# Repositioning Family Planning: Guidelines for advocacy action

# Le Repositionnement de la Planification Familiale: Directives pour actions de plaidoyer

World Health Organization

USAID FROM THE AMERICAN PEOPLE

This toolkit aims to help those working in family planning across Africa to effectively advocate for renewed emphasis on family planning to enhance the visibility, availability, and quality of family planning services for increased contraceptive use and healthy timing and spacing of births, ultimately, improved quality of life across the region. It was developed in response to requests from several countries to assist them in accelerating their family planning advocacy efforts.

This toolkit was jointly produced by the World Health Organisation, Regional Office for Africa, and the United States Agency for International Development through the BRIDGE Project, implemented by the Population Reference Bureau, and Africa's Health in 2010 Project, managed by the Academy for Educational Development.

---

Cet outil a pour but d'aider les professionnels qui travaillent dans le cadre de la planification familiale à travers l'Afrique, afin de promouvoir efficacement une accentuation de celle ci et aussi afin d' accroître la visibilité, la disponibilité et la qualité des services de planification familiale pour augmenter l'usage des contraceptifs, l'espacement des naissances et, en fin de compte, améliorer la qualité de vie dans la région.

Cet outil a été développé pour répondre aux demandes de plusieurs pays qui souhaiteraient de l'aide afin de promouvoir leurs efforts en faveur de la planification familiale. Ce kit a été produit en collaboration avec l'Organisation Mondiale de la Santé/le Bureau Régional pour l'Afrique et l'USAID par le biais de ses projets—BRIDGE dirigé par le Population Reference Bureau et par Africa's Health in 2010 géré par l'Academy for Educational Development.

Published 2008 | Cover Photo Credit: © Richard Nyberg, Courtesy of Photoshare

# Introduction

Countries throughout Africa are engaged in an important initiative to reposition family planning as a priority on their national and local agendas. Provision of family planning services in Africa is hindered by poverty, poor access to services and commodities, conflicts, poor coordination of the programmes, and dwindling donor funding. Although family planning enhances efforts to improve health and accelerate development, shifting international priorities, health sector reform, the HIV/AIDS crisis, and other factors have affected its importance in recent years. Traditional beliefs favouring high fertility, religious barriers, and lack of male involvement have weakened family planning interventions. The combination of these factors has led to low contraceptive use, high fertility rates in many countries, and high unmet needs for family planning throughout the region.[1] Family planning advocates must take action to change this situation.

Family planning, considered an essential component of primary health care and reproductive health, plays a major role in reducing maternal and newborn morbidity and mortality and transmission of HIV. It contributes to the achievement of the Millennium Development Goals (MDGs) and the targets of the Health-for-All Policy for the 21st century in the Africa Region: Agenda 2020. In recognition of its importance, the World Health Organisation (WHO) Regional Office for Africa developed a framework (2005–2014) for accelerated action to reposition family planning on national agendas and in reproductive health services, which was adopted by African ministers of health in 2004. The framework calls for increase in efforts to advocate for recognition of "the pivotal role of family planning" in achieving health and development objectives at all levels.

This toolkit was developed in response to requests from several countries for assistance to help them accelerate their family planning advocacy efforts.

## Defining advocacy

This toolkit supports advocacy activities targeting influential leaders and decision-makers at national and local levels. Advocacy is defined as a set of actions undertaken by a group of committed individuals or organisations to introduce, change, or obtain support for specific policies, programmes, legislation, issues, or causes. This level of advocacy differs from general information, education, and communication (IEC) efforts or behaviour-change communication programmes. Although all three encompass research and problem-definition approaches, audience identification, and development of strategies for conveying messages to the identified audiences, they each have unique objectives and outcomes. The objectives of behaviour-change communication, for example, are to develop positive attitudes that promote and sustain individual, community, and societal behaviour change, and to maintain appropriate behaviour.[2] Advocacy (and this toolkit), on the other hand, aims to introduce or change a policy, programme, or legislation, or to shift the position of influential individuals or organisations on a specific issue.

## Overall goal

The goal of this toolkit is to help those working to promote family planning across Africa to effectively advocate for renewed emphasis on family planning; to enhance the visibility, availability, and quality of family planning services for increased contraceptive use; and, ultimately, improve the quality of life and pace of development across the region.

**Specific objectives:** This toolkit is designed to help family planning advocates convince key programme managers, opinion leaders, and policy-makers that family planning confers important health and development

benefits to individuals, families, communities, and the nation, so that they will 1) act directly or use their influence to expand and improve family planning services, and 2) disseminate accurate information on the benefits of family planning.

**Contents:** The kit contains eight briefs: an update on population and family planning in sub-Saharan Africa, including regional and country data; four briefs devoted to communication with influential audiences; two briefs on how to develop an advocacy strategy and work with the media; and a list of materials, advocacy manuals, and other resources available on the Internet. The kit also contains a CD-ROM with copies of the briefs, Internet links, PowerPoint slides, and additional advocacy materials (see Box 1).

*Box 1*

### Toolkit contents:

- **Update on Family Planning in Sub-Saharan Africa**—an overview of regional and country data, trends, and challenges across the region;
- **Developing an Advocacy Strategy**—a "how-to" brief describing the 10 steps in developing an advocacy strategy and action plan, with worksheets and examples;
- **Engaging Policymakers; Engaging Health Sector Leaders; Engaging Community Leaders; Engaging the Private Sector**—these briefs suggest ways to engage these audiences in dialogue and action by presenting the benefits of family planning relevant to these leaders and their constituencies and offering concrete examples of what the leaders can do;
- **Working with the News Media**—a summary of tips on how to engage journalists, including ideas on newsworthy messages and on what the media can do to advance family planning;
- **Additional Resources**—a list of materials, advocacy manuals, Internet resources, and other information to use in family planning advocacy.

## How to use the toolkit

This toolkit is intended to help advocates of family planning to recognise the range of audiences that can be mobilised to champion family planning, ways to engage each audience, and what each audience can do to advance family planning. It provides the advocates with the latest family planning data and trends, ready-to-use messages, and suggested activities for reaching out and involving target audiences. Specific uses for which this toolkit would be appropriate include:

- ☑ Developing comprehensive, policy-level advocacy strategies and action plans within organisations or advocacy coalitions;
- ☑ Promoting dialogue among a broad range of national and community leaders on the health, social, and economic benefits of increasing access to family planning services;
- ☑ Working with the media to promote understanding of the benefits of family planning and to increase the quantity and quality of family planning coverage;
- ☑ Training others on how to identify key family planning issues and target audiences; develop advocacy objectives, expected outcomes, and key messages; and design innovative action plans for reaching the identified audiences.

## References


1. *Repositioning family planning in reproductive services: framework for accelerated action* (2005-2014), World Health Organization Regional Office for Africa, 2005.
2. *Monitoring and evaluating behavior change communication programs,* Module 6, Family Health International, 2004 (http://www.fhi.org/NR/rdonlyres/6b4oyz2lkxza334grizafsrlaux7qbbmlksdqy4bsoi2lw3ol27rukt7l6m/Mod06.pdf, accessed 2007).

# Update on Family Planning in Sub-Saharan Africa

This brief provides family planning advocates with data and research findings on population and family planning in sub-Saharan Africa. It points to sources of useful information for advocacy purposes—presenting the rationale behind the messages and showing why family planning is still critically needed in Africa despite the high rates of AIDS deaths in some countries. Data on population, contraceptive use, and health for each country are found in the Appendix.

## Demographic context

Sub-Saharan Africa has yet to complete its "demographic transition"—that is, to shift to low birth and death rates. Sub-Saharan Africa has the highest fertility rate in the world, averaging 5.5 births per woman. This rate is double that of Asia and almost four times that of Europe. The birth rates are so high that even in the face of high AIDS mortality in some countries, the region's mid-2007 population of 788 million is projected to increase to 1.2 billion by 2025. A big factor underlying high birth rates is the low use of modern contraception: only 16% of married women in sub-Saharan Africa use modern methods of family planning (see Appendix for country-specific data), compared with 60% in Asia and 70% in Western Europe.[1]

Increased use of family planning in sub-Saharan Africa would lead to large improvements in the health of the mothers and the children, the status of women, and economic development. For these reasons, health and development professionals in Africa are rededicating themselves to ensuring that family planning is available to all who need it.

### *Unmet need for family planning*

Demographers and health professionals use the term "unmet need" to indicate the number or percentage of married women who say they prefer to avoid a pregnancy but are not using any method of contraception. Research confirms high unmet need for family planning among African women, whether for spacing births or limiting childbearing.

Table 1 presents the percentages of women with unmet need in 27 African countries where this indicator was measured, based on Demographic and Health Surveys. In 21 of these countries, at least one-fifth of married women aged 15 to 49 want to wait at least two years between births or to stop childbearing altogether, but are not using a family planning method. In six African countries, about one-third of women's need for family planning is unmet, such as Rwanda with 36% and Uganda with 35%. Encouragingly, an analysis of survey data showed a significant level of women with unmet need who had never used family planning intended to do so.[2] For example, 43% of women with unmet need in Tanzania, fell into this category. This calls for renewed efforts to meet women's needs for information and high-quality services. These data do not include unmarried adolescents or older women, many of whom also have an unmet need for family planning.

The factors associated with the failure to meet the family planning need vary from country to country. While access to affordable modern methods of contraception is sometimes a problem, many women reported other reasons for not using family planning,[3] such as:

## Table 1: Unmet need for family planning in countries with demographic and health surveys

Percent of married women ages 15–49

| Country (year) | Using any method of contraception | Having unmet need for family planning | | |
|---|---|---|---|---|
| | | Total* | Want to space births | Want to limit births |
| **West & Middle Africa** | | | | |
| Benin (2001) | 19 | 27 | 18 | 10 |
| Burkina Faso (2003) | 14 | 29 | 22 | 7 |
| Cameroon (2004) | 26 | 20 | 14 | 6 |
| Chad (2004) | 3 | 23 | 19 | 4 |
| Congo, Dem. Rep. Of (2005) | 44 | 16 | 13 | 3 |
| Cote d'Ivoire (1998/99) | 15 | 28 | 20 | 8 |
| Gabon (2000) | 33 | 28 | 20 | 8 |
| Ghana (2003) | 25 | 34 | 22 | 12 |
| Guinea (2005) | 9 | 21 | 13 | 8 |
| Mali (2001) | 8 | 29 | 21 | 8 |
| Mauritania (2000/01) | 8 | 32 | 23 | 9 |
| Niger (2006) | 11 | 17 | 13 | 3 |
| Nigeria (2003) | 13 | 17 | 12 | 5 |
| Senegal (2005) | 12 | 32 | 24 | 7 |
| Togo (1998) | 24 | 32 | 21 | 11 |
| **East & Southern Africa** | | | | |
| Eritrea (2002) | 8 | 27 | 21 | 6 |
| Ethiopia (2005) | 15 | 34 | 20 | 14 |
| Kenya (2003) | 39 | 25 | 14 | 10 |
| Madagascar (2003/04) | 27 | 24 | 11 | 12 |
| Malawi (2004) | 33 | 28 | 17 | 10 |
| Mozambique (2003) | 17 | 18 | 11 | 8 |
| Rwanda (2005) | 17 | 38 | 25 | 13 |
| South Africa (1998) | 56 | 15 | 5 | 10 |
| Tanzania (2004) | 26 | 22 | 15 | 7 |
| Uganda (2006) | 24 | 41 | 25 | 16 |
| Zambia (2001/02) | 34 | 27 | 17 | 11 |
| Zimbabwe (2005-06) | 60 | 13 | 8 | 5 |

*Source: Demographic and Health Surveys (Calverton, MD: ORC Macro)*
**Total unmet need includes women who want to space births and those who want to limit births, but are not using any contraceptive method. Totals of those who want to space and those who want to limit births may not add up due to rounding.*

- They did not perceive themselves at risk of pregnancy because they did not have sex frequently, were going through menopause, or were breastfeeding. But these situations do not offer protection against pregnancy in all cases.

- They lacked sufficient knowledge of family planning to make informed choices and, in particular, feared that modern contraceptive methods could cause health problems.

- Their husbands or they themselves were opposed to family planning for religious or cultural reasons.

- Family planning education programmes should reach out to both men and women and provide accurate information on the risks of pregnancy, the benefits of birth spacing, and the safety and possible side effects of contraception, and encourage positive attitudes toward family planning.[4]

## *Family planning and the health of women and children*

Not meeting the need for family planning, combined with the occasional failure of contraceptive methods, causes millions of unintended pregnancies each year in sub-Saharan Africa.[5] Unintended pregnancies (accounting for about 30% of all births in sub-Saharan Africa) result in either abortion or births, both of which can have severe health consequences.

## *Abortion*

Some women who do not want to become pregnant but do not use contraception may resort to abortion whether it is legal or not. But the associated risks are high in developing countries, as demonstrated by these key facts:[6]

- Most abortions in developing countries are unsafe because they are performed in unsanitary conditions or by unskilled providers, or both, which can cause death or long-term disabilities.

- Unsafe abortions account for 13% of all maternal deaths globally, and African women have the highest risk of abortion-related deaths in the world.

- The risk of abortion-related death is four times greater for an African woman than for an Asian woman, and 650 times greater than for a North American woman.

Access to quality family planning services can significantly reduce abortions. Research in various countries demonstrates that women with access to good family planning services are more likely to use contraception, are less likely to have unintended pregnancies, and thus have fewer abortions.[7] Where family planning services are introduced and promoted, abortion-related deaths decline as contraceptive use rises.[8]

## *Complications associated with pregnancy*

By averting unintended pregnancies, family planning reduces the number of women who are at risk of death from complications of pregnancy and childbirth. Globally, more than half a million women die from pregnancy and childbirth complications, but the death toll is not equally spread throughout the world (see Table 2).[9]

### Table 2: Women's lifetime risk of dying of pregnancy-related causes

| | |
|---|---|
| Developed Countries | 1 in 2,800 |
| Developing Countries | 1 in 61 |
| Sub-Saharan Africa | 1 in 16 |

*Source: WHO/UNICEF/UNFPA, Maternal Mortality in 2000*

Lack of family planning is not the only cause of pregnancy-related deaths. Poverty, gender inequality, undernourishment, and low levels of education also play a large role and must be addressed. Obstetric or newborn emergencies may result in death if there are delays in seeking care, reaching care, or receiving appropriate care within the health-delivery system.

## *Adolescent pregnancies*

Adolescents suffer a number of health consequences from unintended pregnancies. For example, they may be at a higher risk of high blood pressure, anaemia, excessive bleeding, obstructed labour, premature delivery, or death. In addition, children born to adolescent mothers have higher incidence of low birth weight (associated with neurological problems or retardation), premature birth, stillbirth, and neonatal mortality. Africa's adolescent pregnancy rates are the highest in the world: 12% of African women aged 15–19 give birth each year, compared with 6% globally and 3% in developed countries.[10]

## *Birth spacing*

Unintended pregnancies are often associated with short between-birth intervals, which can have deadly consequences for infants and children. Short birth intervals (<27 months) are associated with an elevated risk of infant, neonatal and perinatal mortality; low birth weight; small size for gestational age; and preterm delivery.[11] Women should wait at least two years after giving birth before getting pregnant again. Family planning education, counselling, and contraceptive services can help in spacing births at intervals recommended for the health of the mother and the baby.

