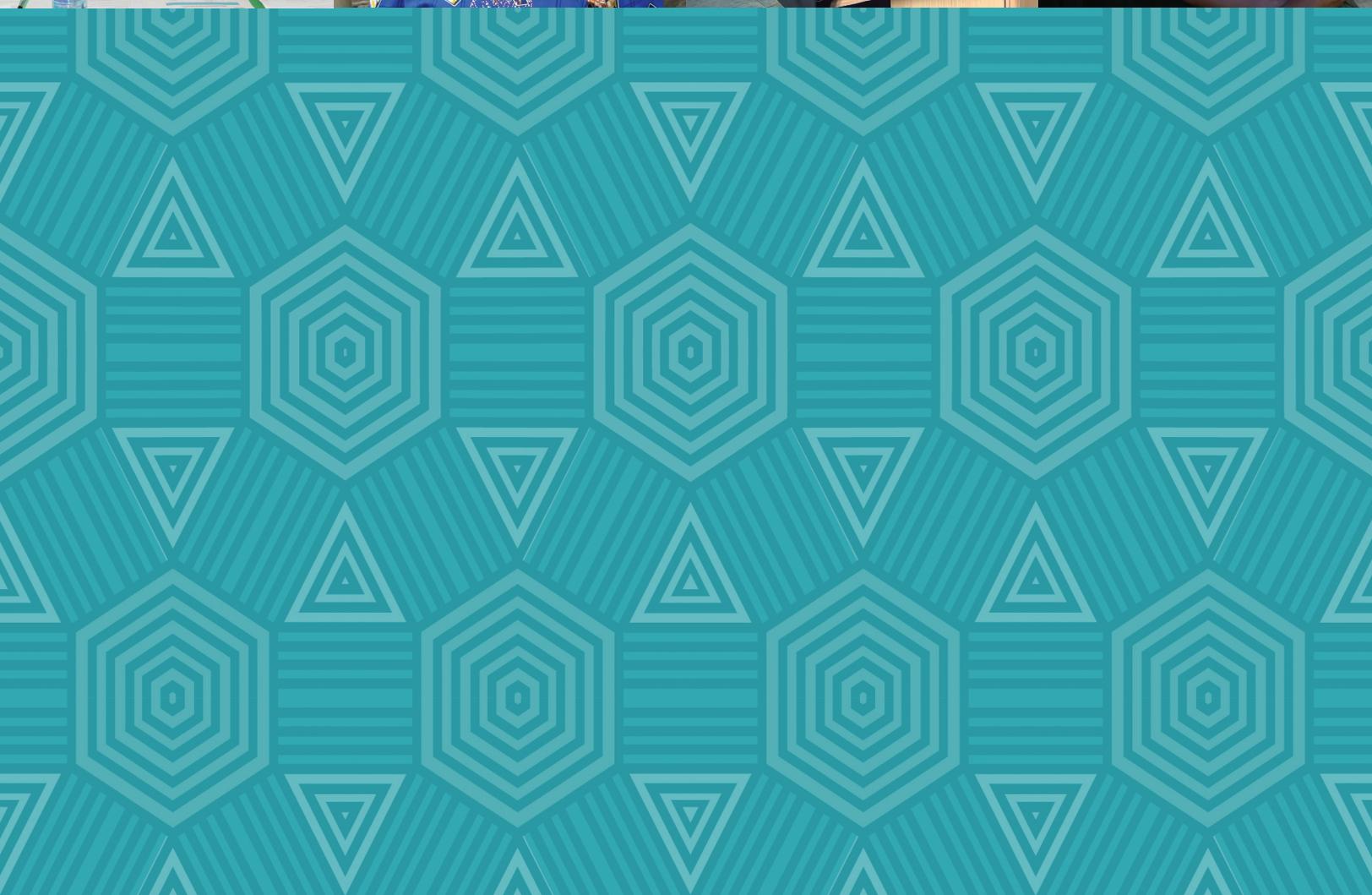


Family Planning Advocacy Through Religious Leaders

A Guide for Faith Communities





January 2017

This guide was inspired by family planning advocacy with religious leaders carried out by Christian Connections for International Health (CCIH), the Christian Health Association of Kenya (CHAK), the Churches Health Association of Zambia (CHAZ), and the Ecumenical Pharmaceutical Network (EPN). It was funded in partnership with the Bill & Melinda Gates Foundation.

Photos on the cover show religious leaders and faith-based health workers in Zambia, Nigeria and Kenya who have been involved in family planning training and promotion through work with CCIH and partners.

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Key Phrases & Acronyms: What Buzz Words Should I Know?

Key Words

Advocacy: Merriam Webster defines advocacy as “the act or process of supporting a cause or proposal.” According to K4Health’s Family Planning Advocacy toolkit, “effective advocacy proposes specific, actionable solutions and is strategic, targeted, well designed and firmly supported by reliable, relevant, recent data.”¹

Contraception: encompasses all methods used to prevent pregnancy, including: condoms, emergency contraception, fertility awareness methods (e.g. Standard Days Method®), implants, injectables, intrauterine devices (IUDs), the lactational amenorrhea method (LAM), oral contraceptives, tubal ligations, and vasectomies.²

Family Planning (FP): enables couples to determine the number and timing of pregnancies, including the voluntary use of methods for preventing pregnancy — not including abortion — that are harmonious with their values and beliefs.

Healthy Timing and Spacing of Pregnancies (HTSP): Another term for family planning. HTSP helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. HTSP works within the context of free and informed choice and takes into account fertility intentions and desired family size.³

FP2020: FP2020 is a global partnership of the private and public sector, which “aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020.”⁴

FP2020 Rapid Response Mechanism (RRM): An arm of FP2020 that provides funding to “emerging, unanticipated and/or time-bound opportunities.”⁵

Information, Education, & Communication (materials, activities, etc.) (IEC): Per the World Health Organization, “IEC refers to a public health approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles.”

Unmet Need for Family Planning: refers to women “who are fecund and sexually active but are not using any...contraception, and report not wanting any more children or wanting to delay the next child.”⁶

Other Acronyms

ACHAP: Africa Christian Health Associations Platform

CCIH: Christian Connections for International Health

CHA: Christian Health Association [ACHAP member organizations]

CHAK: Christian Health Association of Kenya

CHAZ: Churches Health Association of Zambia

DHS: Demographic Health Survey

EPN: Ecumenical Pharmaceutical Network

F2A: Faith to Action Network

FBO: Faith-Based Organization

ICFP: International Conference on Family Planning

mCPR: Rate of modern contraceptive use

RMNCH: Reproductive, Maternal, Newborn, and Child Health

USAID: United States Agency for International Development

¹ <https://www.k4health.org/toolkits/family-planning-advocacy>

² <http://www.who.int/mediacentre/factsheets/fs351/en>

³ <http://www.who.int/pmnch/topics/maternal/htsp101.pdf>

⁴ <http://www.familyplanning2020.org/microsite/about-us>

⁵ <http://www.familyplanning2020.org/microsite/rrm>

⁶ http://www.who.int/reproductivehealth/topics/family_planning/unmet_need_fp/en

Introduction: Why Create This Guide?

By wisdom a house is built, and through understanding it is established. — Proverbs 24:3

The need for a holistic health approach to family planning advocacy — including the spiritual, social, and physical health of mothers and children — is crucial to promoting healthy families. Faith-based organizations (FBOs) are in a unique position to promote family planning (FP) — also called healthy timing and spacing of pregnancies (HTSP) — for the purpose of creating and maintaining healthy families. Recognizing the role FBOs play, the 2016 International Conference on Family Planning (ICFP) held the first-ever inter-faith ICFP Faith and Family Planning pre-conference.⁷ Additionally, the global partnership FP2020 includes FBOs as recipients of their Rapid Response Mechanism (RRM), a fund that quickly responds to local-level family planning needs. On the country level, FBOs are integral partners of national FP Technical Working Groups. On the local level, family planning education and services are provided through faith-based health centers and hospitals.

Christian Connections for International Health defines Family Planning as “enabling couples to determine the number and timing of pregnancies, including the voluntary use of methods for preventing pregnancy — not including abortion — that are harmonious with their values and beliefs.”

The percentage of health care provided by faith entities in developing nations is significant, but varies widely from country to country. Faith entities are a critically important component of the overall health system in many countries, without which millions of people — particularly in hard-to-reach rural areas and underserved urban slums — would be deprived of health services.

