

Malawi

Monitoring and evaluation of community-based access to injectable contraception

Even if she's just walking by, a woman can come up to me and say, "I need my injection!"

—HSA, Malawi

PROJECT DESCRIPTION

In response to global efforts to increase task shifting, whereby tasks traditionally performed by higher-level cadres of health care workers are shifted to lower-level cadres through training and mentoring, the World Health Organization (WHO) has issued recommendations^{1,2} addressing which cadres of health care workers they recommend provide particular services. In regard to family planning, WHO recommended lay health worker provision of injectable contraception with “targeted monitoring and evaluation” or “in specific circumstances.” To assist countries to follow the WHO recommendation, FHI 360 initiated a project to develop written guidance on monitoring and evaluation (M&E) of community-based access to injectable contraception (CBA2I), along with recommended M&E indicators. The goal of the guidance and recommended indicators is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. The guidance was developed based on an examination of the literature, a technical consultation with experts in the field, and case studies performed in three countries already implementing CBA2I programs.

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Malawi in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher-level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at nongovernmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects. The following sections outline the status of family planning and CBA2I, what we learned from the interviews, and a summary of responses from the interviewees for each question. FHI 360 also conducted case studies in Senegal and Uganda.

¹World Health Organization (WHO). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO; 2015. Available from: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/



An HSA records services provided.

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ABOUT MALAWI

With a population of around 17 million, Malawi is one of the smaller African countries. Eighty-five percent of the population lives in rural areas, and the economy is largely agriculture based.

Malawi has a total fertility rate of 4.4, an infant mortality rate of 42, and a maternal mortality rate of 439. The modern contraceptive prevalence rate for married women is 58.1 percent with an unmet need for family planning of 18.7 percent. (2015-16 Demographic Health Survey)

Malawi's community-based access to injectable contraception project started with an 18-month pilot in 2008 initiated after a team from Malawi visited Madagascar to understand how their program had been implemented.

WHAT IS CBA2I POLICY AND PRACTICE IN MALAWI?

Malawi has a strong system of paid public community health workers called Health Surveillance Assistants (HSAs). HSAs must have a Malawi Certificate of Education, the equivalent of completion of secondary school, and they earn approximately \$100 USD per month. Each HSA receives 10 weeks of training on topics including integrated management of childhood illness; water, sanitation and hygiene; and reproductive health, including family planning. HSAs who want to offer injectable contraception and family planning services undergo an additional week of training including two days of theory and three days of practicum. HSAs are responsible for a catchment area of approximately 1,000 people and try to visit each household once per month. Each HSA reports to a senior HSA, who is based at a health facility and provides quarterly supervision.

In 2010, the official policy was put in place allowing HSAs to give injectable contraception, including the initial dose.

²World Health Organization (WHO). WHO recommendations: Optimizing health worker roles for maternal and newborn health through task shifting. Geneva: WHO; 2012. Available from: <http://optimizemnh.org/>

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HOW IS M&E OF CBA2I CONDUCTED?

Community-based HSAs submit a monthly summary form to their supervisors that shows the total number of women seen for family planning and other services, and any commodities supplied. Based on this information, they are given a resupply of those commodities. Monthly information is compiled into the Health Management Information System (HMIS), by facility. Facilities' data are then summarized into districts, and then nationally. Because data are summarized by facility when entered, it is not possible to know summary information for community-based HSAs versus other cadres of providers. No new family planning indicators were created when the CBA2I program was initiated; data are compiled with other, facility-based family planning data for existing indicators.

While no specific safety information is collected related to community-based provision of injectables, a communication channel does exist through monthly meetings of family planning coordinators representing each district. Health workers we spoke with at various levels of the health system were confident that if problems with abscess, infection, or other safety issues were present, HSAs would report these to their supervising senior HSAs for communication to and management by the monthly family planning coordinator meetings.

What indicators does the Malawi CBA2I program use?

- # of women receiving a method, by method
 - # of new users
 - # of continuing users
 - Age (disaggregated by under 20 and over 20)

What tools do Malawi's HSAs use?

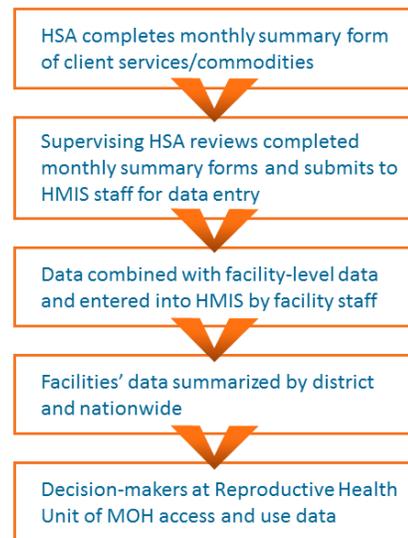
- Counseling flip chart
- Perpetual calendar
- Box for storage of commodities
- Bag to carry registers/materials
- Tally sheets

What practices does Malawi recommend to other countries?

The following are recommendations given by interview subjects for other countries looking to implement or improve CBA2I programs.

- The importance of not only creating monitoring frameworks, but also using them.
- Community involvement from the beginning is crucial. For example, conduct a stakeholder analysis to understand perspectives on CBA2I. Then when it is rolled out, involve men from the community. For example, village chiefs should be on board, and men should be

DATA FLOW



involved in conversations about the importance of birth spacing. It can be convincing to give men examples of how well it's working in other places. Lastly, the community should be involved with decisions such as where in the community visits will take place—in people's residences, at a shared structure, or under a certain tree, for example.

- A consistent supply of injectables. Programs should not create a level of demand they cannot meet or they risk losing momentum and disappointing community members.
- Refresher trainings keep CHWs skills up to date and ensure proper procedures are used.

How are data used for decision making in Malawi?

Family planning data in general are used to manage resupply of commodities and to track national statistics. The information is used to make decisions regarding how to increase the contraceptive prevalence rate for the country and how to increase uptake of long-acting methods. If program managers at the national level note low family planning numbers through a particular facility, they may decide to add more HSAs in that area.

M&E OF CBA2I GUIDANCE

The results of this case study, along with case studies in Senegal and Uganda, were combined with data from an examination of the literature and a consultation with experts in the field to develop guidance for M&E of CBA2I. The guidance, including recommended indicators and sample job aids, are available on fhi360.org, Community-Based Family Planning.

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