## *Family planning and AIDS*

While HIV/AIDS and family planning programmes share the common goal of sexual health, family planning has been largely overlooked as a vehicle for preventing HIV infection or identifying those who are infected.[12] But, HIV/AIDS services provide an opportunity and important entry point for family planning in several ways:

- **Preventing unintended pregnancies and reducing HIV transmission—achieving dual protection.** The term "dual protection" means protection against pregnancy and sexually transmitted infections, including HIV/AIDS. Hormonal implants and injectables, intrauterine devices (IUDs), or sterilisation provide the greatest protection against pregnancy, but condoms (male or female types) are the only method known to provide protection against HIV, other sexually transmitted infections, and pregnancy.[13] Dual protection can be achieved through either condom use alone or condom use combined with another contraceptive method.

The primary goal of dual protection—whether to prevent pregnancy or infection or both—will influence the dual protection strategy adopted. Promoting dual protection is particularly important among young people and groups at high risk of sexually transmitted infections, such as sex workers or their clients. Innovative strategies are needed to ensure that the dual-protection approach routinely features in family planning and HIV/AIDS prevention programmes.

Recent evidence shows that people with HIV infection can safely use more types of contraceptive methods than was previously thought. For example, most women with HIV infection can use intrauterine devices and take hormonal contraceptives while on antiretroviral therapy.[14]

- **Preventing mother-to-child transmission (PMTCT) of HIV.** Preventing unintended pregnancy among HIV-positive women is both a way to meet this vulnerable population's reproductive health needs and an effective approach to prevent mother-to-child transmission of the disease. HIV-infected women who wish to avoid pregnancy must have ready access to family planning. However, a review of PMTCT programs found that implementers have not placed a priority on family planning, thus missing an important opportunity to respond to HIV-infected women's needs.[15]

- **HIV/AIDS testing and counselling services.** All testing and counselling services should respond to the family planning needs of individuals, whether they are HIV-positive or -negative. Similarly, family planning services can play a vital role in combating HIV/AIDS by offering voluntary testing and counselling to women, men, and couples and in some settings, providing antiretroviral therapy. Work is under way to integrate family planning and HIV/AIDS services in most African countries, but family planning advocates must vigilantly promote this integration.[16]

Credit: © Richard Nyberg, Courtesy of Photoshare

## Family planning and economic development

While the relationship between fertility and economic development is complex and often reciprocal, research in developing countries has shown that reducing fertility can yield economic benefits at both the household and national levels. For example, a "demographic bonus" occurs when the family size falls rapidly and there are relatively more people of working age and fewer dependent children. Some Asian countries have successfully taken advantage of their demographic bonus. In these countries, having fewer young dependents to cater for allowed the governments to invest in improving health, extending education, and training large numbers of people for modern jobs. A healthier, better educated and skilled workforce benefited the economies of these countries and made them more competitive globally.[17] A small family can generate household benefits in terms of improved women's and children's health, greater total assets, and greater involvement of women in activities outside the home.[18]

## Family planning and women's status

Access to family planning is an essential prerequisite for improving the status of women. Without the ability to space and limit births, women would be vulnerable to poor reproductive health, and their capacity to become fully empowered would be difficult if not impossible. In a large study of women in Zimbabwe, which has the second highest rate of contraceptive use in sub-Saharan Africa, women who started using family planning at a younger age were more likely to be working outside the home. Ninety-two percent of women in the study said that family planning influences women's success.[19] Conversely, a study in Ghana found that high fertility reinforced traditional gender roles, because girls often withdrew from school to help care for younger siblings.[20]

## Family planning and the Millennium Development Goals

Family planning is essential in achieving three of the United Nations' Millennium Development Goals: reducing child mortality, improving maternal health, and promoting gender equality. Family planning also supports achievement of the goals of eradicating extreme poverty and hunger, achieving universal primary education, combating HIV/AIDS, and ensuring environmental sustainability, since population growth exacerbates pollution and threatens fragile ecosystems.

## Critical areas for action

Understanding the reasons why the need for family planning is unmet provides guidance on what must be done to help women choose the number and timing of their pregnancies. The critical areas that need focus include:

- Reproductive health outreach and education, including information on the health, social, and economic benefits of family planning;
- Education on contraceptive methods and their safety and common side effects;
- Provision of high-quality, convenient and affordable services that have on hand an adequate range of methods;
- Counselling that responds to the various needs of women, men, couples and adolescents.

Freedom to determine the number and spacing of one's children has been recognised for many years as a basic human right. No matter where one lives or how poor one might be, women, men and couples are entitled to accessible and affordable family planning services and information to help them exercise this right. Policy-makers, community leaders, the media, nongovernmental organizations, health providers, and others have important roles to play in ensuring adequate resources and commitment are given to family planning.

# Appendix: Key population and health indicators in Africa

| | Population mid-2006 (millions) | Rate of natural increase (percent) | Projected population (millions) | | Infant mortality rate | Total fertility rate | Population age <15 (percent) | Percent of married women 15–49 using contraception | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Mid-2025 | Mid-2050 | | | | All methods | Modern methods |
| AFRICA | 944 | 2.4 | 1,395 | 1,953 | 86 | 5.0 | 41 | 28 | 22 |
| SUB-SAHARAN AFRICA | 788 | 2.5 | 1,160 | 1,716 | 92 | 5.5 | 43 | 22 | 16 |
| NORTHERN AFRICA | 195 | 1.9 | 265 | 310 | 42 | 3.1 | 33 | 50 | 44 |
| Algeria | 34.1 | 1.7 | 43.2 | 50.0 | 30 | 2.4 | 30 | 57 | 52 |
| Egypt | 73.4 | 2.1 | 95.9 | 117.9 | 33 | 3.1 | 33 | 59 | 57 |
| Libya | 6.2 | 2.0 | 8.1 | 9.7 | 21 | 3.0 | 30 | 49 | 26 |
| Morocco | 31.7 | 1.5 | 38.9 | 45.3 | 38 | 2.4 | 30 | 63 | 55 |
| Sudan | 38.6 | 2.2 | 54.3 | 73.0 | 69 | 4.5 | 41 | 10 | 7 |
| Tunisia | 10.2 | 1.1 | 12.1 | 13.2 | 20 | 2.0 | 26 | 63 | 53 |
| Western Sahara | 0.5 | 2.0 | 0.8 | 0.9 | 49 | 2.9 | 31 | - | - |
| WESTERN AFRICA | 283 | 2.7 | 419 | 616 | 98 | 8.7 | 44 | 13 | 8 |
| Benin | 9.0 | 3.0 | 14.5 | 22.5 | 98 | 5.7 | 44 | 17 | 6 |
| Burkina Faso | 14.8 | 3.0 | 23.7 | 37.5 | 81 | 6.2 | 46 | 14 | 9 |
| Cape Verde | 0.5 | 2.5 | 0.7 | 0.9 | 28 | 3.5 | 38 | 53 | 46 |
| Côte d'Ivoire | 20.2 | 2.4 | 27.4 | 36.4 | 104 | 5.0 | 41 | 15 | 7 |
| Gambia | 1.5 | 2.7 | 2.2 | 3.2 | 75 | 5.1 | 42 | 10 | 9 |
| Ghana | 23.0 | 2.3 | 33.1 | 47.8 | 59 | 4.4 | 40 | 17 | 14 |
| Guinea | 10.1 | 2.9 | 15.7 | 24.5 | 113 | 5.7 | 46 | 9 | 6 |
| Guinea-Bissau | 1.7 | 3.1 | 2.9 | 5.3 | 117 | 7.1 | 48 | 8 | 4 |
| Liberia | 3.8 | 3.1 | 6.8 | 12.5 | 138 | 6.8 | 47 | - | - |
| Mali | 12.3 | 3.3 | 20.6 | 34.2 | 96 | 6.6 | 48 | 8 | 6 |
| Mauritania | 3.1 | 2.7 | 4.5 | 6.4 | 74 | 4.8 | 40 | 8 | 5 |
| Niger | 14.2 | 3.4 | 26.3 | 53.2 | 126 | 7.1 | 48 | 11 | 5 |
| Nigeria | 144.4 | 2.5 | 204.9 | 281.6 | 100 | 5.9 | 45 | 12 | 8 |
| Senegal | 12.4 | 3.0 | 18.0 | 25.3 | 61 | 5.3 | 44 | 12 | 10 |
| Sierra Leone | 5.3 | 2.5 | 7.6 | 10.9 | 158 | 6.1 | 42 | 5 | 4 |
| Togo | 6.6 | 2.8 | 9.9 | 14.1 | 91 | 5.1 | 43 | 26 | 9 |
| EASTERN AFRICA | 294 | 2.5 | 438 | 650 | 83 | 5.5 | 44 | 25 | 20 |
| Burundi | 8.5 | 3.0 | 15.0 | 28.3 | 107 | 6.8 | 45 | 16 | 10 |
| Comoros | .7 | 2.9 | 1.0 | 1.5 | 59 | 4.9 | 42 | 26 | 19 |
| Djibouti | .8 | 1.8 | 1.1 | 1.5 | 67 | 4.2 | 39 | 18 | 17 |

| | Population mid-2006 (millions) | Rate of natural increase (percent) | Projected population (millions) | | Infant mortality rate | Total fertility rate | Population age <15 (percent) | Percent of married women 15–49 using contraception | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Mid-2025 | Mid-2050 | | | | All methods | Modern methods |
| Eritrea | 4.9 | 3.0 | 7.7 | 11.5 | 59 | 5.3 | 43 | 8 | 5 |
| Ethiopia | 77.1 | 2.5 | 108.7 | 145.9 | 77 | 5.4 | 43 | 15 | 14 |
| Kenya | 36.9 | 2.8 | 51.3 | 65.2 | 77 | 4.9 | 42 | 39 | 32 |
| Madagascar | 18.3 | 2.7 | 28.2 | 41.8 | 79 | 6.3 | 46 | 27 | 17 |
| Malawi | 13.1 | 2.8 | 20.6 | 30.9 | 96 | 6.3 | 46 | 42 | 39 |
| Mauritius | 1.3 | 0.7 | 1.4 | 1.5 | 14.4 | 1.7 | 24 | 76 | 42 |
| Mayotte | 0.2 | 3.6 | 0.3 | 0.6 | - | 4.5 | 42 | - | - |
| Mozambique | 20.4 | 2.1 | 27.5 | 37.2 | 108 | 5.4 | 43 | 17 | 12 |
| Reunion | 0.8 | 1.3 | 1.0 | 1.1 | 7 | 2.4 | 27 | 70 | - |
| Rwanda | 9.3 | 2.7 | 14.9 | 25.5 | 86 | 6.1 | 46 | 17 | 10 |
| Seychelles | 0.1 | 1.0 | 0.1 | 0.1 | 11 | 2.1 | 25 | - | - |
| Somalia | 9.1 | 2.9 | 14.9 | 25.5 | 117 | 6.8 | 45 | 8 | 1 |
| Tanzania | 38.7 | 2.6 | 57.4 | 81.5 | 78 | 5.4 | 44 | 26 | 20 |
| Uganda | 28.5 | 3.1 | 55.9 | 117.0 | 83 | 6.7 | 50 | 24 | 18 |
| Zambia | 11.5 | 1.9 | 14.8 | 17.4 | 100 | 5.5 | 46 | 34 | 23 |
| Zimbabwe | 13.3 | 1.1 | 16.0 | 19.1 | 60 | 3.8 | 41 | 60 | 58 |
| | | | | | | | | | |
| MIDDLE AFRICA | 118 | 2.8 | 191 | 315 | 113 | 6.3 | 46 | 25 | 6 |
| Angola | 16.3 | 2.7 | 26.2 | 42.7 | 141 | 6.8 | 47 | 6 | 5 |
| Cameroon | 18.1 | 2.3 | 25.5 | 34.9 | 74 | 4.9 | 42 | 26 | 13 |
| Central Africa Republic | 4.3 | 1.9 | 5.8 | 7.6 | 102 | 5.0 | 43 | 28 | 7 |
| Chad | 10.8 | 3.1 | 17.5 | 29.4 | 102 | 6.5 | 46 | 3 | 2 |
| Congo | 3.8 | 2.7 | 6.1 | 9.6 | 75 | 5.3 | 42 | 44 | 13 |
| Congo, Dem. Rep. Of | 62.6 | 3.0 | 107.5 | 186.8 | 120 | 6.7 | 47 | 31 | 4 |
| Equatorial Guinea | 0.5 | 2.3 | 0.8 | 1.2 | 101 | 5.6 | 42 | - | - |
| Gabon | 1.3 | 1.6 | 1.7 | 2.1 | 62 | 3.4 | 26 | 33 | 12 |
| Sao Tome and Principe | 0.2 | 2.7 | 0.2 | 0.3 | 77 | 4.1 | 42 | 29 | 27 |
| | | | | | | | | | |
| SOUTHERN AFRICA | 55 | 0.8 | 58 | 62 | 46 | 2.8 | 33 | 58 | 58 |
| Botswana | 1.8 | -0.1 | 1.7 | 1.7 | 56 | 3.1 | 38 | 44 | 42 |
| Lesotho | 1.8 | 0.3 | 1.7 | 1.6 | 91 | 3.5 | 39 | 37 | 35 |
| Namibia | 2.1 | 1.5 | 2.6 | 3.0 | 55 | 3.6 | 41 | 44 | 43 |
| South Africa | 47.9 | 0.8 | 51.5 | 54.8 | 43 | 2.7 | 32 | 60 | 60 |
| Swaziland | 1.1 | -0.1 | 1.0 | 0.8 | 73 | 3.6 | 41 | 28 | 26 |

*Source: 2007 World Population Data Sheet, Washington, DC, Population Reference Bureau.*

## Definitions

**Rate of natural increase (RNI):** The birth rate minus the death rate. This is the annual rate of population growth without accounting for migration. RNI is expressed as a percentage.

**Projected population 2025 and 2050:** Projected populations are based upon reasonable assumptions on the future course of fertility, mortality, and migration. Projections are based on official country projections, series issued by the UN or the US Census Bureau, or PRB projections.

**Infant mortality rate (IMR):** The annual number of deaths of infants under age 1 per 1,000 live births.

**Total fertility rate (TFR):** The average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15 to 49).

**Contraceptive use:** The percentage of currently married or "in-union" women of reproductive age who are using any form of contraception. "Modern" methods include methods supported or provided by medical clinics such as the pill, intrauterine devices, condoms, and sterilisation.

