

Expanding Access to Modern Contraception Using Advocacy to Spur Action: RESPOND's Experience in Malawi

CONTEXT

In Malawi, the number of family planning (FP) users nearly doubled from 2004 to 2010, according to the latest data available from the Demographic and Health Survey (DHS) (NSO & ICF Macro, 2011). Use of modern contraception among married women increased from 28% to 42% during this period, translating into an additional 611,000 contraceptive users served by the public and private sectors—a substantial number in a country of just 16.3 million people.

Yet, with three-quarters of married Malawian women of reproductive age classified as having a demand for family planning, the number wanting to use modern contraception in Malawi will continue to increase (NSO & ICF Macro, 2011). Nearly half of all married women and men state that they want no more children; meeting this demand will help them achieve their desired family size. In fact, demand for limiting births (38%) among married women now exceeds demand for spacing births (35%). Use of female sterilization among married women in Malawi was 10% in 2010, up from 5% in 2000 (Jacobstein, 2013), compared with an average in Sub-Saharan Africa of less than 2%. Female sterilization is the second most commonly used contraceptive method in Malawi (after injectables), with nearly one-quarter of married women who use contraception relying on it.

The government is making concerted efforts to reach the one-quarter of married women who still have an unmet need for FP, by establishing enabling policies, investing in staff and services, and communicating the benefits and importance of FP to both health staff and communities. FP is quickly becoming an accepted national norm (Jacobstein, 2013). Yet there is a growing need to expand information and services, especially for the large cohort of Malawi's population nearing their reproductive years. With 49% of the household population under the age of 15 (PRB, 2012), sexual and reproductive health information and services will need to be expanded dramatically.

Increased demand presents critical challenges: How will services keep pace, assuring a reliable supply and appropriate mix of contraceptive methods for married and unmarried woman and meeting the growing needs of a very young

population? How will the government and nongovernmental organizations (NGOs) improve planning at the facility, district, and national levels to meet this need?

With Malawi facing such challenges, the U.S. Agency for International Development (USAID) requested EngenderHealth's global RESPOND Project to provide the government and local partners with technical assistance for research, advocacy, and program planning, especially for advancing long-acting reversible contraceptives (LARCs)—the intrauterine device (IUD) and the hormonal implant—and permanent methods of contraception (PMs). RESPOND's assistance augmented on-the-ground efforts—introducing state-of-the-art tools and approaches—all in support of partner and government FP efforts. Funding for these efforts via the global RESPOND Project was supplemented by field support funds from USAID/Malawi.

TECHNICAL SUPPORT

Taking Stock and Identifying Gaps

RESPOND worked with the Ministry of Health (MOH) to review the history of its FP program: its growth, achievements, and the factors contributing to its success. Under the direction of MOH's Directorate of Reproductive Health (DRH), RESPOND

conducted research, advocated for increased investment in FP, and disseminated information about Malawi's achievements. A case study using in-depth interviews and secondary analyses of data showcased Malawi's FP status for the 2011 International Conference on Family Planning in Dakar, Senegal. The data collection, synthesis, and recommendations also gave direction to the government's efforts to identify areas of the national FP program needing special attention, such as expanding the availability of LARCs and PMs, planning for contraceptive procurement, ensuring contraceptive security (especially at the facility level), and responding to the sexual and reproductive health needs of youth (USAID/Africa Bureau et al., 2012).

