



Assessing the sustainability of Advocacy projects in rural communities, A case study of the sexual and reproductive health and rights (SRHR) project in Traditional Authority Tengani, Nsanje District, Malawi

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Abstract: This study assessed the sustainability of SRHR advocacy projects in rural communities of Traditional Authority Tengani in Nsanje District, Malawi. The study was motivated by growing concerns regarding the continuity of donor-funded advocacy interventions following the withdrawal of financial support, particularly after the suspension of foreign assistance by the United States Government in January 2025. The study explored the strategies used to ensure sustainability of advocacy project and to determined the success factors and constraints for sustainability of advocacy projects particularly SRHR in Nsanje district Malawi.

A descriptive qualitative case study design was adopted. Data were collected from 30 purposively selected participants comprising community members, youth representatives, traditional leaders, religious leaders, health workers, NGO staff, and government officials involved in SRHR advocacy initiatives. Semi-structured interviews and questionnaires were used to gather data, while thematic content analysis was employed to analyse the findings.

The findings revealed that SRHR advocacy projects contributed to increased awareness, positive behavior change, improved access to SRHR services, and strengthened community participation. Capacity building, community ownership, stakeholder collaboration, and involvement of traditional and religious leaders enhanced sustainability and community acceptance of the projects. Community structures such as youth clubs, peer educators, and safe spaces continued operating after donor withdrawal, demonstrating some level of self-reliance. However, the study also identified challenges including cultural misconceptions surrounding SRHR, limited funding, weak post-project support, poor coordination among stakeholders, and overdependence on donor resources.

The study concludes that sustainability of SRHR advocacy projects depends on integrated community participation, long-term capacity building, effective stakeholder collaboration, and strong local resource mobilization mechanisms. The study recommends that future SRHR advocacy interventions should incorporate sustainability planning from project inception, strengthen local leadership and institutional systems, and integrate economic empowerment strategies to ensure continuity beyond donor support.

Keywords: Assessing the sustainability of Advocacy projects in rural communities, A case story of the Sexual and Reproductive Health and rights project in T/A Tengani, Nsanje District, Malawi.

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Introduction

On January 20, 2025, the US Government paused all foreign assistance, slashing more than \$50 billion of aid spending worldwide (Ramachandra & Webster, 2025). The sudden pause had an immediate impact on the delivery of life-saving projects to millions of people whose lives depend on them. Countries like Malawi were hit hard by the pause because of their heavy dependence on aid and it is estimated that Malawi used to receive an approximate of \$1.34 billion in net aid, representing 53.65% of total government expenses (World Bank, 2025). Malawi sits on fifth position as the country that received most aid in education globally (ETF, 2025). USAID was Malawi's biggest international funder for more than a decade. According to Savage (2025), the United States has contributed more than \$350 million to Malawi each year, more than 13% of the country's 2024–25 budget. The impact of the cuts needs a deep reflection on the need for self-sufficiency and enhancing sustainability if project ends even abruptly.

According to Barlett (2012 p.10), Project sustainability refers to the capacity of development initiatives to maintain their services, benefits, and impact over time without continued external support. In the context of sexual reproductive health rights (SRHR) advocacy, sustainability entails the establishment of enduring community structures, strengthened local leadership, continued youth engagement, and sustained positive behaviour change (Kermani, et al., 2023). While advocacy efforts have contributed to improved awareness and policy attention to adolescent SRHR, there is limited evidence on whether these gains translate into lasting community transformation and resilient support systems. Non-governmental organisations (NGOs) are typically known for their work as service providers and advocates (Gooding, 2014). Several advocacy groups are being used by different NGOs. Recently, many advocacy initiatives have been adopted by many Donors as strategies for addressing community challenges in Malawi (Kholongo, et al, 2020). Some Advocacy projects have achieved positive short-term impact but the questions remain regarding their long-term sustainability once initial funding and external support stop. Despite the good side Advocacy projects have shown limited attention has been shown during implementation on the continuity of the projects (Kermani, et al., 2023). This gap raises questions whether the ongoing advocacy projects are achieving community-based sustaining outcomes.

The focus on sustainability is particularly critical at a time when many development actors are heavily investing in advocacy approaches. The author opines the approaches may lack a clear strategy for continuity beyond the project lifecycle. Understanding how these advocacy efforts are embedded within community and institutional systems will provide valuable insights into their long-term viability.

Therefore, the thesis seeks to assess the sustainability of advocacy projects in rural communities. A case study of the sexual and reproductive health and rights (SRHR) project in Traditional Authority Tengani, Nsanje District, Malawi. Advocacy projects are defined as grassroots activists, protests, social movements, networks, voluntary groups, which are informal in nature responsible for holding local government accountable (Kholongo et al., 2018 p.75). They aim at promoting, protecting, and defending the welfare of, and justice for, either individuals or group of people at community level.