## References


1. *2007 World Population Data Sheet.* Washington, DC, Population Reference Bureau.
2. Westoff C. *Unmet need at the end of the century.* Calverton, Maryland, ORC Macro, 2001 (DHS Comparative Reports No. 1).
3. Ashford L. *Unmet need for family planning: recent trends and their implications for programs.* Washington, DC, Population Reference Bureau, 2003, p 5.
4. Murphy EM. Promoting healthy behavior, 2005, Washington, DC, Population Reference Bureau, *Health Bulletin* 2:21–23.
5. Carr D, Khan M. The unfinished agenda: meeting the need for family planning in less developed countries. Washington, DC, Population Reference Bureau, 2004.
6. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002.
7. Rahman M, DaVanzo J, Razzaque A. Do family planning services reduce abortion in Bangladesh? *The Lancet,* 2001, 358(9287):1051–1056.
8. Family planning prevents abortion, POP Briefs. Washington, DC, USAID, 2001.
9. Bernstein S. *Public choices, private decisions: sexual and reproductive health and the Millennium Development Goals.* New York, United Nations Development Programme, 2006, p 78.
10. Ashford L, Clifton D. *2005 women of our world.* Washington, DC, Population Reference Bureau, 2005.
11. World Health Organization. *Report of a WHO Technical Consultation on Birth Spacing, Geneva, 13–15 June 2005.*
12. Engenderhealth. Preventing HIV/AIDS through family planning. 2004 (http://www.engenderhealth.org/aids/pdfs/tech-library/hiv/preventing_hiv_through_family_planning.pdf).
13. Wright K. Dual protection: best approach to recommend may vary. Family Health International, 2003, Network 22 (4).
14. Medical eligibility criteria for contraceptives. WHO INFO *Reports Updates,* 2003 (http://www.infoforhealth.org/inforeports/mec/mec.pdf).
15. Rutenberg N, Baek C. *Review of field experiences: integration of family planning and PMTCT services.* New York, Population Council, 2004.
16. Family Health International. Integration of family planning and HIV/AIDS services. 2006 (http://www.fhi.org/en/Topics/FPHIV.htm, accessed 6 June 2006).
17. Bloom DE, Canning D. Booms, busts, and echoes, *Finance and Development,* September 2006.
18. Joshi S, Schultz T Paul. Family planning as an investment in development and female human capital: evaluating the long-term consequences in Matlab, Bangladesh. Paper presented at the annual meeting of the Population Association of America, Los Angeles, 26 March 2006.
19. Family Health International. Zimbabwe: the impact of family planning on women's participation in the development process (http://www.fhi.org/en/RH/Pubs/wsp/fctshts/Zimbabwe1.htm, accessed 5 June 2006).
20. Lloyd CB, Gage-Brandon AJ. High Fertility and Children's schooling in Ghana: sex differences in parental contributions and educational outcomes, *Population Studies* 48(2):293–306.

# Developing An Advocacy Strategy

## What is advocacy?

Advocacy is an organised process of mobilising support for a cause to bring about change favourable to that cause. Applied to family planning, this means forming partnerships with like-minded groups and individuals to persuade national and local leaders that family planning needs high-level attention and improvements in quality and access.

This brief is a guide on how to develop an advocacy strategy for influential leaders and policy-makers at national and local levels. While advocacy activities must communicate clear and consistent messages, the strategy must be tailored to the context of the profamily planning activities. It must be culturally sensitive and flexible, recognising that people are unlikely to respond to dogmatic or heavy-handed approaches.

## How to develop a strategy[1]

Although family planning advocates may be eager to see family planning services started without delay, and may have many good ideas, it is essential to plan carefully whether at the national or local level. The following planning steps are recommended based on a wide range of advocacy experiences and lessons from the field.

### Step 1. Establish an advocacy committee

It helps to have a group of committed individuals who are willing to work on advocacy activities. This group can take charge of planning, identifying partners, and coordinating the activities of the advocacy campaign. Committee members could include staff from the main implementing institution as well as family planning researchers, members of relevant professional associations or reproductive health technical committees, and representatives of partner organisations dedicated to strengthening family planning services. Ideally, committee membership should also include members of the audiences to be reached. A committee member who is, for example, a political or religious leader, professional staff of a nongovernmental organisation (NGO), or a journalist can often offer insight on and access to other members of that audience that otherwise would be missing. Sometimes highly respected, unaffiliated individuals such as retired national leaders are willing to use their influence for a cause they support.

### Step 2. Carefully analyse the situation

The family planning situation varies among and within countries. Thus, it is essential to find out what is happening in the setting for the advocacy activities, to focus the activities on specific problems, and to build on existing strengths (see Box 1: SWOT analysis). Obtaining information on the following factors is useful in developing an advocacy strategy and designing advocacy messages because the factors provide the rationale for the need to increase attention to family planning.

- **Demographic and family planning information**
  - Fertility and population growth rates; contraception rates; and levels of unmet need for family planning, unwanted pregnancies, and abortion (where data are available);
  - The proportion of youth in the population;
  - Family planning indicators by wealth quintile (lowest, middle, and highest 20% of the population, where data are available);

*Box 1*

## SWOT analysis

Prior to developing an advocacy strategy, one step could be to conduct a "SWOT Analysis." SWOT stands for strengths, weaknesses, opportunities, and threats, which are further defined below:

**S**trengths:
Identify *internal* attributes of the organisation that are helpful to achieving the objective.

**W**eaknesses:
Identify *internal* attributes of the organisation that are harmful to achieving the objective.

**O**pportunities:
Identify *external* conditions that are helpful to achieving the objective.

**T**hreats:
Identify *external* conditions that are harmful to achieving the objective.

An effective strategy will build on strengths, take advantage of opportunities, and address how to overcome or minimise weaknesses and threats.[2]

- Information about underserved groups, including who they are and where they are located, and their likely future demand for family planning;
- The percentage of people covered by family planning services in a given area, the location of the services, and the number of trained family planning providers in these areas;
- The quality of family planning services according to situation analyses and client feedback surveys.

**Related health and social information**

- Maternal, infant, and under-five mortality rates;
- HIV/AIDS prevalence and the incidence of mother-to-child transmission;
- The percentage of HIV/AIDS programmes (for example, preventing mother-to-child transmission of HIV, voluntary counselling and testing) and maternal and children's health programmes integrating family planning services;
- Analyses of gender norms and other characteristics of the society that affect fertility and other reproductive health matters;
- Sociocultural issues or religious beliefs that can serve as barriers or opportunities.

**The programmatic and policy environment for family planning**

- Management issues, including those associated with contraceptive and commodity planning, procurement, and the supply chain; and frequency of stockouts;
- Status of human and financial resources for family planning services;
- The government's view of fertility rates and other aspects of the policy environment, such as laws and regulations affecting contraceptive supplies and services;
- National or local leaders with power over priority setting and budget allocation, and information on their knowledge and attitudes toward family planning and reproductive health;
- Competing health priorities such as HIV, malaria, and tuberculosis;
- Whether there are ongoing family planning and reproductive health advocacy activities, who is sponsoring them, and what success or lack of success they have had and why.

## Step 3. Identify advocacy objectives and expected outcomes

Being clear about your advocacy objectives and expected outcomes is crucial for a well-organised advocacy strategy. Although the ultimate goal of the advocacy work may be to improve access to and quality of family planning services and hence to increase family planning use, *advocacy objectives* differ from programme objectives in that they reflect what can be achieved by communicating research and information to decision-makers and those that influence them. Advocacy objectives aim for changes in the policy environment that ultimately affect family planning services and use.

Examples of advocacy objectives are to increase awareness of key officials about specific problems, influence the budget allocation process, or encourage changes in the way services are organised, regulated, or directed. An advocacy objective might also aim to mobilise and better manage organisations with a family planning mandate to push for more and sustained attention to family planning over a period of time.

The expected outcomes of an advocacy campaign should be SMART—specific, measurable, achievable, realistic, and time bound. An outcome might include a change in a programme's priority or strategy, a policy reform, or a new budget line item for family planning supplies or services. Specific examples include increase in funding for family planning services by 15% within one year; creation of a specific budget line item for the purchase of family planning commodities in the next year's budget; formation of a community alliance for family planning (e.g., among NGOs, women's groups, and community leaders) by a certain date that will meet regularly and work to keep family planning high on local agendas; inclusion of family planning, reproductive health, and HIV/AIDS linkages in all new training protocols developed for health staff; training of 10 journalists in family planning issues; and production of 20 evidence-based radio broadcasts and print articles on family planning by a certain date.

## Step 4. Identify key audiences

When identifying target audiences, it is helpful to segment them into primary, secondary, and "opposition" audiences. Primary audiences are those who will ultimately make the policy or programme decision. They may be high-level policy-makers such as politicians, ministers of health or finance, or decision-makers in programmes or the local government. Secondary audiences are all the individuals or groups who can influence policy-makers and policy decisions. They are the opinion leaders and include community and religious leaders, academics, researchers, heads of professional associations, women's groups, the news media, and donors. A third potential audience is opposition forces, that is, those who may not be pleased with the advocacy objectives and activities. These may be members of either the primary or secondary audiences. These individuals or groups may require special attention and programmes in the advocacy plan.

Audience identification flows from the committee's situation-analysis activities and the specific objectives and outcomes to be achieved. Since expanding the quality and reach of family planning services requires allocation of funds, policy-makers who control health budgets are clearly a primary audience. Reaching the primary audience may require mobilising the opinion leaders (secondary audience), who might include highly visible opinion leaders in the media or various types of community leaders who can collectively create a groundswell of support for family planning. Some advocacy activities can be designed to reach the general public, since they also are stakeholders and their perceptions about family planning will reach the leaders whom the advocacy activities aim to influence.

## Step 5. Networking, building partnerships, and mobilising champions

The advocacy committee should enlist relevant organisations and individuals to join the advocacy movement to both augment their numbers and strengthen their talent pool. By building support for family planning in other organisations and strengthening relationships with them, a network can undertake far more activities than the committee could on its own. Networking means that much larger audiences can be reached, that the movement will more likely draw the

Credit: Richard Lord

attention of decision-makers, and that family planning advocacy will more likely be sustained over time. Involving "champions"—respected and influential people who will promote family planning—is highly desirable. These leaders can open doors to reach policy-making officials and often can directly contribute to achieving the objectives.

As beneficial as it is, forming partnerships presents special challenges. The advocacy committee should put in place participatory mechanisms to create a strategic plan, identify the roles and activities of different groups, allocate funds, and develop accountability mechanisms for tasks and expenditures. The committee must also define clearly the leadership structure for the network and the process for modifying plans. Having contact information of group members and defined communication mechanisms will help keep network members informed.

## Step 6. Develop, tailor and pretest messages

While some of the advocacy messages may be of universal importance (e.g., family planning saves lives), most messages must be crafted for each audience. What might be persuasive for a women's group leader may not work with a finance minister, or vice versa, for example. The general rule is that messages and communication channels should be tailored to suit the concerns and educational levels of the different audiences.

A basic communication principle is that family planning advocates should know their audiences well. Conducting focus group research and interviews on family planning issues with representatives of the various audiences, and pretesting the messages and their formats with them before launching the advocacy activities is time well invested.

## Step 7. Select channels of communication, activities, and materials

Like messages, channels of communication activities should be tailored to the audience. They should be chosen so as to maximise the likelihood of reaching particular people. When developing the action plan, the advocacy committee can choose one of two broad communication channels: face-to-face interaction or the mass media. The advocacy strategies should take into account that a wide range of activities and material formats could be used with these channels. Although some of the activities may require significant levels of resources, others are of minimal cost. The success of the more expensive options will depend on the committee's ability to secure funding. The following is a list of possible media activities:

- **Communication channels and activities**

*Face-to-face communication*

- Large conferences for policy-makers such as a group of parliamentarians;
- Smaller seminars and workshops where policy-makers and programme managers can participate in exercises to develop concrete plans to advance family planning;
- One-on-one or small meetings of champions with religious leaders;
- Briefings for ministries and secretariats;
- Direct requests to community leaders to issue public statements supportive of family planning and, if they agree, supplying them with sample statements and user-friendly fact sheets;

- Study tours for leaders to see successful family planning model programmes in other countries.

*Mass media communication*

- Radio and TV spots, talk shows, and call-in programmes on health;
- A question-and-answer newspaper column on family planning, reproductive health, and gender issues;
- In rural areas or wherever it is popular, folk media—song, dance, skits and puppet shows—conveying profamily-planning messages and practical information;
- Booths with placards and pamphlets at fairs, and sporting and entertainment events;
- Special events focusing on family planning issues using entertainment and sports heroes.

*Information materials and formats*

- Fact sheets, brochures, and other handouts;
- Press kits and press releases; ready-to-use or adaptable editorials and articles;
- Reader-friendly booklets;
- A briefing book for decision-makers with information on population, maternal and child health, and the health and development benefits of family planning;
- A film on family planning issues to be shown on TV, at cinemas, and in workshops;
- Scripts for radio broadcasts or a series featuring family planning issues in a documentary or a fictional feature;
- Sermons developed or approved by religious leaders to share with others;
- Articles on family-planning-related topics for journalists, teachers, women's groups and other audiences who can adapt them for their own use;
- Posters on birth spacing placed strategically in the community.

*Training workshops*

- To train broadcast and print journalists on how to increase and improve the coverage of population, reproductive health and family planning;
- To train advocates at regional and community levels;
- To bring together family planning and HIV/AIDS communities to explore avenues for integrating services.

## Step 8. Develop an action plan

- *Outline a detailed workplan.* Once objectives, audiences, messages, communication channels, and activities have been identified, specify the people and organisations responsible for each activity. List what is needed to accomplish each task (e.g., people, funds, time, materials, and venues). Identify the alternatives available if one or more activity turns out to be unfeasible or is cancelled. Finally, map out the dates when activities are to start and end, so as to coordinate the schedules of committee members and partners (see worksheet example in Appendix).

- *Be alert to opportunities.* To the extent possible, schedule many activities to reach different audiences at the same time or in a close sequence, accompanied by media efforts to reach the general public. This helps to create the visibility and synergy that can generate a critical mass of supporters. For example, the Protestant Church of Uganda organised a workshop for bishops and other religious leaders and ran an extensive AIDS education project in many dioceses simultaneously, including church sermons delivered on the same day.[3] Family planning advocates must also be alert to what else is going on

in the society at the time. It is wise to delay a planned activity if the attention of the audiences is diverted due to circumstances such as a natural disaster, riots, elections, or a major policy event on a different issue.

As a general rule, the advocacy action plan should not extend beyond one year, the reason being that new opportunities for advocacy arise regularly and it is difficult to plan too far in advance. It is also important to remember that human and financial resources are usually limited, so the number of activities planned should be both reasonable and doable within the allotted time.

## Step 9. Implement, monitor and evaluate

At all points during the implementation of the advocacy activities, the advocacy committee and network members should monitor the progress toward achieving the objectives and expected outcomes. If an activity is less than successful, the committee members should find out why and adjust its course as needed so that the advocacy work will become increasingly effective with time.

An evaluation plan should be an integral part of the overall workplan, and should be developed with the participation of all the network partners. The committee members should measure both the performance outcomes (were all the activities implemented, delivered, and on time?) and the impact (Did the activities bring about the desired change?). Methods for evaluating the advocacy activities include:

- Key informant interviews with opinion leaders and policy-makers to find out whether the advocacy activities had the intended effect, i.e., whether they increased their knowledge or changed their attitudes about family planning or resulted in some action;
- Focus-group discussions with key audiences to determine the influence of the advocacy activities;
- Determination of whether the anticipated outcomes were achieved, e.g., were funding levels increased for family planning or new protocols to incorporate family planning into HIV/AIDS interventions introduced?
- Inclusion of questionnaires with family planning advocacy materials such as fact sheets, brochures, or booklets to determine if the materials were useful and how they were used;
- Monitoring and evaluation of the media outputs, e.g. the number and content of press clippings and broadcasts on family planning;
- Post-workshop questionnaires or interviews to determine if the participants were using the new skills or techniques;
- Post-seminar questionnaires or interviews to find out if any audience member was involved in follow-up activities or was using information from the seminar.

A report describing the results and lessons learned will be a valuable tool for future advocacy efforts and may help secure funding for additional advocacy work.

