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Government of the
Republic of Malawi

# Reproductive Health Policy

February 2002

Ministry of Health & Population

REPRODUCTIVE HEALTH
PROGRAMME

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# LIST OF ABBREVIATIONS

| | | |
|---|---|---|
| 1. AIDS | : | Acquired Immune Deficiency Syndrome |
| 2. ARH | : | Adolescent Reproductive Health |
| 3. BCC | : | Behaviour change Communication Change |
| 4. BCI | : | Behaviour Change Inervention |
| 5. CBDA | : | Community Based Distribution Agent |
| 6. DFID | : | Department for International Development |
| 7. DHIO | : | District Health Information Officer |
| 8. DHS | : | Demographic Health Survey |
| 9. FP | : | Family Planning |
| 10. GNP | : | Gross National Product |
| 11. HIMU | : | Health Information Management Unit |
| 12. HIV | : | Human Immunodeficiency Virus |
| 13. ICPD | : | International Conference on Population and Development |
| 14. IEC | : | Information, Education and Counselling |
| 15. KAP | : | Knowledge Attitude and Practice |
| 16. MOH&P | : | Ministry of Health and Population |
| 17. NACP | : | National Aids Control Programme |
| 18. NGO | : | Non-Governmental Organisation |
| 19. PMG | : | Programme Management Group |
| 20. POA | : | Programme of Action |
| 21. PRSP | : | Poverty Reduction Straregy Paper |
| 22. RH | : | Reproductive Health |
| 23. RHIS | : | Reproductive Health Information System |
| 24. RHLMIS | : | Reproductive Health Logistics Management Information System |
| 25. RHP | : | Reproductive Health Policy |
| 26. RHU | : | Reproductive Health Unit |
| 27. SADC | : | Southern Africa Development Community |
| 28. SMA | : | Syndromic Management Approach |
| 29. SMI | : | Safe Motherhood Initiatives |
| 30. SRH | : | Sexual and Reproductive Health |
| 31. STI | : | Sexually Transmitted Infection |
| 32. SWAP | : | Sector Wide Approach |
| 33. TBAs | : | Traditional Birth Attendant |
| 34. UNAIDS | : | United Nations Acquire Immune Deficiency Syndrome |
| 35. USAID | : | United States Agency for International Development |
| 36. VCT | : | Voluntary Counselling and Testing |
| 37. WHO | : | World Health Organisation |

## FOREWORD

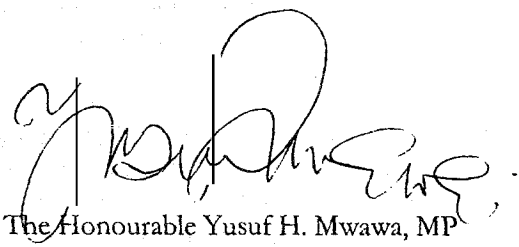
Sexual and Reproductive Health (SHR) services have been provided in Malawi for a long time but there was no policy to guide the implementation. During this period, individual programmes had their own policies encouraging a vertical approach. This made it difficult to coordinate Sexual and Reproductive Health Programmes to the disadvantage of the clients and provides.

To address this gap, Malawi like other countries adopted the International Conference on Population Development (ICPD) integrated Programme of Action (POA) to guide the implementation of the comprehensive SRH Programmes. With the approach of providing integrated services, the Reproductive Health Unit has developed this SRH policy from which practice standards and guidelines to guide implementation shall derive. Therefore the SRH policy will facilitate and strengthen coordination between all health partners, guide decision makers, protect clients and providers and provide a justification for the allocation of resources.

The development of the Sexual and Reproductive Health policy involved wide consultations with organisations implementing RH services, individual health experts, programme managers, health regulatory bodies, training institutions and implementers. This was conducted through a series of activities.

The first phase was the Sexual and Reproductive Health Policy Needs Assessment workshop conducted in September 2000, whereby members agreed on the need to develop a Sexual and Reproductive Health Policy. This was followed by actual development of the Sexual and Reproductive Health policy in April 2001.

The whole exercise would not have been possible without technical and financial support from USAID Policy Project and DFID. Finally, the Ministry would like to thank individuals and institutions for their contributions made towards successful completion of this document.