Sexual and reproductive health and rights are central to individual well-being, gender equality, and sustainable development. The continued poor sexual and reproductive health advocacy outcomes in sub-Saharan Africa highlight the difficulties in reforming policies and laws, and implementing effective programmes (Oronje, et al., 2011). According to World Health Organization (2021 p. 1), "Sexual and reproductive health refers to a broad range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships". This definition shows the broad scope of SRHR, which includes family planning, maternal health, prevention and treatment of STI, and adolescent health. Experiencing sexual and reproductive health means that a person has complete physical, mental and social wellbeing in all matters relating to their reproductive system and its functions (Liang et al, 2019). In everyday life, this means that people are able to have satisfying and safe sex lives, to have healthy pregnancies and births, and decide if, when and how often to have children. Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives, as part of ensuring universal health coverage.

It is estimated that close to 70,000 maternal deaths occur in the world annually due to unsafe abortions (UN, 2013). Worldwide, more than 140 million women aged 15 to 49 who are married or in a union have an unmet need for family planning (UN, 2013). The unmet need for contraceptives remains particularly high in sub-Saharan Africa, where SRH programmes have developed slowly and failed to reach enough disadvantaged women and adolescent girls, who are more vulnerable to poor health outcomes (UNFPA, 2008).

Sub-Saharan Africa confronts numerous complex sexual and reproductive health challenges such as unwanted pregnancies, unsafe abortions, and sexually transmitted infections (Osborne et al, 2025). More importantly the magnitude of unmet sexual and reproductive health need is very large and there is a great need to involve international partners, civil society organizations, the private sector and

local communities in the resolution of sexual and reproductive health problems (Snow, 2015). It is therefore important to continue to build strong partnerships with all these bodies in order to ensure adequate funding of SRH services in Africa. The funding landscape for SRHR advocacy has undergone profound changes over the past decade.

Globally, substantial gaps remain in access to SRHR services and information with the greatest unmet need observed among adolescents, young people in low-income settings and those affected by humanitarian crises (Desrosiers et al., 2020). Recognizing the importance of youth engagement, the United Nations Population Fund through the Programme of Action adopted at the International Conference on Population and Development in 1994 emphasized the meaningful participation of young people in reproductive health programs and broader development processes. Since then, youth participation in SRHR advocacy and programming has expanded worldwide, ranging from international policy engagement to grassroots community initiatives.

Despite global commitments, many low- and middle-income countries continue to face significant SRHR challenges. Malawi remains among the world's poorest nations and experiences persistent inequalities in reproductive health outcomes, gender empowerment, and youth participation (Wigle et al., 2022). Adolescents in Malawi face high rates of teenage pregnancy, early marriage, limited access to youth-friendly health services, and inadequate comprehensive sexuality education. Structural barriers including poverty, restrictive gender norms, limited community support systems, and weak health infrastructure further exacerbate these challenges. Increasing the use of contraception among adolescents aged 15-19 years remain an important factor to the achievement of universal access to sexual and reproductive health services and rights by 2030, including family planning as put in the Sustainable Development Goal 3 (Chandra-Mouli et al., 2013).

Within Malawi, Nsanje District, located in the southern region along the Lower Shire Valley has reported some of the highest rates of adolescent pregnancy and early marriage in the country. Although numerous SRHR advocacy initiatives have been implemented by government bodies, civil society organizations, and development partners, concerns remain regarding the long-term sustainability of these interventions once external funding ends.

In the context of SRHR advocacy, sustainability entails the establishment of enduring community structures, strengthened local leadership, continued youth engagement, and sustained positive behaviour change. While advocacy efforts have contributed to improved awareness and policy attention to adolescent SRHR, there is limited evidence on

whether these gains translate into lasting community transformation and resilient support systems.

This study therefore seeks to assess the sustainability of advocacy projects in rural communities with a specific case study of the sexual reproductive health and rights project in T/A Tengani Nsanje District, Malawi. By exploring these dimensions, the study aims to generate evidence that can inform more effective and sustainable programming in Malawi.

Literature Review

The sustainability of advocacy projects refers to the continuation of benefits for an extended period after financial, managerial, and technical support from donors has been withdrawn (AusAid, 2000). Sustainability focuses on the continued flow of development benefits into the future through projects that are appropriate, locally owned, and supported by available community resources. Donors and stakeholders expect projects to continue operating and producing benefits beyond donor support (Hofisi & Chizimba, 2014). Okun (2009) defined sustainability as the continued operation and maintenance of project structures, continued flow of net benefits, and continued community participation after donor assistance has ended. Advocacy projects are expected to continue facilitating public expenditure tracking, investigations, documentation of service delivery, and engagements with local duty bearers even after donor exit. Sustained advocacy at community level offers hope and inspiration because advocacy projects are often viewed as the “ears and eyes” of communities (Kholongo et al., 2020). However, studies on sustainability of advocacy projects remain limited, with most literature focusing on general development projects in Asia, Latin America, and Sub-Saharan Africa (World Bank Publications, 2013). Research shows that many projects experience difficulties after external support ceases, resulting in wastage of financial and human resources (Kamau, 2014; Savaya, Elsworth & Rogers, 2009).