In addition to FBOs, religious leaders continue to be highly trusted figures who reach large, rural catchments away from well-stocked urban hospitals. Their political, social and cultural influence make them strong potential partners to address unmet FP needs.

Given these realities, secular and faith-based organizations alike are turning to religious leaders as effective family planning advocates. Likewise, as demand for family planning increases, religious leaders are expressing increased interest in family planning and how they can support their communities through trained points of contact and referrals in their communities. If you are reading this, you are likely already aware of this trend! Thus, this guide seeks to provide a step-by-step process on how to set up and conduct religious leader advocacy trainings, establish monitoring and evaluation systems, and realize your family planning advocacy goals.

Note: It is not our objective to provide you with exhaustive technical information on family planning. For overviews of the modern method mix of contraception — which includes fertility-based methods — we recommend USAID’s *Facts for Family Planning* and *Family Planning: A Global Handbook for Providers*. For current information on international maternal and child health statistics (such as maternal mortality rates, rate of contraceptive use, and unmet need for family planning), peruse FP2020’s **online country** database or the **Demographic Health Survey**. Finally, for more information on family planning advocacy please visit **K4Health’s Toolkit on Family Planning Advocacy and Advance Family Planning’s AFP Portfolio**. See Step 5 under Trainings & Advocacy for more details.

⁷ The Faith & Family Planning pre-conference was jointly hosted by Christian Connections for International Health (CCIH), Muhammadiyah, and Faith to Action Network (F2A).

Before you begin using this guide, we encourage you to take a moment to reflect on why you are interested in this topic. Below are some questions to help you and your team focus your thoughts before beginning the project:

Why do you/your organization care about FP? Do you know anyone who has been adversely affected by lack of family planning services?

How did you become aware of religious leaders as family planning advocates? Why are you interested (or not interested) in working with religious leaders? Do you have any personal connections to a faith group?

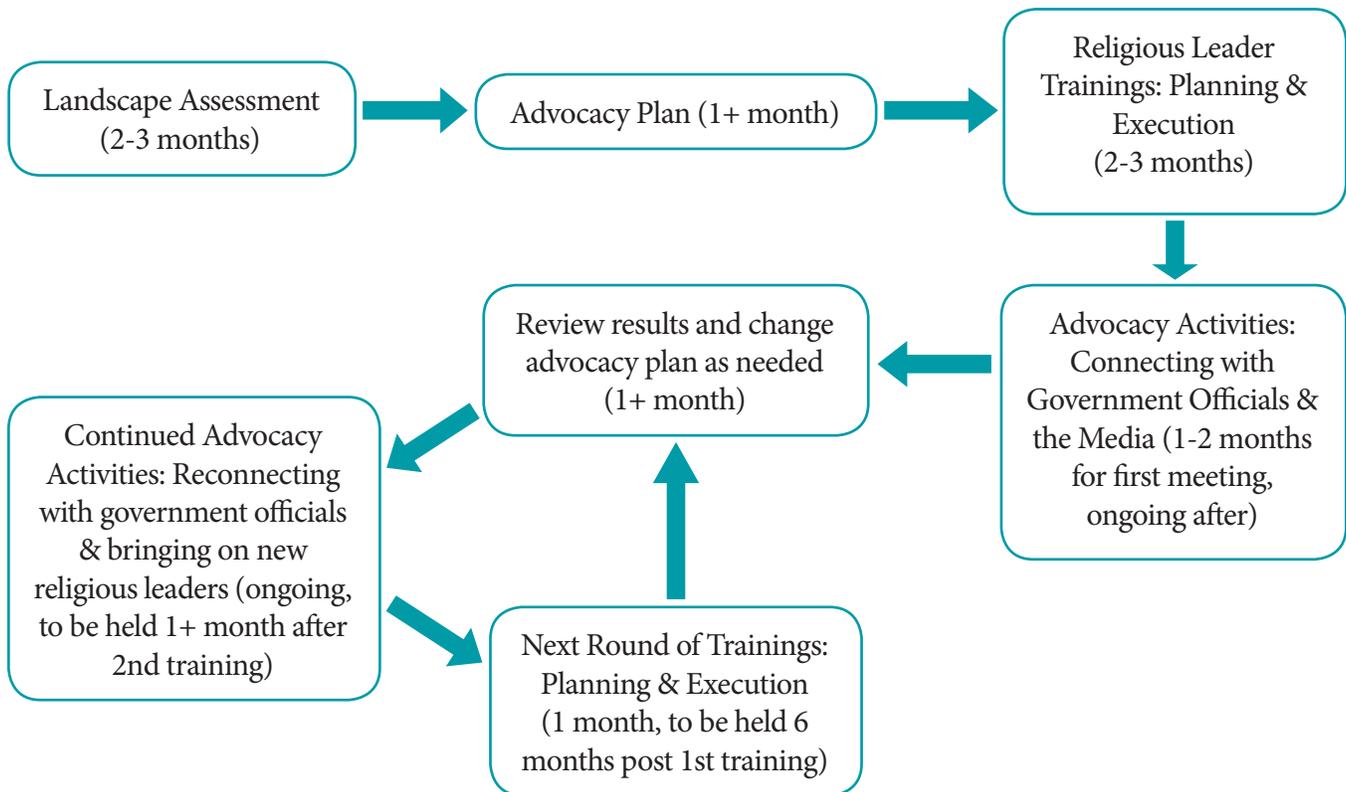
Advocacy Success: Increasing FP Users in Kenya

Through creatively engaging religious leaders to dispel myths and change attitudes about family planning, the Christian Health Association of Kenya (CHAK) was responsible for dramatic increases in family planning use in two communities in Kenya. After 60 community health workers and 60 religious leaders who had been trained by CHAK on family planning shared this new knowledge in their communities, a health facility in Dophil saw an increase of almost three times as many women using family planning. Another facility, located in Namasoli, experienced an increase in family planning users of 125% in the first year after religious leaders were trained and over 200% in the second year.

This increase in new users demonstrates that many women in the community desired to space their pregnancies and as a result now have access to the services to do so.

*Speak out for those who cannot speak, for the rights of all the destitute.
Defend the rights of the poor and needy. — Proverbs 31:8-9*

Activities Timeline: How Long Will This Take?



Advocacy Success: Change on the National Level

The Churches Health Association of Zambia (CHAZ) participated in a multi-year, multi-partner advocacy effort that resulted in the Zambian government’s approval of a task-shifting measure to allow Community Based Distributors to provide injectable contraceptives. This is a significant Ministry of Health policy change because it significantly expands access to injectable contraceptives in Zambia. After the measure passed, CHAZ continued to advocate for faith-based health facilities by securing a spot as one of the organizations to spearhead this effort nationwide. CHAZ representatives met with the Director of Mother and Child Health Services to take the agenda forward and remind the Director that CHAZ facilities continue to play a crucial role in health delivery. The task-shifting policy is currently being implemented in CHAZ facilities throughout the country.

Landscape Assessment: What Do You Need to Know?

The heart of the discerning acquires knowledge, for the ears of the wise seek it out. — Proverbs 18:15

Time Needed: 2 to 3 months

Once you and your organization have a general sense of why you want to pursue family planning advocacy training, it is then time to launch a Landscape Assessment. This exercise will gather all the information you need to identify advocacy objectives. A good resource for how to conduct a Landscape Assessment is the Advance Family Planning Advocacy Portfolio (see Part 1 of Developing a Strategy): advancefamilyplanning.org/portfolio

Note that this guide is written for those who have already identified a specific country for their advocacy program. If you do not have a specific location in mind, we suggest using the sample survey found on ccih.org/fp-advocacy-guide to identify a site that has the most potential for a successful FP advocacy program within your country of interest. This survey has been used in FBO-run health facilities in over 10 different African countries, and helped the Ecumenical Pharmaceutical Network (EPN) determine where to launch their religious leader advocacy efforts. Finally, assess your organization's overall mission, technical expertise, funding mechanisms, and any other drivers that may influence the success of your program. Once you have narrowed your geographic focus, continue with the steps below.

The three components of a thorough Landscape Assessment are (per AFP, above):

1. Review and compile current information on family planning in your area of interest. This includes: national-level FP2020 commitments; district or county-level commitments (if applicable); and family planning indicators (e.g. unmet need for contraceptive use; rate of modern contraceptive use (mCPR); maternal mortality rates; etc.)
2. Research laws, regulations, policies and guidelines that influence the financing and supply of services/supplies to your health facilities from government resources. Follow up directly with any health facilities if needed.
3. Interview or research information on key informants — policymakers, health professionals, civil society representatives, and religious leaders.