The Honourable Yusuf H. Mwawa, MP
Minister of Health and Population
Malawi

## ACKNOWLEDGEMENT

The Ministry of Health and Population would like to extend its sincere appreciation and gratitude to the following individuals who contributed a considerable time and effort to the development and finalisation of the Reproductive Health Policy. The development process of the policy was conducted through three phases. Phase one was the Reproductive Health Policy Assessment conducted in September 2000. The second phase was the Development of RH Policy and the third phase was the Finalisation of the RH Policy both conducted in April 2001, for which the contributors were the following:

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## INTRODUCTION

The current implementation of comprehensive Reproductive Health in Malawi is in line with the recommendations of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, 1994. This meeting approved a Programme of Action (POA) that emphasised the need to integrate Reproductive Health and to discontinue the use of vertical programme of services such as Family Planning, Safe Motherhood etc. Integration of RH services therefore is incorporating some of the RH components into the existing RH services.

ICPD defined Reproductive Health (RH) as "A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processes". RH therefore implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. In addition RH is defined as Health as part of RH and includes healthy development, equitable and responsible relationships fulfillment and freedom from illness, disease, disability, violence and other harmful practices related to sexuality.

In response to ICPD recommendations, the Ministry of Health and Population established the Reproductive Health Unit (RHU) in 1997 with the mandate to:

1. Coordinate the integration of RH services at all levels.
2. Develop RH Policy, strategy and guidelines.
3. Guide implementation of RH
4. Monitor and evaluate RH services.

Since its establishment, the RHU has operated without a RH Policy. Although the Unit developed a RH Strategy and RH Guidelines to guide service provision, it was noted that among other things health care providers and clients were not protected. This necessitated the development of a Reproductive Health Policy. However this policy will not be used in

isolation but in line with the National Health Plan 1999-2004 and supports the Malawi Government vision for the health sector "2020".

In Malawi the components of RH care are as follows:

- Safe Motherhood,
- Adolescent Reproductive Health
- Family Planning
- Prevention and Management of STI/HIV/AIDS
- Prevention, early detection of and management of cervical, prostate and breast cancer
- Elimination of harmful practices and reduction of domestic violence and infertility.

This policy contains the overall goal and objectives of RH, Priority Elements on Reproductive, Adolescent Reproductive Health, Family Planning, Safe Motherhood, General RH policies and Implementation Plan.

## OVERALL GOAL & OBJECTIVES OF REPRODUCTIVE HEALTH PROGRAMME

According to recent surveys, the status of Reproductive Health of Malawians ranks among the lowest in Sub-Saharan Africa. The total fertility rate remains elevated at 6.3 (DHS 2000). Childhood mortality rates are also unacceptably high - under-five mortality is 189 per 1,000 and infant mortality is 104 per 1,000 (DHS 2000). Other statistics reflecting the poor and Reproductive Health status of Malawians include the estimated STI prevalence rate of 6.3% and 16% of adults in the age group 15 - 49 are HIV positive (2000). The maternal mortality ratio of 1120 per 100,000 live births (DHS 2000) and the relatively low rate of skilled attendance at delivery (56%) (DHS 2000). This situation is making a major contribution to poverty in Malawi and undermining attempts to improve the socio-economic conditions of its citizens.

## Programme Goal

To provide accessible, affordable and convenient comprehensive reproductive health services to all women, men and young people in Malawi through informed choice in order to enable them to attain their reproductive health goals and rights.

## Programme Objectives

Reproductive Health Programme has the following objectives:

- To provide safe maternal health care, quality family planning, adolescent reproductive health services and prevention and management of unsafe abortion.

- To prevent and manage Sexually Transmitted Infections (STIs) including HIV/AIDS.

- To prevent and manage infertility.

- To increase awareness on early detection and management of cervical, breast and prostate cancers.

- To reduce the levels of unwanted pregnancies in all women of reproductive age.

- To strengthen the monitoring and evaluation systems.

- To discourage harmful RH practices.

- To prevent and provide support to victims of domestic and abuse.

- To promote adequate development of responsible sexuality, permitting relations of equity and mutual respect between

the genders and contributing to improving the quality of life of individuals.