Several factors have been identified as influencing sustainability of donor-funded projects. Lungo et al. (2009) argued that sustainability challenges arise due to poor community participation, low educational levels, and undiversified household income sources. They recommended active participation of communities in all stages of project formulation and implementation. Hofisi and Chisamba (2014) also emphasized that community participation is a key determinant of sustainability. Nthenge (2014) observed that sustainability depends on community willingness to participate, financial capacity of project committees, and adequate monitoring. Okun (2009) noted that financial sustainability depends on donor funding practices, while Mugambi (2016) emphasized the importance of strong institutional systems, leadership, organizational culture, and financial capacity for

sustainability. Existing studies, however, provide inadequate explanations on why advocacy projects continue or discontinue after donor support ends, and many studies were conducted immediately after project completion, limiting understanding of long-term sustainability.

Community participation is widely recognized as essential for project sustainability. Aworti (2008) defined community participation as a process in which beneficiaries influence project direction, execution, and continuation rather than simply receiving benefits. Communities identify needs, prioritize them, mobilize resources, and implement activities toward achieving objectives. Moser (1989) argued that community participation ensures sustainability because local people and organizations develop capacities to sustain development processes beyond short-term interventions. Community participation stimulates self-reliance and reduces dependency on outside agencies (Comwall, 2008). Participation allows stakeholders to influence implementation and outcomes while strengthening skills for collective action, maintenance, and sustainability (Olukotun, 2008). Njukuna (2014) emphasized that participation empowers local organizational abilities and ensures projects respond to local needs and cultures. Misi (2013) also argued that local support and participation enhance ownership and sustainability.

Community engagement is also critical for the effectiveness and sustainability of SRHR interventions (Hikuum et al., 2020). The World Health Organization defines community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote wellbeing” (Ndlazi & Masango, 2022). Effective engagement requires consideration of social and structural contexts (Campbell & Cornish, 2010). Failure to sufficiently consider community needs and context has limited the effectiveness of many SRHR programs (Ndlazi & Masango, 2022). Several frameworks explain community engagement, including Arnstein’s (1969) continuum of participation and Popay’s (2006) framework ranging from passive information sharing to community empowerment. Campbell and Cornish (2010) proposed a framework emphasizing material, symbolic, and relational contexts in HIV interventions. In rural Malawi, structures such as village development committees, traditional leaders, and community-based organizations enhance participation and sustainability of SRHR programs (Chimatiro et al., 2020). Traditional leaders are influential custodians of culture and social norms and can support positive behaviors through bylaws and educational initiatives (Kok et al., 2023). Youth participation is also critical because youth-led organizations and peer education programs increase awareness and promote behavior change.

Political organization significantly affects sustainability of community advocacy projects. Discussions on sustainability often overlook political dimensions despite their importance

in shaping priorities, alliances, and implementation processes (Scoones, 2016). Political affiliations frequently influence project implementation and participation in developing countries. Dorsner (2004) observed that political divisions in Senegal undermined project implementation and sustainability, while Data (2005) found that political manipulation reduced citizen participation in Bangladesh. Political leaders often use projects as tools for mobilizing votes rather than addressing community needs. Political interference affects allocation of resources, weakens inclusiveness, and reduces local ownership. Arnstein (1969) argued that genuine participation requires citizen empowerment rather than tokenism. Lack of political will and mistrust between communities and governments also undermine sustainability (Dale & Newman, 2008). Political patronage creates dependency on politicians rather than community empowerment, while corruption diverts project resources and weakens accountability (Transparency International, 2019). Political instability disrupts long-term planning and discourages participation.

Despite these challenges, political organization can positively influence sustainability when governance promotes inclusiveness, participation, transparency, and accountability. Participatory governance strengthens accountability and ensures projects address community needs (Chambers, 1997). Decentralization policies can improve participation and accountability when local institutions are free from corruption (Ribot, 2002). Civil society organizations also play a role in promoting transparency, accountability, and civic education (Edwards & Hulme, 1996). Capacity building strengthens leadership, financial management, conflict resolution, and civic engagement, enabling communities to resist political manipulation. Transparent budgeting and participatory monitoring further reduce corruption and strengthen trust (World Bank, 2013).