ADVOCACY TO ACTION

Inspiring National Leadership

Working in a complementary way with USAID's projects in Malawi (the Health Policy Project [HPP], the Innovative Development through Entrepreneurship Acceleration [IDEA] Project, and the Jhpiegole bilateral project), RESPOND staff provided technical assistance, training, and data analysis to assist the DRH to advocate and plan for reaching Malawi's Millennium Development Goals. Together, the projects demonstrated to national and district decision makers how rapid population growth and

Exploring Malawi's FP Environment

RESPOND helped Malawian counterparts take stock of the status of their FP program by conducting a variety of studies designed to help planners and programmers better understand what FP clients want and the extent to which government and NGO services were responsive to those needs:

- To understand method choice in Malawi more clearly, RESPOND conducted qualitative research by interviewing married FP users, discontinuers, postpartum women and men, and service providers. Low awareness and poor understanding of the IUD and vasectomy were common, some myths about implants persisted, and misconceptions about ill effects of female sterilization among younger women were pervasive. Current and former users of a particular LARC or PM, however, generally reported great satisfaction, while also noting problems with contraceptive supply (RESPOND Project, 2013).
- Because mobile outreach services are a key approach for meeting unmet need in Malawi, especially in underserved areas, RESPOND conducted a review of Malawi's mobile outreach services. Notable aspects of Malawi's program included: successful collaboration between NGOs and the public sector; provision of free FP in the public sector; use of trained clinical officers to perform female sterilization and nurses to provide implants and IUDs; public-sector provision of integrated HIV and AIDS, maternal and child health, and FP services; and use of community volunteers to educate clients about FP. RESPOND also offered the Government of Malawi recommendations for program refinement (Wickstrom et al., 2013).

lack of access to FP directly impact the economic and social sectors, community development, and individual opportunity.

During the National Leaders' Conference on Family Planning, Population and Development (May 8–9, 2012) in Lilongwe, Malawi, RESPOND presented data and provided technical assistance to the DRH to demonstrate to a large cross-section of influential decision makers the important relationship between FP and population dynamics, environment, education, and food security.

At the London Summit on Family Planning (FP2020) in July 2012, the Malawi Government set an ambitious goal of achieving a 60% contraceptive prevalence rate (CPR) by 2020. To reach this goal, the government would need to act decisively to make FP a priority throughout the health care system and beyond. To garner consensus and support for meeting Malawi's CPR goal, the DRH and RESPOND cosponsored a national stakeholders meeting in January 2013. More than 80 national decision makers participated, including senior representatives of government ministries, National Assembly, regulatory bodies, civil society groups, and development partners. RESPOND's contribution demonstrated what would be needed to reach the 60% CPR and what the health benefits of doing so would be.

Using Reality Check for Advocacy and Planning

RESPOND used its Reality Check tool to provide data for presentations and papers to advance understanding of the importance of providing FP. The introduction of Reality Check in Malawi was a staged process. In 2010 and in subsequent trainings in 2012 and 2014, RESPOND introduced the tool, with the goal of institutionalizing use of evidence generated by the tool for advocacy and planning. At the national level, the project trained 20 health

"Reality Check ... to me... was an eye opener, because for somebody working in the supply chain, I think such information helps a lot."

—Officer, Central Medical Stores Department

"I was very impressed by the [Reality Check] tool. And I hope that since we have oriented all the districts and these people were at the team leaders [meeting], as they do more supervision, we may actually be able to do a proper forecast for the country and... do away with the nightmare of stock-outs."

—Nursing officer and supervisor of districts, MOH Central Zone

care professionals, including representatives of the MOH, DRH, Banja la Mtsogolo (BLM)— a national FP NGO—USAID|DELIVER, and other international projects. Training of trainers, step-down training, and testing of a revised version of Reality Check were completed by 2014.

The DRH and development partners can now employ an easy-to-use tool to assist with quantifying the number of contraceptives and related supplies needed to meet CPR goals; the numbers of clients to be served, by method; the number of providers needing training; and the cost of providing enough contraceptives to meet CPR goals. The resulting health impact of FP use (e.g., unwanted pregnancies, abortions, and maternal deaths averted) if the FP2020 goals are met was also presented to many audiences.

Strengthening District Planning

In late January 2013, RESPOND held three zonal meetings for representatives from the 15 USAID-supported districts, to advocate for support for Malawi's FP2020 goal, share data, and influence the development of annual District Implementation Plans (DIPs) that would increase FP service coverage, improve community access to FP methods, and use locally generated data to strengthen forecasting, data management, and contraceptive procurement.