- To ensure that women, men and young people have access to the information, education, supplies and services needed to achieve good health and exercise their reproductive rights and responsibilities.

- To promote BCC and Family Life Education to men, women and young people to utilize services.

- To provide quality services that are integrated, gender sensitive, and responsive to the needs of clients.

## REPRODUCTIVE HEALTH POLICY

The RH policy is developed as an integral part of the national development policy. These mandates serve as the guiding principles within which the RH policy and programmed activities will fall. RH is a major component in the Poverty Reduction Plan as stipulated in Poverty Reduction Strategy Paper (PRSP). The policy goal and objectives have been developed to support the delivery of reproductive health services in the country.

### Policy Goal

To establish a framework that guides the implementation of Reproductive Health programme.

### Policy Objectives

- Guide decision makers and managers
- Protect clients and providers
- Justify allocation of resources
- Facilitate the development of standards/guidelines
- Ensure quality and standardisation of services

## General Reproductive Health Policy Statements

The general reproductive health statements are statements that have been identified to have effect in all RH services. These have been isolated and put together in this section as they are considered to be paramount to the effective implementation of the whole RH programme in Malawi.

1. Service providers should observe and adhere to Reproductive Health Rights in their services.

    (a) Reproductive Health Rights are the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, and have the information, education and means to do so; attain the highest standard of Reproductive Health; and make decisions about reproduction free of discrimination, coercion and violence.

    (b) Sexual Rights are the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual and reproductive health; be free of discrimination, coercion or violence in their sexual lives and in all sexual decisions and expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships.

2. All Reproductive Health Strategies, guidelines and practice shall be evidence-based.

3. All Reproductive Health services shall be provided in an integrated manner.

4. No couple or individual shall be denied access to any RH commodities due to nonaffordability or inability to pay, if such commodities are necessary to achieve optimum RH.

5. All Reproductive Health services shall be implemented, monitored and evaluated in accordance with the Malawi National Reproductive Health Guidelines/standards.

6. Gender shall be mainstreamed in all Sexual and Reproductive Health services.

7. Information on harmful Reproductive Health practices shall be provided to the communities.

8. Behavioural Change Communication shall be emphasised throughout the provision of Reproductive Health services.

9. Infection prevention standards shall be maintained at all times and at all levels.

10. All personnel providing RH services must demonstrate adherence and commitment to guidelines assignments, appropriately supervised and receive regular inservice training to update knowledge skills and create positive attitude.

11. Male involvement in SRH issues shall be encouraged at all levels.

12. Pre and postmenopausal women shall be provided with information and counselling.

13. All individuals or couples seeking SRH services should be offered/referred for HIV counseling and testing.

14. RH services should be provided at all levels by trained providers per the Malawi National Reproductive Health Guidelines.

15. Family Life Education should begin in families, primary school and continue at all levels of education with special effort being made to address out-of-school children and youth.

16. RH policy, guidelines, service standards and procedure manuals shall be made available by the Ministry of Health and Population in collaboration with stake holders for use in all health institutions (government and nongovernment) and shall be reviewed periodically.

17. Government, NGOs, private medical practitioners and parastatal companies providing SRH services shall be guided by the policies and practice standards set by the Ministry of Health and Population.

18. All government ministries and non-governmental organizations shall be encouraged to participate actively in RH related programmes and each institute shall have mandate to formally address SRH issues.

19. MOHP shall guide implementation of all RH programme activities.

20. SRH services shall be provided to those with disabilities.

The following are policies on the specific component areas:

**SAFE MOTHERHOOD**

The MOHP instituted a Safe Motherhood Initiatives Programme in 1995, whose aim is to reduce maternal and infant mortality by improving access to quality essential obstetric and neonatal care. The programme is also intended to improve the attitude and practices of health workers and communities towards care during perinatal period. Provision of obstetric essential services by skilled attendance is important in reducing the risks to the mother and child during pregnancy and delivery. This will also help in reducing adverse effects and lower maternal and perinatal mortality.