In the following pages we explain the components in greater detail, along with real examples from a project in Nigeria.

COMPONENT 1: Gathering Family Planning Indicators & Commitments

Review the family planning goals of the country or countries in which you will work. The best place to find this information is on the FP2020 website: www.familyplanning2020.org. The FP2020 website also displays the “17 Core Indicator” estimates for every focus country where available. These include information on, among others: modern methods of contraception users; unintended pregnancies; unmet need for modern methods of contraception; maternal deaths; couple-years of protection; and the annual expenditure on family planning from a government’s domestic budget. Additional statistical information can be found from the country’s Demographic Health Survey (dhsprogram.com).

Possible research questions for this section:

1. What are your country’s FP2020 commitments?

The Nigerian Government submitted the following FP2020 Commitments in 2012, the year it joined FP2020 (*commitments have been abbreviated*):

- 1. Objective:** Increase mCPR by 2% every year to achieve 36% by 2018.
- 2. Policy & Political:** Nigeria will take action to improve equity and access to FP for women with the lowest socio-economic status, which includes promoting policy formulation and actions that support maternal and child health at all levels, and partnering with the private sector, civil society, traditional and religious institutions and development partners.
- 3. Financial:** Nigeria commits to provide an additional US \$8.35 million annually over the next four years (starting in 2012) for the procurement of reproductive health commodities. It plans to realize the health financing goals laid out under the National Strategic Health Development Plan.
- 4. Program Service & Delivery:** Nigeria commits to train at least 3,700 community health workers (CHWs) and support task shifting so CHWs in rural areas can provide multiple methods. It will improve the supply of contraceptives in the country through stimulating the private sector, and will increase awareness and demand for FP services.

2. What is the position of the current government administration (both national and local) on family planning funding and the provision of commodities and services? For example, have they enacted any policies to increase funding for FP commodities and services? On the opposite end of the spectrum, have they expressed opposition to the goals of FP2020?

3. Are you able to find any data on your community specifically?



Remember: You can find local FP/HTSP information at dhsprogram.com.

Often data is broken down to the district/county level!

If you do away with the yoke of oppression, with the pointing finger and malicious talk, and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday. — Isaiah 58: 9b-10

COMPONENT 2: Regulations & Government Resources

Every country’s governmental structure varies, but in general there are two institutions that will likely house the decisionmakers on family planning: Ministry of Health and Ministry of Finance. The latter is particularly relevant if your program will focus on increasing funding for health facility commodities, service delivery, staff trainings, etc. The Ministry of Health is also a good source for finding information on government-run, faith-based, and secular private facilities providing family planning services and commodities. As mentioned previously, surveys such as the Demographic Health Survey can provide excellent information on these questions as well (dhsprogram.com). This information is crucial to focus your advocacy activities throughout the process.

If you have the time and resources to conduct your own survey, see ccih.org/fp-advocacy-guide for the aforementioned sample survey to FBO-run health facilities in over 10 different African countries. This survey includes questions about family planning services and commodity support they receive from the government.

According to EPN, Nigerian FBO-run health facilities do not receive any government aid to support staffing or administrative needs. However, about half of these facilities receive commodity supply assistance, and about 29% receive help for staff training and information, education and communication materials.

Possible research questions for this section:

1. Who is responsible for the national family planning budget in your country?

2. What are the commodities and services promised and provided by the government to health facilities, especially private (and FBO-run) facilities?

3. Does the government seem to be focusing on a particular FP2020 commitment at this time? If so, what? Refer to the previous section for your country's FP2020 commitments.

4. Are there any political events occurring now or in the near future that may change the political climate, such as elections?

5. Who are the main funders and suppliers of FP services and commodities in your target communities?

COMPONENT 3: Key Informants & Religious Leaders



Lessons from Nigeria and Zambia

While not all the religious leaders you meet with may have the time or interest in attending advocacy trainings, reaching out to as many parties as possible will help ensure high attendance and engagement at your upcoming religious leader trainings. In Nigeria, EPN partnered with Evangelical Church Winning All (ECWA Nigeria) to bring together 11 religious leaders from over five Christian denominations: Evangelical Church Winning All (ECWA), Ekklesiyar Yan'uwa a Nigeria Church (EYN), Seventh Day Adventist (SDA), Baptist churches, and Assemblies of God churches.

Depending on where you work, you may bring together more or fewer religious leaders. CHAZ brought together 18 religious leaders from 14 denominations, and CHAK brought together 14 religious leaders from eight denominations for similar religious leader advocacy trainings in their respective countries.

This section should detail the religious groups in your geographic area of focus, their views on family planning, and a list of religious leaders you believe should be invited to your first round of religious leader advocacy trainings (more details later). As a faith-based organization you likely have some religious leader contacts, but do not hesitate to reach outside your circle. Faith network organizations such as the Africa Christian Health Associations Platform (ACHAP), Christian Connections for International Health (CCIH), and the Faith to Action Network are great resources.

While potentially time consuming, it is well worth the effort to meet with faith leaders face to face and either individually or in groups. Ask them about their personal beliefs and their congregations' beliefs on family planning. The purpose of these informal interviews is to gather current beliefs, not necessarily to correct or dispel myths. By meeting with leaders in advance, you are also able to establish a connection that may encourage them to attend religious leader advocacy trainings.

As with the previous section, if you have the time and resources you may also consider surveying FBO-run health facilities regarding their practices on family planning. See ccih.org/fp-advocacy-guide for sample questions on family planning attitudes and beliefs. This survey also asks health facility workers how they perceive government officials' and religious leaders' attitudes toward family planning, which can be helpful in crafting appropriate advocacy messaging.

Finally, do not limit yourself in who you or the community considers a "religious leader." These individuals can be male or female, and may include lay leaders in the church, e.g. the head of an influential men's or women's group. A diverse set of religious leader advocates can also spread your advocacy messages to a larger audience.

Possible research questions for this section:

1. Are you familiar with the faith communities in your target area? Do you know how to reach their religious leaders?

2. Do you know the above communities' or denominations' views on family planning i.e. How do they define FP? What FP methods do they support? What materials do they use to educate others about FP? Additionally, do they operate health facilities or provide services in other ways?

3. Can you identify any current religious leaders who may be good advocates for family planning in the future? Note: a religious leader does not have to support all types of family planning methods to be an effective advocate.

Quick Reference Tools:

FP2020 commitments: <http://www.familyplanning2020.org>

DHS statistics: <http://dhsprogram.com>

ACHAP members: <http://africachap.org/en/network-locations>

CCIH members: <http://ccih.org/organizational-members.html>

Advocacy Plan: What Do You Want to Change?

My dear children, I am writing this to you so that you will not sin. But if anyone does sin, we have an advocate who pleads our case before the Father. He is Jesus Christ, the one who is truly righteous. — 1 John 2:1

Time Needed: 1 month

Once you have completed your Landscape Assessment, it is time to create an Advocacy Plan. This document will serve as the blueprint for the rest of your activities. An excellent resource for how to begin is the Advance Family Planning (AFP) Advocacy Portfolio (see Part 2 of *Developing a Strategy*): www.advancefamilyplanning.org/portfolio. There are four basic steps to the process adapted based on what has worked best with our experiences. Please feel free to modify this process to best fit your organization!

Step 1: Assembling an Advocacy Team

The first step is assembling a strong strategy development team who can give you their personal and professional opinions about the family planning needs of the community. With an unlimited budget, this team might include: government officials; health care providers; non-medical professionals in community health; men and women who access family planning services; religious leaders from every major sect; and a paid facilitator to guide discussion. However, a more modest strategy development team might include: the advocacy team of your organization; at least one medical professional working in family planning in-country; and at least one FBO representative or religious leader. Additionally, as part of this process you should strongly consider consulting with leading civil society organizations (both local and international) working in family planning in your area. Taking this step at the beginning of your advocacy process may result in more coordinated and effective advocacy activities, and may even lead to multiple organizations sharing expenses of your events (sometimes referred to as “cost-sharing”).

