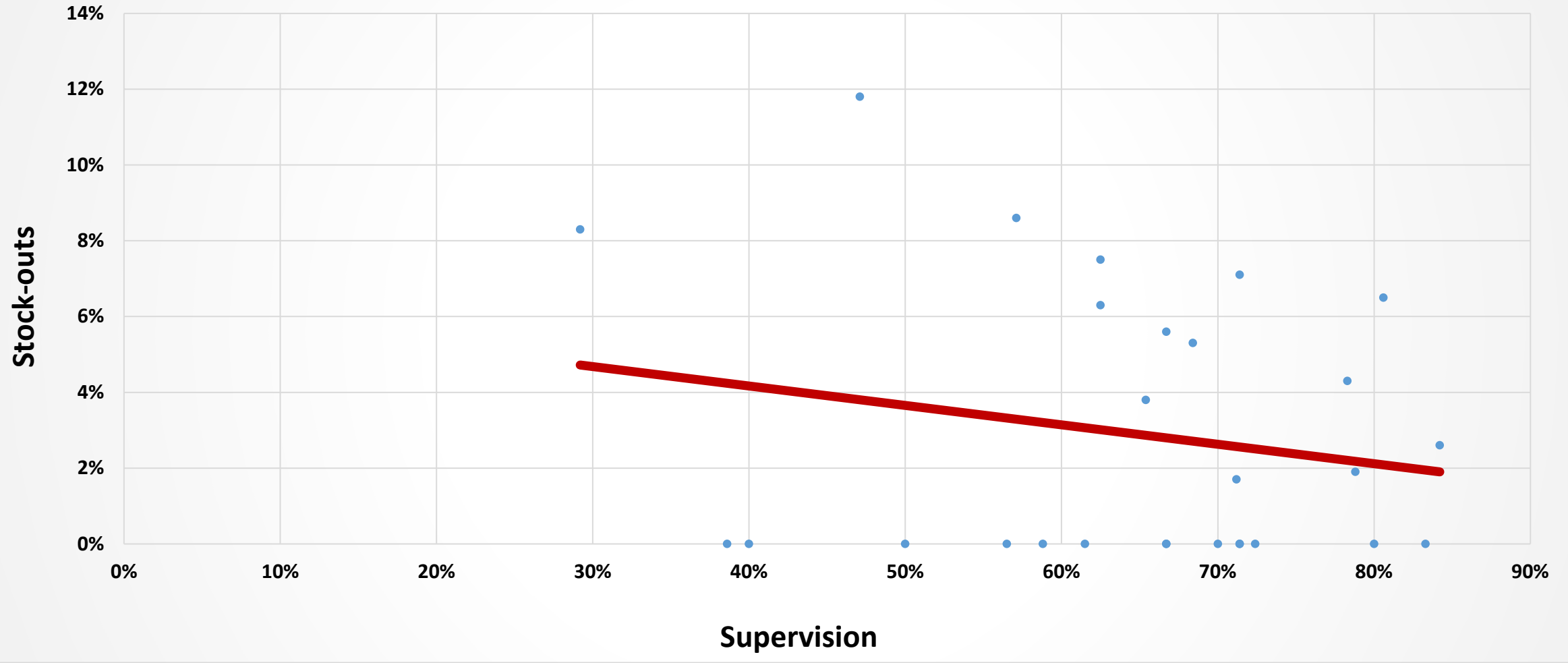
Provision, Availability and Stock outs of Condoms, Pills, injectables and implants at Health Facility level