By June 2013, additional zonal workshops were held; as a result, RESPOND reached all of Malawi's 28 districts to improve district planning (additional funding provided by the United Nations Population Fund [UNFPA]). Each district set their own CPR goals, using Reality Check to determine what inputs would be required to meet their goals, and

“I was given a better understanding of the issues of family planning, which will now enable me as a chief to go back and play my role to sensitize my subjects.”

—Traditional community leader, Nsanje District

then developed comprehensive district-level plans. Throughout all of the meetings, EngenderHealth’s holistic Supply–Enabling Environment–Demand (SEED™) Programming Model¹ was used to frame programming and advocacy.

After the zonal meetings, district staff had a better understanding of how their efforts fit into the national CPR goal. They felt more able to advocate for and provide a plan for increasing FP services and use, including efforts to achieve a more balanced contraceptive method mix to meet the reproductive intentions of Malawi’s women and men across their reproductive life cycle.

Inspiring Local Champions

To achieve its vision for FP2020, the Government of Malawi realized that cultivating champions at the national and district levels was not enough; health care providers also needed to believe in the rights of all clients (including youth) to access their preferred FP method. Thus, in October 2013, RESPOND set about creating a cadre of *local* champions. Through a series of workshops, RESPOND convened 327 reproductive health staff from district hospitals, health

centers, private facilities, and clinics operated by the Christian Health Association of Malawi, as well as community leaders, in 13 USAID districts (10 facilities per district). RESPOND and its government partners emphasized the importance of offering clients all available contraceptive options at different stages of their reproductive life cycle, helped providers examine their own attitudes regarding contraceptive choice, and reviewed characteristics of specific methods. Participants were also introduced to advocacy approaches and tools that put their local work into district, national, and international perspective. They learned about Malawi’s FP2020 commitments and reviewed Reality Check data on district- and national-level FP status and goals. With this new information, local champions are equipped and motivated to serve as FP advocates.

This educational and advocacy intervention was effective in increasing participants’ knowledge and improving their FP-related attitudes, according to workshop pretest/posttest questionnaires. The most dramatic change in knowledge was the increase in participants’ understanding of LARCs (knowledge increased from 62% to 92%). Following the advocacy component of the workshop, participants unanimously agreed that they wanted to serve as FP champions at their health care facilities and communities.

Improving Contraceptive Security

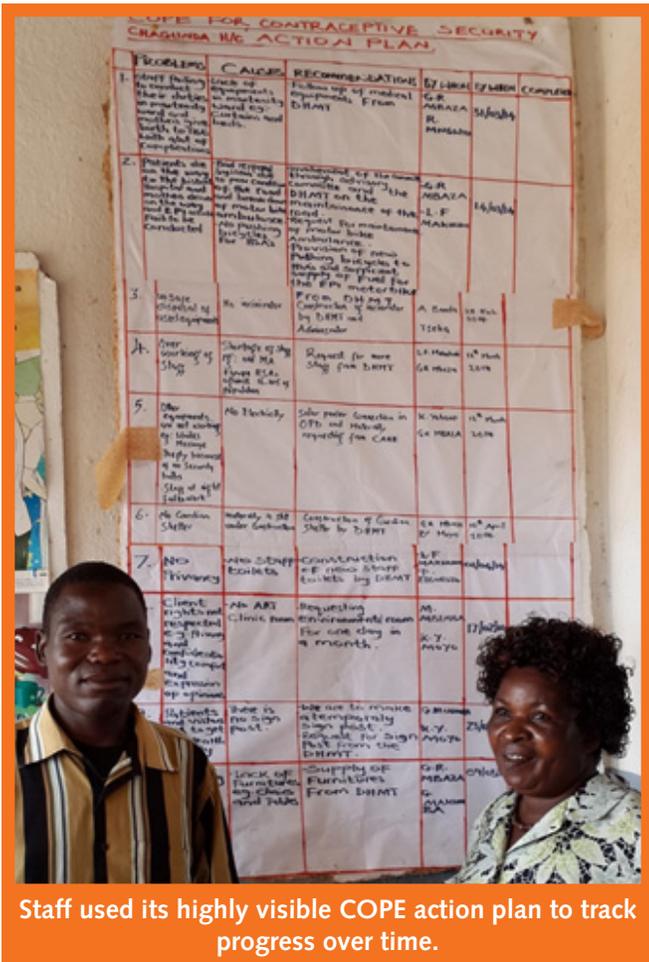
One of the FP challenges noted by the service provider champions was the frequent stock-outs of

