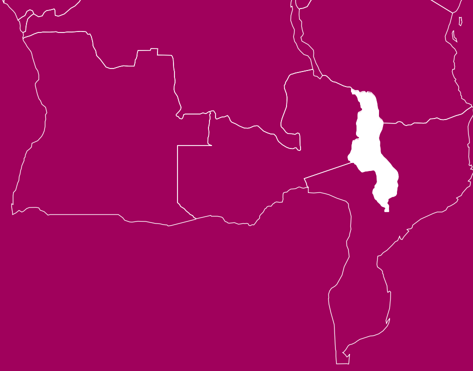
MALAWI

PAC-FP COUNTRY BRIEF



Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the Republic of Malawi's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

The Republic of Malawi's national policy on family planning (FP) and reproductive health (RH) is outlined in a number of documents, including the National Youth-Friendly Health Services Strategy 2015–2020, the Malawi Growth and Development Strategy 2006–2011, the National Reproductive Health Strategy 2006–2010 (2006), and the National Sexual and Reproductive Health and Rights Policy (2009). The latter document provides a rights-based framework for the provision RH services in accordance with the International Conference on Population and Development Programme of Action. It specifically aims to promote positive RH practices, including use of quality, accessible RH services. It also calls for the management of complications with high-quality postabortion care (PAC), including counseling, FP, and use of manual vacuum aspiration (MVA).

The Ministry of Health and Population developed the 2001 National PAC strategy in collaboration with Jhpiego. This strategy includes advocacy and policy development, PAC training, materials and equipment provision, organization of services, expansion of PAC, and supervision to increase the provision and quality of comprehensive PAC in Malawi. PAC is also included in the national Reproductive Health Service Delivery Guidelines, which formalizes PAC as a priority within the National Sexual and Reproductive Health Policy (Jhpiego, 2004).

Legal Status on Abortion

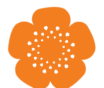
In Malawi, abortion is permitted to save a woman's life.

PAC TRAINING AND STANDARDS

MVA for PAC was introduced as a pilot in 1994 (Leme et al, 1994) and later expanded in 2001 with investments in facilities, training, and equipment (Schenck-Ygleslae, 2004).

In 2015, Malawi trained personnel in 159 of 300 targeted private clinics to provide long-acting reversible contraceptives (FP2020, 2015).

Malawi also has a Youth-Friendly Health Services Facilitators Guide (2009) that is used in RH trainings and similar workshops (Ministry of Health Reproductive Health Unit, 2009). The National Reproductive Health Service Delivery Guidelines (2001) includes a chapter on PAC that addresses client assessments, management of incomplete abortions, MVA, postabortion FP, and linkages to RH and other health services (Ministry of Health and Population, 2001). Providers receive comprehensive PAC training, which includes theory and clinical practice related to working with clients from intake through postabortion and FP counseling to prevent repeat unintended pregnancies and abortions (Lunguzi, 2010).



STRENGTHENING SERVICE DELIVERY

The Government of Malawi, in collaboration with partners including Population Services International, Banja La Mtsogolo, the Strengthening Outcomes through Private Sector project, and the Family Planning Association of Malawi, has complemented staff training in private clinics by providing FP commodities at a highly subsidized rate (FP2020, 2015).

Malawi has also worked to strengthen supply chain management, particularly by training health personnel at all levels of the system to manage health products, including through using the logistics management information system for district-based forecasting and quantification of commodity needs (FP2020, 2015). The training aims to ensure that data is entered timely and correctly and that decentralization allows for regular monitoring and evaluation of supply chains at the district level in order to increase efficiency at the national level. This emphasis on supply chain management strengthening proved successful: in 2014, FP commodity stock outs were below 10% (FP2020, 2015).

With respect to PAC, the Ministry of Health's Reproductive Health Unit has worked to increase the number of public health facilities that provide PAC, including particularly through upgrading facilities and training PAC providers (Levandowski et al, 2013).