Empowerment is considered critical for sustainability of development initiatives. IFAD (2007) noted that donors support empowerment processes by building the knowledge and skills of rural communities to address challenges and participate in decision-making. Empowerment includes support for rights, access to resources, and constructive interactions among stakeholders. Narayan (2009) emphasized that empowerment enables poor rural people to make decisions and achieve change. Mazibuko (2007) viewed empowerment as a process through which communities are prepared to manage their affairs and participate fully in development processes.

Socio-cultural factors also shape sustainability of advocacy projects. These factors include beliefs, values, traditions, norms, and social structures that influence community responses to development initiatives (Apsalone & Sumilo, 2015). Cultural norms can limit discussions on sexuality and reproductive health in rural Malawi, while practices such as

child marriage and gender-based violence contribute to poor SRHR outcomes. Wiktor-Mach (2018) argued that culture influences how communities interpret and respond to change initiatives. Advocacy projects addressing gender equality and SRHR must therefore use culturally appropriate approaches involving traditional leaders and culturally relevant communication strategies. Social capital, including trust, networks, and relationships, facilitates cooperation and collective action (Putnam, 2000). Communities with high social capital are more likely to sustain development initiatives (Kawachi, Subramanian & Kim, 2008). Cultural identity and traditions also strengthen social cohesion and community engagement (UNESCO, 2013). Education and awareness enhance understanding and encourage positive behaviors, supporting long-term sustainability (Tilbury, 2011). However, resistance to change, deeply rooted traditions, and social inequalities can also hinder sustainability (Swidler, 1986).

The sustainability of donor-funded health programs remains a major concern in Africa, particularly in Malawi where donor assistance supports much of healthcare delivery. Although donor interventions have improved maternal health, HIV prevention, and SRHR services, many programs struggle to survive beyond funding cycles. Sustainability depends on local ownership, institutional integration, cultural legitimacy, and political support (Shediac-Rizkallah & Bone, 1998). Donor-funded projects often operate in fragile health systems characterized by inadequate financing and dependence on NGOs. In Malawi, sustainability is vulnerable to fluctuations in international aid (WHO, 2023). Facilitators of sustainability include community co-design, budget advocacy, cultural integration, and partnerships with traditional leaders, while barriers include vertical funding structures, staff attrition, institutional dependency, and sociopolitical resistance (Biesma et al., 2009). Donor-funded programs often establish parallel systems that bypass government institutions, weakening long-term institutional sustainability. Scholars therefore emphasize integration into national systems, capacity building, workforce development, and alignment with national policies (Pfeiffer et al., 2008).

The conceptual framework of the study identifies sustainability as the dependent variable measured through continued project activities, community awareness, participation of local organizations, and independent advocacy on SRHR issues. Community participation, capacity building, stakeholder engagement, resources, and institutional support are key determinants of sustainability. Community ownership increases commitment and enhances sustainability. Capacity building equips local people with advocacy, leadership, and communication skills necessary for sustaining interventions. Stakeholder engagement involving NGOs, government departments, healthcare workers, and traditional leaders strengthens coordination and resource sharing. Financial and physical resources such

as educational materials, transport, and human resources are also important for continuity. Institutional and policy support enhance sustainability when projects align with national policies and local government systems. Intervening factors such as cultural beliefs, poverty, illiteracy, politics, gender, and natural disasters also influence sustainability.

Empirical evidence from Malawi shows that community involvement in project design determines project survival. Chikaphupha et al. (2021) found that projects collapse when participation is limited to attendance rather than decision-making. In Nsanje district, SRHR initiatives managed by Mother Groups and Village Development Committees continued after NGO withdrawal because local structures managed project budgets (Manda & Chidziwisano, 2022). Traditional leaders also play a central role in influencing social norms and promoting sustainability (Chinsinga, 2006). Chiefs trained as SRHR champions established bylaws addressing child marriage and promoting girls' education (Kok et al., 2023). Their endorsement of SRHR initiatives reduced stigma and strengthened social capital, enabling collective action and sustainability. Traditional governance systems also provide sustainable monitoring and enforcement mechanisms that continue beyond donor-funded systems. However, some traditional leaders may hold conservative views that conflict with SRHR goals, making continuous engagement and capacity building necessary (UNFPA, 2020).

Methodology

This study adopted a descriptive qualitative case study design to assess the sustainability of advocacy projects in rural communities, with a focus on the Sexual and Reproductive Health and Rights (SRHR) project implemented in Traditional Authority Tengani, Nsanje District. Research design is the detailed blueprint used to guide a research study toward its objective (Saunders et al., 2009). The case study design was appropriate because it enabled an in-depth understanding of the sustainability of advocacy initiatives within a real-life context. According to Coombs (2022), a case study is a methodological approach used to generate an in-depth understanding of a contemporary issue or phenomenon in a bounded system. The design allowed the researcher to explore detailed experiences, beliefs, lifestyles, perceptions, and insights from participants directly and indirectly affected by the SRHR project. The descriptive aspect enabled the researcher to describe participants' experiences regarding project sustainability, while the qualitative approach provided deeper exploration of contextual and social factors affecting sustainability outcomes.

