USAID | DELIVER PROJECT

Malawi: Family Planning Advocacy Project

Endline Survey Report

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The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

USAID | DELIVER PROJECT, Task Order 4
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Abstract
This report describes the process and findings of the end of project evaluation of the Family Planning Advocacy project (FPAP). The FPAP was supported from April to September 2013 by the USAID | DELIVER PROJECT (the project) and was implemented by Adventist Development and Relief Agency (ADRA) Malawi in three districts. The goal of the FPAP was to improve community understanding of the range of family planning methods and available services and how to access them, thereby helping to drive the uptake of family planning services.

Cover photo: Men, women, and youth listening to a family planning (FP) message from Mr. Fedson Sosola, FP volunteer for Mtembo village in Mulanje district on February 9, 2013. Photo by ADRA staff.

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Acronyms

ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
BLM	Banja La Mtsogolo
CBDA	community-based distribution agent
FPAP	Family Planning Advocacy project
HBC	Home-based care
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
MDHS	Malawi Demographic and Health Survey
PLWHA	People living with HIV
SPSS	Statistical Package for Social Sciences
TA	traditional authority
USAID	U.S. Agency for International Development

Acknowledgments

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Much appreciation goes to ADRA field facilitators who acted as enumerators for the data collection. The team would also like to express gratitude to the district health offices, traditional authorities, and local leaders for providing support in undertaking this survey.

Finally, the team acknowledges all individuals and local leaders who were interviewed and helped facilitate this activity. Their candid responses and the information provided formed the basis for the findings of this study.

Executive Summary

Adventist Development and Relief Agency (ADRA) Malawi implemented the Family Planning Advocacy project (FPAP) at the community level with support from the USAID | DELIVER PROJECT (the project). The purpose of the FPAP was to improve community understanding of the range of family planning methods and available services and how to access them, thereby helping drive the uptake of family planning services. The Machinga, Lilongwe, and Mulanje districts were selected as project implementation sites because they are some of the districts in Malawi with relatively higher population growth rates (4.1 percent, 3.8 percent, and 3.9 percent, respectively) according to the 2010 Malawi Demographic and Health Survey (MDHS). The FPAP was implemented for a period of 6 months, from April 1 to September 30, 2013.

The FPAP is in line with the 2010 MDHS results, which reveal a slow increase in contraceptive use in Malawi. Currently, this stands at 42 percent for modern methods, a significant unmet need of 26 percent, and a total fertility rate of 5.7.

Although the project has key performance indicators and procedures for data collection, ADRA Malawi and other stakeholders did not have insight into the family planning context in the three districts prior to the intervention, which made it difficult to measure the project's progress. Before benchmarks were developed, ADRA commissioned a baseline survey to obtain information in the three districts, specifically in the targeted areas of Traditional Authority Juma in Mulanje, Traditional Authority Liwonde and Kawinga in Machinga, and Tsabango in Lilongwe. Consequently, an end-line survey had to be undertaken to ascertain the impact of the interventions taken during the implementation period.

Overview: Family Planning Advocacy Project and Evaluation

This report describes the process and findings of the end of project evaluation of the Family Planning Advocacy project (FPAP). The FPAP was supported from April to September 2013 by the USAID | DELIVER PROJECT (the project) and was implemented by Adventist Development and Relief Agency (ADRA) Malawi in three districts.

The goal of the FPAP was to improve community understanding of the range of family planning methods and available services and how to access them, thereby helping to drive the uptake of family planning services.

The planned outputs were:

- To increase awareness of family planning methods and services that are available at both the health facility and community level in order to limit or space the number of children couples may have, thereby addressing the issue of high unmet need
- To increase community capacity to advocate effectively for improved provision of family planning services and commodities at both the health facility and community levels through community leadership, community organizations, and local health committees
- To increase uptake of family planning services and use of modern contraceptive methods at the community level
- To make family planning an issue of concern to men, women, and young people and to illustrate how family planning impacts development
- To assess the level of change that has taken place among the beneficiaries since the FPAP was introduced
- To identify good practices for replications (i.e. similar advocacy can be scaled up in the same district in areas where the project did not work or another district)

Findings

- The study showed that 170 people (representing 94.9 percent of the total households sampled) had increased their awareness in family planning methods in the past 6 months, whereas 9 people (representing 5 percent) had not increased their awareness in the same time frame.
- The study revealed that communities in the project area have become aware of 12 different family planning methods (combined oral pills, Depo-Provera, male condoms, female condoms, implants, intrauterine device (IUD), progesterone-only pills, tubal ligation, vasectomy, and emergency contraception). Results show that some respondents could mention up to 10 contraceptive methods, which can be translated into a knowledge increase in family planning methods.

- The results show that 97 percent of the respondents leant that the methods they know were available at both the facility and community level; whereas 4 percent reported that the methods were not available.
- Sixty-two percent of the respondents reported that there was either a facility or individuals in their community that offered family planning services. Some of the service providers mentioned was the community-based distribution agents (CBDAs) and Banja La Mtsogolo (BLM).
- The study found that 79.6 percent of the sexually active age group in the targeted Traditional Authorities of the three districts has used family planning methods in the past 6 months. The most frequently cited methods were condoms, injectable Depo-Provera and tubal ligation.
- The study shows that 68.4 percent of the respondents were involved in advocacy meetings for family planning. This shows an increase as compared to the findings during the baseline, which was 66.1 percent. At the district level, it shows an increase in the number of people involved in advocacy meetings, as follows: from 20 percent to 48 percent in Lilongwe, from 25 percent to 72 percent in Machinga, and from 75 percent to 84.5 percent in Mulanje.
- The results from the targeted communities in the three districts show at least 85 percent of the sampled households have been helped by family planning knowledge that they have gained during the FPAP implementation period. Most of them are able to help a friend and plan when to get pregnant again. As a result of the good information and services plans they have now, they are able to improve the wellbeing of their families.
- Fifty-six percent of the respondents also reported that religious leaders and traditional leaders have been involved in family planning activities through meetings, where it has been reported that they would encourage the people to use modern family planning methods.
- Eighty-five percent of the respondents reported seeing the impact of the FPAP through an increase in family planning that, from anecdotal evidence, contributed to reduced infant mortality and a reduction of malnourished children.
- The FPAP shaped the beneficiaries' perceptions towards modern family planning methods. This has led to an increase in family planning uptake as reflected by clinic data during the time the FPAP was being implemented.