CHAZ assembled representatives from the following entities as part of their core strategy development team: the CHAZ secretariat, CHAZ mission facilities, and key religious leaders. They also secured the support of partner organizations and cooperating agencies in the Family Planning community (e.g. United Nations Population Fund (UNFPA) and Scaling Up Family Planning (SUFPP)). These partners participate in information sharing and are consulted regarding various policy activities and interactions with the government.

Who are individuals or organizations you would want to be on your strategy development team? Why? Do they have connections to the MOH or other policy makers?

Step 2: Identify Your Objectives

Next is to establish SMART objectives with your team. SMART stands for: Specific, Measurable, Attainable, Relevant, and Time-bound. If you look back at the landscape assessment, you may have written down some ideas on why you are interested in family planning advocacy. Those ideas can be transformed to overall goals. If one response was, “because I know families who cannot provide food for all the children,” that may translate to the following goal: increase funding for family planning services for couples. In order to achieve that goal, you might have the following objectives:



Remember: SMART objectives should have community support and be connected to government priorities. Thus, use your Landscape Assessment to identify possible objectives. Consult with your Advocacy Team throughout this process.

1. Increase capacity of 10 local religious leaders to advocate for improved family planning funding in your target community by [insert appropriate date here].
2. Increase use of family planning methods among couples in your target community from x% to x% (based on data you’ve collected from health centers in your community) by [insert appropriate date here].
3. Strengthen ties between Ministry of Health and local faith-based organizations on providing family planning services, commodities, and additional staffing to address staff shortages at strategic FBO health facilities by [insert appropriate date here].

Brainstorm at least 2 SMART objectives below and refine them with your team:

CHAK had the following SMART objectives. Note that each objective is measurable, has a time frame, and reflects attainable goals based on CHAK’s survey of its health facilities and the religious leaders with whom they work.

1. Increase and improve family planning support by religious leaders — in and around selected CHAK facilities — by October 2017.
2. Ensure the CHAK project-affiliated health facilities and churches have FP policies implemented in their health facilities by October 2017.
3. Increase the visibility of CHAK and other religious organizations in FP global initiatives by December 2017.

Step 3: Identify & Research Decisionmaker(s)

Ideally, this step will be fairly quick thanks to the research done as part of your landscape assessment. The decisionmaker is the person (or people) whom you, your team, and the religious leaders will meet with, who has the authority to make your objective a reality. Below are some questions from AFP that may help you identify a strong decisionmaker (see Step 5 in AFP for more tips):

- Who is in the best position to help you achieve your objective? Remember, it may be an assistant or lower-level point of contact, and not the Minister of Finance or Health!
- Do you need more than one decisionmaker to achieve your objective?
- Who does the decisionmaker listen to? Start a short list of allies who can help you persuade the decisionmaker to take action.



Remember: Decisionmakers are people who have the authority to fulfill your objectives. Do not confuse decisionmakers with their messengers or the influencers. For example, your decisionmaker might be a bishop of a large denomination, but the people you first meet with may be his staff (his messengers). When examining your advocacy activities, ask yourself whether all your activities are ultimately helping you influence your target decisionmakers.

CHAZ identified five decisionmakers among the religious leaders they surveyed. Here is a profile of one of them to give you an idea of what traits to look for:

This individual is a Bishop from a Christian church in Lusaka, Zambia. In addition to overseeing over 4,000 congregations, he has been involved on the highest national level in the fight against HIV/AIDS for over 20 years. He regularly sits on committees with the Minister of Health and was on several national delegations to the United Nations' General Assembly Special Sessions. In addition, he serves on multiple Boards of private universities and civil society organizations. Politically, he is known for reconciling national leaders and helping avert government crises. His knowledge of public health — including family planning and contraception use — as well as his roles within the national government make him a strong ally for increasing national funding and services of family planning.

Refer to your Landscape Assessment. Who are two to four individuals who you believe are decisionmakers?

Step 4: Determine Your Ask

The final step is to articulate your “ask” — this is the action that you want your decisionmakers to take in order to fulfill your SMART objectives. You may have different asks for different decisionmakers, depending on their political leanings and personal background. When crafting your ask, it is important to refer back to your Landscape Assessment for accurate information.

Here is a brief overview on how to form an effective ask — refer to step 6 in the AFP Advocacy Portfolio for more information (see “Five-Point Message Box”):

Step 1: Know the difference between rational, emotional, and ethical arguments and what will appeal most to your decisionmaker(s). Rational arguments use data and evidence to appeal to decisionmakers. Emotional arguments use personal stories to convince others of your point. Finally, ethical arguments appeal to existing social and cultural norms on what is “right” to evoke sympathy for your cause. When working with religious leaders, ethical arguments often include use of theological and dogmatic-based arguments.

Step 2: Write down the main concern that you want the decisionmaker to address, e.g. lack of FP services in your local clinic. Anticipate why they might disagree with you and how you would respond.

Step 3: Based on the steps above, write down what you want the decisionmaker to do (or influence) in order to achieve your SMART objectives. Example: increase district or county-level funding for family planning services and commodities.

Step 4: Be prepared to explain how their actions will positively affect the community. Example: families who can space their children can better nurture them and are able to give more time and financial support to their churches and community.

Once you have an ask ready, pick the most effective messengers to deliver the message. Because you will be working closely with religious leaders, it is most likely that you will work with them to select the best leaders to approach each decisionmaker. While some religious leaders may be chosen solely because they are articulate and well versed, others may also be a good choice because they belong to the same church as the decisionmaker or have other social ties. Remember to consult closely with your religious leaders and strategic team.

What kinds of arguments (rational, emotional, ethical) should you prepare? What is your ask, and do you need more than one to achieve your SMART Objectives?

In order to ensure their health facilities and member churches had FP policies in place, CHAK trained religious leaders to approach county senators in three counties. One of their asks was for county governments to increase support of FBO-run health facilities that provide FP services, specifically through the provision of FP commodities, ambulances, computers for administrative work, and assisting with funding the renovations of facilities.

Note: Kenya's family planning funding is decided on a county level, which may not be the case in your focus area.

Trainings & Advocacy: How Do Religious Leaders Become FP Advocates?

He has shown you, O you, O mortal, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God. — Micah 6:8

Time Needed: Religious Leader Trainings: 2-3 months

Advocacy Activities: 1-2 months to set up first meetings, ongoing after Second Round of Trainings, if desired (6 months post first training)

Continued Advocacy Activities: 1-2 months to set up first meetings, ongoing after

Congratulations! You have completed your Landscape Assessment, formed your advocacy program team, identified SMART goals, identified decisionmakers, and crafted your “ask”. It is now time to reach out to more local religious leaders and equip them with the knowledge and training to become family planning advocates. The most common way to accomplish this goal is through ecumenical religious leader advocacy trainings.



So what, exactly, is a “religious leader advocacy training?” It is typically a two to three-day event that includes the following components: a technical review of family planning policies on an international, national, and local (if needed) level; a review of family planning from a faith perspective (e.g. the Biblical basis for family planning); a review of each family planning method including some common misconceptions about the methods, with time for discussion; time for attendees to talk in small groups and synthesize information; and decide how to engage government officials and the media on family planning issues.

Remember that the trainings in and of themselves are not your entire advocacy program. Rather, they are the critical first step in encouraging religious leaders to become family planning advocates. That said, this is often one of the most time- and resource-intensive parts of an advocacy program, which is why we have devoted a substantial portion of this guide to them. Throughout this guide, we give examples of successful advocacy activities carried out by actual religious leaders.

The following pages explain each step in more detail and provide templates for your use. Remember to adapt all these templates to best fit your needs — advocacy programs are not a “one size fits all” solution.

There are many moving parts to a successful religious leader advocacy training, but the process can be broken down into the following steps:

1. Assemble a list of religious leaders who you want to invite to your advocacy training.
2. Determine your anticipated expenses.
3. Create your agenda.
4. Finalize the invitation list and send out invitations.
5. Finalize the agenda and logistics.
6. Conduct the trainings.
7. Launch advocacy activities with religious leaders.

Step 1: List Potential Attendees

As part of your Landscape Assessment and Advocacy Plan, you should already have a list of religious leaders who you believe influence family planning policy or attitudes in your target area. Your list should represent a wide variety of denominations and/or faith practices, as well as a range of attitudes on family planning.

In addition to heads of large denominations and other politically influential priests, ministers, imams, etc., consider inviting trusted advisors of those religious leaders who may not have time to attend an entire training. These advisors should be able to accurately convey the information they learn at the training, but also have the potential to be FP advocates in their own right.