The study employed a qualitative research approach. Qualitative research explores and provides deeper insights into real-world problems (Moser & Korstjens, 2017). The approach enabled the researcher to investigate issues such as

stakeholder participation, community ownership, resource mobilization, and contextual factors influencing sustainability. Qualitative methods provided rich and detailed data that could not be adequately captured using quantitative methods.

The study was conducted in Traditional Authority Tengani in Nsanje District, southern Malawi. Malawi is one of the poorest countries in Sub-Saharan Africa and has benefited from many donor-funded projects. Nsanje District was selected because of the high prevalence of early marriages, teenage pregnancies, and the implementation of multiple SRHR interventions (Demographic health survey, 2015). According to the 2018 Malawi Population and Housing Census, Nsanje District has a population of 299,168 people. The district also experiences frequent natural disasters such as floods, while most residents rely on subsistence farming.

The study population comprised key stakeholders and beneficiaries involved in SRHR advocacy projects, including community members, youth representatives, traditional leaders, religious leaders, health workers, NGO staff, and government officials. These participants had relevant knowledge and experiences regarding sustainability of advocacy initiatives. The study involved 30 participants selected through purposive sampling. The sample included health workers, religious leaders, traditional leaders, youth representatives, and civil servants or NGO staff. The sample size was determined using the principle of data saturation, where data collection stopped once no new information emerged from interviews (Ritchie et al., 2013). Purposive sampling was used because participants were selected based on their knowledge, roles, and involvement in advocacy projects within T/A Tengani.

Primary data were collected using semi-structured interviews and questionnaires. According to Brink et al. (2016), interviews are a type of data collection where the interviewer receives responses directly from respondents. The questionnaire included both closed-ended and open-ended questions covering background information, stakeholder participation, project sustainability, resource mobilization, contextual factors, and sustainability outcomes. Open-ended questions allowed respondents to provide detailed explanations and insights. The questionnaire was translated into Chichewa to ensure participants clearly understood the questions and was piloted on five participants before implementation.

Qualitative data were analysed using thematic content analysis. Interviews were transcribed verbatim, coded, and organized into themes. According to Creswell (2014), thematic content analysis groups information into categories for further investigation. Coding enabled systematic classification of data and development of theoretical concepts (Kaplan & Maxwell, 2005). Key themes emerging from the data included community participation and

ownership, capacity building, availability of resources and funding, stakeholder involvement, and challenges affecting sustainability. This method enabled the researcher to interpret and present findings in a meaningful and structured manner.

Several measures were employed to ensure trustworthiness and data quality. A pilot test of the questionnaire was conducted before data collection, and unclear questions were revised. The researcher used the same interview guide for all participants to ensure consistency. Trustworthiness was ensured through credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement with participants and careful interpretation of data (Polit & Beck, 2012). Transferability was strengthened through detailed descriptions of the study setting and procedures (Creswell, 2014). Dependability was ensured through documentation of research procedures and maintaining an audit trail (Brink et al., 2016). Confirmability was supported by keeping interview recordings, transcripts, and field notes and comparing findings with existing literature.

Ethical considerations were also observed throughout the study. Participants were informed about the purpose of the research, and informed consent was obtained before interviews. Participation was voluntary, and confidentiality and anonymity were maintained. Ethical approval was obtained from the University of Malawi Research and Ethics Committee, and the study followed the principles outlined in the Declaration of Helsinki. The researcher ensured that no physical, emotional, or psychological harm was caused to participants during the study.

Findings

The findings of the study showed that project design, stakeholder participation, and resource mobilization contributed to long-term impacts and self-reliance beyond donor support in the SRHR advocacy projects implemented in T/A Tengani, Nsanje District. Participants viewed the SRHR advocacy project as important and helpful in addressing community challenges such as teenage pregnancies, early marriages, and limited access to SRHR services. Many participants explained that these issues were affecting young people and women, making the project necessary within the community.

One of the major strengths of the project was its focus on awareness and education. Participant (10) explained that “the project successfully conducted awareness sessions on SRHR, community, and outreach services which led to increased knowledge and positive behaviour change among youth, especially adolescent girls and boys including women.” Before the project, many young people lacked accurate information about sexual and reproductive health, which often resulted in unprotected sex. Participant (12) stated that “after this project, more women are now able to

access SRHR services including family planning and cervical cancer screening.” She further explained that more youths were now accessing family planning services because of the project. Participants reported that the project helped individuals make informed decisions regarding sexual and reproductive health. Participant (17) stated that “the community has been exposed to more knowledge and many young people began to make more informed decisions about their sexual and reproductive health.”