Methodology and Survey Design

The survey exercise started by reviewing documents to understand project objectives, activity implementation, and the process for achieving program goals. The field facilitators developed a structured questionnaire for data collection.

The field facilitators collected primary data from the respondents by using a written questionnaire, where the interviewer asked the questions and filled the responses. Traditional leaders were informed before the time of the survey through Ministry of Health (MOH) personnel at the district and health facility level, and the communities were later informed through local leaders.

Sampling Technique

Field facilitators conducted the end-line study in 98 villages of Traditional Authorities of Juma, Liwonde, Kawinga, and Tsabango in Mulanje, Machinga, and Lilongwe. These are the areas where the FPAP was implemented. A sample size of 61 households from Lilongwe and 60 households from Machinga and Mulanje was selected.

Table 1a. Breakdown of Villages

Description	Mulanje	Machinga	Lilongwe	Total
No. of villages	33	27	38	98

Table 1b. Breakdown of Selected Households

Description	Mulanje	Machinga	Lilongwe	Total
No. of selected households	60	60	61	181

Data Collection

Field facilitators interviewed 181 households using the structured questionnaire. The exercise was carried out in a period of 7 days. The enumerators included three frontline staff and two MOH health surveillance assistants (HSAs) per district, each with the district family planning coordinator as the supervisor. Most of the interviewees responded to the questions without any reservations. Traditional leaders and the communities-at-large supported the survey. Facilitators captured the data in Microsoft Access and later translated it into Statistical Package for Social Sciences (SPSS) for analysis.

Survey Findings and Discussions

Household Demographic Characteristics

Age of the Household Head

The study indicated that most heads of households are 21 to 35 years old and that most people in the targeted areas are sexually active and of childbearing age (see Table 2).

Table 2. Age of Household Head

Age of household head	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Lowest age to 20 years	0	0%	5	8.3%	3	4.9%	8	4.4%
21 to 35 years	43	71.6%	40	66.7%	29	48.3%	112	61.9%
36 to 49 years	7	11.7%	5	8.3%	11	18%	23	12.7%
50 years and above	0	0%	10	16.7%	17	27.8%	27	14.8%
Data missing	10	16.7%	0	0%	1	1.6%	11	6.2%
Subtotal	60	100.0%	60	100%	61	100%	181	100%

Sex of the Respondents

The study shows that women use contraceptives more than men do. The study involved 58 men and 122 women, representing 32 percent and 68 percent of the total population, respectively.

Marital Status

The end-line survey also collected information on marital status of the respondents in the project areas. The results show 83 percent (151) of the respondents being married and 12 percent (22) as single. Divorced status was reported by 2 percent (4), and 2 percent (4) were widows. This shows that most people who use family planning methods are married. Further analysis shows that single persons use male or female condoms. This can be concluded that more married persons use family planning methods than those that are not married. Table 3 below shows detailed results.

Table 3. Marital Status of the Respondents

Marital status	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Single	6	10%	9	15%	7	11.6%	22	12.25%
Married	48	80%	51	85%	52	85.2%	151	83.4%
Divorced	2	3.3%	0	0%	1	1.6%	3	1.7%
Widowed	2	3.3%	0	0%	1	1.6%	3	1.7%
Subtotal	60	100.0%	60	100.0%	61	100.0%	181	100.0%

Levels of Education of the Respondents

The survey results show that 14.4 percent of respondents had not gone to school, 31 percent had gone up to Standard 5, 30 percent had gone up to Standard 8, 22.8 percent had gone up to secondary school, 0.5 percent had gone up to tertiary education, and 1.1 percent attained adult literacy education. Level of education would assist community members in the perception and uptake of family planning methods. This shows that those who had attained some level of education had a better understanding of family planning when exposed to the facts of family planning and had acquired contraceptives. Details are depicted in Table 4 below.

Table 4. Level of Education of Respondents

Level of education	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
None	7	11.78%	12	20%	7	13.1%	26	14.1%
Standard 1–5	18	30%	19	31.7%	19	31.1%	56	31.1%
Standard 6–8	18	30%	18	30%	19	31.1%	54	30%
Secondary	14	23.3%	11	18.3%	16	26.2%	41	22.85%
Tertiary	1	1.7%	0	0%	0	0%	1	0.6%
Adult literacy	2	1.1%	0	0%	0	0%	2	1.1%
Subtotal	60	100.0%	60	100.0%	61	100.0%	181	100.0%

Main Occupation

Of the respondents interviewed, 140 (78.2 percent) indicated farming as their main source of livelihood, followed by other small business (3.9 percent); 4.4 percent indicated that they were unemployed. The results also revealed that 3.4 percent of respondents are currently in school. Table 5 below shows the results.

Table 5. Occupation of Respondents

Main occupation	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Agriculture	44	74.6%	50	83.3%	46	76.7	140	78.2%
Formal employment	1	1.7%	2	3.3%	1	1.7%	2	2.2%
School going	0	0%	3	5%	3	5%	6	3.4%
Unemployed	5	8.5%	0	0%	3	5%	8	4.4%
Petty trading	3	5.1%	0	0%	0	0%	3	1.7%
Ganyu	1	1.7%	1	1.7%	3	5%	5	2.8%
Fish selling	3	5.1%	1	1.7%	0	0%	4	2..2%
Charcol selling	1	1.7%	0	0%	0	0%	1	0.6%
Other small business	1	1.7%	3	5%	3	5%	7	3.9%
Other (specify) pastor	0	0%	0	0%	1	1.7%	1	0.6%
Total	59	100%	60	100%	60	100%	179	100%

Individual Knowledge of Family Planning Methods

Through the end-line survey, 170 respondents (representing 94.97 percent of the 181 sampled) reported that they have become more aware of family planning methods in the past 6 months, compared to 5 percent who responded that they had not improved knowledge during the same time frame (as shown in Table 6). The increase could have occurred as a result of family planning interventions such as meetings, theater for development, and dialogue sessions that the FPAP had conducted for raising awareness.