The implementation of Safe Motherhood Initiative Programme shall be guided by the following policy statements:

- Provision of Safe Motherhood services shall be offered by skilled health workers at all health facilities.
- Provision of Safe Motherhood services shall be male friendly.
- At community level Safe Motherhood services shall be provided by trained and supervised TBAs.
- Comprehensive essential obstetric care services shall be provided to all pregnant women.
- Health facilities providing Safe Motherhood services shall put in place appropriate and functional transport and communication systems.
- Public, NGOs and Private facilities shall offer VCT to all pregnant women according to NAC Policy.
- HIV positive mothers shall be counseled on breastfeeding.
- Postabortion care services shall be provided at all approved health facilities.
- All pregnant women shall be screened for syphilis and treated with involvement of their partners.

**FAMILY PLANNING**

The need for family planning services arises from the risks of maternal, infant and child morbidity and mortality when pregnancies are too early, too many, too late and too frequent and from a high fertility rate of 6.3 (2000 DHS) which is one of the highest in the world. The situation is compounded by a population density of 110 per square kilometer (1996 KAP) and limited resources.

Although the contraceptive prevalence rate has significantly increased from 14% (1996 KAP) to 26% (DHS 2000), the current unmet need for family planning in Malawi is still high at 30% (DHS 2000). This demonstrates that demand for family planning is still high and needs to be addressed.

Key family planning policy statements are as follows:

- Family planning services shall be provided to all women of reproductive age regardless of parity and marital status.
- Family planning services shall be accessible/convenient at all levels and provided by trained personnel.
- Family planning services shall be provided by CBDA's at the community level.
- All women, men and young people shall have the fundamental right to determine the type of contraceptive to use, how many children to have and when to have them based on informed consent.
- Family planning services shall be male- and youth-friendly.
- Individuals and families shall be encouraged to delay the first pregnancy until the age of 20.
- Individual women, men, and couples shall be encouraged to space their births for a minimum period of three years.
- Individuals and families shall be encouraged to avoid pregnancy after the age of 35.
- Individual women, men and couples shall be encouraged to have 1-4 children, as the fifth pregnancy places a woman and her family at increased risk.

- Condoms shall be encouraged among women, men and youth.
- Dual protection shall be encouraged among individuals women, men and youths.
- Family Planning Providers shall be adequately trained in managing clients who request for emergency contraception
- Emergency contraception shall be made available to all requesting clients who have had unplanned and unprotected sexual intercourse.

## CANCER OF THE CERVIX, PROSTATE AND BREAST

There is paucity of information regarding the prevalence of cancer in Malawi despite that cancer of the cervix, prostate and breast is on the increase. Since these cancers are of reproductive organs, the SRH services shall be extended to cater for that group.

Services shall be guided by the following policy statements:

- Services for cancers of reproductive organs (screening, referral, treatment) shall be available at all levels.
- Information Education and counselling services should be available on cancer of the cervix, prostate and breast in all health facilities.

## HIV/AIDS/STI's

STI's and HIV/AIDS are serious public health problems in Malawi. The estimated prevalence rate of these problems is on the increase despite government and public effort to reduce their spread. For instance, in 1997 the prevalence rate of HIV was at 20.6% a jump from 17.4% in 1994 representing a rise of 3.3% in a period of four years.

STI's on their own pose a significant burden of disease and serious complications. However, their management is justified in the fact that they facilitate HIV transmission by a factor of 3 - 5 (Wasserheit 1992).

Both STI and HIV prevention and management are priorities in Malawi. Each public, private and NGOs have a major role to play in the prevention and management of STIs and HIV/AIDS and shall be guided by the following policy statements in addition to those stipulated in the National HIV/AIDS Policy

- STI and HIV/AIDS services shall be available at all levels of the health care system and at community level.
- All antenatal women shall be screened and treated for syphilis and if infected, then treated along with their partners.
- The youth shall be encouraged to abstain from sexual intercourse.
- Clients with STIs shall be managed using the syndromic management approach.
- All STI clients shall be offered HIV counseling and testing services.
- Registered Nurses and Nursing Midwifery Technicians shall be permitted to prescribe STI drugs following training in the Syndromic Management Approach.