## References


1. *Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit* (Washington DC: The Futures Group International, 2005): 58-69; Lisa Howard-Grabman and Gail Snetro, *How to Mobilize Communities for Health and Social Change* (Baltimore: Johns Hopkins University and the Health Communication Partnership, 2003; and *Advocacy Guide* London, International Planned Parenthood Federation, 1995; (Population Reference Bureau, Policy Communication Training Materials, 2007.)
2. John M. Bryson, in Defining Public Administration: Selections from the International Encyclopedia of Public Policy and Administration, ed. Jay M. Shafritz (Boulder, CO: Westview , 2000) p.211. *URL:http://en.wikipedia.org/wiki/SWOT_analysis#References*
3. Hogle JA, ed. What happened in Uganda? Declining HIV prevalence, behavior change, and the national response, Washington, DC, The Synergy Project, 2002, p 7; and Nantulya V. What happened in Uganda? Presentation at the Workshop on the ABCs and AIDS Prevention, Washington, DC, February 2003.

# Appendix: Preparing your advocacy strategy: worksheet template

This worksheet can help you prepare an advocacy strategy and, ultimately, a detailed action plan. The strategy and action plan should be developed and shared with as many committee members and partners as possible before being finalised.

## STEP 1 Assemble an advocacy committee

- Who do we know that will join the committee and who would we like to recruit?
- Who will be responsible for what task? For example, who will be chair or who will be in charge of communications, record keeping, funds management or coordination of the various activities?

| Person responsible | Task(s) |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Others?**

## STEP 2 Carefully analyse the situation

- What do survey data and research findings tell us about contraceptive use among various subpopulations or about the availability and quality of family planning in a specific area?
- What do we know about other health challenges as they relate to the provision and use of family planning services? How do gender and cultural factors affect the use of family planning?
- Is the policy environment favourable for family planning or is much more work needed to convince policy-makers (at various levels) of the need for improvements in family planning services?

**Key challenges to be addressed in the advocacy strategy**

1.

2.

3.

4.

**Others?**

## STEP 3 Identify your advocacy objectives and expected outcomes

- The communication objective should reflect the challenges identified in the situation analysis.
- The expected outcome should reflect the expected result of the advocacy activities. Expected outcomes should be stated in specific, measurable, achievable, realistic, and time-bound (SMART) terms.

*Examples:*

- **Advocacy objective:**
  To foster a more supportive environment for increased government spending on family planning services;
- **Expected outcome:**
  Government allocations to family planning services are increased over current level by at least 25% by December 2008;

- **Advocacy objective:**
  To build alliances among interested groups to work together to strengthen family planning services;
- **Expected outcomes:**
  1) a "repositioning-family-planning committee" is formed by April 2007;
  2) committee members give family planning presentations at the district medical officers' annual meeting in four regions by August 2007.

---

**Advocacy objective 1:**

Expected outcomes:
1.

2.

3.

**Others?**

---

**Advocacy objective 2:**

Expected outcomes:
1.

2.

3.

**Others?**

## STEP 4 Identify the key audiences

Key audiences are those who make decisions about family planning and those who influence them, including government policy-makers and programme directors; religious, community, and NGO leaders; and professional associations, among others.

---

**Primary audiences:**

Those that can directly affect policy or resource allocations, such as high-level officials or policy-makers who will ultimately make the policy decision.

1.

2.

3.

---

**Secondary audiences:**

Other individuals or groups in a position to influence policy-makers and policy decisions and contribute to the family planning dialogue—the opinion leaders.

1.

2.

3.

---

**Opposition audiences:**

Individuals or groups that may be opposed to family planning or the outcomes you are advocating for.

1.

2.

3.

## STEP 5 Network, build partnerships, and mobilise champions

Partners may include individuals and organisations that are natural allies in the campaign for family planning, and those whose help we might like to enlist. Some of these may be partners in carrying out specific activities, while others may be enlisted as spokespersons or people with connections to key audiences.

| Organisations/individuals | Role in advocacy activities |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Others?**

## STEP 6 Develop, tailor, and pretest messages

Based on the situation analysis and objectives, what are the key messages that our audiences need to hear? Pretest messages with members of the audiences to see how they respond; adjust the message if necessary.

| Audiences | Messages |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Others?**

## STEP 7 Select the channels of communication, activities, and materials

Channels, activities, and materials should be chosen to maximise the likelihood of reaching particular audiences, and should be feasible within the committee's budget.

**Channels of communication:**

*Face-to-face activities: conferences, seminars, and briefings*

1.

2.

3.

4.

**Others?**

*Mass media activities: press briefings, radio spots, etc.*

1.

2.

3.

4.

**Others?**

Information materials to be developed

1.

2.

3.

4.

**Others?**

Training workshops (e.g., for journalists or community leaders)

1.

2.

3.

**Others?**

## STEP 8 Develop an action plan

Once the channels, activities and materials have been identified, specify the people responsible, the resources needed, and the time frame for each. A separate planning grid can be created for this purpose.

## STEP 9 Implement, monitor and evaluate

The action plan should specify how the outcomes will be monitored and evaluated.

1.

2.

3.

4.

5.

6.

A report capturing the campaign's progress during implementation and after it ends is useful for making midcourse corrections and for proposing future advocacy projects.

# Engaging Community Leaders

## Why engage community leaders?

Community leaders set and sustain a community's social norms, and are expected to move their society towards a better future while at the same time looking out for the best interests of families and individuals. Community leaders are essential partners in introducing change, and they can play an important role in dispelling myths and misperceptions and promoting the use of family planning services.

## Goal of this brief

This brief aims to empower community leaders to become advocates for provision of better quality and more accessible family planning services, and to accurately inform their constituencies on the benefits of family planning.

## Identifying community leaders

For the purpose of this brief, the term "community" refers to a group of people living in a particular area who form relationships over time by regular interaction and shared experiences. All kinds of community leaders can help promote family planning. Among the most influential are traditional leaders, including healers; political, religious, women's, men's, and youth group leaders; and heads of educational institutions such as elementary and secondary schools and universities. This brief is intended for use among community leaders in both urban and rural settings.

## Why should community leaders care about family planning?

By promoting improved access to and quality of family planning services, community leaders help improve the health and well-being of individual community members and the community as a whole. The list below contains specific reasons as to why community leaders should care about family planning, and what they can achieve if they take action. Messages intended for this group should be tailored to the needs of individual community leaders and the local situation.

- **Family planning saves lives.** Although pregnancy and childbirth are natural, many pregnancies pose serious health risks for mothers and their children, specifically pregnancies characterised as:
  - ***Too early***—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks.
  - ***Too many***—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns.
  - ***Too late***—mothers over the age of 35 have a higher than normal risk of death or disability associated with pregnancy, and their babies have more problems than is normal.
  - ***Too soon***—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This birth interval increases infant and child survival and protects the health of the mother.

Family planning can help infants and women avoid these risks.

Credit: © CCP, Courtesy of Photoshare

*Box 1*

## Family planning in Guinea: working with village health workers

In Mandiana District, Upper Guinea, one of the most impoverished rural areas of the country, a grassroots programme worked closely with local government, and traditional and religious leaders to establish a village-level family planning programme. The programme trained volunteer village health workers to sell contraceptives to their neighbours affordably while giving out important health information, and to refer clients to the nearest health centre when necessary. Service delivery has also improved through training of local health-care providers. A marketing programme made contraceptives available where public health facilities did not exist, through sales points such as bars, kiosks and pharmacies. As a result, 20% of couples now practise family planning, compared with the regional average of 7%. Eliciting the support of community leaders has been key to the success in the Mandiana District.[1]

- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of maternal deaths globally, and African women have the highest risk of abortion-related deaths in the world.[2] By promoting family planning, community leaders will help to save women's lives.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning and HIV/AIDS services will lower the numbers of unintended pregnancies, resulting in fewer HIV-positive babies and orphans. In addition, condoms provide dual protection against unintended pregnancies and HIV transmission.

- **Family planning reduces adolescent pregnancies and risk of sexually transmitted infections.** Adolescent pregnancy is a serious problem and elevates the risk of death for both young mothers and their newborns. Moreover, when teenagers have sex without a condom, they increase their risk of acquiring sexually transmitted infections, including HIV. By supporting comprehensive sexuality education (including both abstinence and condom messages) and family planning services and supplies for teens who are sexually active, leaders can promote the health and well-being of young people.

- **Family planning empowers women.** Cultural and social norms limit women's decision-making ability in relationships and in the home, contributing to women's lower status. As a result, many women have limited control over their sexual lives, a factor in the higher numbers of unintended pregnancies and births. Early childbirth often causes girls to drop out of school, seriously limiting their future options. As the main caretakers, women with large numbers of children are less able to participate in community activities or contribute to the community's economic growth. By embracing efforts to make family planning education and services available to all women of childbearing age, leaders will contribute significantly to raising the status of women—contributing to an upward spiral for the women, their households and their communities.

- **Family planning improves children's health and development.** Closely spaced, frequent births are often linked to poverty and overburdened family environments, which contribute to poor school performance owing to inadequate nutrition and the inability of parents to provide attention to each child's needs. Large families may not be able to afford

schooling for all children. Increasing birth spacing and having smaller families will help community leaders achieve the community's educational goals.

- **Family planning reduces inequity in the community.** Research shows that the poorest populations, women and men in refugee camps and internally displaced situations, persons with disabilities, and women in need of postabortion care often do not have access to or are not encouraged to take advantage of family planning services. Leaders who help improve family planning access for these groups help improve equity in health and other social and economic benefits among all community members.

## What can community leaders do to advance family planning?

Community leaders can become partners who actively enhance the position of family planning in the community and help mobilise resources. Some of the activities they could undertake to support family planning in their communities are outlined below:

### *Traditional leaders (including healers)*

- Help organise community forums and invite family planning providers and advocates to discuss the benefits of family planning.
- Serve as models and "champions" for family planning by practising family planning and making public statements about its benefits.
- Support the creation of a cadre of village health workers or health volunteers who provide family planning information and counselling in the community.

### *Political leaders*

- Increase budget levels or reallocate local resources to expand and improve family planning services, including the availability of contraceptives and supplies.
- Facilitate implementation of national policies on provision of family planning and sexual health services.
- Issue public statements supportive of family planning.
- Convene meetings of community leaders from all sectors to develop guidelines for sensitising community members on the relationship between responsibly planning one's family and community well-being and what various community agencies and organizations could do to support family planning.
- Increase family planning access by underserved populations.
- If revolving loan funds for health ("mutuals") exist in the community, ensure that family planning services and methods are covered.

### *Religious leaders*

Give talks on responsible parenthood and share the advocacy presentation with other religious leaders. If a coalition of religious leaders exists, make the case that family planning should be a high priority for religious leadership.

- Promote the well-being of their congregation by reassuring families that the use of family planning is consistent with the ethical teachings of their faith.
- Use congregational meetings and pastoral counselling sessions to discourage early marriage and early childbearing.
- Promote the inclusion of family planning services in faith-based health services.
- Emphasise that parents can reap health and educational benefits for their children by waiting at least two years between pregnancies and having the number of children for whom they can provide adequately.

*Box 2*

## Imams promote family planning in Mali

Credit: Modibo Maiga

During an advocacy meeting for religious leaders in March 2005, El Hadj Mamadou Traore, a member of Mali's Islamic High Council, gave a presentation in support of birth spacing.

A project in Mali is helping religious leaders advocate for improved family planning and HIV/AIDS prevention services. One initiative uses verses from the Koran and other religious texts that support the idea of family planning as a way to promote quality of life over quantity of children. The project works with the Ministry of Health, Mali's High Islamic Council, and a research team to develop teaching tools and foster the initiation of platforms for discussions with religious leaders and decision-makers. The project also sponsors training aimed at building capacity, leadership, and advocacy skills among Imams. Another local programme targets Mali's Christian population.[3]

- Counsel men, women, and couples on responsible sexuality, parenthood, and gender equity. Encourage young married couples to adequately space births.

- Encourage youth group activities that include healthy sexuality and life-planning skills so that young people can see that delaying childbearing improves lives for the mothers, fathers and children. For parents of adolescent girls, include information on the dangers of early childbearing for the young mothers and their infants.

### *Women's and men's group leaders*

- Form or use an existing coalition of supportive organisations to make the case that family planning and related reproductive health issues be considered as high community priorities.

- Within one's own group, highlight the unmet need for family planning and how family planning can reduce unnecessary child and maternal deaths and illness, including death and disability from unsafe abortion.

- Include family planning specialists as speakers at meetings of the organisations.

- Volunteer to speak on family planning in schools and at youth group activities.

- Develop projects to reach out to vulnerable groups in need of family planning services, such as young couples, couples in isolated rural areas, populations in refugee camps or displaced people, and persons with disabilities.

- Volunteer to speak to corresponding groups (e.g., women's group leaders to speak at men's groups meetings) to emphasise the benefits of birth spacing for infant and women's health. Stress the importance of male-female cooperation and provide guidance and informational handouts to help couples to discuss family planning.

### *Youth group leaders*

- Form or use an existing coalition of organisations serving the youth to make family planning and related reproductive health issues a high priority for youth groups.

*Box 3*

## Advocacy for family planning and STI/ HIV/AIDS school programs in Mali

In 2006, the national NGO "JIGI" supported an extensive advocacy campaign to integrate family planning, sexually transmitted infections, and HIV/AIDS topics into the school curricula in quarters I and IV of Bamako, Mali. The JIGI team worked in collaboration with 51 schools and their administrative units, and mobilised an estimated 60 teachers and 120 pupils to participate in the advocacy events. Specific activities included training of teachers and peer educators, conferences and debates, radio broadcasts, advocacy workshops, photography competition with the best peer educators, interactive exhibitions, and production and distribution of a "Rap" CD on the need for young people to commit themselves to responsible behaviour. The team's focus of interest was peer educators, teachers, and school authorities. New approaches were used to sensitize these audiences about reproductive health, especially through the exhibitions and music CD. The changes that resulted from these advocacy efforts included:

- Increase in youth attendance at the community health centres;
- Acceptance by teachers to talk with students about sexuality;
- Acceptance by school directors to organise talks about family planning in their schools;
- Increased student knowledge about different methods of family planning, including condoms to avoid early pregnancy and sexually transmitted infections and HIV/AIDS.

*For more information see the JIGI Website: http://ongjigi.org*

- Organise youth-to-youth (peer) education programmes and train peer educators to provide family planning and reproductive health education and counselling, and on referral procedures for family planning services.

Credit: Bamako, NGO JIGI, Mali

- Stress the importance of using dual contraception methods to ensure protection from unwanted pregnancy and sexually transmitted infections, including HIV. Provide condoms on-site and other non-clinical family planning methods for sexually active youth.

- Provide on-site individual counselling and comprehensive sexuality education for youth, including the importance of abstinence, fidelity to a single partner, condom use, youth rights regarding acts of violence and abusive situations.

- Provide print and audiovisual information on family planning within youth organisation.

- Invite to youth gatherings speakers on family planning whom young people can relate to or who are role models.

- Engage youth mentors such as scout leaders, sports coaches, and teachers to support family planning.

- Promote youth-friendly family planning providers and youth-friendly services, and include the hard-to-reach youth.

- Provide broadcasts on family planning and related topics specifically for the youth.

- Start a youth-run newsletter on family planning and reproductive health themes or include these themes in an existing newsletter.

- Organise improvisational theatre in which the youth dramatise sexuality themes that include family planning and that require audience participation.

