

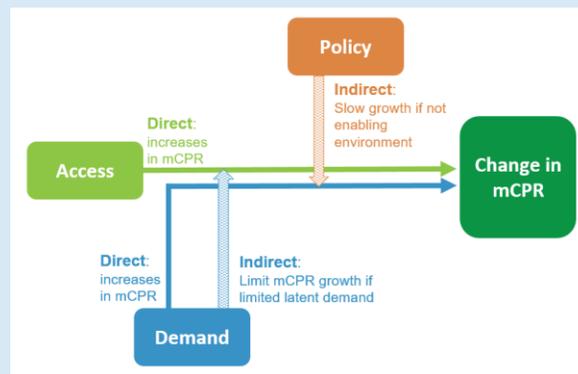
FP Goals in Malawi

Overview of process and results

October 2019

FP Goals is an innovative model designed to improve strategic planning. The model combines demographic data, family planning program information, and evidence on the effectiveness of a diverse set of interventions to help decision makers set realistic goals and prioritize investments across different family planning interventions.

Learn more at track20.org.



Snapshot of FP Goals in Malawi

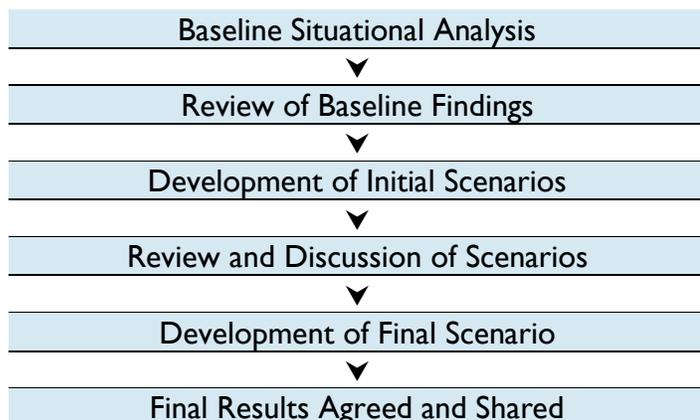
Why? The FP Goals application was done as part of a CIP mid-term review, resulting in a CIP addendum on Prioritization of Family Planning Interventions at National and District Levels for 2018–2020*.

Who? The application was led by Track20, in collaboration with the Ministry of Health and Population (MOHP) Reproductive Health Directorate and HP+ who were supporting the CIP review.

When? February - May 2018

Where? The application was done by district

How? The following process was followed:



Learnings from the baseline

A large amount of baseline data is collected for the FP Goals model from sources including:

- Household surveys (DHS 2015/16)
- Routine Service Statistics from DHIS2
- Facility-based surveys (UNFPA 2016)
- Reports from Government ministry
- Reports and data from partners
- Demographic projections (UNPD WPP 2017)

Key findings from the baseline include:

- Malawi’s married mCPR puts them towards the top of the s-curve, meaning they should prioritize a focus on equity and sustainability over national mCPR growth
- Recent growth in contraceptive use has mainly come from more women getting FP from Government Health Centers
- Public sector provision is fairly high across all methods, especially at Health Centers
- Stock outs generally low for most methods; but variations over time
- Large increase in post-partum FP use was seen between the last two DHS surveys
- Of all women of reproductive age in Malawi, 9% are youth with an unmet need

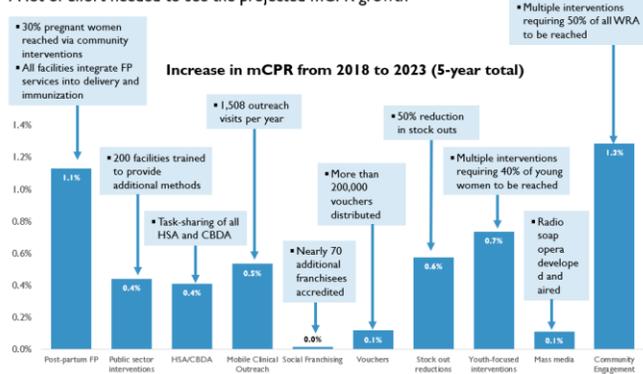
*http://www.healthpolicyplus.com/ns/pubs/11289-11517_PrioritizationofCIPInterventions.pdf

Prioritizing Interventions

An initial scenario was developed based on scale-up plans outlined in the CIP. Both the level of effort needed and impact on increasing mCPR varied greatly by intervention area as shown below.

