Tech Brief Principal Preparer:
Shawn Malarcher, USAID

Family Planning Success Stories in Sub-Saharan Africa

Evidence from Malawi, Zambia, and Ghana demonstrate that rapid uptake and sustained use of modern family planning methods can occur in even the most poor, resource-strapped, and largely rural countries.

According to USAID case studies, Malawi, Zambia, and Ghana, with limited resources, have seen considerable growth in contraceptive prevalence and/or substantial fertility decline (see graphs). Progress was made despite high rates of poverty, low rates of literacy, predominately rural population (86% in Malawi), and in the case of Zambia and Malawi significant HIV/AIDS prevalence.

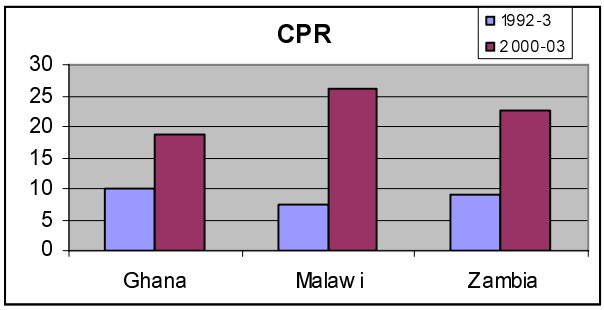
These program successes in the face of challenges suggest best practices that can be applied to other family planning programs.

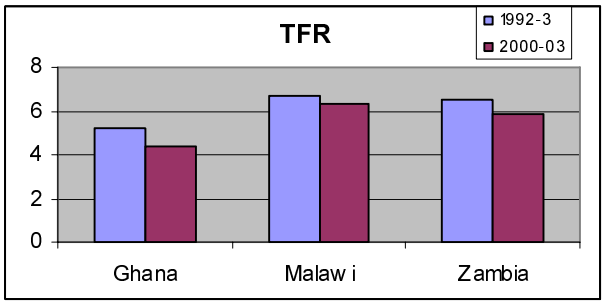
Findings: The Importance of Process

It is not just what you do, but how you do it.

- **Instill local ownership**. In Malawi, technical assistance agencies worked through the Ministry of Health and in many cases were based within the Reproductive Health Unit, creating *"camaraderie and a team spirit. It was a very good group working together towards the same goal."*

- **Nurture champions.** Dedicated individuals maintain focus and motivation to sustain programs over time. In Malawi, a highly motivated group of individuals in the early 1990s supported the family planning program and highlighted the importance of Family Planning Coordinators at the district level.





* CPR=Contraceptive Prevalence Rate. TFR=Total Fertility Rate

- **Try, assess, then apply broadly**.
  Research can lead to change and large-scale programs if there is meaningful involvement of stakeholders and if it is immediately followed by action to implement recommendations. Ghana and Zambia both show successful models for scaling up pilot programs to national policy.

Findings: Program Investments

- **Ensure commodities are available and accessible.** Improving the logistics system for contraceptives is key to strengthening family planning programs.
- **Foster effective partnerships.** Mobilization of partnerships with the private sector and civil society can be an effective complement to the public sector health system for method supply and promotion.

- **Go beyond the clinic.** Bringing services to the doorstep via outreach is an effective way to get services to hard-to-reach, rural populations, but needs to be widespread to have an impact on increasing access in rural areas. This is particularly important for people living in rural areas, a significant proportion of the population in most sub-Saharan African countries; for the region as a whole, almost 7 out of 10 people live in rural areas. The impact of community-based distributors (CBD) goes beyond just provision of pills and condoms as they also raise awareness of family planning and refer women for services. It is important that CBDs are linked with strong clinic services.

- **Expand method mix**. The introduction of a range of methods into family planning programs has been a factor in raising contraceptive prevalence.

- **Provide continuous IEC.** Knowledge and demand can be increased, even in low literacy settings, through use of multiple communication channels and local languages. Attention to IEC/BCC (Information, Education, Communication/Behavior Change Communication) is a necessary part of holistic programming; neglecting it will diminish program impact. In the three case study countries, IEC activities played a critical role in the success of the family planning programs. Exposure to radio and TV messages was associated with increased contraceptive use in Zambia. According to the 2001-02 DHS (Demographic and Health Surveys), 24.4 percent of listeners of any radio program were currently using family planning compared with only 11.9 percent of non-listeners.

- **Offer current technical guidance.** Training must build clinical and counseling skills and also address biases. Each country developed policies to eliminate barriers such as age, parity, spousal consent, and marital status, but these policies are only meaningful if those providing services follow them.

Innovative Approaches

- Malawi's openness to using trained **"lower level" cadres** to provide types of services they have demonstrated that they are capable of providing has had an important effect on access, without compromising quality. Thus Clinical Officers as well as physicians can and do provide female sterilization, *Norplant*® and vasectomy; Registered Nurses and Enrolled Nurse-Midwives can and do provide *Depo-Provera*® and intrauterine devices, etc.

- **Involving men** proved to be an important factor in program success. Members of the Ghana Ministry of Women's and Children's Affairs explain that *"we need to address the concerns of men… the family planning program initially targeted only women and left out men completely.*"

Where to get more information: www.maqweb.org

References: Solo, et al. "*Making the Case for Investing in Family Planning: Learning from success in Zambia, Malawi, and Ghana", "Ghana Case Study: Give them the power", "Malawi Case Study: Choice not Chance",* and *"Zambia Case Study: Ready for Change" (2005).*

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