### *Educational leaders*

- In both teacher associations and parent-teacher groups, make the case for family planning as a high priority in educational programmes.

- Offer comprehensive, age-appropriate sexuality education in the curriculum that deals with abstinence, fidelity, and family planning options for sexually active teens and preteens. These classes should be integrated into the curricula and be subject to regular tests and examinations.

- In upper elementary and secondary schools, invite as speakers, specialists in family planning and reproductive health. Show videos on these topics to appropriate age-groups. Include life-planning skills in the curriculum so that adolescents can see the personal advantages of responsible sexuality and delaying of marriage and childbearing.

- Encourage school clubs to explore gender and sexuality issues as appropriate for the different ages. Encourage teachers to reach out to parents of young adolescents who might need help negotiating sexual issues.

- Promote peer-to-peer education programmes for the youth in school and out of school.

- For adolescents in school, provide on-site counselling and non-clinical protection for the sexually active to guard against unintended pregnancy and sexually transmitted diseases, including HIV.

## What do community leaders need to advance family planning?

Some of the community leaders' activities may call for additional funding to revitalise the standing of family planning, but others may require only modest investment or no additional costs. Whatever the activity, providing information, tools, and other support to community leaders will enhance the likelihood of their taking action. Even a totally committed champion of family planning will appreciate help in communicating the importance of family planning to others.

Possible ways to support these champions include:

- ☑ Create opportunities for leaders to join other supporters to discuss how to promote family planning. Research shows that if people with a cause operate in a partnership of two or more people, they are more likely to follow through with activities. Encourage leaders to form their own "Repositioning Family Planning" committee.
- ☑ Provide helpful tools such as briefing papers that include data sources, user-friendly tables and charts; fact sheets; information, education and communication (IEC) materials; lists of electronically available information and documents; and PowerPoint slide sets for leaders to use with their constituencies.
- ☑ Provide training or information sessions on how to communicate effectively.
- ☑ Assist leaders in organising seminars or conferences on family planning or preparing talks for the media or presentations for schools or organisations.
- ☑ Give leaders positive feedback to let them know how they are doing in contributing to the welfare of their communities.

## References


1. The Guinea project in Mandiana District is supported by the United States Agency for International Development (USAID)
2. Promises to keep: the toll of unintended pregnancies on women's lives in the developing world. Washington, DC, Global Health Council, 2002.
3. The Mali project to support Imans is being implemented by the Health Policy Initiative (Constella Futures Group) and supported by the United States Agency for International Development (USAID).

# Engaging the Private Sector

## Why engage the private sector?

Nongovernmental organisations (NGOs) play a vital role in improving the health of women and children, raising the status of women, and achieving community development goals. NGOs are well positioned to address controversial topics and the needs of vulnerable groups. Many work in remote areas where government services either do not exist or are thin. The mandate of NGOs is often to address gaps in government programming and to reach underserved groups such as sex workers, people living with HIV/AIDS, sexually active youth, and refugee and displaced populations, expanding coverage to those who need it the most. In national coalitions, NGOs are effective advocates for policy change, especially as it affects their constituent populations.

## Commercial businesses

Addressing the family planning needs of women and men in the 21st century will require enormous expansion of the services. The commercial sector can play a major role in this expansion. By upholding the values of corporate social responsibility (CSR), businesses concerned about their impact on society demonstrate their commitment to sustainable economic development by working with their employees, their families, and the local community to improve lives in ways that are good for business and for development.[1] The business community can have a significant role in promoting good health and well-being, especially if innovative CSR initiatives are undertaken in partnership with the government and civil society.[2] For example, partnerships with the corporate sector are helping to extend family planning and reproductive health programmes and commodity security through work-, market-, and community-based initiatives in Africa and around the globe.

## Goal of this brief

This brief aims to foster partnerships among a broad range of private sector entities to improve access, availability, and quality of family planning services.

## Identifying private sector partners

NGOs were the earliest promoters of family planning in sub-Saharan Africa and many of them still play key roles today.[3] In addition to encouraging NGOs that have traditionally promoted family planning to continue their good work, family planning advocates can engage new categories of NGOs in activities such as advocacy, education, and service provision, and expand the network to include a wider range of NGOs such as those involved in:

- health
- education and literacy
- development
- religious or charitable service
- youth, women's & men's groups
- agriculture
- micro-credit
- culture and arts
- sports

To encourage the commercial sector to contribute to family planning efforts, family planning advocates need to be creative in their approaches and target businesses and corporations such as:

- pharmaceutical companies
- industries
- employer-based health services
- social marketing agencies
- banks
- oil companies
- media corporations
- breweries

## Why should the private sector care about family planning?

Since both NGOs and socially responsible corporations aim to improve the well-being of their constituents, they are likely to care about an intervention that provides health, social, and economic benefits to the community they serve. Once NGOs and corporate leaders understand the range of benefits offered by family planning, they will be well placed to provide or promote it. The list below contains specific reasons as to why the private sector should support family planning and what they can achieve if they take action:

- **Family planning saves lives.** While pregnancy and childbirth are natural, many pregnancies pose serious health risks for mothers and children, specifically those characterised as:

  - ***Too early***—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies face special health risks.
  - ***Too many***—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns.
  - ***Too late***—mothers over the age of 35 have a higher than normal risk of death or disability associated with childbirth and their babies are prone to more than normal problems.
  - ***Too soon***—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This interval increases infant and child survival and protects the health of the mother.

By supporting family planning, the private sector can help infants and women avoid these risks.

- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of global maternal deaths, and African women have the highest risk of abortion-related deaths in the world.[4] By supporting family planning, NGOs and corporate leaders will help to save women's lives.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning into HIV/AIDS services helps women avoid unintended pregnancies, resulting in fewer HIV-positive babies born and fewer orphans. In addition, one family planning method—condoms—provides dual protection against both unintended pregnancies and HIV, as well as against other sexually transmitted infections.

- **Family planning reduces adolescent pregnancies and risk of sexually transmitted infections.** Adolescent pregnancy is a serious problem and it increases the risk of death for both the young mothers and their newborns. Children born to unmarried adolescent mothers generally fare less well than those born into households with adult parents. Adolescent pregnancies also cut short young women's education, closing off future opportunities. In addition, when teenagers have sex without using a condom, they increase their risk of sexually transmitted infections, including HIV. By supporting comprehensive sexuality education and family planning services and supplies for the adolescents who need them, NGOs and private businesses can promote the health and well-being of young people.

- **Family planning empowers women.** Cultural and social norms limit women's decision-making ability and contribute to women's lower status. As a result, many women have little control over their sexual lives, a consequence of which is high numbers of unintended pregnancies and births. Early childbirth often forces girls to drop out of school, seriously limiting their future options. As the main caregivers, women with large numbers of children are less able to participate in community activities or contribute to the community's economic growth. By embracing efforts to make family planning education and services

Credit: Bérengère de Negri

available to all women of childbearing age, private sector organisations interested in community development will contribute significantly to raising the status of women—contributing to an upward spiral for the women and their communities.

- **Family planning improves children's health and development.** Closely spaced, frequent births are often linked to poverty and overburdened families, which results in poor school performance—often owing to inadequate nutrition—and less parental attention to each child's individual needs. Large families may not be able to afford schooling for all children. Supporting family planning to increase birth spacing and to reduce the family size will help private sector leaders make real impact in a community's health and educational goals.

- **Family planning reduces costs for the private corporate sector.** By providing family planning services for employees, businesses and corporations can reap financial benefits such as reduction in medical costs associated with pregnancy and childbirth, staff taking maternity leave, and employee turnover, resulting in productivity gains. Likewise, supporting employee HIV/AIDS prevention programmes makes good sense because lowering prevalence of HIV/AIDS among the staff will ensure higher attendance, productivity, and profit, and lower medical and leave costs.

*Box 1*

### The transformation of reproductive health services project: an effective government and NGO collaboration in South Africa

In the mid-1990s, after the collapse of apartheid in South Africa, Women's Health Project (WHP), a women's advocacy NGO, successfully partnered with the public health system to reorganise fragmented and inequitable health services so that comprehensive reproductive health services, including family planning, would be consistently available to all who needed them. Within the context of the government's health reform programme, WHP took the lead in developing a properly functioning health system, providing comprehensive services in three poor rural provinces chosen by the government. With the full support and participation of public health officials, WHP led a participatory process with health-care workers and users to analyse problems in the system, identify solutions, and train staff to implement the solutions. After a pilot phase, staff met with provincial government leaders and key beneficiaries to review results and develop province-wide plans for reorganizing the services. An assessment after three years showed variation in the extent to which each province had implemented its plan, but all provinces were providing regular services identified as priorities by women: family planning, treatment of sexually transmitted infections, cervical cancer screening, and towards reducing the toll of unsafe abortion.[5]

- **Family planning promotes equity in the community.** Research shows that the poorest populations, people in refugee camps, internally displaced groups, persons with disabilities, and women in need of postabortion care often do not have access to or are not encouraged to take advantage of family planning services. Private sector leaders who help improve family planning access for these groups help improve equity in health and other social and economic benefits among all community members.

## What can the private sector do to advance family planning?

### NGOs

Because NGOs provide valued services for communities, they have great credibility with their clientele and significant influence over policy-makers. Their promotion of family planning services can be a powerful impetus for decision-makers to take action. The specific actions that NGO leaders could take include the following:

- Identify and document the needs of the NGO's constituents for family planning information and services.
- Inform the constituents about the benefits of family planning and where it is available, if it is not offered by the NGO.
- Integrate family planning advocacy and information into their activities, including outreach activities, and, if offering heath services, directly provide family planning services or establish a referral network.
- Garner support of senior management, board of directors, and community representatives for family planning activities.
- Join or form a coalition of NGOs advocating for expanded availability and improved quality of family planning information and services.
- Advocate for supportive policies and expansion of high-quality services.
- Promote collaborative partnerships between public and private sectors and leverage resource allocations where possible.
- Advocate among national leadership for inclusion of family planning goals within all relevant government programmes, including HIV/AIDS, maternal and children's health services, educational curriculum, and poverty alleviation activities.
- Unite with groups with opposing views about how family planning services are provided to develop messages and common solutions.
- Advocate among national leaders for inclusion of the goals and targets for family planning services in poverty reduction strategy papers, sectorwide approaches, and other multisectoral or multilateral plans.

### Commercial sector

The commercial sector has the potential to help strengthen family planning and to help meet the ever burgeoning needs for these services. Here are ways in which this sector could get involved:

- Offer supportive workplace policies and include family planning in medical coverage.
- Provide family planning information, counselling, and services in employer-based health facilities.
- Promote private social marketing approaches to expand the distribution of family planning information and services.
- Provide free airtime or devote more print space to the topic of family planning and reproductive health through print and broadcast media organisations.
- Provide free informational messages or offer contraceptives and other reproductive health commodities at reduced or subsidized rates through pharmaceutical companies.

## What do private sector groups need to advance family planning?

Providing information, tools, and other support to the private sector will enhance the likelihood of their taking action. Here are possible ways to support these potential partners:

- ☑ Provide data and information on the current status of family planning service delivery and reproductive health commodity security.
- ☑ Provide handouts, audiovisual aids, and summaries of persuasive research results to help potential private sector partners make the case for family planning with their staff and constituents.
- ☑ Orient private sector leaders on how family planning contributes to a range of health and development goals.
- ☑ Assist in linking up NGOs to form and maintain an effective NGO coalition.
- ☑ Assist in building partnerships or alliances between public and private sectors.
- ☑ Conduct cost-benefit analyses of family planning services to demonstrate expected financial and health benefits for businesses and the workforce.

## References

The private sector is defined as (a) not-for-profit nongovernmental organisations, and (b) for-profit private business and corporate entities.


1. International Finance Corporation, World Bank Group. *Corporate social responsibility,* 2007 (http://www.ifc.org/ifcext/economics.nsf/Content/CSR-IntroPage).

2. CATALYST Consortium, USAID, *What is corporate social responsibility? 8 questions and answers,* July 2002. (http://www.rhcatalyst.org/site/DocServer/CSRQ_A.pdf?docID=103).

3. *Conference on Repositioning Family Planning in West Africa: Rapporteur-General's Report,* Akunu Dake, AdvanceAfrica Project, Arlington, VA. USA, Feb. 2005, p 11.

4. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002.

5. Fonn S, San Tin K. Transforming reproductive health services in South Africa: women's health advocates and government in partnership, in Haberland N, Measham D, eds. *Responding to Cairo: case studies of changing practice in reproductive health and family planning.* NY, Population Council, 2002:74–96.

# Engaging Health Sector Leaders

## Why engage health sector leaders?

Health sector leaders are well positioned to make the case for the health benefits of family planning. They are aware of the dangers to life and the illnesses associated with poorly timed and unintended pregnancies and are among the most credible advocates of family planning.

## Goal of this brief

This brief aims to help provide family planning advocates with the tools to mobilise health sector leaders 1) to advocate persuasively with policy-makers, partners, and donors for supportive policies, financing, and expansion of high-quality family planning services, and 2) to motivate their own staff to improve their family planning programmes.

Credit: Holley Stewart

## Identifying health sector leaders

Health sector leaders include high-ranking ministry of health officials and their district and community counterparts. They include the minister and deputy minister of health, the director of reproductive health services, the director of the HIV/AIDS programme, district health directors, the director of maternal and children's health, and managers of family planning services programmes. These officials control budgets allocated to the health ministry and overall staffing. At the national level, they define health policies, for example whether unmarried adolescents can receive contraceptives at clinics, and are responsible for communicating the health priorities and funding needs in government prioritization and financing discussions.

Senior, well-respected clinicians in private practice or in faith-based or nongovernmental organisations can also be influential at the policy level and should be enlisted as important advocates in the government, among professional colleagues, and in the community. Professional associations of midwives, nurses, physicians, obstetricians and gynaecologists, and other health professional associations should be mobilised to advocate for policy change, increased funding, and development and implementation of high-quality standards in family planning services.

## Why should the health sector leadership care about family planning?

Family planning has lost its importance recently as international development strategies and priorities have changed. Yet increasing numbers of men and women across Africa want to adopt family planning and exercise their right to freely choose the number and spacing of their children. The current environment is difficult for managers of programmes that are trying to meet this growing demand. The international health and development community is focusing on new priorities, including the HIV/AIDS epidemic and pervasive poverty, and it often overlooks the integral role that family planning plays in these areas. Reforms in the delivery of health services have created new management challenges, including changes in funding mechanisms, integration of services, and decentralization of service delivery to the district level. These challenges are often outside the responsibility of the local management units, and thus, in some cases, have weakened family planning services.[1]

The new donor and lender funding mechanisms also have made the need for family planning advocacy particularly urgent. These include funding a "basket" of interventions, sector-wide approaches, and poverty reduction strategy papers that often omit family planning. Health sector leaders must understand the new funding environment so that they can work to incorporate family planning goals and funding requirements in these multisectoral and multilateral plans.[2]

It is important now more than ever that family planning information and services be made more broadly available. Family planning offers life-saving benefits and could be doing much more to save the lives of mothers and their children and to combat HIV/AIDS by reducing both the sexual and mother-to-child transmission of the virus. Family planning also contributes to a range of development targets, including poverty reduction, gender equality, and environmental sustainability, as well as maternal and children's health. To garner resources in the fiercely competitive funding environment, family planning advocates must provide policy-makers and donors with information about the full range of family planning benefits so they can see why family planning is a good investment.