BARRIERS TO PAC

Women in Malawi face multiple barriers to accessing PAC and FP services. The primary obstacles women face in accessing FP include preferred method availability, misperceptions (e.g., the belief that contraception should be used only after a first pregnancy) and fears of side effects, and gender inequality in contraceptive decision-making (Jackson et al, 2011). Availability of staff to provide PAC and FP services is another challenge, especially in public health facilities facing a high demand for FP (Levandowski et al, 2013). In facilities that provide contraceptives, healthcare providers are often unable meet FP demand due to time constraints and commodity stock outs. (Jackson et al, 2011). Similarly, while PAC is available in most primary and secondary health facilities, the quality and quantity of MVA instruments is often inadequate, resulting in an increased use of dilatation and curettage, despite World Health Organization guidelines and recommendations (Jackson et al, 2011; Cook, de Kok, and Odland, 2017).

FINANCING MECHANISMS

In Malawi, contraceptives have been included in the national budget since 2014 (FP2020, 2014). The 2014–2015 budget line was MK 60 million (approximately USD 79,168); the budget line increased to MK 70 million in 2015–2016 (approximately USD 92,363), and again to MK 75 million in 2016–2017 (approximately USD 98,960) (FP2020, 2016).

According to a study conducted in 2015, PAC treatment in public facilities cost Malawi an estimated USD 314,000 annually. The median cost of using misoprostol for PAC was the lowest of all methods; MVA the second lowest, and dilatation and curettage the highest, with an estimated 30% higher cost compared to MVA (Benson et al, 2015).

MALAWI		Year	Source
Demographic/background indicators			
Country population	18,622,110	2018	World Bank[1]
Total fertility rate	4.6	2016	
Age at first birth	19.0	2015–16	Demographic and Health Survey, 2015–16
Maternal mortality per 100,000 live births	439		
Newborn mortality per 1,000 live births	27		
Infant mortality per 1,000 live births	42		
Under-five child mortality per 1,000 live births	63		
Facility-based deliveries	91.0%		
Proportion of women who attended at least one antenatal visit	95.0%		
Proportion of women who received a postnatal check within two days of a live delivery	42.0%		
Abortion and FP-related indicators			
Number of abortions	141,044	2015	Guttmacher Institute, 2016
Abortions per 1,000 women	38	2015	Guttmacher Institute, 2016
Number of unintended pregnancies	489,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Proportion of unintended pregnancies that end in abortion	30%	2015	Guttmacher Institute, 2016
Number of unintended pregnancies averted due to use of modern contraceptive methods	830,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	138,000		
Number of maternal deaths averted due to use of modern contraceptive methods	3,800		
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	46.6%		
Knowledge of FP, all WRA	98%	2015–16	Demographic and Health Survey, 2015–16
Contraceptive use by type		2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Long-acting and permanent methods			
Sterilization (female)	18.4%		
Sterilization (male)	0.2%		
Intrauterine device	1.8%		
Implant	19.9%		
Short-acting methods			
Injection (intramuscular and subcutaneous)	49.8%		
Pill	3.8%		
Condom (male)	5.8%		
Condom (female)	0.0%		
Other modern methods (e.g., cycle beads, and lactational amenorrhea method)	0.4%		
Unmet need for FP[2] (2018)	19.0%	2015–16	Demographic and Health Survey, 2015–16
Unmet need for spacing	11.0%		
Unmet need for limiting	8.0%		
Percentage of all women who received FP information during their last visit with a health service provider	32.2%		

1 https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

2 Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

REFERENCES

Benson, J., Gebreselassie, H., Manibo, M.A., Raisanen, K., Johnston, H.B., Mhango, C., and Levnadowski, B.A. 2015. "Costs of Postabortion Care in Public Sector Health Facilities in Malawi: A Cross-Sectional Survey." *BMC Health Services Research* 15(562). doi: 10.1186/s12913-015-1216-2.

Cook, S., de Kok, B., and Odland, M.L. 2017. "'It's a Very Complicated Issue Here': Understanding the Limited and Declining Use of Manual Vacuum Aspiration for Postabortion Care in Malawi: A Qualitative Study." *Health Policy and Planning* 32(3): 305–313. doi: 10.1093/heapol/czw128.