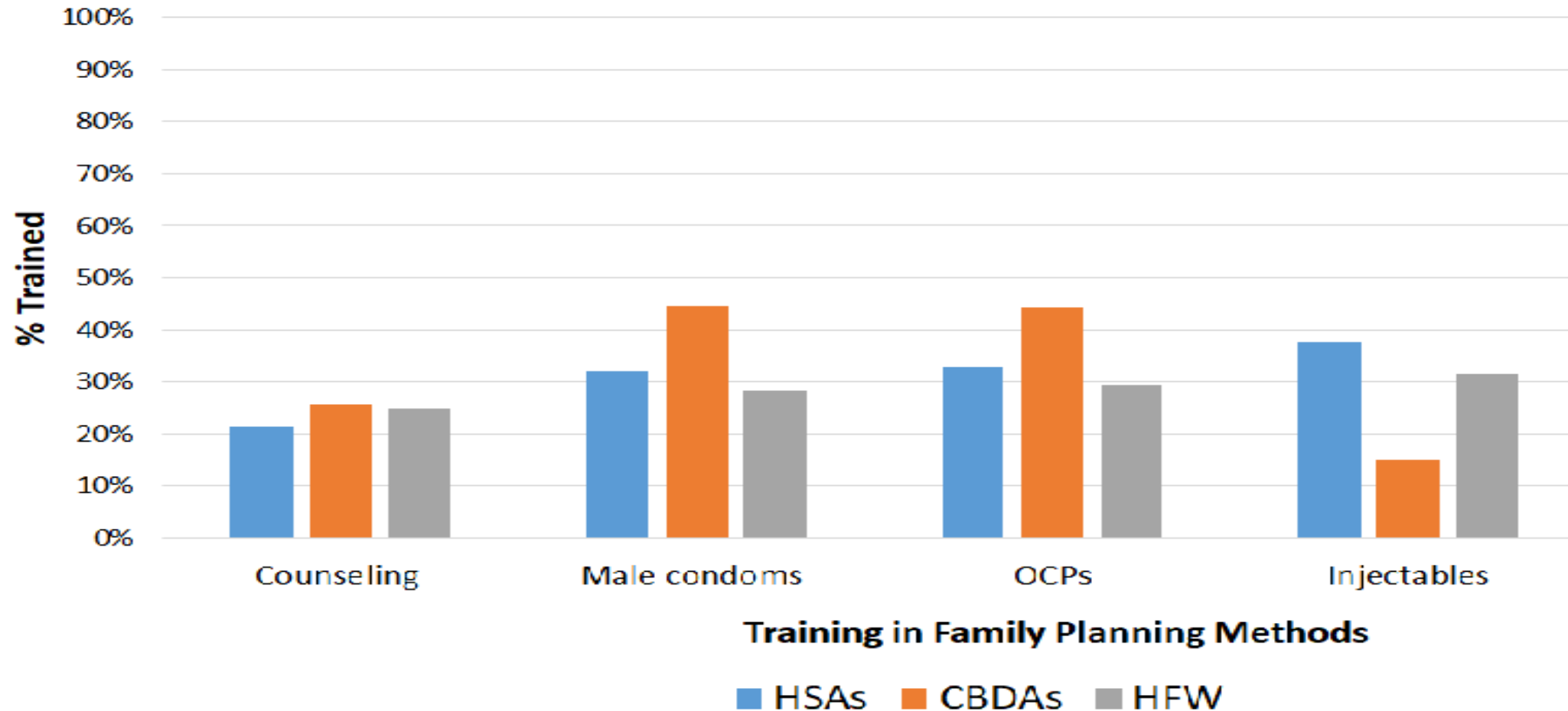
# Proportion of health workers who had a supervision that covered FP in the 90 days preceding the phone Interview