Other more specific reasons that health sector leaders should be concerned about family planning include:

- **Family planning saves lives.** Although pregnancy and childbirth are natural, many pregnancies pose serious health risks for mothers and their children, specifically pregnancies characterised as:
  - ***Too early***—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks.

Credit: Liz Gilbert/David and Lucile Packard Foundation

*Box 1*

## Reaching out to the youth in Senegal with family planning services

Some political leaders in Dakar, Senegal, were initially opposed to the provision of contraceptive services to the youth as part of an initiative to improve family planning services in urban areas.

Health sector officials convened a broad-based coalition of community groups, under the auspices of the mayor's office. When this group conducted a focused needs assessment, district mayors quickly saw that local data and community sentiment underscored the unmet reproductive health needs of the youth.

The mayors, with the full support of the community coalitions, quickly refocused the programme to address this underserved group.[3]

- ***Too many***—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns.

- ***Too late***—mothers over the age of 35 have a higher than normal risk of death or disability associated with pregnancy, and their babies have more problems than is normal.

- ***Too soon***—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This birth interval increases infant and child survival and protects the health of the mother.

By supporting birth spacing, health sector leaders will be improving the survival and health of women and their children.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning and HIV/AIDS services will lower the numbers of unintended pregnancies, resulting in fewer HIV-positive babies and orphans. In addition, condoms provide dual protection against unintended pregnancies and HIV transmission.

- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of maternal deaths globally, and African women have the highest risk of abortion-related deaths in the world.[4] By promoting family planning, health sector leaders will help to save women's lives.

- **Women want to regulate their fertility.** In 21 countries in sub-Saharan Africa, one-fifth or more of married women have an unmet need for family planning—that is, they would want to avoid or defer pregnancy but are not using contraception (see the brief on family planning in sub-Saharan Africa for data on specific countries).

- **Family planning empowers women and families.** Cultural and social norms limit women's decision-making power in relationships and in the home, contributing to women's lower status compared to men. As a result, many women have limited control over their sexual lives, a factor in the high numbers of unintended pregnancies and births. Early childbirth often results in girls dropping out of school, seriously limiting their future options. Family planning enables individuals and couples to have the number of children they desire with the spacing and timing they want.

- **Family planning helps achieve national health goals.** Family planning contributes directly to the

achievement of the health-related Millennium Development Goals (MDGs) and other economic and social development goals, by reducing household poverty, improving the health of mothers and children, reducing the transmission of HIV, and giving women more opportunities to contribute fully to development.

- **Family planning saves health sector funds.** Making family planning available to all who need it will reduce both family and national expenditure on reproductive and children's health problems. In addition, families can stretch their budgets further by having fewer children to feed, clothe, and educate.

- **Family planning reduces health workers' burden.** By improving and expanding quality family planning services, health providers will have fewer cases of pregnancy-associated morbidity and mortality, especially those related to high-risk pregnancies, such as obstetric emergencies, postabortion complications, and mother-to-child transmission of HIV.

## What can health sector leaders do to advance family planning?

Health sector leaders are well placed to lead advocacy efforts and to extol the benefits of family planning. There are many activities that health sector leaders could undertake to support family planning within the health system and in the broader national policies and targets, including those listed below:

- Be vocal in supporting family planning.

- Identify and mobilise support to overcome barriers to quality care, including inadequate contraceptive stocks, lack of equipment, and inadequate counselling services and staff training. Promote research to identify and solve family planning-related problems and use the findings to advocate for change.

*Box 2*

### Advocating for postpartum family planning in Kenya

Recent demographic and health survey data revealed that at one year postpartum, over 50% of women did not have their family planning need met, indicating that information and services were not effectively reaching these women. A pilot initiative aimed at strengthening postpartum care to include family planning is being implemented in the Embu District in Kenya by the Ministry of Health with the support of several partners. Specifically, the programme aims to add to the number and content of the consultations that a woman and her newborn will receive, with emphasis on family planning as a key component of the consultation.

To ensure acceptance of the programme and adequate coordination, the Ministry of Health and international NGOs brought together a large number of partners for an advocacy and planning meeting. The groups included the provincial and district health management teams, the National AIDS and STD Control Programme, local NGOs, and faith-based organisations (who together provide around 40% of Kenya's health-care services).

The result of these discussions was a postpartum and postnatal care package that is currently being assessed for feasibility of implementation; acceptability to providers and women and their partners; cost; and effectiveness. Preliminary results show that district health service providers support the programme, facilities have set aside a special room for postnatal care, LAM is now being offered along with other popular contraceptive methods, and mothers are keeping their postnatal visits at two and six weeks.[5]

- Contribute to the updating of professional standards and protocols on family planning and promote their use among providers. Provide technical updates and training for providers.

- Advocate for the provision of family planning as a core service in the basic health services package.

- Lead in integrating family planning into other health services such as HIV counselling and testing, postpartum care and other maternal and children's health services (see Box 2).

- Encourage provision of youth-friendly services and involvement of men in family planning services.

- Encourage partnerships of the public and private sectors to advance family planning.

- Lead multisectoral coalitions to overcome the major barriers in the health system, for example by mobilising the commercial sector to tackle contraceptive stock shortages.

- Advocate for social marketing of contraceptives as a complement to clinic-based services.

- Advocate for contraceptives to be included on the official government list of essential drugs, be imported without duty, and be included in health insurance schemes.

- Find sustainable ways to support family planning within the changing financing environment, including provision of contraception in health insurance schemes.

- Give talks on family planning to schools and organisations.

- Provide ready-to-use family planning information to the media, and write media articles, or participate in radio or television broadcasts on family planning issues.

- Gather evidence on the health and socioeconomic benefits of family planning and advocate for the inclusion of family planning as a key component in all relevant development programmes, including poverty-reduction strategy papers, debt relief and sectorwide programmes, and programmes for achieving the Millennium Development Goals.

## What do health sector leaders need to advance family planning?

- ☑ Data and information on the current status of family planning service delivery and reproductive health commodity security;

- ☑ Orientation on how to position family planning in the rapidly changing context of the health system;

- ☑ Tools and case studies to deal with the challenges of integration of health services within the new financing environment;

- ☑ Adequate training, for example to understand and explain to others the relative risks of pregnancy and abortion;

- ☑ A well-organised advocacy movement that will strengthen the likelihood of the creation of a favourable policy environment for family planning;

- ☑ Fact sheets, summaries of relevant research on reproductive and children's health problems and the benefits of family planning, and PowerPoint slides for advocating for family planning among top decision-makers.

## References


1. PATH and United Nations Population Fund. *Meeting the need: strengthening family planning programs.* Seattle, PATH/UNFPA, 2006.

2. Merrick T. *Delivering reproductive health services in health reform settings: challenges and opportunities.* Paper prepared for Adapting to Change: Core Course on Population, Reproductive Health, and Health Sector Reform, 2–20 October 2000, Washington, DC.

3. John Snow, Inc. Family Planning Service Expansion and Technical Support Project.

4. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002.

5. The Kenya Embu District postpartum initiative is being implemented by JHPIEGO's ACCESS programme and the Population Council's FRONTIERS project with funding from the United States Agency for International Development.

# Engaging the Media

## Why engage the media?

The media are the most powerful and cost-effective communication channels available for reaching policy audiences, civil society, and the general public.

## Goal of this brief

This brief aims to show family planning advocates how to increase the quantity and quality of media coverage of family planning and to actively engage journalists in reporting on family planning consistently, factually, and responsibly.

## Identifying the media

Throughout this brief, "media" refers to television, radio, newspapers, magazines, and wire services. Different types of media reach different audiences. TV and radio especially reach more people than do the print media. While the Internet is becoming widely accessible, it is not commonplace in many newsrooms or readily available to all reporters.

## Why should the media care about family planning?

Family planning is newsworthy! In the broadest sense, family planning contributes to community and family well-being and its widespread adoption can affect the pace of national development. More directly, family planning contributes to improvement in women's status and the health of women and children. Family planning also helps women to avoid unintended pregnancies, reducing pregnancy-related risks and the number of abortions.

Family planning issues often affect large numbers of people, entail personal as well as government expenditures, involve public officials and other influential people, and sometimes spark controversy. These are elements that journalists look for when deciding on the stories to write or broadcast.

Additional newsworthy messages include the following:

- **Family Planning Saves Lives.** While pregnancy and childbirth are natural, many pregnancies pose serious health risks for mothers and their children, specifically those characterised as:
  - ***Too early***—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks.
  - ***Too many***—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns.
  - ***Too late***—mothers over the age of 35 have a higher than normal risk of death or disability associated with pregnancy, and their babies have more problems than is normal.
  - ***Too soon***—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This birth interval increases infant and child survival and protects the health of the mother.

By supporting birth spacing, journalists will be contributing to the survival and improved health of women and children.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning into HIV/AIDS services helps avoid unintended pregnancies, resulting in fewer HIV-positive babies and fewer orphans. In addition, condoms provide dual protection—against unintended pregnancies and against transmission of HIV and other sexually transmitted infections.

- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of maternal deaths globally, and African women have the highest risk of abortion-related deaths in the world. By promoting family planning, the media will help to save women's lives.[1]

- **Women in Africa want to regulate their fertility.** In 21 countries in sub-Saharan Africa, one-fifth or more of married women have an unmet need for family planning—that is, they would want to avoid or defer a pregnancy but are not using contraception (see the brief "Update on family planning in sub-Saharan Africa" for data on specific countries).

- **Family planning empowers women.** Cultural and social norms limit women's decision-making ability in relationships and in the home, contributing to their lower status compared to men. As a result, many women have limited control over their sexual lives, a factor in the high numbers of unintended pregnancies and births. Early childbirth often causes girls to drop out of school, seriously limiting their future options. Family planning enables individuals and couples to have the number of children they desire with the spacing and timing they want.

- **Family planning improves children's nutrition, health and education.** Closely spaced, frequent births are linked to poverty and overburdened families. This, in turn, contributes to poor school performance as a consequence of poor nutrition,[2] contagious childhood diseases, and lack of parental attention to the individual needs of each child. Large, poor families often cannot afford schooling for all the children. Increasing birth spacing and having smaller families will help policy-makers achieve the nation's health, economic and educational goals.

- **Family planning is safe**. Contraception is one of the most researched medical interventions in history, and while certain methods are not safe for all users, they are safe for the vast majority. The World Health Organisation issues guidelines on the safe use of contraceptives.[3]

- **Family planning reduces adolescent pregnancies and sexually transmitted infections.** Adolescent pregnancy is a serious problem and increases the risk of death for both young mothers and their newborns. Children born to unmarried adolescent mothers generally fare less well than children born into households with adult parents. Adolescent pregnancies also cut short young women's education, closing off future opportunities. In addition, when teenagers have sex without a condom, they increase their risk of sexually transmitted infections, including HIV. By supporting comprehensive sexuality education—including messages supporting abstinence and condom use—and family planning services and supplies for adolescents who need them, leaders can promote the health and well-being of young people.

- **Family planning promotes equity in the community.** Research shows that the poorest populations, people in refugee camps, internally displaced persons, persons with disabilities, and women in need of postabortion care often do not have access to or are not encouraged to take advantage of family planning services. Media channels that help improve family planning access for these groups contribute to attaining equity in health and other social and economic benefits among community members.

Credit: Population Council/Kenya

*Box 1*

## Kenyan radio program on reproductive health

In May of 2004, a USA-based NGO in Kenya, looking for a way to disseminate reproductive health information through the mass media, approached The Nation Media Group to collaborate on a programme on this topic. This media company publishes Kenya's leading daily newspaper and owns an FM radio station with a popular mid-morning call-in show called Feedback. The NGO was looking for a way to 1) provide the Kenyan public with simple and concise reproductive health information through the mass media; 2) build the capacity of a major media organisation to report accurately on reproductive health issues; and 3) create a forum for interaction between experts and the general public. Their discussions led to a partnership and support for a radio programme every Wednesday. The NGO took responsibility for financial costs and technical content, lining up health professionals and researchers to appear on the programme and answer questions from callers. The Nation Media Group underwrote the costs of production and airtime. This innovative collaboration brought family planning and reproductive health topics to the airwaves in the Nairobi area, led to stimulating debates, and delivered accurate information to the public for 12 consecutive months until May 2005.[4]

## What can the media do to advance family planning?

The media play a key role in determining the most important issues of the day, by deciding what information will be published or aired. The media inform the public as well as policy-makers. They report to the public on government commitments and plans, and because they reflect community attitudes, the media influence policy-makers. This, in turn, stimulates public debate and helps to build constituencies around the programmes and policies.

Family planning advocates can help engage the media by giving them creative ideas and direction on what to cover. For example, the media could undertake the following activities:

- Cover family planning programme successes, including the introduction of new contraceptive technologies and improvements in quality and expansion of services and coverage.
- Interview women who state that they need family planning but are not using any type of contraceptive. Probe as to why this is the case. Consider additional interviews, for example with the woman's husband to seek his opinion on the practice of family planning, or invite women who practice family planning to speak of its benefits.
- Tell the story of how family planning has changed the life of an individual or a family.
- Show how family planning offers life-saving benefits and how much more it could do to save the lives of mothers and children and to combat HIV/AIDS by reducing both the sexual and mother-to-child transmission of the virus.
- Interview supportive policy-makers, family planning programme managers, health specialists, family planning advocates, youth group leaders, and adolescents concerned about sexuality issues.

- Interview a family planning technical expert. The interview could include questions on the need and demand for family planning in a district that is not being satisfied, the number of contraceptive stock-outs that occur in the district, the selection of contraceptives available, and how often married or unmarried youth frequent the clinic.

- Interview the youth about family planning and their perceptions of family planning clinic services and health provider attitudes.

- Visit a clinic and see what the quality of services is like. How many different types of contraceptives are available? Have there been shortages recently? Interview clients leaving the clinic to find out whether or not they are satisfied with the services.

- Organise televised debates, panel discussions, or town hall forums on family planning issues.

- Offer free airtime for topics on family planning.

- Form a network or coalition of journalists to focus on family planning and reproductive health, and share information and story ideas.

- Engage senior broadcast producers, print editors, and heads of media associations (the "gatekeepers") in family planning issues to enhance the likelihood that beat-level reporters will have their stories published and aired.

- Include family planning in coverage of media events such as the World Population Day, International Women's Day, or World Health Day. Organisations like the International Planned Parenthood Federation, the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and other United Nations agencies often prepare materials that could be used with the media around these regular events.

- Give coverage to relevant international treaties and conventions that the country has supported, and demonstrate how family planning is linked to them and how it could make a significant contribution to their achievement. These include the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),[5] the Beijing Declaration,[6] and, more recently, the African Union Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007–1010).[7]

## What do the media need to advance family planning?

Journalists need to understand family planning before they will put family planning-related issues on their "news" agenda. Just as important, family planning advocates who work with the media need to understand what makes "news."

While newspapers, magazines, radio, and TV news programs have widely different styles, their stories contain essential ingredients that qualify them as news. These ingredients include timeliness, potential or actual conflict, prominence of the people involved, and the number of people affected, among others. When one or more of these elements is present, journalists take note.