Potential Attendee List — *include names, titles, and denominations*

Remember: this is the invitation list you would want with an unlimited budget and staff capacity. You will refine the list in Step 3, so do not limit yourself in who you include.

1. _____
2. _____
3. _____
4. _____
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6. _____
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Step 2: Determine Your Expenses

In most cases, you have likely been assigned a budget for how much you will be able to spend for these trainings. Refer to this budget now as you consider the expenses below. We have provided four checklists to help you draft your upcoming expenses and consider what is needed for a well-run training. Use the space provided beside each item to note how much it would cost:

General Costs

- Space rental: _____
- Additional lighting, sound, and other audio/visual needs (e.g. projectors): _____
- Catering for lunch and other refreshment breaks: _____
- Communication (e.g. phone and internet credit): _____

Transportation & Other Stipend Expenses

- Transportation stipends or fuel reimbursements for out-of-town attendees (round trip):
_____ (# of leaders) x _____ (cost of transportation per person) = _____ (total cost)
- Daily transportation stipends or fuel reimbursements for local attendees (round trip):
_____ (# of leaders) x _____ (cost of transportation per person) = _____ (total cost)
- Stipends for meals not covered at the training:
_____ (# of leaders) x _____ (stipend per person) = _____ (total cost)
- Staff transportation costs: _____

Supply Expenses (purchase enough to cover religious leaders, staff, and speakers)

- Stationery: _____
- Pens: _____
- Notebooks: _____
- Flip charts: _____
- Flip chart easel: _____
- Folders: _____
- ID badge supplies: ID tag holders, ID pre-perforated paper, lanyards or clips: _____

Continued on next page.

- Markers of various colors: _____
- Printer paper / Reams of bond paper: _____
- Staplers and staples: _____
- Toners and inks for printers: _____
- Other supplies not listed above: _____

Labor and Other Expenses

- Payments for facilitators and consultants: _____
- Staff time: _____
- Other indirect costs: _____



A Note About Venues

When considering a venue, look for locations that have the following qualities:

- Seating capacity. Your desired number might be determined at the end of the budget process, but begin by looking for spaces that can seat 30 or more people. Additionally, seats should be arranged in a large semi-circle or C-shape to facilitate communication.
- Ample lighting
- Good audio and visual system (including sound system, screen, or large wall for PowerPoints)
- Catering or dining hall availability for meals and breaks
- Clean bathrooms
- Safe and ample parking
- Accessible but slightly removed from central business districts. This prevents attendees from leaving the training early to attend to other business, but also makes the meeting accessible to those who live far away.

Additionally, try to secure a venue, accommodations, transportation, and other vendors as far in advance as possible. There are few things more stressful than trying to find last minute drivers, hotel rooms, or conference space!

Step 3: Create the Agenda

In tandem with creating your list of expenses, begin thinking about the agenda for your training. As stated previously, the training agenda should contain the following components: a technical review of family planning policies on an international, national, and local (if needed) level; a review of family planning from a faith perspective (e.g. the Biblical basis for family planning); an overview of each family planning method with time for discussion, time for attendees to talk in small groups and synthesize information; and how to engage government officials and the media on family planning issues.

The following pages have sample agendas for your reference. Note that the first one is for religious leaders who have no or limited exposure to family planning advocacy. The second is for a follow up training — budget permitting — wherein leaders who have already been sensitized can come together and discuss their advocacy successes from the previous months.

Do not worry about having a “final” agenda ready at this point — that will come together as you confirm which speakers are able to attend and how many attendees will be at the event. However, you should try to have each section of the agenda filled with a potential speaker so that you can include them in your invitation list (see Step 4).

As always, remember to adapt the templates to the needs of your specific community.

A Note on the AFP Sessions in the Agenda:

A full AFP SMART training — which includes a full walk through of preliminary landscape assessment and creation of an advocacy plan — can last three to five days. Presented with limited time and resources, CHAK, CHAZ, and EPN condensed their AFP overview to a two-day session that covered Steps 1-7. A comprehensive overview of their communications pieces (e.g. interacting with media) was covered in a second training not shown here.

Remember that selecting a strong facilitator will aid the success of your training outcomes. With limited resources, we condensed the training to two days for Steps 1-7, and went back and did the Communications Advocacy pieces in a second training. Working with a local civil society representative familiar with the AFP framework is key. Consider having this individual meet with your staff to review your advocacy plan before the training, and have them serve as the lead facilitator for your AFP sessions.

Sample Template for an Initial Religious Leader Advocacy Training

The Role of Faith-Based Organizations in Advocating for Family Planning

Date: [Insert date in preferred format; include day, month and year]

Venue: [Insert name of location, city, state, and country (if internationally attended)]

Hosted by [Organization Name]

With support from [Donor if you have one]

Meeting Goals:

- Update the religious leaders with an overview of family planning services, trends, and challenges across counties/districts.
- Build alliances among faith-based groups to work together to strengthen FP services.
- Educate religious leaders on advocacy strategies and create an action plan with “quick wins” to address FP challenges through closer coordination with the MOH.

AGENDA

Day 1: Date 8:00am – 5:00pm		
Time	Session	Facilitator
8:00 – 8:30am	Registration / Meet and Greet (breakfast provided)	
8:30 – 8:45am	Devotion	Ask a religious leader ahead of time to prepare
8:45 – 9:05am	Welcoming remarks, Meeting Objectives – Why are we gathered here together? ● Objectives should include why FP is important to community	
9:05 – 9:20am	Introductions, expectations, norms, logistics	
9:10 – 10:00am <i>This section is conducted if participants are affiliated with health facilities. If this doesn't apply to your participants, adapt this section to your needs.</i>	Short Description of the facilities: ● Where is your organization located? ● How many total patients do you serve? How many FP clients do you serve? ● How many years have you been providing FP services? ● Which FP commodities do you provide? ● Where do you obtain FP products? How do you get them? ● Do you charge clients for FP commodities or for FP services? ● Do your facilities experience stock outs of FP products? ● How do you forecast your supply needs?	Ask religious leaders to bring this information to the meeting with them

10:00 – 10:20am	What is Family Planning? <ul style="list-style-type: none"> ● Define family planning ● Overview of family planning statistics in your country 	
10:20 – 11:20am	<ul style="list-style-type: none"> ● Overview of family planning methods (See CHAK slideshow in Step 5) ● Overview of myths and misconceptions 	Nurse or Doctor
11:20 – 11:35am	Tea Break and Group Photo	
11:35am – 12:15pm	Discussion (in small groups – # of small groups depends on size of total group – need facilitators for each group) <ol style="list-style-type: none"> 1. What does your faith tradition teach about family planning (FP)? 2. Do religious leaders in your community preach about these topics? Are they discussed in women’s groups? Youth groups? Men’s groups? 3. What are the challenges of keeping FP supplies available in your clinics? 4. What actions can faith leaders take together at the national level to increase the availability of FP supplies in your clinics? 	
12:15 – 1:00pm	Small Group Reports	
1:00 – 2:00pm	Lunch and Networking	
2:00 – 3:30pm	Advance Family Planning (AFP) Smart Guide – Advocacy Training: Phase I – Build Consensus: Step 1 – Decide who to involve Step 2 – Set SMART Objective	
3:30 – 3:45pm	Tea Break	
4:00 – 4:45pm	AFP Smart Guide – Advocacy Training Phase 2: Focus Efforts Step 3 – Identify the Decisionmaker	
4:45 – 5:00pm	Summary of Day 1 Set-up for Day 2	

Day 2: Date 8:00am – 4:00pm		
Time	Session	Facilitator
8:00 – 8:45am	Breakfast and Check-In	
8:45 – 9:00am	Overview of Day 2	
9:00 – 10:00am	AFP Smart Guide – Advocacy Training Phase 2: Focus Efforts Step 4 – Review the Context Step 5 – Know the Decisionmaker	
10:00 – 11:00am	AFP Smart Guide – Advocacy Training Phase 2: Focus Efforts Step 6 – Determine the Ask	
11:00 – 11:15am	Tea Break	
11:15 – 12:30am	AFP Smart Guide – Advocacy Training Phase 3 Achieve Change: Step 7 – Develop an Advocacy Plan	
12:30 – 1:30pm	Lunch	
1:30 – 3:00pm	Discussion: <ul style="list-style-type: none"> ● What next steps are needed to continue the engagement, or to ensure those in the room can continue to devote time to this group? ● What other questions do we need to discuss? 	
3:00 – 3:30pm	Develop work plans	
3:30 – 4:00pm	Closing <ol style="list-style-type: none"> 1. Wrap Up/Next steps 2. Thank You 3. Complete evaluation (and then receive per diem) 4. Closing Prayer 	