The project also improved access to SRHR services and promoted open discussions on sexual and reproductive health issues. Participant (16) explained that advocacy projects “bridged a gap that forces vulnerable groups to look down on their selves in fear of being judged and taken advantage of more especially the youth.” This helped normalize conversations around SRHR and encouraged people to seek information and support. However, some participants felt that the project did not fully address all community needs. Participant (3) explained that “they did not tackle all angles like economic empowerment,” while participant (15) added that “community needs were not met such basic needs like food.” These findings suggest that although the project achieved positive results, some gaps remained in responding to broader community challenges.

Community participation and engagement emerged as key factors contributing to sustainability. Participants indicated that community members actively participated in implementation and decision-making processes. Participant (5) and participant (6) stated that “the community participated in all activities.” Participant (6) further explained that “they were holding hands with the project facilitators,” reflecting collaboration and shared responsibility between facilitators and community members. Community members contributed through voluntary work, attendance at meetings, and participation in project activities. Such involvement created a sense of ownership and strengthened trust between the community and project facilitators.

Despite the high level of participation, challenges were also reported. Participant (9) stated that “some didn’t take the project seriously,” while participant (15) explained that “some people didn’t grab the concept of SRHR.” Misconceptions surrounding family planning and SRHR services remained barriers to full participation. These findings indicate that while community engagement was strong in many areas, not all community members fully understood or accepted the project concepts.

Capacity building was identified as one of the main strengths of the SRHR advocacy project. Participants explained that training sessions and awareness activities improved understanding of issues such as family planning, prevention of early pregnancies, antenatal and postnatal services, cervical cancer screening, STI treatment, HIV

prevention, and gender-based violence prevention. Participant (2) stated that “the knowledge impacted in people will be used by them forever.” This suggests that the project created long-term benefits through knowledge sharing. Participant (24) explained that the project invested in “trainings and refresher meetings to project volunteers, community facilitators and local structures on how to disseminate information on SRHR, on case management, referral systems and resources to be used during implementation.”

Participants also reported that trained individuals continued sharing knowledge with others after project implementation. Peer educators, youth clubs, committees, and safe spaces were empowered during the project and continued operating even after donor support ended. Participant (10) explained that “youth clubs and safe spaces are still operational and vibrant.” These community structures created platforms for continued SRHR discussions, peer support, and awareness activities, demonstrating sustainability of project outcomes.

Stakeholder involvement and collaboration also contributed significantly to project implementation and sustainability. Participants highlighted the involvement of traditional leaders, religious leaders, health workers, youth groups, and government representatives. Participant (13) explained that “coordination with stakeholders was essential,” while participant (8) stated that “the project involved traditional leaders which were key in the community.” Traditional leaders strengthened community acceptance of the project, while religious leaders influenced attitudes and beliefs surrounding SRHR issues. Health workers provided technical expertise and support on SRHR services.

However, stakeholder collaboration also faced challenges. Participant (4) stated that “it did not involve some local structures,” indicating that some groups were excluded from project implementation. Participants also reported that government stakeholders often depended on NGO support such as fuel and transport resources, affecting sustainability after donor withdrawal. Frequent transfers of government staff created disruptions in continuity, while some NGOs were described as inflexible during implementation by refusing to adjust project designs according to realities on the ground. Participants further noted that different NGOs working on SRHR projects often used different volunteers, resulting in duplication rather than continuity of interventions.

Resource mobilization and utilization were central to the project’s implementation and sustainability. Participants explained that the project used donor funding, project staff, volunteers, training materials, visibility materials, transport, and referral systems to support implementation. Community members also contributed through voluntary work and participation. Participant (1) stated that “time and voluntary work” were important community contributions. Local

support helped ensure that activities continued even when financial resources were limited. Participant (16) explained that “community is able to arrange meetings on their own,” suggesting that the project created some level of self-reliance and independence after donor withdrawal.

Despite these achievements, some project activities stopped due to lack of resources after donor support ended. Participant (17) explained that “activities stopped due to lack of resources.” Participants reported that projects with more funding achieved greater impact than projects with limited funding. Resources such as visibility materials, transport, referral systems, and support from project lawyers contributed significantly to project success. One participant appreciated an organization that helped raise awareness on fistula disease and supported patients with referral and treatment at larger hospitals. Participants viewed resources as a driving factor behind advocacy project success.

the findings also identified determinants of project success. Capacity building was repeatedly mentioned as one of the major factors contributing to success. Participant (22) stated that “capacity building was the overall factor that makes the project to be successful.” Participants emphasized that knowledge and training equipped community volunteers, project staff, and local structures with skills necessary for implementation. Regular meetings and mentorship were also important in maintaining project activities and addressing challenges early. Participant (6) noted that “regular meetings and mentorship” helped maintain the project and kept participants engaged throughout implementation.