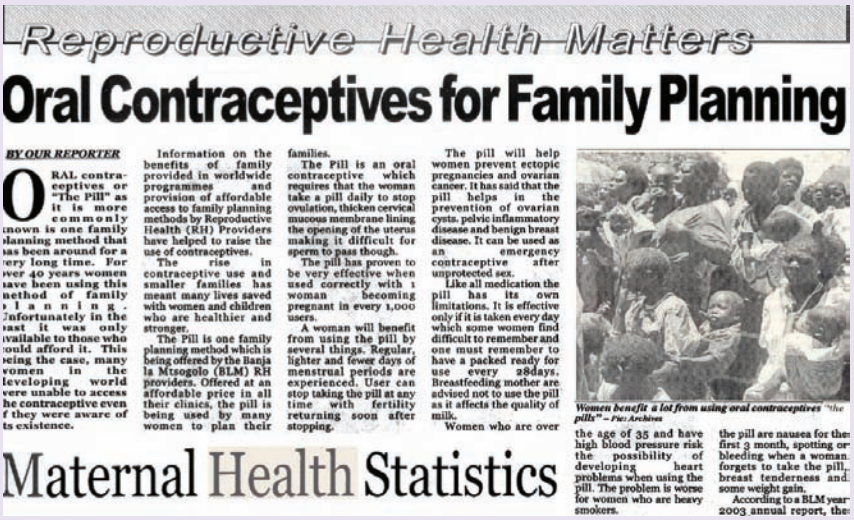
- **Timeliness.** Just as the word implies, "news" is new, or at least should seem new. If a new clinic is to be opened, alert the news media ahead of time. Or tie your family planning message to something current, such as a new report being released or survey results being announced, or link it to an annual observance such as the World Population Day, International Women's Day, or World Health Day.

- **Prominence.** One of the best ways to ensure that an event will be covered is to get a well-known public official to participate. When the prime minister, health minister, or member of parliament kicks off an event, the news media are there to cover it.

*Box 2*

## Malawi newspaper finds news in family planning

Family planning often made the news pages in The Chronicle, an independent newspaper published in Malawi for more than a decade. In fact, the newspaper included an entire page of articles related to reproductive health every week. The Chronicle created this page, under the banner Reproductive Health Matters, after its editor joined a regional network that helped journalists find and write stories about reproductive health issues. Through educational seminars, the editor learned about the issues and their importance to the people in her community. Before long, the newspaper—aided by the popular page of reproductive health stories—built a loyal readership that helped to increase publication from once to twice a week.[9]



Reproductive Health Matters

**Oral Contraceptives for Family Planning**

*BY OUR REPORTER*

ORAL contraceptives or "The Pill" as it is more commonly known is one family planning method that has been around for a very long time. For over 40 years women have been using this method of family planning. Unfortunately in the past it was only available to those who could afford it. This being the case, many women in the developing world were unable to access the contraceptive even if they were aware of its existence.

Information on the benefits of family provided in worldwide programmes and provision of affordable access to family planning methods by Reproductive Health (RH) Providers have helped to raise the use of contraceptives.

The rise in contraceptive use and smaller families has meant many lives saved with women and children who are healthier and stronger.

The Pill is one family planning method which is being offered by the Banja la Mtsogolo (BLM) RH providers. Offered at an affordable price in all their clinics, the pill is being used by many women to plan their families.

The Pill is an oral contraceptive which requires that the woman take a pill daily to stop ovulation, thicken cervical mucous membrane lining the opening of the uterus making it difficult for sperm to pass though.

The pill has proven to be very effective when used correctly with 1 woman becoming pregnant in every 1,000 users.

A woman will benefit from using the pill by several things. Regular, lighter and fewer days of menstrual periods are experienced. User can stop taking the pill at any time with fertility returning soon after stopping.

The pill will help women prevent ectopic pregnancies and ovarian cancer. It has said that the pill helps in the prevention of ovarian cysts. pelvic inflammatory disease and benign breast disease. It can be used as an emergency contraceptive after unprotected sex.

Like all medication the pill has its own limitations. It is effective only if it is taken every day which some women find difficult to remember and one must remember to have a packed ready for use every 28days. Breastfeeding mother are advised not to use the pill as it affects the quality of milk.

Women who are over the age of 35 and have high blood pressure risk the possibility of developing heart problems when using the pill. The problem is worse for women who are heavy smokers.

*Women benefit a lot from using oral contraceptives "the pills" – File Archives*

the pill are nausea for the first 3 month, spotting or bleeding when a woman forgets to take the pill, breast tenderness and some weight gain.

According to a BLM year 2003 annual report, the

**Maternal Health Statistics**

- **Impact.** The more people are affected by an event, an issue, or a problem, the more interested the news media will be. Journalists are also interested in trends—an increase or decrease in teenage pregnancies, for example—and their consequences.

- **Controversy.** Government agencies and family planning NGOs tend to shy away from controversy where the news media are concerned. However, when conflict emerges, you can use it as an opportunity to explain your side of the story.

- **Proximity.** Local news media tend to be more interested in news that occurs close to home rather than in another country or on another continent. But news from afar usually has a "local angle." For example, when a United Nations report on a global issue is released, help journalists localise the story by putting them in touch with a local programme or person directly affected by the issue.

## The internet

The phenomenal expansion of news and information dissemination via the Internet bears special mention. Many news outlets have robust web sites that are updated throughout the day. This places added pressure on journalists to deliver news quickly. To keep abreast of issues, journalists often turn to the Internet and to organisations whose web sites have family planning and reproductive health information in the press relations or media sections. These websites can become quick sources of information for journalists if they are kept up to date. Also, many journalists rely on e-mail, and family planning organisations should find out if their journalist contacts prefer to receive news releases, reports, and other materials electronically (see website sources for journalists listed at the end of this brief).

As Internet access continues to expand across Africa, family planning advocates are increasingly turning to this

resource as an important means of accessing information as well as a relatively inexpensive communication channel to reach broader audiences. The reach of the Internet and the "viral" nature of e-mail, have spurred an increase in advocacy organisations around the globe. Examples of simple, low-cost Internet advocacy activities include compiling a list of e-mail addresses of the intended audiences and using it to send periodic e-broadcasts of news, research findings, or events; establishing a monthly family planning e-newsletter; and conducting online discussions. Creating a "list serve" of activists or family planning champions that allows group members to post information, share news, or request assistance can help maintain alliances and coalitions, and help build local social networks.

## In summary

Engaging the media is a highly effective approach for reaching wide audiences and influential people. It is an essential component of an overall advocacy campaign and serves to reinforce messages disseminated through other channels. Time and resources spent by family planning advocates to increase media coverage are excellent investments.

## Additional ideas for working with the media:

| *What do the media need?* | *What can family planning advocates do to help them?* |
|---|---|
| Factual, unbiased information from trusted, credible sources | • Identify important media outlets and journalists interested in family planning.<br>• Meet with journalists regularly to offer information and available resources.<br>• Engage senior reproductive health programme managers to serve as credible spokespeople. |
| Information presented in a clear, concise way that highlights its news value | • Accompany reports, surveys, and other research material with news releases and fact sheets.<br>• Eliminate technical jargon and explain complex terms in nontechnical language.<br>• For media events, prepare press kits with news releases in advance and have knowledgeable people on hand to answer questions.<br>• Limit the promotion of the programme or organisation and focus on the facts and impact. |

| *What do the media need?* | *What can family planning advocates do to help them?* |
|---|---|
| Basic information about family planning, how programmes work, and what their impact is | • Offer to meet with journalists either individually or for group training to introduce them to the basics of family planning.<br>• Plan site visits for journalists.<br>• Introduce journalists to people affected by the programmes who are willing to share their stories.<br>• Introduce journalists to senior, respected clinicians and managers. |
| Ways to cover family planning and sexuality topics that can be sensitive and controversial | • Provide compelling stories of the positive effect of family planning on a person, family, or community.<br>• Identify and work with journalists who are interested in these topics. |
| Immediate information in times of controversy or adverse events | • Maintain a trusted reputation as a credible source of objective information.<br>• Designate a spokesperson and train that person to interact with the media in times of controversy.<br>• Develop position statements and community allies before there is a need to address anticipated controversial topics such as equating family planning to abortion, adverse medical events of contraceptives, and religious opposition. |
| Recognition of responsible reporting to help sustain interest in family planning coverage | • Organise a contest for journalists and present a prize for the best family planning news coverage.<br>• Establish an annual "Award for Excellence in Family Planning and Reproductive Health Reporting," and present the award at a high-level event. |

## Additional resources for working with journalists

Advocates for Youth
A respected source on adolescent reproductive health for journalists; see web site with useful Web information for professionals and the media: http://www.advocatesforyouth.org/news/index.htm

PLANetWIRE
www.planetwire.org
(an online newsroom for journalists)

Population Reference Bureau
http://www.prb.org/template.cfm?Section=Journalists

Ropey, B., Ross, J., and Stauffer, P. *Helping the news media cover family planning.* Population Reports, Series J, No. 42. Baltimore, Johns Hopkins School of Public Health, Population Information Program, November 1995, at: http://www.infoforhealth.org/pr/J42/j42.pdf

## References

A wire service is an agency that collects news reports for newspapers and distributes it electronically.


1. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002.
2. Rutstein SO. Effects of preceding birth intervals on neonatal, infant and under-five years' mortality and nutritional status in developing countries: evidence from demographic and health surveys. *International Journal of Gynaecology and Obstetrics,* 2005, 89(Supplement 1): S7–24.
3. World Health Organization. *Medical eligibility criteria for contraceptive use,* 2004 (http://www.who.int/reproductive-health/publications/mec/index.htm).
4. Media project implemented by the US-based Population Council with funding from the Ford Foundation.
5. *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979, Part III, articles 10, 12, 14 and 16* (http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm).
6. *The Beijing Declaration of the Fourth World Conference on Women, 1995, Resolutions 17 and 30* (http://www.un.org/womenwatch/daw/beijing/beijingdeclaration.html).
7. *The Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health Rights, September 2006* (http://www.africa-union.org/root/au/Conferences/Past/2006/September/SA/Maputo/doc/en/Working_en/SRHR_ Plan_of_Action_2007_Final.pdf).
8. Regional network and training implemented by the Population Reference Bureau (BRIDGE Project) with funding from the United States Agency for International Development.

# Engaging Policy-makers

## Why engage policy-makers?

Of all the groups that can help promote family planning, high-level policy-makers are among the most influential. They can either change policies and programmes directly or influence those who can. Some policy-makers also reach the general public through their public speeches and statements. Policy-makers' support for family planning is key to ensuring political commitment, adequate resources, and, ultimately, quality family planning services.

## Goal of this brief

This brief is meant to help family planning advocates in their efforts to convince policy-makers to use their influence to push for relevant policies and to marshal resources to strengthen family planning services.

## Identifying policy-makers

Policy-makers include top political leaders, high-level officials in various ministries and directorates (e.g., health, finance, planning, education, and youth), parliamentarians and other legislators, national religious leaders, and heads of national nongovernmental organisations (NGOs) and media institutions.

## Why should policy-makers care about family planning?

By promoting improved access to and quality of family planning services, policy-makers will help individuals and couples determine their family size, reduce unnecessary illness and maternal and child deaths, reduce HIV transmission, and reduce household poverty. The following are the specific reasons that policy-makers should care about family planning, and what they could achieve if they took action:

- **Family planning contributes to the overall health, economic growth, and social development of the nation.** High fertility in poor families disadvantages individual children and contributes to high rates of household poverty, illness, and maternal and child mortality at the national level. High fertility also adversely affects national educational attainment because many families cannot afford to send their children to school. Consequently, the nation suffers a loss of human potential. Having few but healthy children can reduce the economic burden on poor families, allowing them to invest more in each child's care and schooling, and thus help break the cycle of poverty.[1]

- **Family planning saves lives.** Although pregnancy and childbirth are natural phenomena, many pregnancies pose serious health risks for mothers and their children, specifically pregnancies characterized as:

  - ***Too early***—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks;
  - ***Too many***—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns;
  - ***Too late***—mothers over the age of 35 have a higher risk of death or disability associated with pregnancy, and their babies have more problems;
  - ***Too soon***—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This birth interval increases infant and child survival and protects the health of the mother.

Family planning can help infants and women avoid these risks.

- **Family planning improves children's nutrition, health and education.** Closely spaced, frequent births are linked to poverty and overburdened families. This, in turn, contributes to poor school performance owing to the children's poor nutrition,[2] contagious childhood diseases, and poor parental ability to provide individual attention to each child's needs. Large, poor families often cannot afford schooling for all children. Increasing the spacing of births and having smaller families will help policy-makers achieve the nation's health, economic and educational goals.

- **Family planning is safe.** Contraception is one of the most researched medical interventions in history, and while certain methods may not be safe for all potential users, they are safe for the vast majority. The World Health Organisation issues guidelines on the safe use of contraceptives.[3,4]

- **Women in Africa want to regulate their fertility.** In 21 countries in sub-Saharan Africa, one-fifth or more of married women have an unmet need for family planning services; that is, they would prefer to avoid or defer a pregnancy but are not using contraception. (See the brief on family planning in sub-Saharan Africa for country-specific data.)

- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of all maternal death globally, and African women have the highest risk of abortion-related death in the world.[5] By promoting family planning, policy-makers will help to save women's lives.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning into HIV/AIDS services will result in fewer HIV-positive babies and orphans. In addition, one family planning method—condoms—provides dual protection against both unintended pregnancies and transmission of HIV and other sexually transmitted infections.

Credit: (c) CCP, Courtesy of Photoshare

- **Family planning reduces adolescent pregnancies and sexually transmitted infections.** Adolescent pregnancy is a serious problem that increases the risk of death for both the young mothers and their newborns. Children born to unmarried adolescent mothers generally fare less well than children born into households with adult parents. Adolescent pregnancies also cut short young women's education, closing off future opportunities. In addition, when teenagers have sex without a condom, they increase their risk of sexually transmitted infections, including HIV. By supporting comprehensive sexuality education—including messages supporting abstinence and condom use—and family planning services and supplies for adolescents who need them, policy-makers can promote the health and well-being of young people.

- **Family planning empowers women.** Cultural and social norms may limit women's decision-making ability in relationships and in the home, contributing to women's lower status. As a result, many women have limited control over their sexual lives and end up with high numbers of unintended pregnancies and births. Early childbirth often results in girls dropping out of school, seriously limiting their future options. As the main caregivers, women with large numbers of children

are less able to participate in community activities or contribute to the community's economic growth. By embracing efforts to make family planning education and services available to all women of childbearing age, leaders will contribute significantly to raising the status of women, fostering an upward spiral for the women and their households and communities.

- **Family planning promotes equity in the community.** Research shows that the poorest populations, refugees in camps, internally displaced people, persons with disabilities, and women who require postabortion care often do not have access to or are not encouraged to take advantage of family planning services. Leaders who help improve family planning access for these groups help contribute to attainment of equity in health and other social and economic benefits among all community members.

- **Family planning helps preserve the environment.** As towns and cities expand and the search for fuelwood increases, deforestation and pollution threaten both human and ecological health.[6] By reducing fertility, family planning slows population growth and the environmental pressures associated with it.

- **Promoting family planning helps religious leaders achieve their goal of promoting parental responsibility among their congregations.** By encouraging their members to have only the number of children they can properly care for and to space births at healthy intervals, religious leaders contribute to the well-being of both the family and the nation.