Sample Template for Second or Follow-Up Trainings

Religious Leaders Family Planning Training Hosted at location: Date

Arrival Date		
Day 1: Date		
Time	Activity	Facilitator
8:30 – 9:30am	Registration Ground Setting, Introductions, Objectives, Expectations & Ground Rules, Welcoming Remark & Official Opening	
9:30 – 10:00am	Group Activity: Bible verses supporting Family Planning	
10:00 – 10:30am	Break	
10:30 – 11:30am	Status of Family Planning in your country with regard to the FP2020 commitments	MOH Official
11:30am – Noon	Any other updates on FP in your country by your partners or your organization's work	
Noon – 1:00pm	Report from churches on their FP engagements	
1:00 – 2:00pm	Lunch	
2:00 – 3:15pm	Working with the media in advancing FP	
3:15 – 3:40pm	Break	
3:40 – 4:30pm	Working with the media in advancing FP	
Day 2: Date		
Time	Activity	Facilitator
8:30 – 8:45am	Recap of day 1	
8:45 – 10:00am	Media Interviews for Religious Leaders	
10:00 – 10:30am	Break	
10:30 – 11:00am	Group work: Charting next steps for FP Champions	
11:00am – 12:30pm	Plenary & Resolutions	
12:30pm	Lunch	
1:30 – 6:00pm	Mock Interview: Practice Mock Interviews & Conduct Real Media Interviews (prescheduled) Includes travel time to media site	

Step 4: Inviting Religious Leaders

Once you determine how many attendees your budget will allow for, go back to your original list of desired invitees and narrow it down. Try to maintain diversity of beliefs and geographic regions as much as possible, as well as including a balance of male and female leaders. Plan on inviting a few more people than you can accommodate, since it is likely that not everyone will be able to attend. Ultimately, the training should consist of as many religious leaders as your organization is able to accommodate without making sacrifices on the quality of the training content. If this will be your first advocacy activity, we recommend starting with at most 25 participants. This number allows you to accommodate a diverse group with high participation.

Invitations should also be sent out to other family planning policy stakeholders, especially those you would like to speak at the event. These may include:

- Representatives of partner civil society organizations
- Senior staff from the Ministry of Health
- Staff from media outlets for follow up or secondary trainings with media engagement sessions
- Community members who are existing allies and champions of family planning practices

Send out invitations as soon as possible, **preferably at least one month before the training**. On the next page is a sample invitation letter; remember to adapt it to your needs and print it on your organization's letterhead.

Additional logistic information to include in the letters might be:

- Stipend amounts provided for transportation and meals, and/or a reminder to bring receipts for transportation reimbursement
- Stipend amounts provided for accommodations or details on any accommodations that have been provided for them.
- If you wish for the recipient to speak at the meeting, provide a topic and how long you would like them to speak, then follow up with a phone call three to five days after the invitation is sent.

The following denominations were invited to and attended a religious leader training with CHAZ in the Spring of 2016. Representatives from these churches went on to advocate for family planning in their churches and local communities, and on radio programs.

Brethren In Christ (BIC)
 Christian Mission in Many Lands (CMML)
 Church of Christ
 Church of God
 Council of Churches in Zambia (CCZ)
 Evangelical Church in Zambia
 Evangelical Fellowship of Zambia (EFZ)
 Lutheran Church
 Northern Baptist
 Pilgrim Wesleyan Church
 Reformed Church of Zambia
 Salvation Army
 Seventh Day Adventist (SDA)
 Union Baptist
 United Church in Zambia (UCZ)
 Zambia Anglican Council
 Zambia Episcopal Conference (ZEC)

[Insert Date Here]

Bishop Johnson [sample name]
Organization Name
Address

Dear Bishop Johnson, [sample name]

Re: Religious Leaders Family Planning Meeting [or insert name of event here]

I greet you in the name of our Lord and Savior Jesus Christ. The Secretariat is running a program for Advocacy on Family Planning; this program among other things is focusing on increasing the involvement of Religious Leaders in Family Planning as an intervention to improve Maternal and Child Health in [insert country name]. This effort is also in support of [insert country name]'s 2020 Family Planning scale up plan.

It is in this light that the Secretariat together with its partners in [any partnering organizations] is holding a workshop for Religious leaders in Advocacy on Family Planning. The meeting will explore how faith communities can play a more cohesive and effective role in family planning. The meeting will bring together Church Mother Bodies, Religious groups and institutions, Government and Non-Governmental Organizations.

The meeting will be held at the [venue name] on the [dates of meeting], the last day will end at midday. [your organization's name] will provide all the necessary logistics for all participants. You are invited to be part of this meeting.

Find attached the agenda, for further information, contact [insert name, title, and contact information for person in charge of agenda and/or logistics],

Yours Sincerely,

[Sign all letters by hand here]

[Event Manager or Executive Director's Name]

[Title of Person Signing]

Step 5: Finalize Agenda & Logistics

Refining Your Agenda

As you receive responses from the people on your invitation list, refer back to your draft agenda to see whether you need to contact different speakers, plan for more or fewer small group discussions, or if — in an extreme case — you need to consider changing to a larger or smaller venue. Also, consider inviting more speakers, religious leaders, or other representatives from civil society if you see a lack of diversity in your attending guests. A variety of opinions and points of view will greatly enrich your discussions around family planning. In any event, you should have a final agenda in place about 10 days before the event begins, if not sooner.

Additionally, below are resources to help you with each part of the agenda.

- General Guides: K4Health: bit.ly/k4healthgen *This is very technical and comprehensive*
- Advocacy Training:
 - Advance Family Planning (AFP): advancefamilyplanning.org/portfolio
 - available in English & French
 - K4Health: bit.ly/K4HealthRLs
 - EPN's Contact Magazine #200: bit.ly/EPNAdvocacyMag
 - Religious Leader Advocacy in Malawi (country-specific perspective): bit.ly/RLAdvocacy_Malawi
 - Pathfinder International: bit.ly/PathfinderIntlAdvocacy
 - United Nations Children's Fund (UNICEF): bit.ly/AdvocacyTool
 - World Health Organization (WHO): bit.ly/WHOAdvocacy
- Basic Description of Major Religions' views on FP: bit.ly/religionsFP
- Biblical Basis of Family Planning (all CCIH-affiliated):
 - Faith Matters: International Family Planning from a Christian Perspective: ccih.org/Faith-Matters-FPChristian-Perspective.pdf
 - "Talking about Family Planning: Inviting the Bible to the Table" | Presentation by Reverend Jackson Day, United Methodist Church, General Board of Church and Society: ccih.org/Faith-Matters-UMC-Family-Planning-Bible-to-Table.pdf
- FP2020 Resources: familyplanning2020.org/commitments
- Family Planning Methods:
 - K4Health, Johns Hopkins University, USAID, and WHO: fphandbook.org/downloads
 - WHO: Decision-making tool for family planning clients and providers: http://www.who.int/reproductivehealth/publications/family_planning/9241593229index/en/
 - Adapted for CHAK, with assistance from the Institute for Reproductive Health (IRH): ccih.org/fp-advocacy-guide, see slideshow titled "Kenya — A guide to family planning for health workers and their clients"
 - Adapted for Uganda Protestant Medical Bureau (UPMB), with assistance from the Institute for Reproductive Health (IRH): ccih.org/fp-advocacy-guide, see slideshow titled "Uganda — A guide to family planning for health workers and their clients"

- UPMB: ccih.org/fp-advocacy-guide, see slideshow titled “WHAT IS HEALTHY TIMING AND SPACING OF PREGNANCIES AND WHY SHOULD I NEED TO KNOW?”
- Media Engagement:
 - K4Health: bit.ly/K4HealthMedia
 - CCIH: ccih.org/fp-advocacy-guide

Finalizing Logistics

Logistical complications can sometimes overshadow events that otherwise had excellent speakers and presentation content. To ensure your attendees have a positive experience, reference the following action items two weeks before your training begins.