A Postintervention Review of District Implementation Plans

In 2014, RESPOND conducted a review of District Implementation Plans (DIPs) before and after the intervention. Use of holistic planning in the 15 USAID focus districts increased between the planning years 2012 and 2013. In 2012, only two of the 15 districts requested funds for all three SEED elements (supply, enabling environment, and demand), compared with 11 in 2013. Moreover, the amount of FP funding both requested and secured increased dramatically. This includes total funding for FP, as well as specific funding for youth-friendly health services. The 13 districts for which data are available for both years collectively secured more than twice as much funding via their DIPs as in the year before (\$317,600 vs. \$144,000).

(**Note:** Funding sources include the MOH budget, donors, and development projects.)

¹ The core principle of the SEED model is that programs will be more successful and sustainable if they include interventions that address quality services and other Supply-related issues in FP programs, strengthen the Enabling Environment to positively support the expansion of access and use of FP, and enhance Demand for FP by improving the image of contraception and specific methods, as well as promote the health and social benefits of FP.



Staff used its highly visible COPE action plan to track progress over time.

Six months following the introduction of COPE® for Contraceptive Security, the trainers conducted a review in the two districts. Most facilities implemented more than 70% of their action plan activities, with facility staff noting the following achievements:

- Recognition that everyone is responsible for the quality of work
- Improved understanding among staff and supervisors regarding the root causes of stock-outs
- Improved adherence to logistics reporting, stock management, and storage guidelines
- Strengthened relationships among pharmacy staff, clerks, and health care providers
- Improved motivation to increase clients' access to contraception, including youth
- Strengthened teamwork up and down the logistics supply chain
- Increased knowledge of FP logistics management and FP service delivery needs
- Improved engagement with community leaders and health advisory committees

Qualitative interviews noted tangible gains in stock management and on-time ordering, resulting in reported decreases in stock-outs as well as great interest among the districts, DRH, USAID, UNFPA, and local cooperating agencies for scaling up use of the tool. With the end of the RESPOND Project, UNFPA agreed to fund continued work in the two original districts. EngenderHealth is seeking funding from other donors to replicate COPE® for Contraceptive Security in other districts in Malawi.

Addressing Demand for Limiting Births

Female sterilization is the second most commonly used modern method in Malawi. Its provision requires adherence to high standards for informed consent and clinical delivery. To help Malawi and other countries standardize clinical skills and training for minilaparotomy under local anesthesia, RESPOND developed the Female Sterilization Standardization+ (FSS+) program (RESPOND Project, 2014a). Malawian master trainers in minilaparotomy joined others from Ethiopia, Ghana, and Kenya for a standardization workshop in May 2012. Malawian participants were drawn from public-sector facilities,

contraceptives and related supplies. To improve contraceptive security, RESPOND introduced EngenderHealth's COPE® for Contraceptive Security in Salima and Mangochi districts in January 2014. COPE® for Contraceptive Security is a tool and methodology used by frontline health and logistics personnel to identify and implement low-cost local solutions to address problems related to contraceptive supply. The tool consists of 10 self-assessment questionnaires on issues ranging from logistics to record keeping to warehousing and transport. RESPOND conducted baseline assessments at 18 public-sector health care facilities in the two districts, trained trainers and staff to facilitate this quality improvement process, and supported facilities to undertake COPE® for Contraceptive Security exercises, including development of action plans to address local bottlenecks and issues. To conduct the training, RESPOND brought in Tanzanian master trainers who had launched COPE® for Contraceptive Security there.

university teaching hospitals, and BLM health facilities. The FSS+ program standardized training and their clinical technique so that they could conduct subsequent in-country trainings to refresh or train new providers. At the end of the workshop, each country team developed an action plan to conduct cascade training at their home institutions.