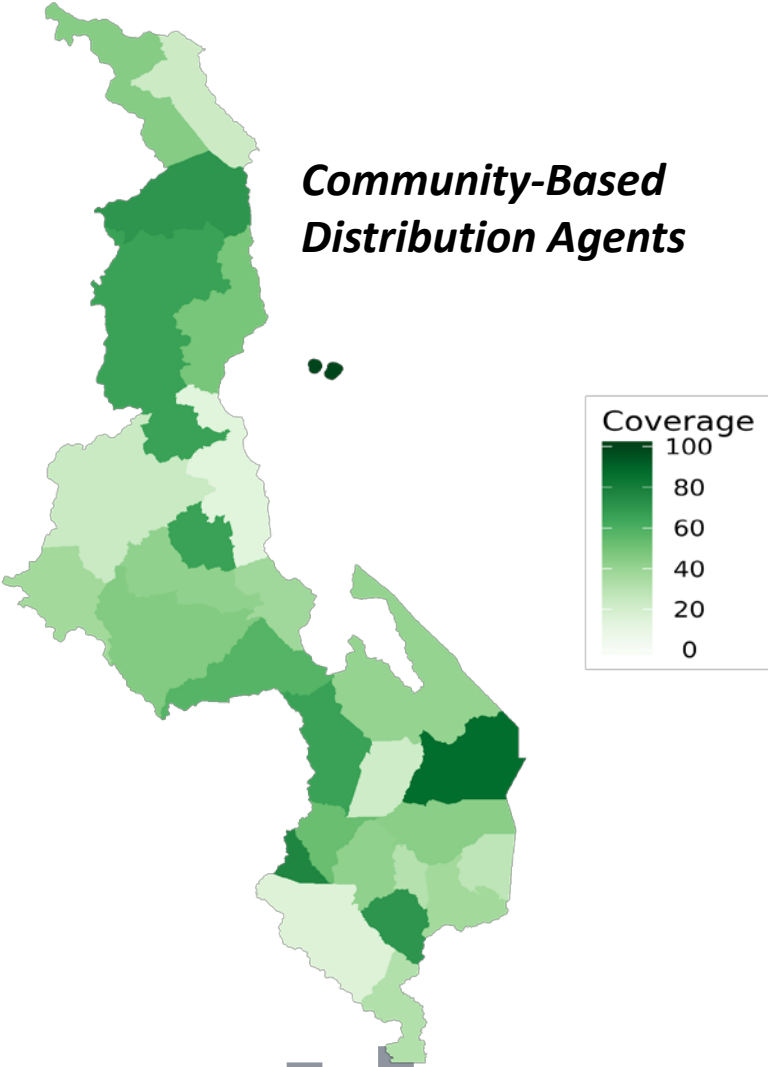
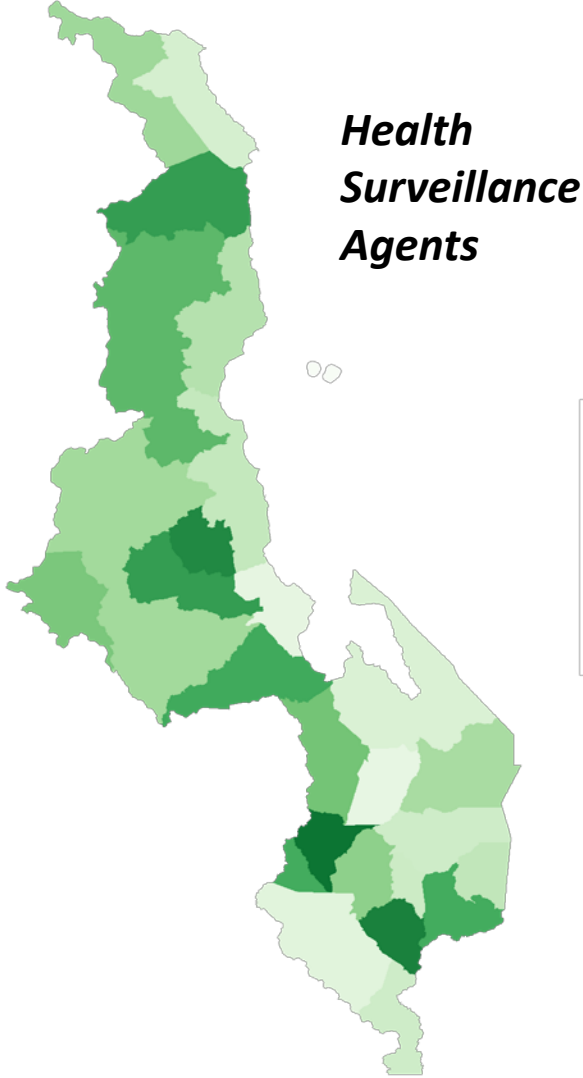
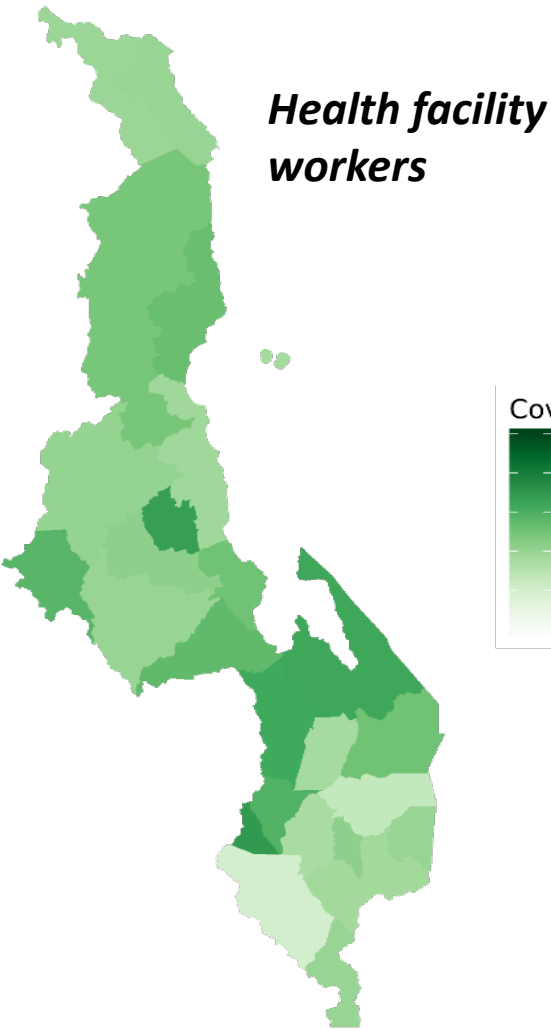
# Increased supervision associated with decreased stock outs