The involvement of local leaders emerged as another critical factor. Traditional, religious, and political leaders helped build trust and encouraged participation. Participant (13) stated that “involvement of local leaders was contributing factors of success of projects.” Community participation and cooperation also strengthened implementation because community members developed a sense of ownership and commitment. Good coordination among organizations, Ministry of Health staff, and the community further enhanced implementation. Participant (9) explained that “coordination amongst stakeholders was a plus to the project.” Participants also highlighted strategies such as dividing girls into clusters for focused support.

The study identified several challenges affecting effectiveness and sustainability of the SRHR advocacy project. Cultural beliefs and misconceptions surrounding SRHR services were major barriers. Participant (3) believed that contraceptives could lead to infertility, demonstrating the persistence of misconceptions within the community. Such beliefs limited acceptance and utilization of SRHR services even when services were available.

Limited funding and short project duration also affected sustainability. Participant (7) explained that “the project period was short.” Participants felt that changing attitudes

and behaviours regarding SRHR required more time and consistent engagement. Limited funding reduced the number of activities that could be conducted and affected service consistency. Weak post-project support was another major challenge. Participant (11) stated that “lack of support after the departure of NGO” affected continuation of activities. Many project activities stopped once donor support was withdrawn, showing heavy dependence on external funding and resources.

The findings demonstrated that the SRHR advocacy project achieved positive results in raising awareness, improving behaviours, increasing access to SRHR services, and strengthening community participation. Capacity building, stakeholder collaboration, involvement of local leaders, community participation, and resource mobilization contributed significantly to sustainability. However, cultural misconceptions, limited funding, weak post-project support, and stakeholder coordination challenges continued to affect the long-term sustainability of advocacy projects in rural communities.

Discussion

The findings of this study demonstrate that project design, stakeholder participation, and resource mobilization played an important role in contributing to the sustainability of SRHR advocacy projects in T/A Tengani, Nsanje District. The findings further show that the success and long-term impact of advocacy projects in rural communities depend on community ownership, stakeholder collaboration, capacity building, and the availability of resources beyond donor support.

The study found that the SRHR advocacy project was effective in addressing issues such as teenage pregnancies, early marriages, and limited access to SRHR services. Participants reported increased awareness, improved behaviours, and increased utilization of SRHR services such as family planning and cervical cancer screening. These findings support earlier studies which argue that SRHR advocacy interventions improve health-seeking behaviours and increase knowledge among vulnerable populations. According to the World Health Organization (WHO, 2018), awareness creation and education are important tools in improving reproductive health outcomes because they empower individuals to make informed decisions regarding their sexual and reproductive health. The findings also agree with studies by the United Nations Population Fund (UNFPA, 2019), which indicate that access to SRHR information reduces harmful practices and improves reproductive health outcomes among young people and women.

The findings further revealed that awareness and education were central strengths of the project. Participants explained that before the project many young people lacked accurate SRHR information, resulting in risky sexual behaviours. The

study therefore confirms that information dissemination and community awareness are important strategies for behaviour change. This finding is consistent with Social Learning Theory developed by Bandura (1977), which explains that individuals adopt behaviours through observation, interaction, and continuous learning within their communities. Through awareness campaigns, outreach services, and community discussions, the project created opportunities for learning and positive behavioural transformation.

The study also found that the project contributed to reducing stigma and silence surrounding SRHR issues. Participants explained that advocacy activities created safe spaces for discussions and encouraged vulnerable groups, especially youth and women, to seek information and support without fear of judgement. This finding agrees with previous literature which shows that open communication and community dialogue are necessary in addressing sensitive health issues in conservative rural settings. Studies by UNESCO (2018) and UNICEF (2019) indicate that community dialogue interventions help normalize discussions around SRHR and increase service utilization among adolescents.

However, despite these positive outcomes, some participants felt that the project did not fully address broader socio-economic challenges such as poverty and food insecurity. Participants explained that economic empowerment and basic needs were not adequately incorporated into the project design. This finding suggests that SRHR advocacy projects may achieve greater sustainability when integrated with livelihood and economic empowerment interventions. Previous studies by Sen (1999) and Chambers (1983) have shown that poverty and economic vulnerability contribute significantly to teenage pregnancies, transactional sex, and early marriages. Therefore, addressing SRHR issues in isolation may limit long-term effectiveness.