Curtis, C., Huber, D., and Moss-Knight, T. 2010. "Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion." *International Perspectives on Sexual and Reproductive Health* 36(1):44–48. doi: 10.1363/ipsrh.36.044.10.

FP2020. 2016. *Malawi: Commitment Maker Since 2012*. http://www.familyplanning2020.org/entities/69.

FP2020. 2018. *Malawi: FP2020 Core Indicator Summary Sheet: 2017-18 Annual Progress Report*. https://www.familyplanning2020.org/sites/default/files/Malawi%202018%20CI%20Handout.pdf.

Jackson, E., Johnson, B.R., Gebreselassie, H., Kangaude, G.D., and Mhango, C. 2011. "A Strategic Assessment of Unsafe Abortion in Malawi." *Reproductive Health Matters* (19)37. doi: 10.1016/S0968-8080(11)37563-5. http://www.tandfonline.com/doi/full/10.1016/S0968-8080%2811%2937563-5.

Leme, V.M., Mtimavalye, L.A., Thole, G.C., and Mvula, M.T. 1997. "The Impact of the Manual Vacuum Aspiration Technique on Healthcare Services at Queen Elizabeth Central Teaching Hospital, Blantyre, Malawi." *South African Medical Journal* 87: 218–22.

Levandowski, B.A., Mhango, C., Kuchingale, E., Lunguzi, J., Katengeza, H., Gebreselassie, H., and Singh, S. 2013. "The Incidence of Induced Abortion in Malawi." *International Perspectives on Sexual and Reproductive Health* (39)2: 88–96. https://www.guttmacher.org/sites/default/files/article_files/3908813.pdf.

Lunguzi, J., Katengaza, H.R., Levandowski, B.A., Pearson, E., Lunguzi, J., and Katengaza, H.R. 2012. "Reproductive Health Characteristics of Young Malawian Women Seeking Postabortion Care." *African Journal of Reproductive Health/La Revue Africaine de la Sante Reproductive* (16)2: 253–261. https://www.jstor.org/stable/pdf/23318033.pdf?refreqid=excelsior%3A3a8b2a2f0b1f56ff425b808b4db30002.

Ministry of Health and Population. 2001. *Malawi National Reproductive Health Service Delivery Guidelines*. http://www.postabortioncare.org/sites/pac/files/MOHMal_National_RH_Service_Delivery_Guidelines.pdf.

Ministry of Health, Reproductive Health Unit. 2009. *Youth-Friendly Health Services Training Manual: Facilitators Guide*. https://www.k4health.org/sites/default/files/Malawi%20YFHS%20Facilitators%20guide.pdf.

National Statistical Office and ICF Macro. *Malawi Demographic and Health Survey, 2015–16*. Zomba, Malawi, and Rockville, MD. National Statistical Office and ICF Macro.

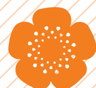
Polis, C.B., Mhango, C., Philbin, J., Chimwaza, W., Chipeta, E., and Msusa, A. 2017. "Incidence of Induced Abortion in Malawi, 2015." *PLoS ONE* 12(4): e0173639.

Postabortion Care (PAC) Consortium. 2014. *Misoprostol for Postabortion Care: Expanding PAC Service Delivery and Access with a Highly Effective Treatment for Incomplete Abortion*. PAC Consortium.

Schenck-Yglesias, C. 2004. *Evaluation of Postabortion Care Service Delivery in Malawi*. Jhpiego. http://reprolineplus.org/system/files/resources/pac_malawi_techreport.%20pdf.pdf.

Schenck-Ygleslae, C. 2004. *Technical Report: Evaluation of PAC Service Delivery in Malawi*. Lewison, D. (ed). Jhpiego.

PG0037



EngenderHealth
for a better life

505 Ninth Street NW, Suite 601, Washington, DC 20004 · +1 (202) 902 2000 · engenderhealth.org