- Collect presentations (e.g. PowerPoints) from all presenters (consultants, staff, etc.)
- Contact all vendors (venue, hotel, transportation company, etc.) to confirm they have all the details needed for the event.
- Complete any payment vouchers needed and withdraw cash disbursements two days prior to the training. Ensure you have a staff person identified who will handle the monetary portion of the event so the staff facilitating the training can focus on their tasks.
- Assemble training packets for each attendee that contain the following (modify as needed):
 - Printout of the training agenda
 - Printouts of all presentations
 - Copies of all information, education, and communication materials (IECs) needed for the meeting
 - ID badges / name tags
 - Fact sheets on FP, HTSP, and any relevant government policies
 - Any registration papers you need
 - Pens
 - Paper/note pads for notes

Step 6: Conduct the Trainings

The actual execution of the trainings is fairly straightforward. Rather than give a checklist or step-by-step instructions, we have included some advice below for how to ensure your sessions run smoothly, have an inclusive atmosphere, and positively promote FP and HTSP.

Before You Begin

- ★ Create lists of everything you need to bring to the venue, including attendance or sign-in lists.
- ★ Remember that out-of-town religious leaders may arrive the day before and leave the day after the training ends. Set out a registration table for people to check in and out as needed.
- ★ Have all cash disbursements counted out and ready for distribution beforehand. Assign someone to distribute funds at registration.

During the Training

- ★ At the opening session, state the objective(s) of the training and what you hope people will take away from it.
 - ★ Lay out clear expectations and a code of conduct. Emphasize that anyone should feel comfortable asking questions or expressing an opinion, and that everyone should respect others' beliefs.
 - ★ Try to ensure diversity among small discussion group members, and/or encourage those on opposite ends of the FP spectrum to have a dialogue at least once during the training.
 - ★ Make sure sessions stay on topic, and remember to link all activities back to your original project goals.
-

Step 7: Launch Advocacy Activities

The last day of your training should include a session on possible advocacy activities for religious leaders. Have religious leaders commit to one or more of the suggested activities below, keeping in mind who would be the messengers to a given audience. For example, the religious leaders who would have great success in leading Bible study groups might be different from the one who should meet with district and national government officials. We also recommend having a health practitioner accompany religious leaders to government meetings, in case government officials ask the religious leaders questions requiring technical expertise.



Remember: Identifying who the best people are to deliver your message to decision makers is as important as identifying your decisionmakers.

Those impacted by FP advocacy efforts are generally divided into two target groups: those who will be directly affected by the policy change you desire (community members), and the decisionmakers discussed in the Advocacy Plan section. Below are some activities faith-based organizations and religious leaders have carried out with success. In the boxes on this page and the next are some activities and feel free to think of more with your strategic planning team.

Advocacy Activities Targeting Government Officials & Other Decisionmakers

- ★ Schedule meetings with government officials to voice your “ask”. This activity is the most common example.
- ★ Schedule health facility tours for government officials, e.g. Ministry of Health, to show the programs and people their policy changes would affect.
- ★ Join government-sponsored national working groups as an FBO representative.
- ★ Invite at least one government official to each religious leader training, in order to foster communication and understanding.

Encourage religious leaders and any other advocates (FBO representatives, community members, etc.) to conduct these activities in pairs or small groups. Remember that policy change does not happen overnight, and involves action from all stakeholders on an ongoing basis.

Advocacy Activities Targeting Community Members

- ★ Incorporate messages on HTSP into Sunday sermons — see a short video from Fr. John Waihiga of the Orthodox Church Kimende in Kiambu County, Kenya at bit.ly/FrWaihiga
- ★ Bible Study Groups on Family Planning — see the Love, Children, and Family Planning Bible Study Guide at ccih.org/Love-Children-Family-Planning.pdf
- ★ Encourage churches (or other faith-based groups) to write down their beliefs on family planning — See ccih.org/fp-advocacy-guide for Church Denomination Statements on FP and how they were formed (approximately 2-month process).
- ★ Reach out to church/other faith-based youth groups with family planning and HTSP messages. See ccih.org/fp-advocacy-guide for some sample messages.
- ★ Secure guest speaker spots on national radio or television shows to talk about religious leader support of family planning and answer common misconceptions and myths. See ccih.org/fp-advocacy-guide for a sample video clip of CHAK television advocacy (in Kikuyu).
- ★ Write a letter to the editor or opinion piece for a local publication on why religious leaders support family planning. See here for a sample op-ed written by faith leaders: theguardian.com/global-development/2015/oct/15/family-planning-religious-leaders-leap-of-faith

Where to go from here?

As alluded to throughout this section, we have found that one religious leader training is often insufficient for effective FP advocacy. Existing FP champions and religious leader FP advocates benefit from follow up training sessions, which can also be catered to additional leaders identified in the community that were not on your first invitation list. In some instances, for example, advocates may need a refresher course on FP and HTSP methods or why it is important from a health or biblical perspective. Others may request additional training on how to effectively communicate their “asks” to the media and government officials. Furthermore, they allow religious leaders to share experiences, including lessons learned, challenges, and work together to adapt their advocacy plan and how to move forward. Advocacy activities and follow up trainings or meetings should continue (time and budget permitting) until your SMART objectives are achieved. The Monitoring and Evaluation section will suggest tools and methods for tracking the outcomes of your activities.

Tapping into the Global Community: Who Else Is Doing FP Advocacy?

Throughout the entire process, never hesitate to reach out to other faith-based organizations and networks that are also working to promote the healthy timing and spacing of pregnancies. The few multinational networks below (list is not exhaustive) should serve as resources on finding partners in or near your target community:

Faith-Based Networks & Organizations

[Africa Christian Health Associations Platform \(ACHAP\): africachap.org](http://africachap.org)

ACHAP works with 34 Christian Health organizations across Africa to promote access to quality health care.

[Christian Connections for International Health: ccih.org](http://ccih.org)

“CCIH’s goal is to share information and provide a forum for dialogue, networking, advocacy, and fellowship to the ever-increasing spectrum of organizations and individuals interested in how transformational Christian faith has a positive impact on international health.” Many FP resources available on their website. See Step 5 of Trainings & Advocacy section for more.

Advocacy Resources: see Family Planning & Reproductive Health under Resources section.

[Faith to Action Network: faithtoactionnetwork.org](http://faithtoactionnetwork.org)

This inter-faith network is based in Nairobi, Kenya and works with religious leaders all over the world.

Resources and case studies on their website of advocacy for FP in many different countries.

[IMA World Health: imaworldhealth.org](http://imaworldhealth.org)

“IMA’s vision of health, healing and well-being for all is based on the Christian call to serve one another. The founding members of IMA, Protestant Churches and church-based organizations, chose to be intentionally ecumenical to provide health services and to build healthy communities around the world.” As of 2016 their global offices are in Democratic Republic of Congo, Haiti, Indonesia, South Sudan, Tanzania and the United States.

[World Vision International: wvi.org](http://wvi.org)

Read World Vision’s HTSP resources here: www.wvi.org/maternal-newborn-and-child-health/healthy-timing-and-spacing-pregnancies

Read World Vision’s resources on religious leader engagement here: www.worldvision.org/sites/default/files/pdf/Engaging-Faith-Leaders-Family-Planning.pdf

Secular Networks & Organizations

Secular networks and organizations have also proven themselves to be strong allies to faith-based family planning advocacy. Here are a few examples of networks you may want to contact, especially those with a presence in your country of interest:

Advance Family Planning (AFP): advancefamilyplanning.org

AFP is comprised of 20 organizations working to advance the goals of FP2020 (below and mentioned above). They focus their advocacy efforts “on the discrete policy and funding decisions critical to advancing family planning in a given setting.”

Advancing Partners and Communities (APC): advancingpartners.org/community-health-matters/faith-community-matters

Advancing Partners & Communities (APC) collaborates with FBOs to strengthen their community health and family planning capacity.

FP2020: familyplanning2020.org

FP2020 is a global partnership of the private and public sector, which “aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020.”

FHI360: fhi360.org/expertise/family-planning

FHI360 addresses family planning needs from 5 different angles: contraceptive technology innovation; research and research utilization; country-level programs; product quality and compliance; and providing expertise in key technical areas.

Institute for Reproductive Health (IRH): irh.org/focus-areas/family_planning

IRH is an expert at integrating fertility awareness methods into faith-based and public sector family planning programs as well as working with FBOs and religious leaders to strengthen their family planning capacity. Many resources and tools available on their website.

