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ONSE HEALTH ACTIVITY
FAMILY PLANNING
MALAWI, 2016-2022



The **United States Agency for International Development's (USAID)** Organized Network of Services for Everyone's (ONSE) Health Activity supported Malawi and its Ministry of Health (MoH) in reducing maternal, newborn, and child morbidity and mortality. Partnering with the MoH and national- and district-level stakeholders, ONSE worked to improve access to and quality of priority health services, strengthen performance of health systems, and increase demand for priority health services. ONSE's activities were based on three core principles that promote self-reliance: data-driven, district-specific targeting to jointly identify needs for high-impact interventions; systemic capacity building coupled with smart capacity building approaches; and mutual accountability. ONSE's Health Activity was a five-year program led by Management Sciences for Health (MSH), running from 2016 to 2021 (with an extension to June 2022).

COVID-19 significantly impacted Malawi. The fear of getting COVID-19 at a health facility decreased the demand for FP service provision. The demands of the COVID-19 response effort, such as changes to health care staff priorities and supply chain interruptions, further complicated access to FP and decreased overall usage of FP methods. ONSE supported the MoH to develop and disseminate guidelines on provision of FP services within the COVID-19 pandemic. Our partner Banja la Mtsogolo (BLM) did not halt outreach clinics unlike other partners and oriented its providers to maintain COVID-19 preventive measures during service provision. ONSE supported development of public health protocols, donated masks and infection prevention materials to the facilities and outreach teams, and ensured protocol adherence at service delivery points.

INCREASING ACCESS, REDUCING BARRIERS, AND IMPROVING THE QUALITY OF SERVICES

Family planning (FP) at its most basic is the ability of women, men, and adolescents to make informed, voluntary decisions about the best health care options available to them that directly affect their reproductive goals. Ensuring access to FP is vital to safe motherhood, healthy families, and prosperous communities.

Malawi has an estimated population of 18.6 million, which is expected to double by 2038.¹ Without access to safe, effective, and convenient FP options, the projected population growth will be a challenge for the health system, the economy, and society. Malawi's health care system deals with a fertility rate of 4.4, a maternal mortality ratio of 439 deaths per 100,000 live births, and unmet FP needs estimated at 19%. Adolescent pregnancy makes up 29% of all births and 15% of maternal deaths.² Climate change will exacerbate these health care challenges and could make it more difficult to provide access to FP and reproductive health needs, especially in the aftermath of disasters that disrupt services and displace families. Enabling access to safe, effective, and convenient FP options will support the achievement of a self-reliant and industrialized upper middle-income country as outlined in the new national strategy "[Malawi 2063](#)".

Malawi Health Care System At a Glance

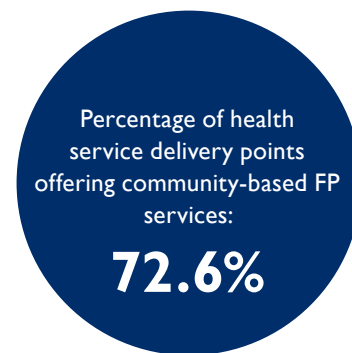


There are many barriers to FP, including remote or insufficient facilities, inadequate staffing or staff education, cultural and societal perceptions, and lack of knowledge about FP options. There are also gender barriers, as men are regarded as family decision makers and can be a barrier to FP access for women and youth. Youth face many similar barriers, with the added pressure of stigma when seeking information and a lack personal and financial support to continue usage. Impediments after the adoption of FP methods include a high rate of discontinuation of short-term choices due to cost or lack of supplies, while long-

term methods require more skilled providers for administration or to impart information for self-administration.

Investments in FP services and in training and infrastructure can address some of these issues. Increasing the availability of comprehensive FP options, especially for youth and during the postpartum period, with an emphasis on long-term methods that have a higher impact and lower discontinuation rate than short-term options, are also part of the solution.

ONSE-supported Family Planning Activities by the Numbers



ONSE'S APPROACH TO FAMILY PLANNING

ONSE's FP activities have focused on increasing access, reducing barriers, and improving the quality of FP services. ONSE worked with communities to strengthen their capacity and used smart capacity building approaches within facilities to strengthen processes and competencies on the job.

At the beginning of the project, ONSE conducted a Health Facility Assessment to evaluate access to and quality of care at targeted health facilities. The assessment revealed gaps in the availability and quality of FP services, including low uptake of modern FP methods, heavy dependency on short-term methods, lack of

provider proficiency in providing a full mix of methods, and lack of emergency contraception and immediate postpartum FP services.

ONSE developed targeted activities with district and national leaders that focused on providing long-term, high couple years of protection (CYP)³ methods with low discontinuation rates; expanding services in facilities and at the community level with outreach clinics and mobile FP units; and increasing the knowledge and skills of FP providers at facilities and in communities. In collaboration with the Ministry of Health (MoH), ONSE partnered with Banja La Mtsogolo (BLM, Marie Stopes Malawi) to deliver FP service solutions.