# Percentage of HFWs, HSAs and CBDAs trained in different types of family planning service provision since 2015

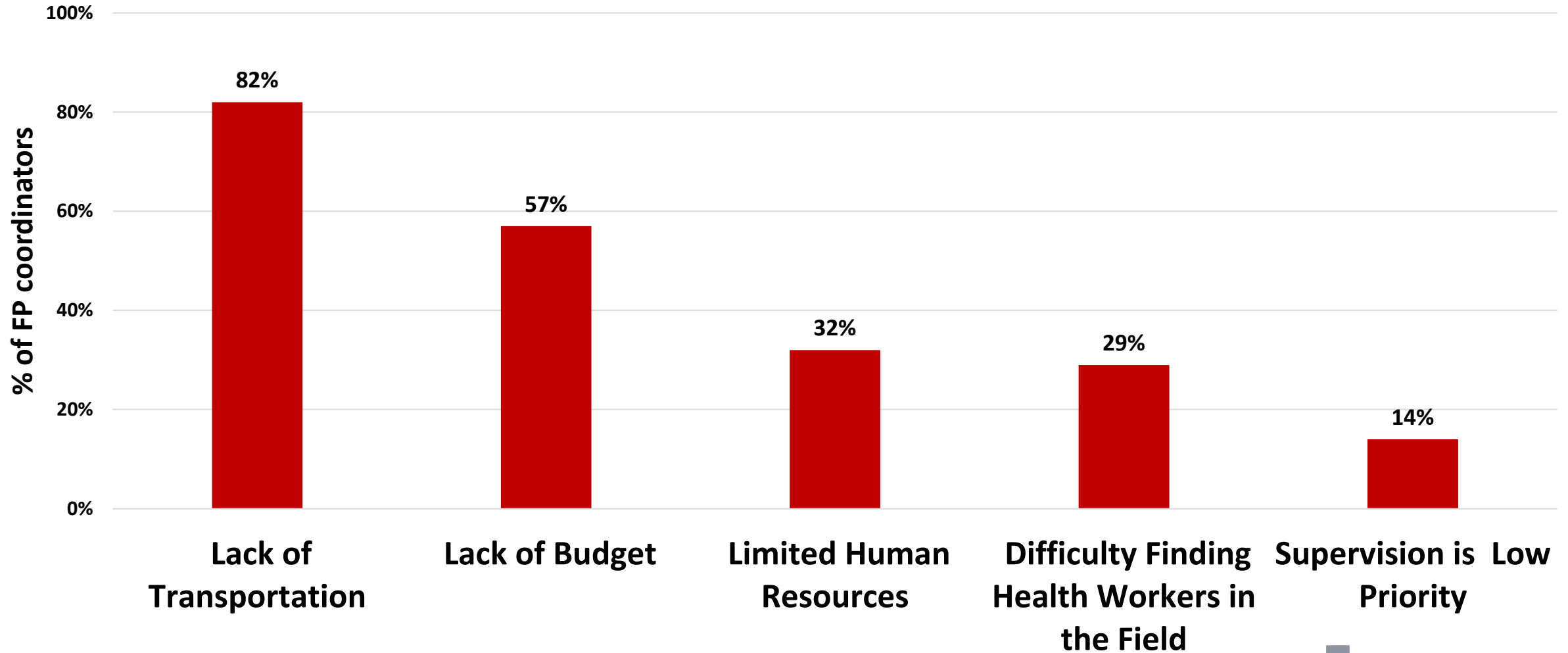


