



Advocacy to Action – Holistic Programming to Spur Family Planning Access and Use

Ms. Sitingawawo Kachingwe, *EngenderHealth Program Manager, Malawi*

Respond End-of-Project Forum
Washington, DC
September 18, 2014



Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

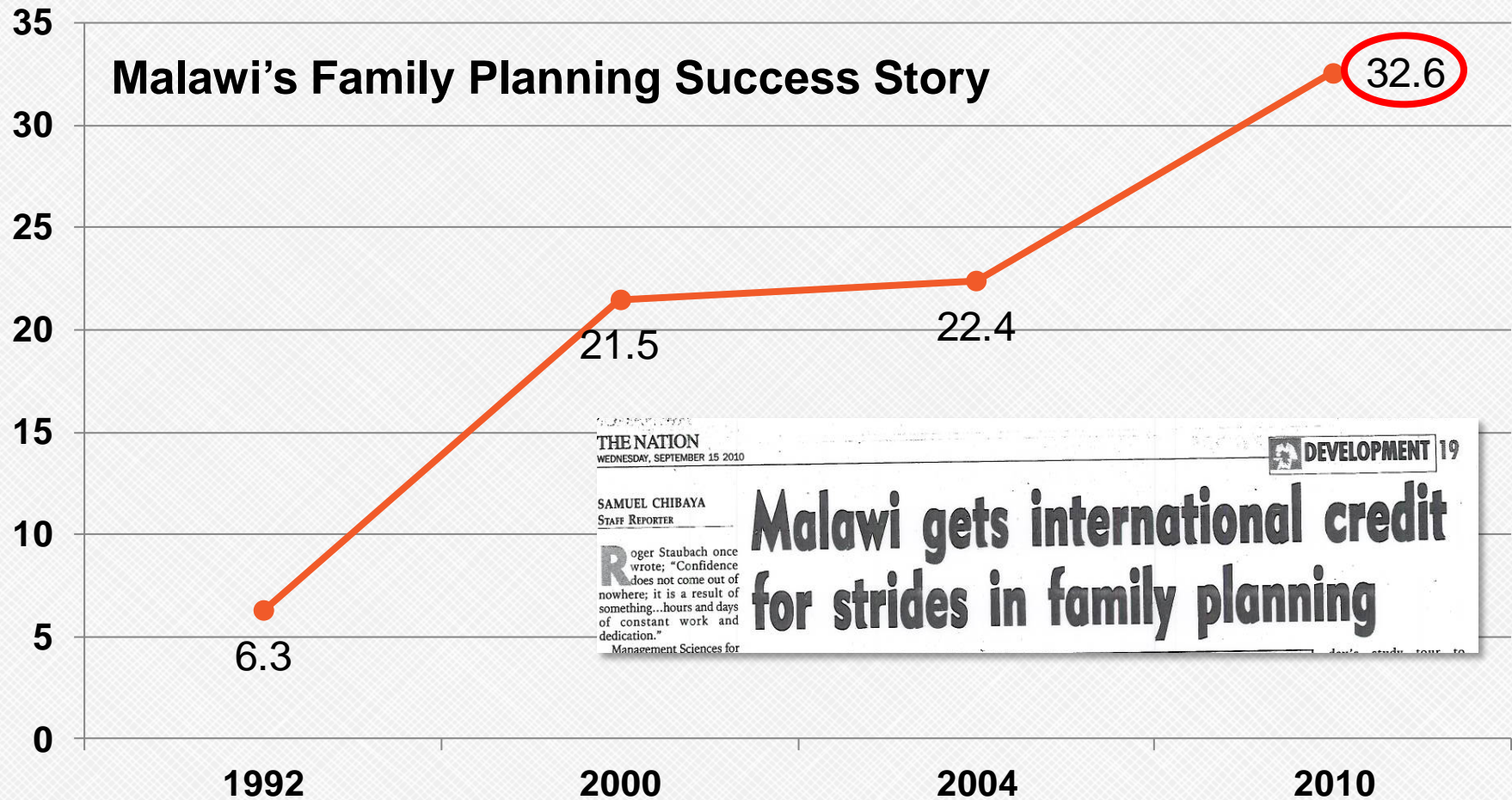




Outline of talk :