JSI: bit.ly/JSI_FP

JSI has developed women- and youth-centered programs throughout the world aimed at addressing unmet needs for family planning information, services, and supplies.

PAI’s Faith + Family Planning Initiative: bit.ly/PAI_FPInitiative

Faith Plus Family Planning is a new initiative of PAI. The \$1 million fund provides faith-based organizations in the developing world with small grants and technical support to hold governments accountable for providing quality family planning and reproductive health services. French-speaking candidates welcome.

PATH: path.org/our-work/reproductive-health.php

PATH is currently developing women-centered contraceptives, spreading youth-friendly FP education and resources, and working to prevent contraceptive stock outs.

Monitoring & Evaluation: Is This Working?

My goal is that they may be encouraged in heart and united in love, so that they may have the full riches of complete understanding, in order that they may know the mystery of God, namely, Christ, in whom are hidden all the treasures of wisdom and knowledge. — Colossians 2:2-3

Time Needed: Ongoing throughout project

Advocacy activities can be difficult to monitor and evaluate, because it often takes months or years for your final goal — policy change — to be achieved. That is why it is crucial to pick a SMART goal from the beginning of your program, e.g. increase funding by 5% in three years for family planning services for couples. You will then measure how well you are achieving this goal through tracking your measurable and attainable objectives.

The key to effective monitoring and evaluation (often referred to as M&E), is picking clear **indicators** that will measure how well you are progressing toward your objectives. Indicators are things that are tangible, e.g. attendance at a training of religious leaders; surveys showing increased support for family planning methods within a community; and written agreements between FBOs and Ministries of Health supporting FP services and commodities. Ultimately, the indicators you choose should align with the types of advocacy activities you decide to carry out. Samples of tracking sheets, surveys, and other M&E tools can be found at ccih.org/fp-advocacy-guide.

Here are SMART Goal and Objectives: Goal: Increase funding by 5% in three years for family planning services for couples.

Objectives:

- Increase capacity of 10 local religious leaders to advocate for improved family planning funding in your target community by [insert appropriate date here].
- Increase use of family planning methods among couples in your target community from x% to x% (based on data you've collected from health centers in your community) by [insert appropriate date here].
- Strengthen ties between Ministry of Health and local faith-based organizations on providing family planning services, commodities, and additional staffing to address staff shortages at strategic FBO health facilities by [insert appropriate date here].

Here are sample indicators for the objective “increase capacity of 10 local religious leaders to advocate for improved family planning funding in your target community by x date”:

1. Measured increase in knowledge of FP/HTSP among religious leaders, based on pre-test and post-test surveys taken at trainings (see resources at ccih.org/fp-advocacy-guide).
2. Number of radio interviews with religious leaders discussing why FP/HTSP are important.
3. Number of sermons or bible studies held discussing the importance of FP/HTSP.
4. Memorandums of Understanding (MOUs) signed between government officials and faith-based health facilities.
5. Attitude change regarding FP/HTSP among any of the following groups: religious leader advocates; community members; health facility personnel; and/or government officials.

At ccih.org/fp-advocacy-guide, you can find M&E tools that CCIH, CHAK, CHAZ and EPN have created to measure two of the aforementioned indicators:



1. Pre-test and post-test surveys to measure change in knowledge and attitude of religious leaders attending trainings
2. M&E tool to measure attitude change correlated with family planning bible study groups

Once you have chosen what types of indicators you will monitor, you must then establish targets for each indicator. Your targets should be achievable, but at the same time reflect true progress toward your objectives and SMART Goal. At this time, you may have to look back at your Landscape Assessment to see what targets are best suited for your community. If you are working in a small town, for example, perhaps 10 sermons promoting FP is a realistic but still impactful goal. If you are operating in multiple sites, with many congregations, or throughout an entire country, perhaps 50 sermons or 100 bible study sessions should be your target. In the end, your progress will then be measured by how close you come to achieving these targets.

Measuring Success

CHAZ has done significant advocacy work on the national level. Thus, they chose indicators for success that reflect the high-level policy nature of their activities. These include:

- A Policy Brief on the need for increased investments in Family Planning.
- A position paper showing delays in implementing the decision to task shift injectable contraceptives to Community Based Distributors, including evidence of its benefits and the cost of delaying the decision.
- Approved National Guidelines on task shifting of injectable contraceptives to Community Based Distributors.

In contrast, CHAK focuses on county-level advocacy and lobbies for specific service delivery-centered “asks” to County Senators. For example, their indicators for success in one County included:

- Provision of “seconded staff” from the Ministry of Health, who would work in short-staffed CHAK-run facilities.
- Provision of supplies used for family planning services, including: an ambulance, family planning commodities, and office equipment to support health facility administration.

Common Challenges: How Do You Address Potential Problems?

While you may have done your best to select a goal and objectives with existing momentum (see Step 2 of Advocacy Plan), you may encounter resistance or skepticism during your religious leader trainings and ensuing advocacy activities. Here are some common issues that may arise and possible solutions:

Lack of Support for Family Planning Among Religious Leaders

Advocacy is a continual learning process. Do not be discouraged if religious leaders do not immediately grasp the benefits of family planning. Encourage those who seem skeptical to explain their concerns so you can address them from both a spiritual and medical perspective (with assistance from a medical professional, especially when reviewing each family planning method). If possible, arrange for peer-to-peer discussions with other religious leaders who have overcome their own misunderstandings and skepticism regarding family planning. Listening to a peer they can relate to may be the most effective strategy in turning skeptics into advocates.



Remember that the core definition of family planning from a faith-based perspective is to safely time and space pregnancies. As stated in the introductory section, this guide's definition of family planning does not include abortion as an FP method.

Lack of Support for Family Planning Funding Among Government Officials

This is why it is key to have government officials meet with advocates they respect, who will discuss with them why family planning is important to their communities. Advocates may use statistics, moral arguments, or whatever is needed to influence that particular government official (see Step 3 and 4 of Advocacy Plan section). Additionally, government officials are influenced by people in the community. If you find that government officials are hesitant to support family planning, spend time generating more interest and demand within the community the officials serve.

Inability to Contact Government Officials or Other Decisionmakers

Each government system is different; therefore, when you are determining your list of decisionmakers, remember to identify who might also enable you to schedule a meeting with your target decisionmakers (see Steps 3 and 4 of Advocacy Plan section). If a government official is being unresponsive, you may have to change your approach. If a phone call is not working, perhaps show up at the office of the government entity and see if you can leave a message with someone in-person. Perhaps there is someone else on staff who might be willing and able to meet with you, and may have more time and energy to address your advocacy “asks.”



It is always beneficial to build relationships with people who work with the key decisionmakers, since many decisionmakers do not work alone.

Little or No Funding for Advocacy Activities

Funding for advocacy activities can be difficult to secure. We encourage you to set measurable goals and

objectives, and to keep track of your indicators. Having data helps influence donors to fund future advocacy activities. Additionally, here are some suggestions on minimizing costs for your current program: keep travel costs low by going to where people are instead of having them come to you; try to train people in their own communities or health facilities (instead of requesting they travel somewhere else); and talk to your local churches to see if they can help provide meals or supplies for trainings.

No Technical Expertise Available

If you do not have access to medical professionals, stick to using trusted sources, such as the manuals provided in Step 5 of the Trainings & Advocacy section. It is crucial that you do not invent or make up information, even if it convinces people that FP/HTSP is beneficial. If a religious leader asks a question you do not know the answer to — whether spiritual or medical — write it down, then find the answer from the appropriate professional and respond to the religious leader in a timely fashion. In order to minimize this from occurring, we highly encourage you to ask a doctor or nurse from a faith-based health center, clinic or hospital who provides FP services to present on family planning methods at all your religious leader trainings. The doctor/nurse does not need to stay for the entire training, but request that they share their experiences and answer as many questions as possible. Ultimately, it is important for religious leaders to understand the family planning methods before they can effectively advocate for stronger FP commodity supply chains and the provision of FP services.

What are challenges that you are worried may occur? How can you anticipate and plan for them in your advocacy plan, budget line items, and/or religious leader trainings?

Final Note

Congratulations, you have made it to the end of this guide! We hope that launching your FP advocacy program, whether it be your first or your hundredth, was a fruitful journey.

We would love to hear from you with any questions, comments, success stories or challenges. Please feel free to email ccih@ccih.org and we will respond to you shortly. Please include the phrase “Religious Leader Advocacy Guide” in the subject of your email.

