NFWCM is a coordinating agency for all who are involved in provision of child spacing services. It is not at the moment an implementor but an advocate in advancing CS through promotion of positive changes in attitudes and policies in order to increase access to CS services, and to promote suitable government, Council and donor policies with a view to identify more resources for service delivery. The NFWCM, working in collaboration with the MOH, NGO's, private sector agencies and donor partners are developing a comprehensive CBD programme.

The programme proposes the identification, training and deployment of CBD agents in parts of the country and latter expanding the coverage with time and experience. The NFWCM also coordinated and participate in training of trainers of CBD at Malamulo, Thyolo in October 1992. The course was organised by SEATS specialists from Harare and NFWCM used this chance to invite and train participants from other collaborating ministries and organisations (MOH, Nkhoma Hospital, MOWCACS, Project Hope, Malamulo, NFWCM).

Recommendations made to Malawi following study tours and during a CBD managers course include:

- Need to sensitize governmental and non governmental organisations to CBD concept.
- CS services have to be taken to where consumers are. CBD can do this.
- Long distances to clinics deter clients from using child spacing services.
- Our contraceptive mix need to be expanded both in clinics and by CBD agents.
- Cost recovery in child spacing services needs to be introduced in the early stages of the CBD programmes.
- Quality project proposals for donor support should be encouraged.
- Individuals, families, and communities must be encouraged and motivated to have positive attitudes to child spacing and to use child spacing services as much as possible.

CBD Programmes in Zimbabwe and Kenya

In Zimbabwe CBD are the most common source of FP services for rural clients, with referral and back up provided by the rural health centres. The government is the largest provider (of family planning services) and these consist of MOH, municipal clinics, district and rural council clinics. It is estimated that about 1,200 of these facilities provide 44% percent of family planning services, and the Zimbabwe National Family Planning Council serves approximately 30% of current users through CBD and through a net work of 31 fixed and 5 mobile clinics.

The contraceptive prevalence rate has risen from 38.4% in 1984 to 43.1%, and total Fertility Rate is has dropped from 6.5% 1984 to 5.5% in 1989. Knowledge of modern contraceptive methods by women (15-49) has risen from 82.8% in 1984 to 96.3% 1988.

The Zimbabwe CBD programme appears to have already achieved a higher rate of coverage than employer-based services. The aim in expansion is to reduce total fertility rate (TFR) from 5.5% in 1988 to 4.5%. To do this the total number of users of modern methods will have to increase from approximately 486,000 to 781,000, an increase of 294,000 or 60%. Meanwhile Zimbabwe is working to reinforce the already existing CBD other than opening more.

In Kenya the 1992 population is estimated to be 24.5 million people and most (80%) live on 17% of the arable land. Kenya's eligible female population (15-49) for 1992 was estimated to be 5,690,696. In 1989 23.2% of all Kenyan women were using contraceptives (14.7% use modern methods and 8.5% use traditional methods). Periodic abstinence was highest and most commonly used method (7.5%), followed by pill (5.2%). 90% of respondents knew at least one method of family planning and more than 80% of women aged 15-49 years knew where to go for family planning services.

Both these programmes are successful in their own way and achieve this through different approaches. For example one programme uses CBD agents who are salaried and the other uses volunteer CBD agents.

Mrs. E.F. Pelekamoyo
Service Delivery Officer
National Family Welfare Council of Malawi
Private Bag 308
Lilongwe 3
Malawi

Community Based Distribution of Child Spacing Methods at Ekwendeni Hospital

Miss. M. Nyirenda

Ekwendeni Hospital is in the Northern Region of Malawi 20 kms west of Mzuzu. The Hospital started static Child Spacing Services in 1986, and in December 1987, information of child spacing (CS) services was carried out to all 9 outreach clinics. Some clients, who were able to attend these services, did so, but some who wished to come failed to do so because of long distances from their home to hospital, and some because they didn't want other people to know they were using the new methods. Sometimes clients had to wait a long time before they were attended to and some clients did not come because their husbands were against the modern methods of contraception.

Because of these problems, Ekwendeni Hospital staff decided to expand the CS services to the rural areas within the catchment area of the Hospital. It was hoped that this would help people understand the project better and let their wives come for the methods. This led to the development of the Ekwendeni Child Spacing Project, which is a collaborative effort between Ekwendeni Hospital and USAID (Funded family Planning Services expansion and technical support project or SEATS). The project started in September 1991 and will continue to June 1994.

The Project is under the supervision of Ekwendeni Hospital Staff and it's main components are:

- Extension of child spacing services into the rural community through a network of village health volunteers providing information, counselling and community-based distribution (CBD) of oral contraceptives, condoms and spermicides.
- Demonstration of a three-tiered child spacing services delivery model (community, clinic/outreach sites, and hospital) which can be replicated elsewhere in Malawi.
- Use of male motivators to educate men and promote acceptance of child spacing in the family and in the community.
- A perinatal/postpartum component which focuses on providing child spacing information and services integrated within the broad range of maternal and child health services.

The main goals of the project are as follows:

- To test a comprehensive model for extending child spacing services in rural communities.
- To train 100 community based distribution agents and 30 male motivators.
- To demonstrate the feasibility of community based distribution of oral contraceptives.
- To generate 4,800 couple years of protection.