# Proportion of HFWs, HSAs, & CBDAs recently trained in FP, by district

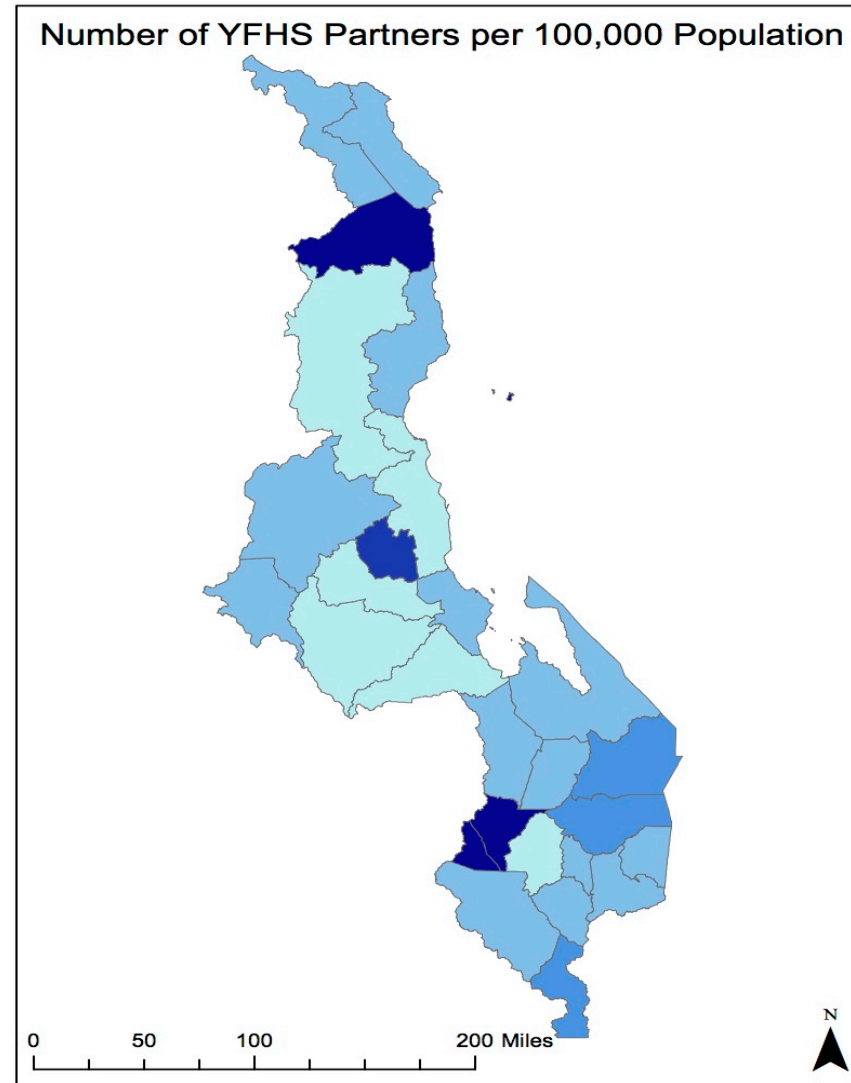
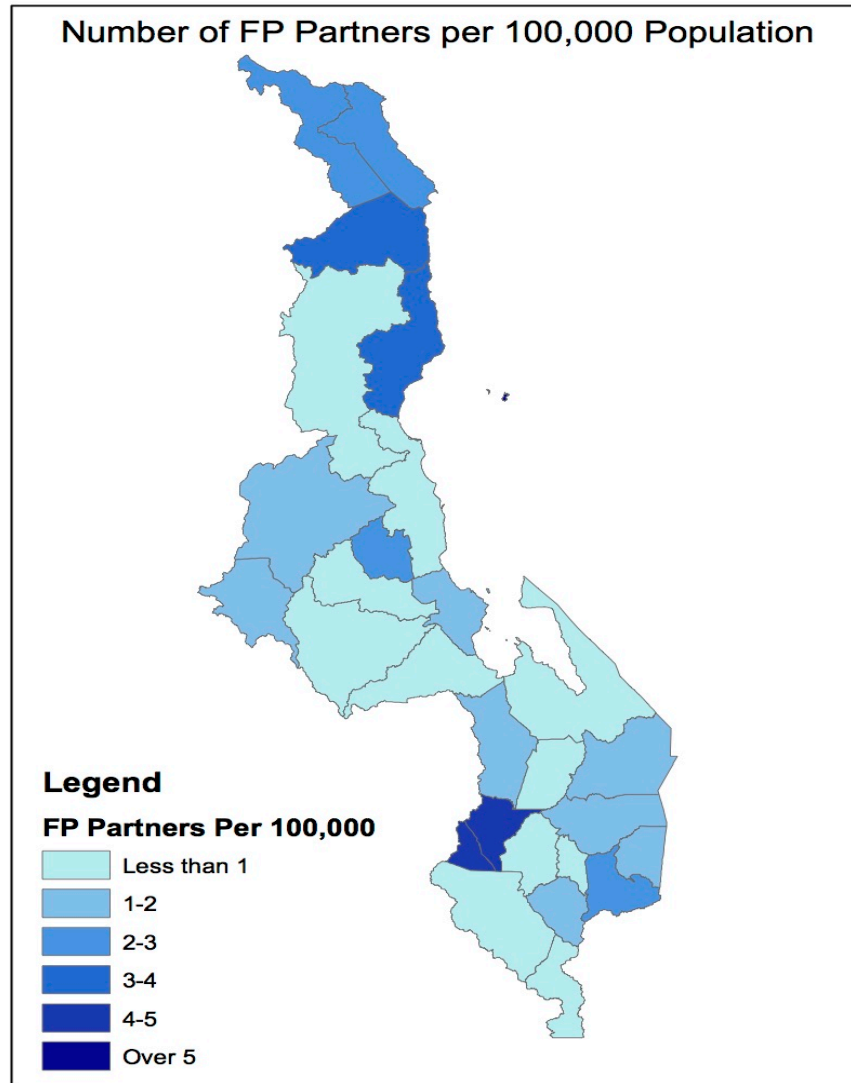