Table 6. Distribution by District

Individuals more aware of family planning methods	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Yes	58	96.7%	56	94.9%	56	91.8%	170	94.97%
No	2	3.3%	3	5.1%	4	6.6%	9	5%
Total	60	100%	59	100%	60	100%	179	100%

Awareness of Family Planning Methods

The questionnaire listed 10 family planning methods, and respondents had to choose the methods that they have become more aware of (see Table 7). Some respondents were able to mention up to a maximum of 10 contraceptive methods. Among all methods, injectables, progesterone-only pills, and male condoms were mentioned most frequently. Other methods mentioned included implants, and female condoms. This differs from the baseline, where respondents only mentioned Injectables, progesterone-only pills, and male condoms as methods known to them. For instance, 152

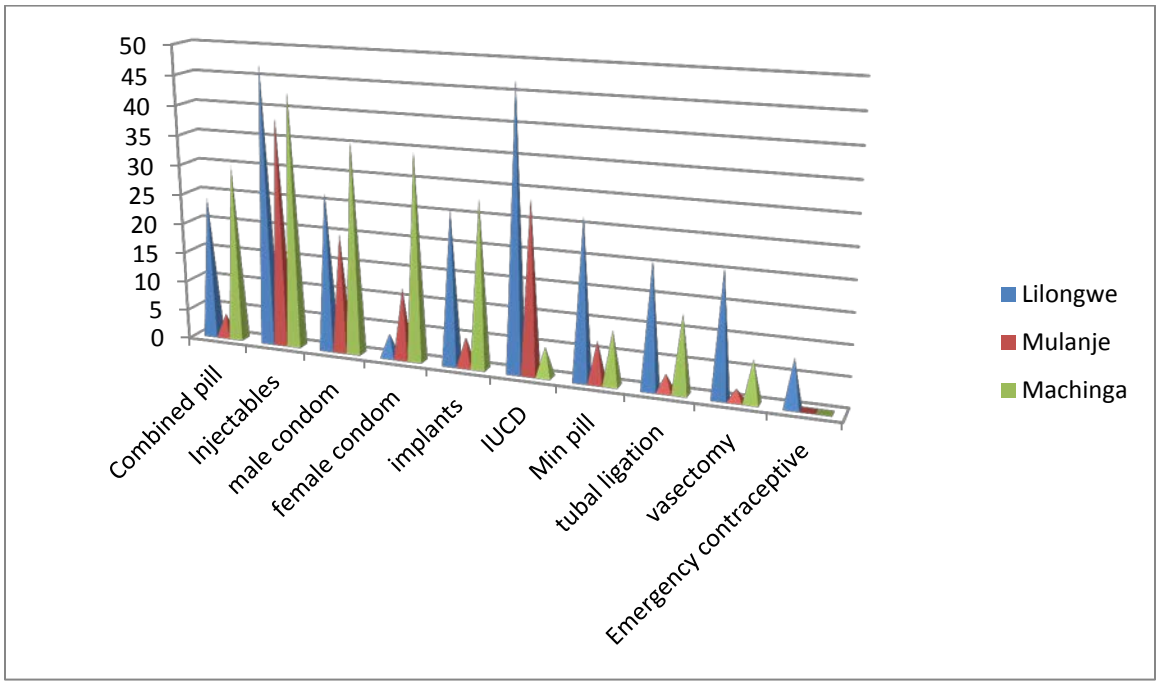
respondents mentioned injectables, compared to 108 respondents during the baseline; 87 respondents mentioned combined oral contraceptives, compared to only 56 during the baseline. Knowledge of tubal ligation as a family planning method increased from the baseline (48 respondents) to the end line (53 respondents). The mentioning of IUCD increased from 32 respondents as baseline to 48 at the end line, and mention of implants increased from 4 respondents at baseline to 59 respondents at the end line. Most respondents mentioned that Banja La Mtsogolo provides implants.

Comparing the three districts, in Lilongwe people seem to be more knowledgeable of the family planning methods, followed by Mulanje and then Machinga. In Lilongwe, 56 respondents were able to mention at least five family planning methods, whereas in Machinga 46 respondents mentioned a minimum of five and in Mulanje 48 mentioned a minimum of five methods.

Table 7. Methods for which Respondent Awareness Increased during the Past 6 Months

Family planning method	District		
	Mulanje	Machinga	Lilongwe
	Count	Count	Count
Combined pills	4	30	24
Injectables	43	39	47
Male condom	36	20	27
Female condom	35	12	4
Implants	28	5	26
IUCD	5	29	47
Progesterone only pill	9	7	27
Tubal ligation	13	3	21
Vasectomy	7	2	21
Emergency contraception	0	0	8

Figure 1. Family Planning Methods for which Respondent Awareness Has Increased

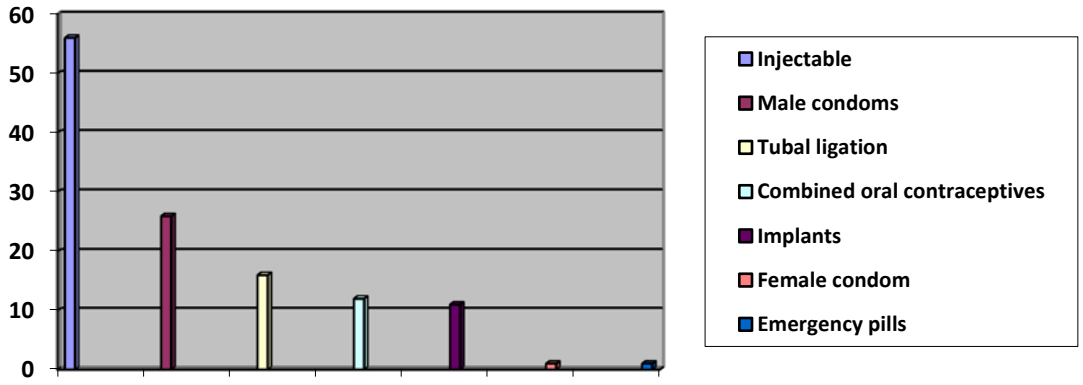


Availability of the Methods

Table 8. Whether One or More Method(s) Were Available

Response	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Not applicable	0	0%	2	3.3%	2	3.3%	4	2.2%
Yes	59	98.3%	56	96.6%	56	91.8%	171	94.5%
No	1	1.7%	2	3.3%	3	4.9%	4	2.2%
Subtotal	60	100%	60	100%	61	100%	181	100%

Figure 2. Respondents' Knowledge and Use of Contraceptives



Among the family planning methods for which respondent awareness increased, 56 respondents used injectables, 12 used combined pills, 11 used implants, 26 used male condoms, 1 used female condoms, 1 used emergency pill, and 16 used tubal ligation during the past 6 months. One person during the past 6 months had moved from injectables to tubal ligation, which is a permanent method. Respondents reported that during the past 6 months, the knowledge they have gained in family planning helped them to space their children, contributing to prevention of maternal and infant deaths. Respondents were able to mention advantages of the methods they were using at the time of the interview, further evidence of their increased knowledge in family planning. Some young people responded that they have come to understand that family planning is not only for those who are not married but for everybody who wants to plan the births of children properly.