- 1. Advocacy and Programming:** Use data and TA to support national and district-level advocacy. Conduct district level planning using SEED Model for holistic programming(including LA/PMs)
- 2. Contraceptive Security:** Address stock-outs at facility and district levels
- 3. Build FP champions** including services providers, communities, religious & traditional leaders, and men



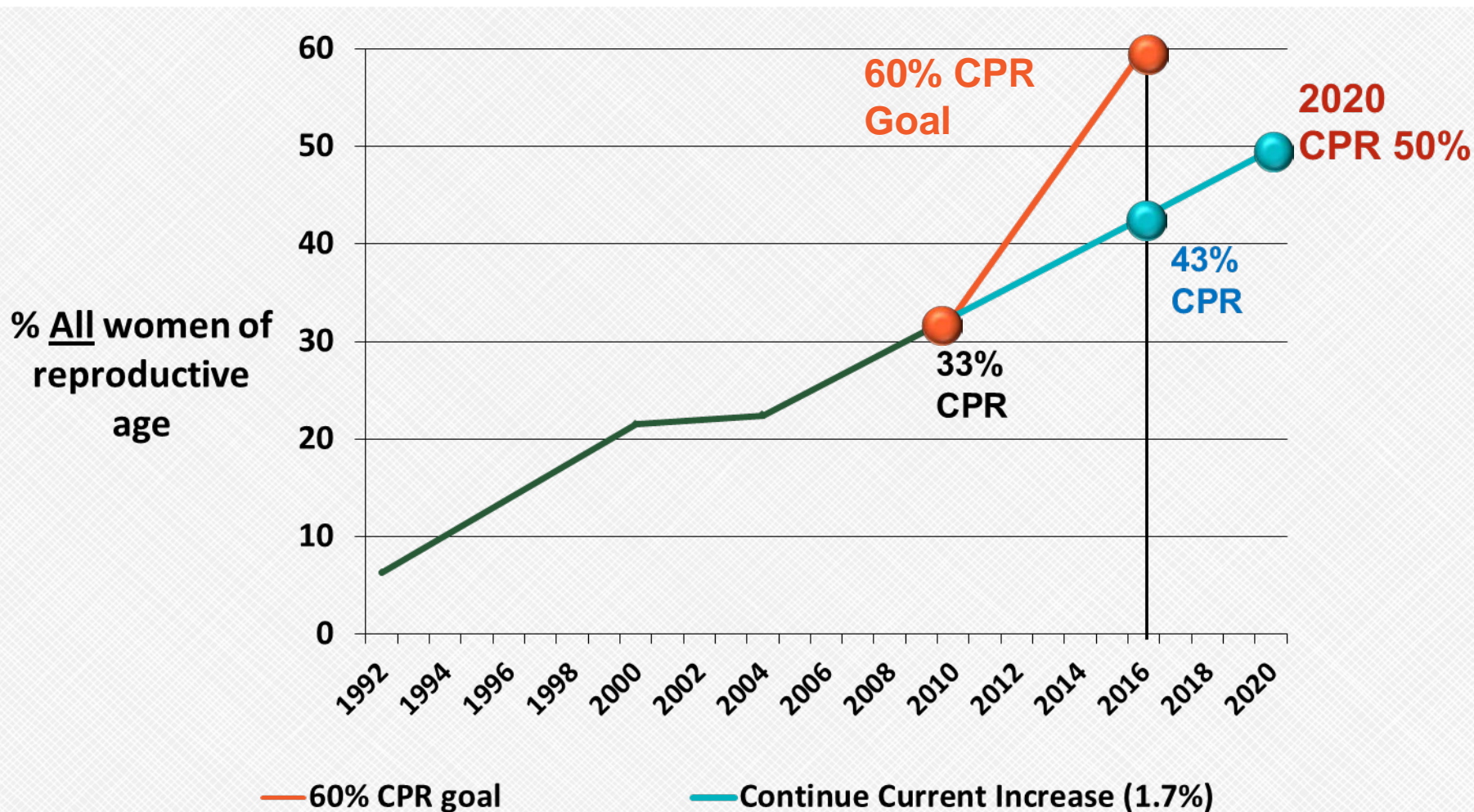


- Unmet need is high, at 19% among all women aged 15–49.
- More women want to limit births (28%) than space the next birth (26%) – LA/PMs needed
- The average age at which demand for limiting exceeds demand for spacing is **29 years of age**.
- Long-acting and permanent methods (LA/PMs) are wanted but under-used and need support.
- Myths and rumors impede the use of all family planning methods.



