

STRONGER POLICYMAKER COMMITMENT TO FAMILY PLANNING IN KENYA THROUGH FAITH LEADER ADVOCACY

CHALLENGE

County structures and competing priorities have hindered prioritization of family planning (FP) in Kenya. There is limited funding for advocacy activities to push for tangible outcomes such as favorable policies, a budget line for FP in county budgets and Costed Implementation Plans (CIP) for family planning.

WHY RELIGIOUS LEADERS ARE KEY TO FAMILY PLANNING ACCEPTANCE

Involving religious leaders in health matters and cultural norms is important because they are critical influencers of health outcomes. Religious leaders are able to reach policy makers and influence key decisions. They are engaged community members and understand their communities' culture, beliefs, and other factors that may influence health.

The Christian Advocacy for Family Planning in Africa (CAFPA) project, funded by the Bill & Melinda Gates Foundation, engages religious leaders to advocate for community and policy maker support for family planning to drive positive policy change.



Religious leaders in the CAFPA project with project coordinator Jane Kishoyian (centre) during the CHAK Annual Health Conference in 2018.

LOCATION

Kiambu, Meru, and Murang'a Counties in Kenya

KEY PLAYERS

Christian Health Association of Kenya, Christian Connections for International Health, Religious Leaders, national and county policy makers, hospital managers, health care workers and community social influencers.

STRATEGY

Religious leaders are natural advocates for health matters, including family planning because they care about the well-being of their congregations, are well connected in their communities, and are experienced public speakers with access to large numbers of people through their houses of worship. The CAFPA project capitalized on these factors and engaged religious leaders to advocate for policy changes and budget allocation specifically for FP and to ensure availability of FP commodities and supplies.

TACTICS

Religious leaders who were trained in family planning advocacy spoke publicly at 10 events and meetings during the year, requesting funding and support for family planning. The leaders spoke at the CHAK Annual Health Conference, which was attended by 250 people, including policy makers; the CCIH Annual Conference; three stakeholders meetings (one in each of the three target counties); and in six county engagement meetings with County Health Management Teams.

The leaders also spoke about family planning regularly to their congregations, and at weddings, funerals and other community events, including public gatherings known as barazas, showing their support and demonstrating family planning is consistent with their Christian values. *continued*



My Story

It is very fulfilling to know that I can now talk to my government about financing family planning. I though my calling was only to preach the word of God, but I am doing more to help my community.

-Venerable Reverend Silas Micheni, Family Planning Advocate, Archdeacon, Anglican Church of Kenya, Meru Diocese

TACTICS *(continued)*

Especially impactful was the presentation at the CHAK Annual Health Conference where 11 religious leaders read a formal statement affirming their commitment to family planning. They also asked fellow religious leaders to sign the written statement, which has been posted online and shared. See [a video](#) of the statement of support at www.ccih.org > Resources > Family Planning > Advocacy and Policy Resources.

OUTCOMES

Following advocacy by religious leaders in the CAFPA project and along with assistance from other partners, Meru County now has a costed implementation plan (CIP) and a line item in the budget for family planning. Religious Leaders in three counties representing seven denominations have [definitions of family planning](#) and what methods they support clearly and publicly identified. Uptake of family planning has been significantly increased in at least one location (the Maua Methodist Hospital in Meru County) where Religious Leaders have been publicly speaking about family planning.

NEXT STEPS

1. CHAK and the religious leaders will continue to track the county budgeting process and advocate for budget lines for family planning in all three counties.
2. The group will continue engagement with Murang'a and Kiambu counties to encourage the development of a Costed Implementation Plan (CIP).

LESSONS LEARNED

Religious leader are powerful community advocates for family planning. Engaging them on matters of health and well-being of communities is a natural fit with their calling to serve, education and training, and position in the community. If they are given the facts on family planning and its connection to maternal and child health, they are willing to engage and speak out publicly to influence change.



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