## ADOLESCENT REPRODUCTIVE HEALTH

Adolescents in Malawi face several SRH problems like STIs, HIV/AIDS and unwanted pregnancies which may lead to unsafe abortions and eventually death. This is because adolescents start having sex at around 12 years of age on average, so talking to young people about sex does not encourage sex. Despite these problems, adolescents are viewed as a healthy population and accorded low priority in delivery of SRH services. Surveys have revealed that adolescents start sexual activities at an early age making them prone to these SRH problems yet the current SRH services do not fully address their needs and are not youth friendly.

In light of this, there is therefore need to develop SRH programs that are responsive to adolescents needs.

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In light of this, there is therefore need to develop SRH programs that are responsive to adolescents needs.

In developing this policy close reference was made to existing policies targeting youth in relation to reproductive health. Such existing policies which are equally binding are National Youth Policy, National Gender Policy and NACP Policy on HIV/AIDS.

Services shall be guided by the following policy statements:

1. All SRH services shall be youth friendly.
2. Adolescents shall be provided with accurate and relevant information on SRH and substance abuse.

3. Service provision shall go beyond adolescents to include young people in the age range of 8-25 years.

## SRH HARMFUL PRACTICES, DOMESTIC AND SEXUAL VIOLENCE

Malawi is experiencing violence against women and children in different forms although there has never been a systematic research. On the magnitude of the problem, adhoc reports on this practice indicate that the problem is on the increase.

Violence against women can be described as "Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological suffering to women and children.

In the community negative cultural practices continue to be a major factor in perpetuating violence against women with traditional practices such as ("Chokolo, Fisi, kuchotsa fumbi and forced marriages").

In the light of this, therefore, the following policy statements are directed at supporting the provision of appropriate services for victims of gender based violence in the country.

1. Information on harmful practices and their effects shall be made available to all men, women and young people.

2. All victims of domestic and sexual violence shall have access to legal entitlement course of law, counseling and other support services.

## INFERTILITY

In Malawi, infertility services have received low priority for a long lime. However, there are many clients who seek for these services. Infertility is a growing problem with the increased prevalence of STIs.

In Malawian culture children are valued as wealth and they bring status to the family. Where there is infertility in a couple, family members subsequently view divorce and remarriage as the solution. This can have adverse RH effects for those involved. The need, therefore, for provision of infertility services is important.

Infertility services shall be governed by the following policy statement.

Infertility counseling and services shall be made available at all levels.

## POLICY IMPLEMENTATION PLAN

The Ministry of Health and Population is currently in the midst of health sector reforms, part of which is the move towards a sector wide approach (SWAP). In line with this policy, the RHU has subscribed to an integrated programme approach as a step towards the SWAP and is therefore currently developing common planning, reporting and monitoring systems. The SWAP will enable the RHU to make the transition from the existing project-based approach to a national Reproductive Health programme and will serve as a catalyst towards improved coordination of donor inputs. SRH programme is an integral part of the Essential Health Package (EHP). For efficient and effective implementation of the SRH programme, adequate support for all implementing organizations is required. This calls for continued financial commitment from the government as well as donors. In addition, adequate numbers of well-trained and motivated health workers with sufficient material resources to enable them to provide quality services

is essential.

The RHU is therefore responsible for:

- Policy and guideline formulation, dissemination and review
- Defining programme goals, objectives, strategies, interventions and quality assurance mechanisms
- Coordinating all donors and stakeholders in SRH
- Guiding and monitoring implementation of the SRH programme through a comprehensive workplan
- Mobilisation of resources to achieve the goals of SRH programme.

The above will be achieved in a participatory and multi-sectoral manner through the following Unit functions:

1. Programme management
2. Behaviour change communication
3. Development of human resources
4. Logistics
5. Monitoring and evaluation

**PROGRAMME MANAGEMENT**

SRH policy will be implemented through the national SRH Programme which is coordinated by the RHU through various management structures. At the policy/technical level the RHU will operate under the guidance of the Reproductive Health Coordinating Committee, which will address policy and programme issues and monitor progress of the SRH programme in line with the comprehensive workplan. The Programme Management Group will take responsibility for planning, coordinating and monitoring of SRH programme activities in all sectors (public, private, NGO). The Head of the

RHU under the supervision of the Secretary for Health and Population will manage all aspects of the RH programme and will provide overall policy and strategic direction to all SRH activities.

