of agreement or disagreement with statements on a five-point Likert scale. Card-sorting questions, depending on topic, had nine or 12 possible responses printed on cards, which respondents were asked to arrange into groups of three or four cards each, representing how important or convincing the respondent found each factor to be. Results from all questions were comparable across all countries, except for those from card-sorting questions, which were comparable only for Ethiopia and Kenya.

The Futures Group internal research review committee reviewed the study protocol and determined that the research was exempt from the provisions of the Protection of Human Research Subjects regulations.

Overall, 49 decision makers and 19 advocates participated in an hour-long interview (Table 2); all participants gave informed consent before being interviewed. None of the key informants we approached refused to be interviewed, although eight declined to be recorded. Recorded interviews were transcribed by the research team for analysis; for unrecorded sessions, interviewers took detailed notes, which then served as transcripts for analysis.

Analysis
Prior to the interviews, we developed an Atlas.ti codebook based on the interview guides to conduct a content analysis and capture patterns of responses; we added themes and subthemes to the codebook as transcripts were reviewed. To assess intercoder reliability and standardize the codebook and coding scheme, we used a staged double-coding approach on seven (10%) of the transcripts. First, each of the coauthors independently coded the same three transcripts, and then met to discuss challenges and interpretations of the codebook. Next, we revised the codebook, independently coded another two transcripts and made minor additional revisions. Finally, we independently coded two more transcripts to validate the codebook.

We divided and coded the remaining transcripts, generated reports for each code and reviewed for additional themes and subthemes. We categorized all transcripts by country and type of interviewee (decision maker or advocate), and further analyzed transcripts to look for thematic patterns and compare them within and across the two categories. During analysis, the research team identified transcripts by code, rather than by name, and made reasonable efforts to conceal participants’ identity.

RESULTS
Country-Specific Contexts
Country context and the need to advocate at different levels of government came up in interviews in each of the three countries. Ethiopia has a federal parliamentary system of government with regional semiautonomous states; until recently, only those within the country’s government could participate in policy advocacy, while entities receiving substantial foreign funding could provide technical support and service delivery. At the time of the study, Kenya and Malawi had identical presidential parliamentary systems; government and development partners (i.e., foreign government funding agencies and nongovernment organizations) worked collaboratively on family planning advocacy. Respondents from the three countries highlighted the importance of family planning advocacy at the national and subnational levels. In all three countries, advocacy at the national level was considered important, because that is where family planning policies and agendas are set. But because the health systems in these countries are decentralized, planning and budgeting are also subnational functions, so respondents deemed regional- and local-level advocacy to be important as well.

When asked about salient factors in high-level or national decisions about policies and budgets related to family planning, respondents in Ethiopia and Malawi commonly stressed that family planning advocacy messages need to be aligned with national development plans. Respondents in Ethiopia and Kenya took this a step further by reporting that decision makers are also influenced by the need to align their governments’ reproductive health and family planning policies with the global health targets set forth in the United Nations Millennium Development Goals (MDGs). For example, one Kenyan decision maker said “Because the Kenya government has to meet its MDG target, it has recognized that unless it addresses properly the population and family planning issues, it will not meet a lot of those MDGs.”

In all three countries, respondents said that advocates must understand their government and target efforts toward individuals with decision-making authority, particularly with regard to resource allocation. Ethiopian respondents emphasized the requirement that family planning champions come from within government—chiefly, the ministries of health and finance and economic development, as well as relevant parliamentary committees; Kenya and Malawi have no such restrictions.

Government Support for Family Planning
Respondents in each country mentioned new policies, laws and strategies friendly to family planning in recent years. For example, in Ethiopia, import taxes on family planning commodities and restrictions on advertising have been eliminated; in Kenya, national reproductive health and national population policies have been revised to assign higher priority to family planning and allow the