- RESPOND supported the DRH's multi-sectoral stakeholders meeting, ***Honoring Post-London Family Planning Summit*** to discuss the importance of FP in development, to review FP2020 commitments, and suggest strategies for achieving them





- FP services needed by method to meet the 60% goal:
 - More than 1.7 million women to use short-acting methods
 - More than 410,000 women to use IUDs or implants
 - Nearly 800,000 women to rely on permanent methods
 - Service delivery sites would have to serve 628 injectable clients per facility per month

- Reality Check data showed that if Malawi meets the 60% goal by 2020:
 - > *More than 16 million unintended pregnancies will be averted by 2020*
 - > *More than 84,000 maternal deaths will be averted by 2020*



- RESPOND conducted **regional stakeholders meetings** for all of Malawi's 28 districts laying out the advocacy messages from the post-London meeting and FP2020 goals.
- **Districts Moved from Advocacy to Action**
 - Districts set their first-ever district CPR goals using Reality ✓
 - Used holistic SEED™ Program Model for annual district planning over two years of planning





Evidence of improved support for FP programming includes:

- The 13 USAID supported districts for which data are available secured more than twice the FP funding in 2013 (US \$317,600) as in 2012 (US \$144,000)
- In those 13 districts, nine requested more funding in 2013, and eight received more funding
- In 2013, 11 of the 13 districts requested money for activities covering all three elements of SEED, compared to only two districts in 2012

South-to-south transfer and cooperation: COPE® for contraceptive security at facilities





Baseline audits done at 18 facilities found:

- Shortages of contraceptives, medical equipment, instruments and expendable supplies were common
- Most Salima district sites had a family planning provider but few trained in IUD and some trained in implants
- In Mangochi district most providers were trained but lacked equipment needed for FP service delivery
- Staff reported stock-outs, resulting in low provider confidence and low morale
- Staff reported clients disappointed with recurring FP stock-outs



Endline quantitative data will be collected in Jan-Feb 2015, qualitative findings at 6 months include:

- 70% of action plans were implemented
- Staff took ownership for improving quality of work
- Improved adherence to reporting, storage and ordering guidelines
- Strengthened relationship between pharmacy staff, clerks and FP providers





According to interviews, the south-to-south exchange of expertise was a value added:

- Tanzanian trainers brought expertise, and 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.

“We now see the added benefit of having our sisters from Tanzania come to teach us COPE. They have many similar difficulties with stock-outs as we do, and they have overcome these ... and solve entrenched problems.”

Malawian COPE for CS Facilitator

- 327 healthcare staff and community leaders oriented in:
 - Contraceptive technology updates
 - Values clarification/attitudes regarding FP, especially with youth
 - Health and development rationales for FP use
 - National FP2020 commitments and how their community could help
- Post-orientation knowledge of FP increased
 - participants' understanding of LARC method of action and who can use the methods increased from 62% to 92%
- Access to FP as a right was stressed for all

“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



- With supporting data, decision makers now understand that FP contributes to individual, community, national health and well-being
- Advocacy led to action: FP activities were added to district plans and budgets (e.g., FP training, community events, mobile services)
- Facilities can be empowered to improve contraceptive security at the last mile – by following procedures for reporting, requisition, stock management – resulting in fewer stock outs
- Champions are needed - providers became more positive about FP and changed their behaviors; community leaders supported FP activities in their community.

The DRH stated that the RESPOND global project brought “valuable TA and financial resources for targeted assistance” ...

- State-of-the-art tools and perspectives are now used in Malawi
 - SEED Programming Model, Reality Check, COPE® for Contraceptive Security, and updated female sterilization techniques and training approaches
 - RESPOND global staff, including staff from Kenya and Tanzania, added international experience for cross learning

- Result of global assistance: The tools and approaches transformed the way in which Malawian districts and facilities plan and support family planning access and choice of methods



Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



USAID
FROM THE AMERICAN PEOPLE

www.respond-project.org

Zikomo kwambiri!



EngenderHealth
for a better life