Availability of Services

Asked whether there has been a facility or individuals who had been providing the family planning services in their communities, 172 respondents (95 percent) said yes. Further analysis showed that 58 respondents in Lilongwe, 57 respondents in Machinga, and 57 respondents in Mulanje said that there were some facilities or individuals who were offering the service in their communities.

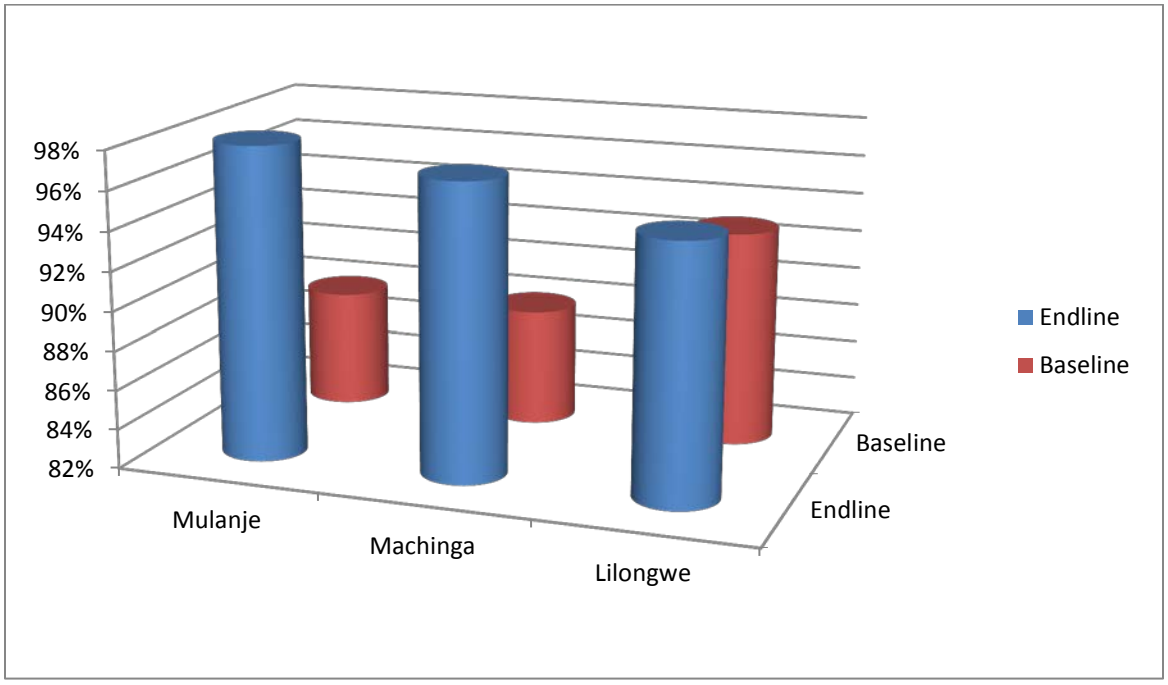
In Lilongwe respondents said that HSAs and health center staff were providing family planning services in their communities. In Mulanje and Machinga, CBDAs and Banja La Mtsogolo were also mentioned apart from the HSAs and health center members (see Table 9 for details).

Table 9. Health Facility or Individual Offering Family Planning Services

Response	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Yes	57	95%	57	95%	58	95.3%	172	95.6^
No	1	1.7%	1	1.7%	2	3.2%	4	1.7%
Not sure	2	3.3%	2	3.3%	1	1.7%	5	2.8%
Subtotal	60	100%	60	100%	61	100%	181	100%

Figure 3 shows how the respondents reported on the availability of family planning services that they knew were available in their community. The figures show that there has been an increase in family planning services in their communities. This can be an effect of the FPAP interventions, such as involvement of the service providers in addressing the barriers to accessing family planning. However, there has been a minimal change in Lilongwe, either because at the beginning of the FPAP the services were apparently being provided by the health facility or because the FPAP has not yet been able to contribute to increased provision of the services to the grassroots.

Figure 3. Comparing Baseline and End-line Results on Availability of Services



Whether Visited and Provided with Family Planning Services

From the survey it was noted that 108 respondents (59.7 percent) said that service providers visited their community and provided family planning services in the last 6 months. The survey results also showed that 34.3 percent (62 respondents) indicated that service providers had not visited and 2.2 percent (4 respondents), possibly those who said they do not use family planning methods due to being single or old, indicated that they were not sure. There has been an increase in the number of respondents who reported that service providers visited them in their communities as compared to the baseline results. Even if there has been such an increase, one of the health facility staff said that there is a shortage of staff that makes it difficult to visit the communities to provide family planning services. An increase in the health facility providing family planning services could also have come about due to the government-advocated integrated approach.

Table 10. Whether Visited and Provided with Family Planning Services

Response	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Yes	40	66.7%	33	55%	35	57.4%	108	59.7%
No	17	28.3%	23	38.3%	22	36.1%	62	34.3%
Not sure	1	1.7%	1	1.7%	2	3.3%	4	2.2%
N/A	2	3.3%	3	5%	2	3.3%	7	3.8%
Subtotal	60	100%	60	100%	61	100%	181	100%