Balancing impact and feasibility

A lot of effort needed to see the projected mCPR growth



These results were discussed by stakeholders in country, taking into consideration the level of effort required to achieve scale up and the resulting impact. Based on this, it was agreed that some interventions should be maintained at current levels but not scaled further due to limited additional gains: supporting health surveillance assistants and community-based distribution agents, expanding the method mix offered in the public sector, and using social franchising, vouchers, and mass media to encourage family planning service uptake.

Prioritizing Districts

11 “acceleration districts” were identified based on:

- **Low levels of contraceptive use:** eight districts were selected based on below average levels of contraceptive use (overall and/or among select sub-groups)
- **Absolute number of young people with unmet need for contraception:** three districts were selected on the large share of youth (married or unmarried sexually active) with an unmet need living in the districts.

Remaining districts are considered “continuation” districts where current efforts should be sustained.

Within each acceleration district interventions were prioritized based on those that would lead to the largest gains in contraceptive use. In these districts additional funds and efforts should be leveraged in order to see further gains.

Priority Districts and Interventions: Estimated Additive value to mCPR over five years

District	Intervention 1 (% additive value to mCPR)	Intervention 2 (% additive value to mCPR)	Intervention 3 (% additive value to mCPR)
Blantyre	Youth-focused interventions* (0.6%)	N/A	N/A
Likoma	Mobile clinical outreach (2.7%)	Expand method mix in public sector (1.2%)	Postpartum family planning (1.2%)
Lilongwe	Youth-focused interventions* (0.6%)	N/A	N/A
Machinga	Postpartum family planning (2.8%)	Mobile clinical outreach (1.8%)	Community engagement (1.4%)
Mangochi	Postpartum family planning (7.9%)	Mobile clinical outreach (2.3%)	Community engagement (2.0%)
Mzimba	Postpartum family planning (2.2%)	Community engagement (1.5%)	Mobile clinical outreach (1.2%)
Nkhatabay	Postpartum family planning (5.3%)	Mobile clinical outreach (3.4%)	Community engagement (1.8%)
Nkhotakota	Mobile clinical outreach (2.8%)	Postpartum family planning (2.6%)	Community engagement (1.3%)
Nsanje	Postpartum family planning (2.6%)	Expand method mix in public sector (1.3%)	Community engagement (1.2%)
Salima	Postpartum family planning (3.2%)	Mobile clinical outreach (2.9%)	Community engagement (1.4%)
Zomba	Youth-focused interventions* (0.8%)	N/A	N/A

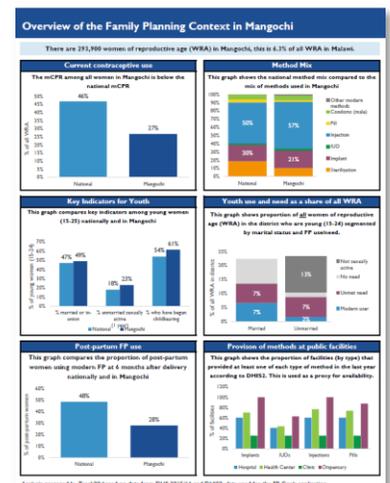
* Interventions for married and unmarried youth.

Source: CIP addendum on Prioritization of Family Planning Interventions

Disseminating Results

Results from the FP Goals application are showcased in the “Prioritization of Family Planning Interventions at National and District Levels for 2018–2020” document published by the MOHP.

In addition a fact sheet was created for each district to benchmark their performance against the national average. These were published together in a summary document.



Analysis prepared by Trax3D based on data from DHS 2015/16 and DHS2; data used for the FP Goals application