# Perceptions of FP coordinators on Supervision challenges



# Density of FP and YFHS Partners in each district



# Median and Range of the Number of Partners supporting each domain by district

Type of Partner support	Median	Range
Training of Health Workers	2.5	0-6
Supervision of Health Workers	2	0-6
Family Planning Education	2	0-5
Distribution of Contraceptive	3	1-6
Youth-Friendly Family Planning	3.5	0-7

# KEY FINDINGS

# **Low Availability** of FP Methods across Health Facilities and Health Worker Types

## **Availability of key FP products still remains a challenge across all levels:**

- 39% of facilities did not have one or more of the four methods (condoms, pills , implants & injectables) on the day of interview
- 49% of HSAs provide all the three methods (condoms, pills, injectables)
- 29% of all the HSAs had all the three methods on the day of the interviews
- 45% of the CBDAs had both methods on the day of interviews (condoms & pills)
- 27% of CBDAs had stock outs in the past three months
- The majority of the Youth live in rural areas and are limited in terms of choice

# **Poor Supervision** of facility and community health workers

## **About half of the HSAs and facilities received supportive supervision**

- 47% of the HSAs had reported to have received supportive supervision within 90 days
- 52% of the CBDAs had reported to have received supportive supervision within 90 days
- 55% of health facilities reported to have received supportive supervision by the district within 90 days

## Weak implementation of YFHS

- Despite most facilities saying that they provide youth friendly health services, youth-specific family planning guidelines or protocols were not available in 43% of facilities that provide these services.
- This study has found that only 33% of facilities that provide youth friendly health service have special rooms.
- 58% of facilities provide special days for the youths.

# Strengths and Limitations of the ISA

- **Strengths**

- The study covered all districts and nearly all facilities in the country
- The sample size was calculated to be representative at district level for HSAs and it was a census of Health facility workers and CBDAs
- Covered a wide range of supply-side indicators that estimate the readiness of the health systems to provide FP, especially to the youth
- Ease, low cost of implementation and wide sampling due to mobile phone interviews

- **Limitations**

- The study was a snapshot and cannot be used to produce trends over time
- Self reporting bias on certain indicators; not all were able to validated



# Policy Implications

- The commodity supply system needs to ensure that all facilities and workers have a consistent supply of all contraceptive methods
- Government should ensure availability of all FP guidelines and IEC materials at all service delivery points
- Training needs to be expanded for HFWs and HSAs, especially for injectables, implants, and YFHS
- Government should ensure frequent supportive supervision involving mentoring, coaching and reporting ( on service delivery and stocks levels) to improve quality service delivery
- Health facilities providing youth friendly health services need special rooms and days for youth activities
- **Government can target resources and focus to areas with especially low results across IS domains**

# Acknowledgement

- Ministry of Health Reproductive Health Directorate
- The Institute for International Programs at Johns Hopkins University (IIP-JHU) for technical guidance during data collection, analysis, and report writing.
- NEP Technical Task team for their role in data analysis.

## Reference

[1] Mmari, K.N. and R.J. Magnani, Does making clinic based reproductive health services more youth-friendly increase service use by adolescents? Evidence from Lusaka, Zambia. *Journal of Adolescent Health*, 2003. 33(4): p259-270.