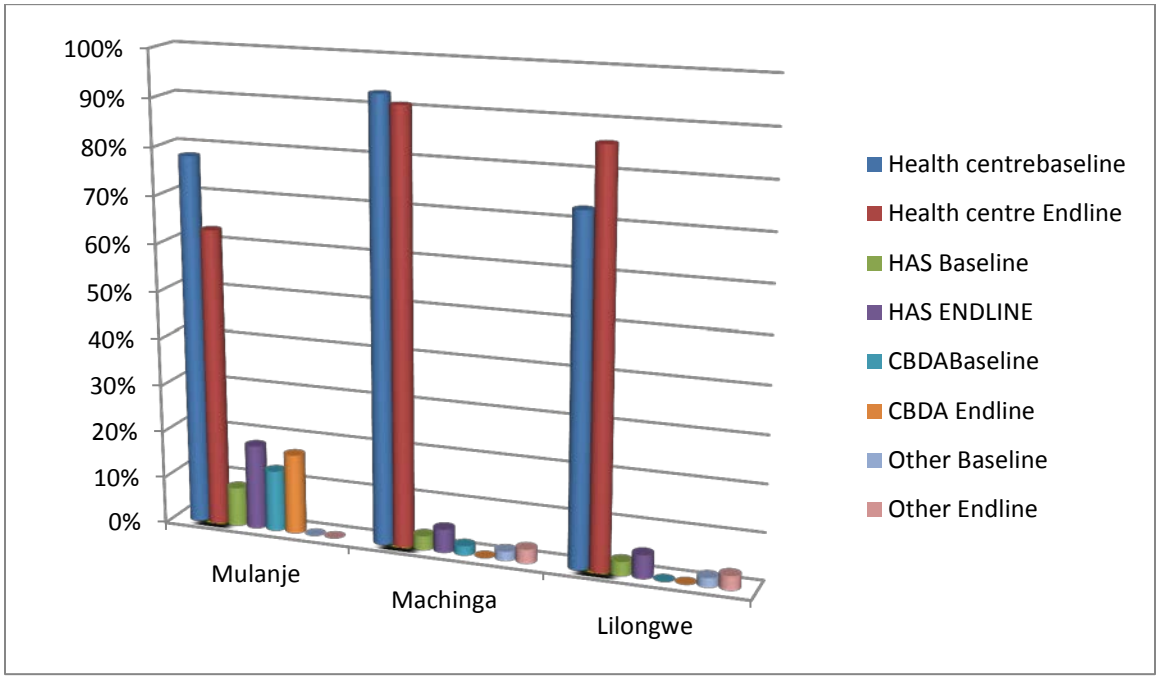
Type of Facilities or Individuals that Visited Their Communities in the Past 6 Months

The study also explored the type of facilities or individuals that visited the communities to provide family planning services. Study results showed that 147 respondents (81.2 percent) said that health facility staff had been visiting their communities to provide family planning services. This could be one of the factors leading to an increase in the family planning uptake during the FPAP. Below, Table 11 shows the distribution of the data by district.

Table 11. Facilities Visiting the Communities for Family Planning Services

Response	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Health facility	38	63.3%	55	91.7%	54	88.5%	147	81.2%
HSA	11	18.3%	3	5%	5	8.2%	19	10.5%
CBDA	10	16.7%	0	0%	0	0%	10	5.5%
Other specify (BLM)	0	0%	2	3.3%	2	3.3%	4	2.2%
Not applicable	1	1.7%	0	0%	0	0%	1	0.6%
Subtotal	60	100%	60	100%	61	100%	181	100%

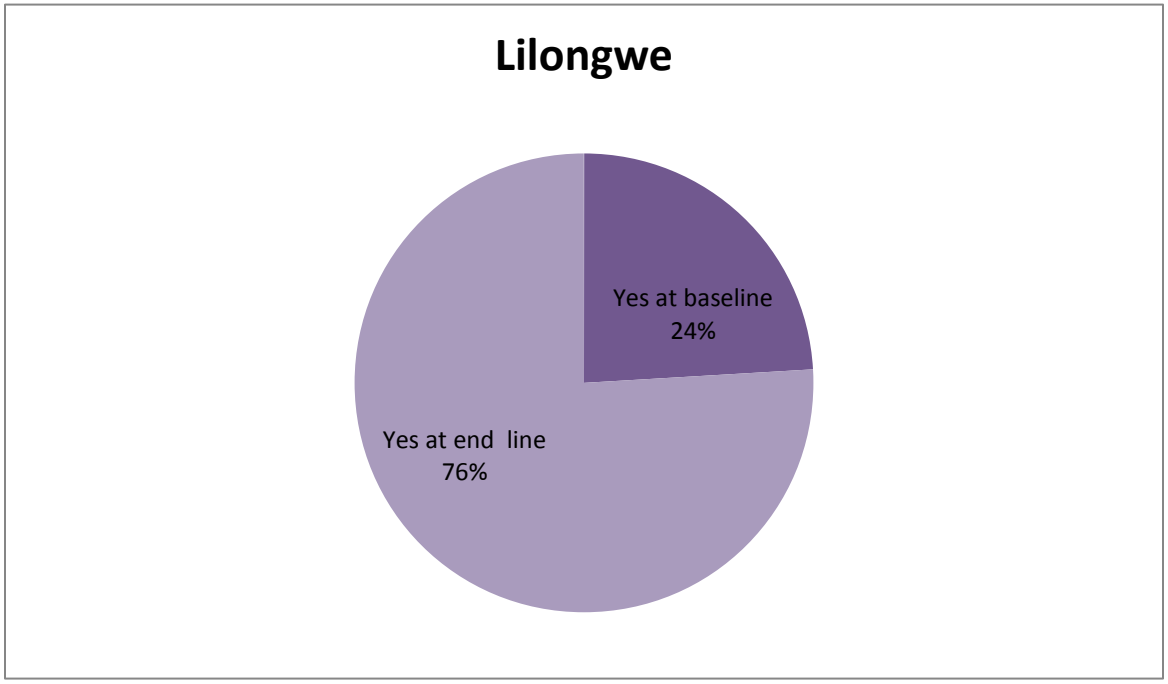
Figure 4. Facilities or Individuals That Visited Communities (Comparing Baseline and End Line)