The implementation of the SRH policy shall require adequate resources. The RH programme is one of the priority areas in the fourth National Health Plan (1999-2004) guiding the health sector. In this regard, the government of Malawi shall make adequate budgetary allocations for all aspects of SRH programme within the available national resources.

National budgets for SRH will be reviewed and external resources will be mobilised through round table discussions, proposal development and other fund raising activities.
Reproductive Health Unit shall develop policies and guidelines and periodically review them.

## BEHAVIOUR CHANGE COMMUNICATION

SRH information, education and communication strategies have been implemented in Malawi for a number of years with the goal of increasing awareness of SRH issues and services. Although levels of awareness are high, utilization of SRH services is poor. The MOHP now recognizes the need to directly address adoption and maintenance of safer SRH practices at all levels through more comprehensive strategies.

Under the SRH Programme a comprehensive BCC strategy for all aspects of SRH, including HIV/AIDS, is currently being developed. The BCC strategy will also address advocacy, gender issues, client/provider interaction, and incorporating elements of youth/men-friendly services. This strategy aims at coordinating the inputs of all stakeholders involved in behavioural change activities related to SRH. This coordination will ensure the improvement of quality of SRH services.

## DEVELOPMENT OF HUMAN RESOURCES

Training is one of the major components of a quality SRH programme. Training in SRH is important since it equips the service provider with the knowledge and skills to enable them to be competent service providers and provide quality SRH care.

Since both governmental and non-governmental organizations conduct SRH training, there is need to have standards. The MOHP will therefore take the lead in development of SRH curriculation and associated training materials for use by all stakeholders. SRH training is conducted on both the preservice and inservice level. The MOHP is committed to strengthening the SRH content in preservice curricula to minimize the need for basic inservice training which can be costly as well as disruptive to service delivery.

Post-training supervision is essential to ensure transfer of knowledge and skills to the job setting. Health workers need to be supervised/monitored on a regular basis to ensure quality of care. To date, supervision across all institutions has been sporadic and inadequate. This has resulted in poor quality of care for SRH services.

Facilitative supervision is therefore a management tool that shall be used as an opportunity to improve the skills and attitudes of service providers. To this end, a comprehensive RH supervisory checklist will has been developed and all supervisors and service providers will be trained on its use.

It should be noted that implementation of the SRH policy will require adequate numbers of well-trained and motivated health workers. It will also entail provision of adequate material resources to enable health workers to provide efficient and effective services. However, with an increased attrition rate due to HIV/AIDS, among other reasons, the MOHP anticipates a considerable shortfall in the number of RH trained staff, which will constrain service delivery. To this end, the MOHP has developed an overall plan for human resources development in the health sector. It is anticipated that implementation of this plan will result in a larger pool of human resources

for the health sector, which will eventually lead to an increased number of health workers providing integrated RH services.

## LOGISTICS

The Reproductive Health Unit will be responsible for ensuring procurement of adequate Reproductive Health drugs, equipment and supplies in liaison with Central Medical Stores. Central and district hospitals will acquire their supplies from government. Central Medical Stores will continue to be the main supplier and distributor of all the reproductive health drugs, equipment and supplies. Reproductive Health Logistics Management information System (RHMIS) has been developed to ensure adequate stocks of supplies, equipment and drugs for RH services and it also monitors procurement and forecasting supplies for RH National use. The system will be used by Central and District Hospitals as well as private and non-governmental organisations.

RHU in collaboration with Central Medical Stores and districts will forecast national requirements, monitor distribution and usage of commodities in order to avoid stock-outs at all times.

## MONITORING AND EVALUATION

RH Policy implementation requires an effective monitoring and evaluation system with appropriate and efficient feedback mechanisms. This entails understanding, monitoring and evaluation at all levels. To facilitate this process the MOHP through Health Information Management Unit (HIMU) has created positions of District Health Information Officer (DHIO) to track information from the service providers on a monthly basis through RHIS. This information will be communicated to the RHU on a regular basis to ensure continued coordination of RH programme implementation. At the national level monitoring shall be done on quarterly basis through RHMIS and HMIS. Evaluation will be done through base-line and periodic surveys to ensure programmes are implemented as expected.