ONSE FAMILY PLANNING PROGRAM HIGHLIGHTS



ONSE supported FP activities and youth outreach at the **national, facility, and community levels.**



ONSE FP activities provided supervision and mentorship with a focus on **supply and data management** that built capacity for the provision of **long acting and reversible contraceptives (LARCs) and permanent methods**, supported orientation for health care providers on **emergency contraception.**



ONSE renovated **eight facilities** to create space for FP activities and provided new structures at busy facilities using functional prefabricated clinics to improve service provision for reproductive health services.



In Bwaila district hospital, **we helped establish a new prefabricated family planning clinic to help answer the demand for family planning services** while decongesting the busy health facility, freeing up rooms for other forms of service delivery. The clinic increases essential services in one of Malawi's fastest growing cities and heavily populated business areas, where one in five women continue to report unmet family planning needs and where the population is estimated to increase by **97%** between 2020 and 2035.

Continuous assessment and analysis of our work outcomes informed our initial strategy and effectiveness throughout the activity. In 2018, ONSE conducted a CYP analysis of 32 facilities across the 11 supported districts using FP service delivery statistics collected in the national health registry. Results showed that ONSE's contribution to FP services included a higher proportion of LARCs and permanent methods (39%) than did the MoH's. ONSE adapted service delivery approaches to meet the demand for long-term FP methods at busy facilities. ONSE partnered with Breakthrough ACTION on a feasibility study of FP counseling and service provision. The study showed that providing effective FP counseling, especially before and during postpartum, is important to ensure that women are aware of their options for healthy child spacing and which FP methods best align with their needs.

National-Level Solutions

At the national level, ONSE was a critical partner in the review or development of several national activities and policy documents.



ONSE supported and informed the review of the FP reference manual, postpartum FP guidelines, counseling tools, and a training manual for administering depot medroxyprogesterone acetate subcutaneously (DMPA-SC).



ONSE worked with Reproductive Health Directorate (RHD) in the Ministry of Health (MoH) to conduct data validation efforts at facilities with missing FP data in DHIS2, organized trainings for FP and health management information system staff and data clerks, and supported the printing of registers and monthly reporting booklets to ensure availability of data management tools.



ONSE was a part of the DMPA-SC national taskforce that provided technical support in the DMPA-SC/Sayana Press roll out. ONSE assisted RHDs in using evidence to inform a phased roll out of DMPA-SC in other districts and secure its approval by MoH leadership.

Facility-Level Solutions

ONSE's facility-level solutions provided smart capacity building to health care staff and increased access to LARCs and permanent methods, which were lacking in the MoH's FP service implementation.



Ten nested provider teams, consisting of a clinical officer and a nurse or midwife employed by BLM, addressed the demand for FP at some of the busiest health facilities by **increasing provider knowledge and skills for comprehensive counseling on all FP methods.**



Public-sector strengthening teams evolved from the nested provider model in 2020 as a critical aspect of our sustainability approach to empower MoH providers. **The teams' approach included more trainings, mentoring, and sustainable service delivery improvements.**



ONSE worked with BLM and supported four facility-focused outreach teams to provide services in five districts that focused on **strengthening uptake of LARCs, improving overall quality of service for comprehensive FP counseling, and promoting uptake of FP services during postpartum.**



Community-Level Solutions

ONSE helped bring FP services into communities and closer to the people who needed them, increased the available FP method mix, and provided outreach services to youth to increase access and address demand. ONSE supported the MoH to conduct integrated family health outreach clinics, supported nine mobile youth outreach clinics covering hard-to-reach areas in 11 districts, provided emergency contraception orientations, and offered supervision and mentorship with a focus on FP data management.



ONSE supported the MoH to introduce Sayana Press at the community level, including participation in national stakeholder meetings, review of guidelines, training and supportive supervision of health care workers. ONSE partnered with RHD in four districts to train health care staff on administering DMPA-SC. **The DMPA-SC/Sayana Press activity showed an increase in demand and uptake among women and adolescents.** The self-administered injection advanced self-care and empowerment for women by allowing them to manage their reproductive health at home for up to a year without traveling to a clinic.



Beginning in 2020, ONSE supported emergency contraception orientation after policy changes that allowed health surveillance assistants and community-based distribution agents to provide emergency contraceptives at the community level. Sessions in six districts provided FP providers with knowledge and skills in the provision of emergency contraception at the facility and community levels.

Youth-Oriented Solutions



Access to reproductive health care and FP options for youth was lacking, especially beyond the facility level. ONSE worked with BLM as well as MoH and organized nine teams for youth outreach clinics that expanded choice by providing access to a full FP method mix and provided services to young postpartum women. **The mobile outreach clinics targeted youth and people living in hard-to-reach areas, and BLM contributed to increased access to voluntary FP counseling and services.**

Learn more at msh.org/projects/onse/

¹ United Nations, World Population Prospects 2019: https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf

² USAID, Malawi, Maternal, Neonatal, and Child Health: <https://www.usaid.gov/malawi/global-health/maternal-neonatal-and-child-health>

³ USAID defines CYP as the estimated protection provided by family planning methods during a one-year period.

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