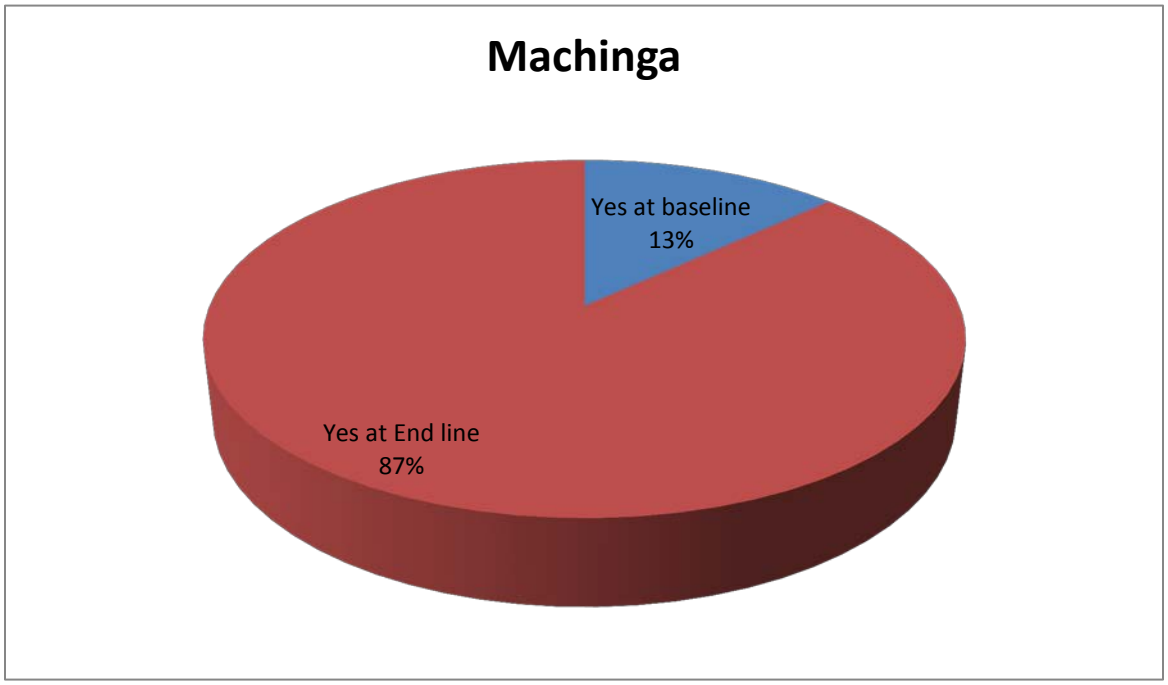


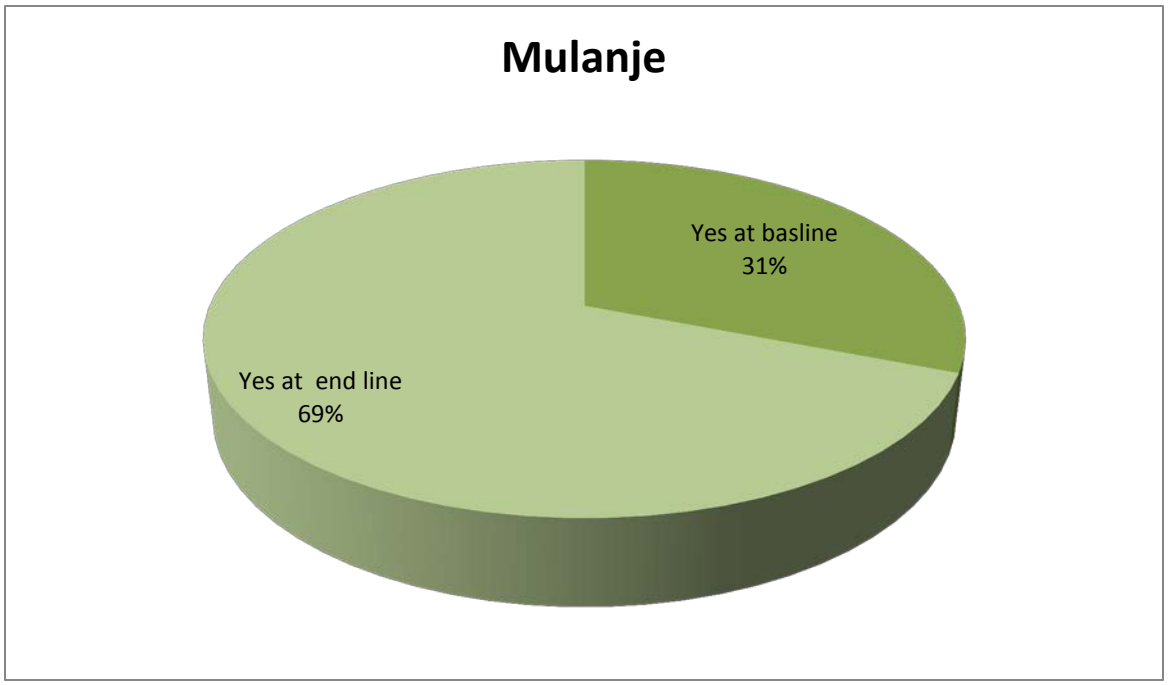
The results above show that a reduced number of people reported that health center members were visiting their communities in Mulanje and Machinga. On the other hand, visitation from other service providers increased. This can be interpreted as meaning that people in the communities have a wider choice of service providers within easy reach, which can lead to an increase in family planning uptake in the targeted communities. As per the Family Planning Policy (2009), one of the barriers to access family planning methods is distance to the service providers (Government of Malawi, Ministry of Health 2009). In Lilongwe, the number of people who mentioned the health facility as a service provider visiting their communities to provide family planning services increased. Increased visitation by health facilities can also work towards overcoming confidentiality as a barrier to accessing family planning services. The Family Planning Policy also mentions confidentiality as a major barrier in some communities. Some people at the community level are not comfortable getting family planning services from the people they know, such as CBDAs, for fear of not keeping their family planning life private. If the health facilities visit the communities frequently, these types of clients can be assisted a great deal.

Figure 5 below shows that the service providers who visited respondents' communities were providing family planning services. This could also be the reason for the increase in the number of people accessing family planning services during the period of the training. The increase in service providers at the community level can also be a method for addressing distance as a barrier to family planning access. This is evident from the data from the health facilities.

Figure 5. Service Provision to the Communities as at Baseline and End Line







Access to Family Planning Methods

The survey was conducted to determine whether the respondents have used any family planning method during FPAP. The survey results clearly indicated that health service facilities are available and are being accessed, and that many respondents are also familiar with family planning methods. The survey found that 79.6 percent of the sexually active age groups in the three districts used family planning methods in the past 6 months. Lilongwe had the narrowest gap between those who had and had not used family planning methods. This could have been due to the age of the respondents. Respondents below 35 years of age (which is the childbearing age) were 32 in number and respondents above 35 were 28 in number. Details are shown in table 12 below:

Table 12. Whether Accessed Family Planning Method in the Past 6 Months

Response	District							
	Mulanje		Machinga		Lilongwe		Total	
	Count	%	Count	%	Count	%	Count	%
Yes	56	93.3%	50	83.3%	38	62.2%	144	79.6%
No	4	6.7%	10	16.7%	23	33.7%	37	20.4%
Subtotal	60	100%	60	100%	61	100%	181	100%

When households were asked to mention the methods used, the results show a high preference for injectable Depo-Provera (30.9 percent), followed by male condoms (14.3 percent), tubal ligation (8.8 percent), and combined pill (6.0 percent). It was pleasing to note that some of the methods such as implants have been used in the past 6 months, with some of the respondents having moved from a hormonal method to a permanent method unlike before FPAP interventions. Table 13 has the details.