After they returned to Malawi, the six public-sector and BLM master trainers practiced both clinical and facilitation skills for five days under the supervision of RESPOND clinical staff. Early in 2013, the Malawi team conducted three cascade trainings for 36 public-sector and BLM providers. RESPOND clinical staff provided ongoing technical support and coaching, making follow-up visits to the Malawian trainers to observe and them as they conducted the cascade training. Cascade trainings continued beyond the life of the RESPOND Project, funded by the MOH, BLM, local institutions, and donors. In addition, the master trainers from the four countries met again to share experiences, lessons learned, and challenges.

RESULTS AND LESSONS LEARNED

As a result of RESPOND's collaboration with Malawi's public health sector, the country now has multiple tools, models, and approaches with which to expand access to and use of a wide range of FP methods.

Stakeholders from the public and NGO health sector, as well as community champions, have a better understanding of the health and development benefits of FP. Program planners can forecast contraceptive commodity requirements at district and national levels. Reality Check data, based on district CPR and method mix goals, have been rolled up to the national level to inform the 2014 MOH budget request report to Parliament. Data are being used to develop more accurate contraceptive procurement tables for use by the MOH. Meanwhile, Reality Check trainings built capacity at national and district levels to continue to use such data for decision making, planning, and advocacy.

Malawi also now has a scalable model for improving contraceptive security at both facility and dis-

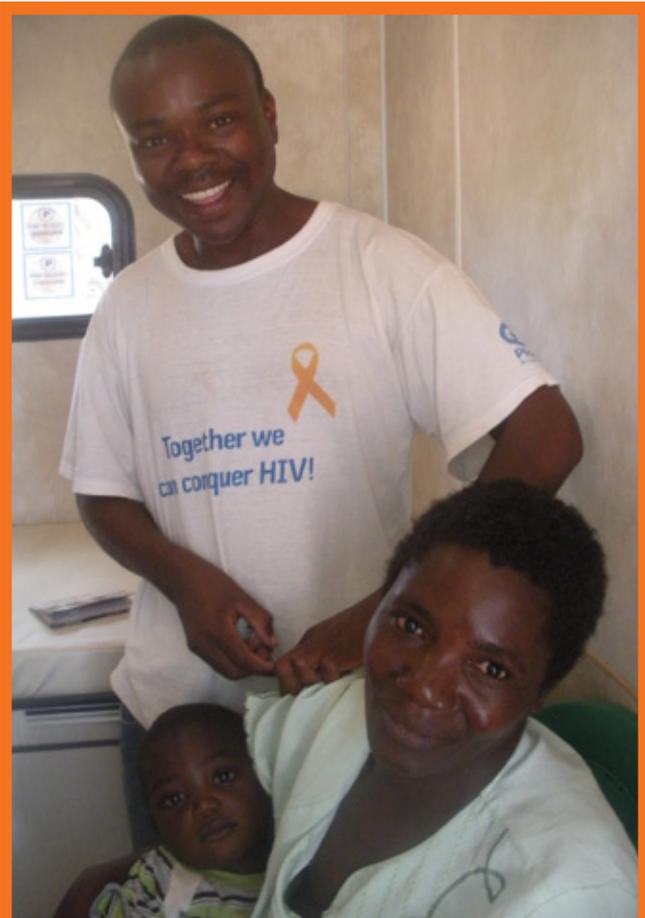
trict levels as a result of the successful COPE® for Contraceptive Security introduction in two districts. As important, from the highest echelons of government to the smallest village health center, Malawi has FP champions dedicated to ensuring that everyone can obtain their method of choice.

