R4S Malawi ECP Study Data documentation

1. Background

Emergency contraceptive pills (ECPs) are effective and can be used safely at any age repeatedly within the same cycle. They are often favored by youth yet are underutilized. Private facilities can increase ECP access but present barriers including cost. Identifying effective public-sector ECP distribution models can help ensure equitable access. The Malawi Ministry of Health developed a strategy to improve ECP access in 2020. We documented ECP provision through select public, youth-serving channels recommended by the strategy: general and youth-specific outreach, paid and unpaid community health workers (CHWs) and youth clubs.

2. Objective

The objectives of this exploratory, mixed methods study were to describe (1) how the national EC strategy has been implemented in Malawi; (2) providers' and program managers' perspectives on implementation-related barriers and facilitators to ECP provision in select channels; and (3) who is accessing ECPs, how ECPs are being used (e.g., in advance of need, number of packs dispensed), and what are clients' experiences (including barriers) accessing ECPs in select channels.

3. Methodology

We conducted this mixed methods study from November 2022–March 2023 in 2 rural districts (Mchinji and Phalombe) implementing the strategy. We conducted qualitative interviews with 10 national stakeholders, 46 providers, and 24 clients aged 15–24 years about ECP service delivery. Additionally, 25 providers collected quantitative tally data about clients seeking ECPs and about how ECP was used in the selected service delivery channels. Channels included general population outreach, youth-specific outreach, Community health worker cadres (health surveillance assistants and volunteer community-based distribution agents), and youth clubs. We analyzed qualitative data using grounded theory and quantitative data descriptively.

The study examined both the supply and demand sides of ECP service provision. For the supply side, we conducted key informant interviews with national level policy makers and ECP implementers in two districts (Mchinji and Phalombe) to describe the ECP landscape and how it has changed since the strategy has been launched (objective 1). We also conducted semistructured interviews with 46 ECP providers and program managers from the 5 channels (approximately 6 per channel) in Mchinji and Phalombe districts to hear their perspectives on how ECPs are being provided and identify implementation-related barriers and facilitators to for ECP provision in their channels.

For the demand side, 25 ECP providers in Mchinji district used paper tally sheets to collect short, nonidentifiable quantitative data (sociodemographic characteristics and how clients were using ECPs) about clients seeking ECPs in the channels. We also conducted in-depth interviews with 24 ECP clients sampled from the channels to describe clients' experiences accessing ECPs through the various channels.

4. Publicly available datasets

This dataset package contains the quantitative tally sheet data on ECP clients. The tally sheet data represents nonidentifiable quantitative data (sociodemographic characteristics and how clients were using ECPs) about clients seeking ECPs for 3 consecutive months in the select channels, collected by 25 ECP providers in Mchinji district. Each row represents client visits. The qualitative

data could not be de-identified and will not be made publicly available, although the codebooks and qualitative data collection instruments are publicly available.

5. Limitations

This study has a few limitations. First, just two geographies were included to understand how the EC strategy is being implemented. These two geographies were purposefully selected because they are implementation the EC strategy, thus they may only reflect geographies where the strategy implementation is the strongest. Second, the tally sheet data may contain repeat clients since the providers recorded client visits and not unique clients.