Table 13. Family Planning Methods Used

Family planning methods used	District		
	Mulanje	Machinga	Lilongwe
Not applicable	3.3%	15%	40%
Lactation amenorrhea	0%	0%	0%
Female sterilization	3.3%	1.7%	5%
Male sterilization	0%	0%	0%
Combined oral	3.3%	1.7%	5%
Progesterone-only pill	1.7%	0%	0%
IUCD	8.3%	5%	0%
Injectables	50%	52%	30%
Male condom	20%	5%	13%
Female condom	5%	5%	0%
Emergency contraception	0%	0%	1.7%
Implants	0%	8.3%	0%
Subtotal	100.0%	100.0%	100.0%

From the results, it can be deduced that the respondents have slightly higher knowledge of family planning that is enabling them to use other methods than they used previously. Baseline results showed that more respondents were using injectables and very few were using the combined pills and a condom, which is slightly different in this end-line report. Nevertheless, the trend has not changed much: injectables are still preferred more than the other methods.

Awareness Campaigns

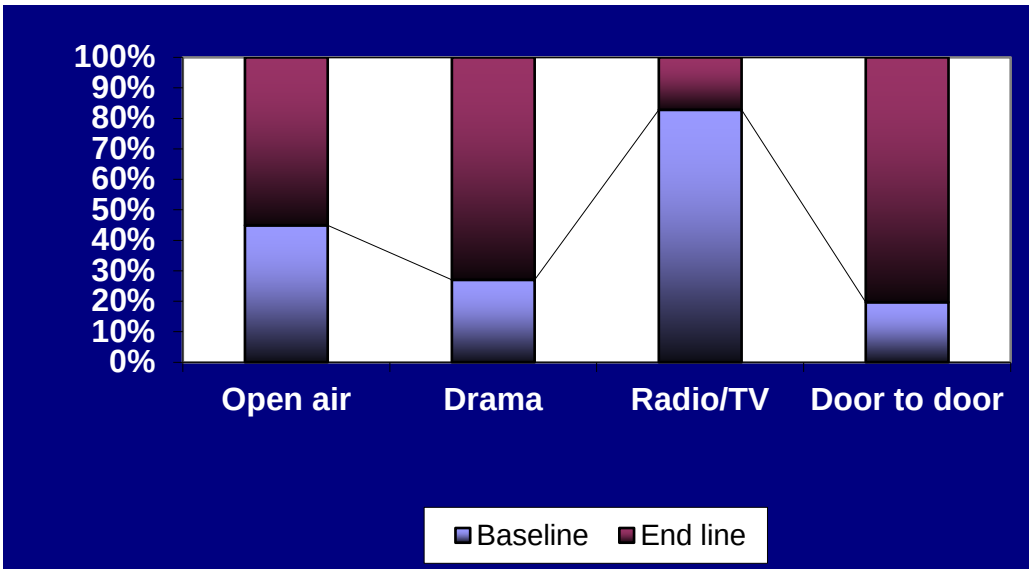
To assess respondent awareness, field facilitators asked if respondents have ever attended any family planning campaign in the area. The study results show that 65.7 percent of respondents were involved in the awareness campaigns and 33.9 percent were not. However, distribution of those involved across the three districts is 86.7 percent, 53.4 percent, and 78.7 percent in Mulanje, Machinga, and Lilongwe, respectively. The baseline survey indicated that Lilongwe required more intensified campaigns, which resulted in an increase from 21.7 percent at the time of the baseline to 78.7 percent during the end-line survey.

In areas where awareness campaigns were conducted, the field facilitators inquired further to find out which campaign tools were used. The results reported use of drama/role-play at 35.9 percent, up from 13.3 percent during baseline; open-air meetings at 23.8 percent, up from 19.4 percent at baseline; and door-to-door visitations, which increased from 5 percent at baseline to 20.4 percent at end line. Radio/TV reduced from 10.6 percent to 2.2 percent; see Table 13 below for additional results.

The methods that are sustainable were the ones that increased the most, meaning that the participants and facilitators are the local community members who, when conversant with the issues

and methods, can use them on their own, as opposed to television and radio programs, which need external financial and technical support for sessions/programs to be produced and aired. This demonstrates that the FPAP built community member capacity to carry out such activities on their own.

Figure 6. Showing the Tools and Changes after Baseline



Sessions of Discussions on Family Planning Issues

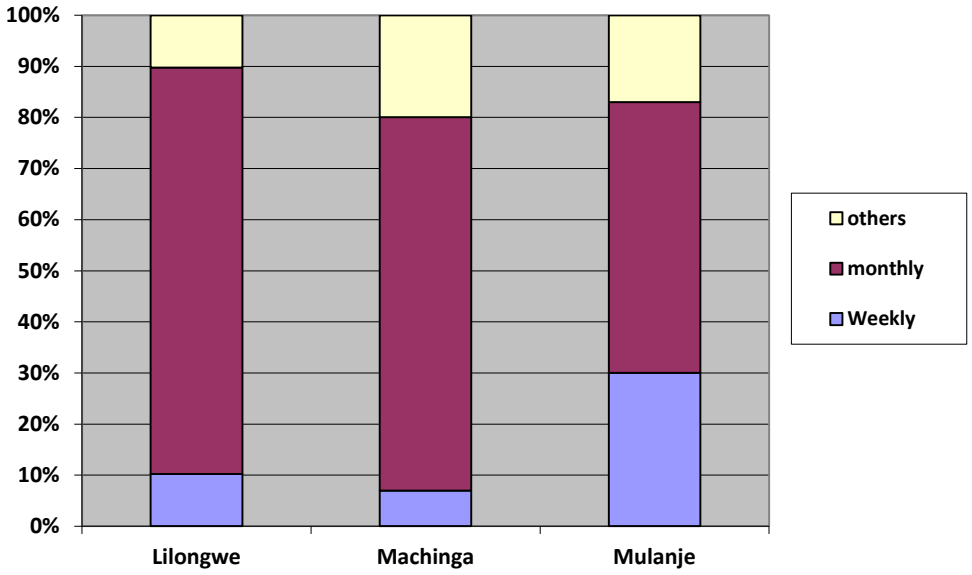
Respondents were asked if they were involved in any dialogue sessions on family planning issues. The results show there has been an increase in people involved in dialogue sessions. 68 percent from the 40 percent of the baseline of the total sampled households were involved in the dialogue sessions. The distribution across the district is 85.5 percent, 71.9 percent, and 47.5 percent in Mulanje, Machinga, and Lilongwe, respectively. Respondents reported that these dialogue sessions included topics such as advantages of family planning, dispersing rumors/misconceptions, details of the contraceptives (i.e., advantages of particular family planning methods), and effects of overpopulation.