Community participation emerged as one of the strongest contributors to sustainability. Participants explained that community members actively participated in implementation, meetings, voluntary work, and decision-making processes. This finding supports the Community Participation Theory by Arnstein (1969), which emphasizes that projects become more sustainable when beneficiaries are actively involved throughout implementation. The sense of ownership developed through participation increases commitment and responsibility among community members. Similar findings have been reported by Oakley (1991), who argues that community participation strengthens continuity of development interventions after donor withdrawal.

The findings also demonstrate that collaboration between project facilitators and the community strengthened trust and acceptance of the project. Participants described the

relationship as “holding hands” with facilitators, reflecting partnership and shared responsibility. Such collaboration is important because rural development interventions are more likely to succeed when communities perceive projects as their own rather than externally imposed initiatives. However, the study also identified challenges such as misconceptions surrounding SRHR concepts and low participation from some community members. Cultural and religious beliefs continued to influence acceptance of family planning and reproductive health services. These findings are consistent with studies conducted by Chimbiri (2007) in Malawi, which found that traditional beliefs and misconceptions remain barriers to SRHR service utilization.

Capacity building was another major determinant of sustainability identified in the study. Participants explained that trainings, refresher meetings, mentorship, and awareness sessions improved knowledge and equipped community members with skills necessary for project continuation. The findings agree with Human Capital Theory proposed by Becker (1964), which emphasizes that investments in knowledge and skills increase individuals’ ability to sustain development initiatives independently. Participants believed that the knowledge gained would continue benefiting the community even after project closure. The continued operation of youth clubs, safe spaces, and peer education groups demonstrates that capacity building created lasting community structures capable of continuing SRHR advocacy activities beyond donor support.

The findings also highlighted the importance of stakeholder involvement and collaboration. Traditional leaders, religious leaders, health workers, youth groups, and government representatives all contributed to implementation and community acceptance of the project. The involvement of local leaders enhanced trust because these individuals are respected and influential within rural communities. These findings support previous literature by Pretty (1995), which argues that engaging local leadership improves project legitimacy and strengthens sustainability. Traditional and religious leaders often influence social norms and community attitudes; therefore, their support is essential in addressing sensitive issues such as SRHR.

Despite the positive contribution of stakeholder collaboration, the study identified several coordination challenges. Some participants reported exclusion of certain local structures, dependence on NGO resources by government stakeholders, frequent staff transfers, and lack of flexibility among NGOs during implementation. Similar challenges have been documented by Korten (1990), who argues that weak institutional coordination and donor dependency reduce sustainability of community projects. The use of different volunteers by different NGOs also resulted in duplication of interventions instead of continuity. These findings suggest the need for stronger coordination

frameworks and integrated community systems for SRHR advocacy projects.

Resource mobilization was also found to be central to project success and sustainability. Financial support, transport, visibility materials, referral systems, and human resources enabled project activities to be implemented effectively. Participants explained that projects with more funding achieved greater impact compared to those with limited resources. This finding aligns with Resource Dependency Theory developed by Pfeffer and Salancik (1978), which explains that organizations and community projects rely heavily on external resources for survival and effectiveness. Community contributions through voluntary work and local support strengthened ownership and reduced dependence on external funding to some extent. The ability of communities to organize meetings independently after donor withdrawal demonstrates some level of self-reliance.

However, the findings also show that many activities stopped after donor support ended due to lack of resources. Weak post-project support and short project duration affected continuity of interventions. These findings confirm concerns raised by Chambers (1997), who observed that donor-funded projects in developing countries often struggle to sustain activities after funding withdrawal. Sustainability therefore requires long-term investment, stronger local resource mobilization mechanisms, and gradual transition strategies that prepare communities for independence before donor exit.

Conclusion and Implications

The study demonstrates that SRHR advocacy projects can achieve positive long-term impacts in rural communities when community participation, stakeholder involvement, capacity building, and resource mobilization are prioritized. The project successfully increased awareness, improved behaviours, strengthened access to SRHR services, and empowered communities through knowledge and participation. Community structures such as youth clubs and peer educators contributed to continuity beyond donor support, showing the importance of local ownership in sustainability.

The findings further show that sustainability of advocacy projects depends not only on donor funding but also on strong collaboration between communities, local leaders, government institutions, and NGOs. Capacity building emerged as a key investment because knowledge and skills remained within the community even after project closure. However, cultural misconceptions, limited funding, weak post-project support, and poor coordination among stakeholders continue to threaten sustainability.

The study therefore implies that future SRHR advocacy projects should adopt integrated and community-driven approaches that combine awareness creation with economic

empowerment and long-term local capacity strengthening. Donors and implementing organizations should prioritize sustainability planning from the beginning of projects, strengthen coordination mechanisms, and invest in local structures that can continue activities independently. Policymakers and development practitioners should also strengthen partnerships with traditional and religious leaders to improve acceptance and ownership of SRHR interventions in rural communities.

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