Other activities of the project includes the development of:

a CBD training curriculum; supervision and monitoring mechanisms to assure monthly supervision of CBD agents; a quality assurance action plan for facilitating informed choice, medical monitoring and infection control; and a management information system to monitor service delivery activity and to enable timely planning and decision making.

In 1991 we had the birth of the CBD Programme, in which the community is very much involved. The programme involves men as well as women. These are the male motivators. The impact of the programme is increased because the women and men volunteers are chosen by the community. The community has so far done very well with this programme as they are more free to talk to the CBD's agents than us at the Hospital; male motivators by talking to their male counterparts help them to accept that their wives should start using child spacing methods. Men may be a stumbling block to their wives using child spacing. Even if the wife has been motivated, she will usually first seek consent from her husband. The door-to-door nature of CBD services is appreciated as it allows for more privacy.

The CBD Project has increased the number of new users. There have been 442 new users in the first 6 months. This project looks as if CBD will be very helpful in controlling the rapid population increase and we feel that our goal of increased child spacing may be achieved through CBD. It must be emphasised that frequent supervision and refresher courses are needed to consolidate this CBD programme.

Miss M. Nyirenda
CBD Project Manageress
Ekwendeni Hospital
P.O. Box 19
Ekwendeni
Malawi

Attitudes and Practices Regarding Child Spacing in Chikwawa District

Dr. P. Courtright, Mr. R. M'manga

Introduction

The recent adoption of new child spacing policies and contraceptive guidelines by the Government of Malawi affirms the belief that child spacing and family planning are important factors in the health and welfare of mothers and children in Malawi. Non-governmental organizations (NGOs) who have child survival projects in Malawi welcome the adoption of the new guidelines; they will be used to formulate plans for the introduction of child spacing activities in the areas where some NGOs have child survival projects. The International Eye Foundation (IEF), an NGO with a long history of work in eye care and child survival in Malawi, had not included child spacing as a project activity until recently; IEF's 1992-1995 USAID supported child survival project in Chikwawa District has included child spacing as a project activity starting in 1993. Village health volunteers (VHVs) are the backbone for the delivery of IEF's child survival activities and, over the next year, child spacing activities appropriate for female VHVs will be developed with the Ministry of Health.

As required by USAID, and essential to the establishment of project targets, IEF conducted a baseline survey in April 1992 in Chikwawa District. This survey covered a range of child survival topics, including child spacing. Results from this survey are being used to guide the development of IEF's goals and programme over the three year span of the project. In late 1994 an end-of-project survey will be conducted to measure to what extent IEF has been able to achieve its stated targets. A copy of the child survival survey report can be obtained from IEF/Blantyre.

Materials and Methods

A questionnaire was developed and tested prior to the survey. Census data was used to create a sampling frame of the district and a 5% probability proportional to size sample was taken to represent children in the district. In each of the 70 clusters 50 children < 72 months of age were randomly selected. Mothers of these children were interviewed. Our results are not representative of all women in Chikwawa District as women without a child < 72 months of age were not included. Women who gave birth to a child that subsequently died would not be included unless there was a live child < 72 months of age. Our results are therefore representative of mothers with children under 6 years of age.

Interviews were conducted by IEF and Ministry of Health health surveillance assistants (HSAs); some of these HSAs were women but most were men. In a few cases (estimated to be about 5%) the husband of the interviewee was present during the interview.

Results

There were 2,173 women interviewed, 15% of whom were literate.

Most women were between the ages of 20 to 29 and only 13% were over 40 years of age. Overall, 31% of women reported that they desired no additional children. This proportion increased as the age of the mother increased (Figure 1). We have no data on the parity of these mothers although it is likely that older mothers will have had more successful births than younger mothers.

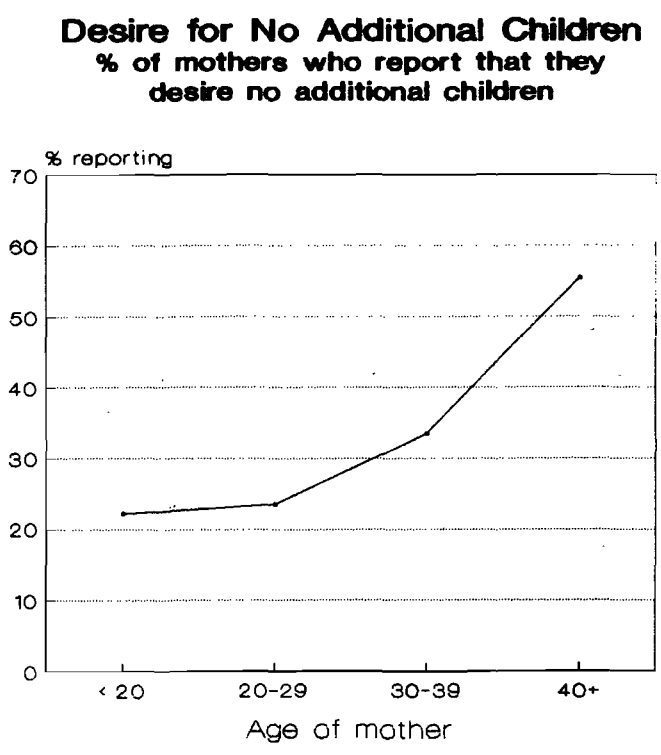

FIGURE 1

Overall, only 19% of the women who desired no additional children had ever sought clinic-based child spacing services. There is significant variation in the use of clinic based child