Frequency of the Dialogue Sessions

At least 11 percent of the respondents reported that the dialogue sessions were conducted weekly, 45.3 percent monthly, and another 11 percent indicated that they were done twice a week or every 2 weeks.

The outcome of the results is positive. If each community-based group (CBG) conducts a session at least once in a month, awareness on different issues will increase and the myths, misconceptions, and mistaken beliefs will decrease in the community. Increased discussion of the issues makes people more knowledgeable and capable of making informed decisions.

Figure 7. Frequency of Dialogue Sessions by District



Leaders Involved in Family Planning Activities

When asked whether religious leaders and traditional leaders were involved in family planning activities, 98 respondents (54.1 percent) reported that the traditional leaders and religious leaders have been involved in family planning activities. Some of the activities were talks, meetings, and discussion forums. Some of the respondents were also involved in drama, as in Theatre for Development. Most of the messages that these leaders were giving the community were advantages of family planning, effects of overpopulation, and the relationship between family planning and development. This is deemed a good and sustainable way of disseminating messages in the communities.

Barriers to Family Planning

Barriers to family planning access in the area during the past 6 months were also explored. The study had to probe whether there are some beliefs that have acted as barriers in their communities. End-line results showed an improvement, with only 24.9 percent (versus 61.7 percent at baseline) saying that there were some barriers in the communities that have prevented clients from practicing family planning. The awareness campaigns, door-to-door visits and one-on-one counselling sessions might have helped reduce this percentage, indicating that the project has contributed to minimizing some of the barriers. However, there are still some cultural and religious beliefs that impinge on family planning efforts. Examples include beliefs that if one practices family planning, then the clan is tumbling as the number of their clan members will not increase rapidly. Some religious groups refuse their members access medical treatment when sick, and this includes practicing family planning. Still others believe it is not biblical to practice family planning, for the Bible says "we should multiply and fill the earth."

Misconceptions

The study clearly shows that people have misconceptions with regards to family planning methods. Some of the misconceptions mentioned include men's failure to perform during coitus and the belief that contraceptives cause tumors and secondary infertility in the future. As per the 40 percent of respondents who said that they were able to dispel rumors as a result of the knowledge that they gained from the project, misconceptions have been resolved to a greater extent.

General Impact

Generally, the project has made an impact even if it was for a short period of time. Data from the health facilities show that the number of clients accessing family planning methods from different service providers has increased. The respondents have also alluded to this. Data show that 137 respondents (85.1 percent) say that they can point out changes in their communities with regards to family planning knowledge, availability, and an uptake. Generally, barriers to service provision are declining; 5 percent of respondents in Machinga and 15 percent in Lilongwe said the project has brought about improved relationship between service providers and users.

Challenges and Lessons Learned

This was a pilot family planning advocacy project conducted at the community level, which ran for 6 months with limited resources. For the CBGs to advocate for the change in this area, they needed some basic technical expertise so that they are conversant with valid family planning facts, and as such they had to undergo some different basic training and orientation workshops, this took some time before the real advocacy campaigns could start. This made it problematic to roll out initiatives just after commencement of the project, track their progress, and place them at a higher level of achievement. Behavior change is a process, and communities need to be given ample time to internalize concepts and implement projects properly, as issues of behavior change take time.

Data management in some health facilities is limited; for instance, Lilongwe and Mulanje could not provide some of the needed data even at end line, making it impossible to produce evidence-based results in some areas.

The baseline and end-line survey implementation was delayed, as the project could not hire enumerators for the exercise. Instead, project field staff and a few volunteers helped with data collection, and the report was written by a project management team that had tight schedules, thus delaying the whole process.

Conclusion and Recommendations

The FPAP was implemented according to the Malawi Guidelines for Family Planning communication, which states that advocacy for family planning should include working with community leaders to overcome some of the structural, commodity, and access barriers, including by developing interventions to ensure that family planning is on the agenda for key leaders and organizations. This project followed this approach. One of the advocacy initiatives the CBGs are advancing is to convince political and community leaders of the importance of supporting family planning programming with appropriate resources.

The study has revealed that most heads of households are within the age range of 21 to 49 years. This means that there are a lot of young people who are in the childbearing age in the targeted areas, hence need to enhance family planning activities.

It is therefore recommended that:

1. Continued campaign meetings are essential to reach out to the remaining population. This should include having family planning initiatives introduced in nearby communities, Traditional Authorities, and districts.
2. There is need to train more service providers such as CBDAs and HSAs who can be providing services at the community and household levels. The DHMT and family planning coordinators are to lead in the identification of the gaps in service provision and come up with viable decisions and plans for up scaling family planning initiatives.
3. Malawi as a country is advocating for long-term and permanent methods of family planning to reduce unmet family planning needs, increase contraceptive prevalence rates and reduce total fertility rates.
4. There is need to have the family planning services at the health centers all around the normal eight working hours. Some health facilities only provide family planning services in the morning. The occupation of most of the targeted communities is farming, which is done mainly in the morning. Clients can be missing their appointments during the farming season, hence risking unplanned pregnancies. This is an observation from one of the health facility staff from Machinga.
5. Family planning messages should be incorporated in most of the community activities, such as Village Banks, youth, and people living with HIV (PLWHIV) support group activities.
6. Other stakeholder such as Banja La Mtsogolo should assist the government in training community leaders who seem to be very influential in message dissemination.
7. The MOH needs to improve on the logistics of how family planning supplies are taken to the health facilities. This is more common in Machinga, where the providers use their own means of transport to collect supplies and others use push bicycles.

8. There is need to empower the local communities on how to demand services and community security. This can be done by training the existing groups such as Village Health Committees, Village Savings and Loan Associations (VSLAs), farmers club and People Living with HIV (PLWHIV) in advocacy.

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