In achieving these results, RESPOND learned a number of lessons:

- 1. Evidence-based advocacy is a powerful precursor to action.** RESPOND shared data about the importance of FP among decision makers at multiple levels and across sectors: national policymakers, district planners and supervisors, and service providers. In their positions, these professionals have direct and/or indirect influence on whether a Malawian citizen will have access to contraception. Decision makers now understand: that FP contributes to individual, community, and national health and well-being; how LARCs and PMs work, and that they are needed, are wanted, and are appropriate for many individuals who want to prevent unwanted pregnancy; and that *all individuals*, including youth, have the right to make FP decisions for their own lives.
- 2. The result was that recipients of RESPOND's initiatives changed their attitudes and behavior as a result of the advocacy work.** Decision makers understood how their actions could lead to better lives, not just for individuals or districts, but for the entire nation. Commitment resulted, and from that commitment, action, and from that action, results: FP activities (e.g., training, community events, mobile services) were incorporated into district plans; FP budget allotments rose; human resources were allocated to FP; programmatic commitment increased; providers became more positive about FP and changed their behaviors; and motivation at all levels increased to support contraceptive choice.

"Before sensitization, I used to hesitate to give family planning to youth; I was thinking more like a mother. Now I understand and offer methods as a health care provider should."

—FP provider, Salima District



FPAM community health outreach worker in a mobile outreach van with a client, Salima District

- 3. Reality Check is useful as both a forecasting tool and an advocacy tool.** The usefulness of Reality Check as a tool for contraceptive procurement and program planning for national FP programs was documented in eight countries in Africa and Asia (RESPOND Project, 2014b). The experience in Malawi demonstrated that Reality Check can be scaled up for wide use as an advocacy tool at the national and subnational levels. Reality Check's outputs were used time and again for advocacy, showing how contraceptive use can avert negative health outcomes (maternal mortality, unintended pregnancy, abortions). Coupled with holistic planning, districts could clearly define the required programmatic inputs needed to meet the growing demand for contraception (e.g., costs of contraceptives, providers training by method, client load per facility).
- 4. Replication of tools and approaches is enhanced through South-to-South exchange.**

COPE[®] for Contraceptive Security was introduced to Malawi by master COPE[®] trainers from Tanzania, who had previously designed and tested this new tool in their own country. While the use of COPE[®] for Contraceptive Security is still new in Malawi and worldwide, the lesson from both country programs is the same: It is possible to identify and solve contraceptive security problems at the local level, which will make a tangible difference in the ability of clinics to provide a full range of contraceptive methods. This South-to-South exchange of expertise between programs was rich, not just because Tanzanian trainers brought expertise, but also because they brought relevant hands-on experience. Malawian staff recognized that the Tanzanian trainers faced similar issues with reporting, requisition, logistics management, and stock-outs. Learning about the improvements made in Tanzania gave Malawian participants confidence in the tool's usefulness and inspired them to take on the work needed to improve service quality.

- 5. Global programs add significant value to country programs.** Global programs funded by USAID, such as RESPOND, offer valuable technical and financial resources for targeted assistance, adding value, tools, and perspectives not otherwise available to country programs. RESPOND's global perspective, for example, allowed the team to document for an international audience the country's extensive and successful mobile outreach services for LARCs and PMs (Wickstrom et al., 2013), as well as its unique female sterilization successes within an African context. Moreover, RESPOND's global expertise allowed it to bring state-of-the-art tools and approaches to Malawi, notably the SEED[™] programming model, Reality Check, COPE[®] for Contraceptive Security, and updated female sterilization techniques and training approaches. These tools and approaches transformed the way in which Malawian districts and facilities plan and respond to contraceptive needs. Finally, RESPOND's global staff from Tanzania and Kenya provided African expertise in COPE[®] for Contraceptive Security and FSS+, thus building capacity in Sub-Saharan Africa.

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