- **African governments have endorsed international treaties, conventions and declarations that include family planning.** The UN International Conference on Population and Development (ICPD) called for expanded access to high-quality family planning services to meet individual needs, and the Universal Declaration of Human Rights accorded families the right to choose the number and spacing of their children. Other international treaties that incorporate support for family planning services include the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW),[7] the Beijing Declaration,[8] and, most recently, the African Union Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007–2010).[9] By actively promoting the expansion and improvement of family planning, national leaders will honour their commitment to these international agreements.

- **Family planning is an essential tool to accomplish the Millennium Development Goals (MDGs).**[10,11] Family planning can contribute directly or indirectly to achieving nearly all of the MDGs (see Box 1), by reducing household poverty, improving the health of mothers and children, reducing the transmission of HIV, and giving women more opportunities to contribute fully to development. African nations, at their highest levels, have endorsed the MDGs.

*Box 1*

### The Millennium Development Goals

- ☑ **Goal 1:** Eradicate extreme poverty and hunger
- ☑ **Goal 2:** Achieve universal primary education
- ☑ **Goal 3:** Promote gender equality and empower women
- ☑ **Goal 4:** Reduce child mortality
- ☑ **Goal 5:** Improve maternal health
- ☑ **Goal 6:** Combat HIV/AIDS, malaria and other diseases
- ☑ **Goal 7:** Ensure environmental sustainability
- ☑ **Goal 8:** Develop a Global Partnership for Development

## What can policy-makers do to advance family planning?

Once committed to the course of family planning, policy-makers can find many ways through which they can contribute to the expansion and improvement of family planning.

- Top political leaders
  - Regularly and frequently issue public statements supportive of family planning to mobilise both political and popular support.
  - Convene ministerial meetings to articulate or renew population and family planning policies and define how these policies are coordinated with other national priorities such as health, education, finance, and HIV/AIDS.
  - Enlist the support of other ministries in promoting family planning.
  - Pass legislation supportive of family planning expansion and improvement.
  - Encourage ministries of finance, planning, and health to increase budget allocations to expand and improve family planning services. If budget decisions have been decentralized to district or community political leaders, issue guidelines to district and community officials fostering the expansion and improvement of these services within their jurisdictions.
  - Establish and support parliamentarian subcommittees on reproductive health.
  - Convene a conference of government and NGO leaders from all sectors to stress the importance of family planning for the well-being of the nation and to specify what various government agencies, religious groups, NGOs and the business sector can do to support family planning. Form a multisectoral coordinating committee.
  - Advocate for inclusion of family planning as a key component of all relevant development programmes, including poverty reduction strategy papers and action plans debt-relief and sectorwide approaches, and programmes aimed at achieving the Millennium Development Goals.
  - Collaborate with other countries to encourage Africa-wide interventions to promote family planning, similar to the inter-African movements to combat HIV/AIDS.[12]

*Box 2*

### Kenya: advocating with parliamentarians for family planning resources

Following the Implementing Best Practices (IBP) Africa Launch Meeting in Entebbe, Uganda in June 2004, the Kenya representatives formed a country team. The team developed an action plan to reduce maternal mortality in seven selected districts in Kenya through advocacy, training, and logistics management. One of the objectives was to strengthen family planning services. To launch their advocacy activities, the team, in collaboration with the POLICY Project and the National Coordinating Agency for Population and Development, created a family planning caucus comprising members of the parliamentary health committee. The team also selected and trained a number of family planning and reproductive health experts in policy communications so that they could be more effective advocates among the parliamentarians. After a few briefings, the parliamentarian health committee agreed that family planning remained an unfinished agenda and required support in the national budget. As a result of this high-level policy dialogue, a budget line item for family planning was added to the national reproductive health budget. Caucus members now continually advocate for family planning within the parliament to ensure that the topic remains a priority in the national reproductive health agenda.[13]

- Health sector leaders

  - Advocate for laws and resolutions that support family planning services and supplies.

  - Join colleagues in the ministry of finance to ensure that family planning services and methods are covered in national budgets, national health accounts, national health insurance plans, and nationally regulated community health insurance schemes.

  - Advocate among top-level government officials for inclusion of family planning in requests for funding from international donors. Ensure that funding for family planning is not left out of new funding initiatives such as sectorwide approaches and other health projects such as those addressing HIV/AIDS or maternal mortality, and other health reform processes.

  - Work with relevant ministries to ensure that contraceptives are on the country's list of essential drugs and that imports of contraceptives are free of duty.

  - Offer training in contraceptive procurement, distribution, and management for governmental and NGO family planning managers, to ensure that supplies of a wide range of contraceptives are always available at clinics.

  - Train providers throughout the country to improve their clinical and counselling skills, and ensure that family planning is adequately addressed within preservice training curricula.

  - Support the development of a nationwide human resources plan for health that includes recruitment and deployment of adequate numbers of health providers trained in family planning, to increase availability of services where they are needed, including in currently underserved areas.

  - Issue policies ensuring that family planning services are youth friendly, offer postabortion care, and make emergency contraception available where approved.[14]

  - Work to remove unnecessary medical barriers to accessing contraception and promote access to the services for all who need them; eliminate obstacles such as the need for spousal permission, and age and parity restrictions.

  - Consider expanding the roles and responsibilities of lower level health-care providers to make a range of family planning methods more widely available.

  - Integrate family planning into relevant health services, such as maternal and child health services, voluntary counselling and testing services for HIV, prevention of mother-to-child transmission of HIV, and treatment of HIV/AIDS.

  - Offer training in family planning counselling and methods to traditional healers and traditional birth attendants.

  - Consider establishing or expanding community based distribution systems of family planning information and services.

Credit: © CCP, Courtesy of Photoshare

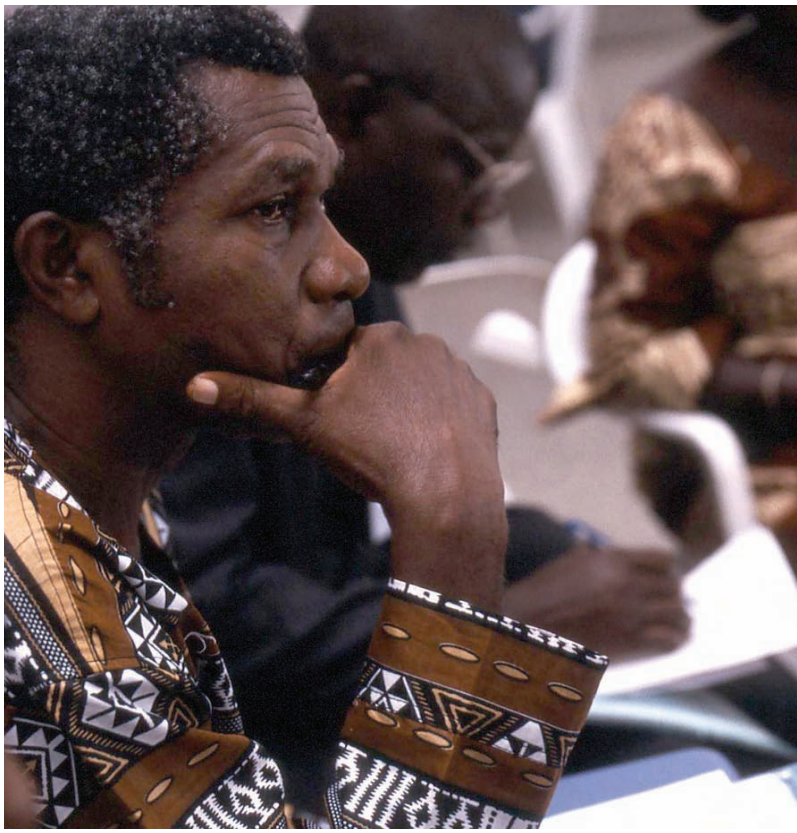
Rwandan President, Paul Kagame (center, reading) at an annual trade fair booth on reproductive health in Kigali, Rwanda.

*Box 3*

## Reaching policy-makers: ten tips

- ☑ Form coalitions to develop and implement a family planning advocacy strategy.
- ☑ Identify potential "champions" who will act to advance family planning.
- ☑ Communicate information related to family planning widely via respected experts.
- ☑ Organise conferences, workshops and seminars for experts to communicate the importance of family planning to policy-makers.
- ☑ Seize the opportunity offered by other conferences with themes relevant to family planning.
- ☑ Help experts make their presentations brief and nontechnical.
- ☑ Develop brief, evidence-based and user-friendly materials on family planning for conferences or champions' dialogues with policy-makers.
- ☑ Use the media to foster support for family planning among both policy-makers and the general population (see the brief "Working with the media").
- ☑ Organise study tours for policy-makers to locations within the country or to other countries to see successful models of family planning programmes.
- ☑ Cultivate donors' attention: their interest in supporting family planning can play an essential role.[15-20]

- National religious leaders
  - Form or work with an existing national coalition of religious leaders to make the case that family planning and related topics should be of high priority for the religious leadership.
  - Issue guidelines on how to integrate healthy sexuality, prevention of sexually transmitted diseases, abstinence, family planning options, and life skills in youth activities.
  - Provide local religious leaders with information and guidelines for counselling, to discourage early marriage and childbearing and to encourage responsible parenthood among married couples.
  - Prepare and disseminate sample sermons for local religious leaders on gender equity, responsible parenthood, and the benefits of adequate birth spacing.



Credit: Richard Lord

- National educational leaders

  - As part of reform of public education, include age-appropriate messages on population trends and their consequences, women's status and power relative to men (gender issues), reproductive and child health, life skills, and family planning. The content should be subject to regular tests and examinations.

  - Inclu de population, gender, reproductive and child health, and family planning topics on national exams.

  - Offer teacher training in relevant topics and encourage local schools to invite outside speakers on reproductive health, family planning, and gender issues.

  - Support in-school counselling and provision of non-clinical methods to protect sexually active young people from unintended pregnancy and sexually transmitted diseases, including HIV.

  - Support production of a national collection of audiovisual aids (films, slide shows, and overhead and PowerPoint presentations, where feasible) on population, gender, reproductive and child health, life skills, and family planning that teachers throughout the nation can borrow for classroom use.

  - Support the development and distribution of posters for classroom display on population, family planning, reproductive health, and HIV/AIDS.

### *What do these leaders need to advance family planning?*

Advocates of family planning can help create a supportive policy environment by actively involving the media, mobilising civil society groups, cultivating donor support for family planning, and providing policy-makers with resources to communicate persuasive, evidence-based information to others. This toolkit provides lists of materials and information available electronically for policy-makers to use with their colleagues. Additional ways to support policy-makers include:

- ☑ Provide data and information on the status of family planning service delivery and the security of reproductive health commodities.

- ☑ Provide helpful tools such as briefing papers, user-friendly graphs, and fact sheets on the risks of pregnancy and abortion, unmet need, and benefits of family planning.

- ☑ Help high-level health, and population and development leaders to engage early and actively in the process of developing poverty reduction strategy papers and sectorwide approaches so that they can work to include family planning goals, funding, and indicators in these multisectoral and multilateral plans.[21]

- ☑ Orient policy-makers on how to redefine and reposition family planning in response to the Millennium Development Goals and provide information on how family planning contributes to a range of these goals, including poverty reduction and gender equality, maternal and child health, and transmission of HIV.

- ☑ Conduct seminars or briefing sessions to help leaders understand and better explain to others the benefits of family planning.

- ☑ Spearhead a well-organized advocacy movement that will strengthen the likelihood of creating a favourable policy environment for family planning.

## References


1. *Reducing poverty and achieving the millennium development goals: arguments for investing in reproductive health and rights.* New York, United Nations Population Fund (UNFPA, 2005 www.unfpa.org/publications/detail.cfm?ID=243).
2. Rutstein SO. Effects of preceding birth intervals on neonatal, infant and under-five years' mortality and nutritional status in developing countries: evidence from demographic and health surveys. *International Journal of Gynaecology and Obstetrics,* 2005 (89 Supplement 1): S7–24.
3. *Medical eligibility criteria for contraceptive use.* Geneva, World Health Organization, 2004 (http://www.who.int/reproductive-health/publications/mec/index.htm).
4. *Selected practice recommendations for contraceptive use.* Geneva, World Health Organization, 2004 (http://www.who.int/reproductive-health/publications/spr/).
5. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002.
6. Nash J. *Healthy people need healthy forests—population and deforestation,* Washington, DC, Population Reference Bureau, 2001.
7. *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) 1979, Part III, articles 10, 12, 14 and 16* (http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm)
8. *The Beijing Declaration of the Fourth World Conference on Women, 1995, Resolutions 17 and 30* (http://www.un.org/womenwatch/daw/beijing/beijingdeclaration.html).
9. *The Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health Rights,* 2006 (http://www.africa-union.org/root/au/Conferences/Past/2006/September/SA/Maputo/doc/en/Working_en/SRHR_ Plan_of_Action_2007_Final.pdf).
10. Bernstein S. *public choices, private decisions: sexual and reproductive health and the Millennium Development Goals.* New York, UN Millennium Project, 2006.
11. Muia E et al. Emergency contraception in Nairobi, Kenya: knowledge, attitudes and practices among policy-makers, family planning providers and clients, and university students. *Contraception,* 1999, 60(5):223–232.
12. The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa website (http://www.amicaall.org, accessed 24 June 2006).
13. *Linking challenges with best practices: IBP Kenya Country Team.* Family Health International, 2005.
14. EC Afrique: the International Consortium for Emergency Contraception in Africa website (http://www.cecinfo.org/html/regional-consortia-africa.htm, accessed 24 June 2006).
15. Levine R et al. *Millions saved: proven successes in global health.* Washington, DC, Center for Global Development, 2005.
16. *Strengthening family planning policies and programs in developing countries: an advocacy toolkit.* Washington, DC, The Futures Group's POLICY Project, 2005.
17. Hardee K et al. *The policy circle: a framework for analyzing the components of family planning, reproductive health, maternal health, and HIV/AIDS policies.* Washington, DC, The Futures Group's POLICY Project, 2004.
18. World Health Organization (WHO), *World report on knowledge for better health: strengthening health systems,* Geneva, WHO, 2004.
19. Murphy EM, *Communicating population and family planning information to policy-makers,* Washington DC, The Futures Group's OPTIONS Project, 1994.
20. Buse K et al. *Making health policy.* London, London School of Hygiene and Tropical Medicine, 2005, p 80–120.
21. Merrick T., Delivering reproductive health services in health reform settings: challenges and opportunities, Prepared for Adapting to Change: Core Course on Population, Reproductive Health, and Health Sector Reform, 2–20 October 2000, Washington, DC.

# Additional Resources

Advocates of family planning in Africa need information and tools to help them make the case that advancing family planning on national and community agendas is a good investment. The following materials, practical tools, and informational web sites can help advocates achieve their goals. These resources are included on the accompanying CD-ROM.

## Materials


- Ashford L. *Ensuring a wide range of family planning choices.* Washington, DC, Population Reference Bureau, 2008. In English or in French.
- Ashford, L. Clifton, D. Kaneda, T. *Fiche de donnees sur la planification familiale dans le monde.* Washington, DC, Population Reference Bureau, 2008. French.
- Ashford L. *Securing future supplies for family planning and HIV/AIDS prevention.* Washington, DC, Population Reference Bureau, 2002 (www.prb.org/pdf/SecFutureSupplies_Eng.pdf). In English or French.
- Ashford L. *Unmet need for family planning: recent trends and their implications for programs.* Washington, DC, Population Reference Bureau, 2003 (www.prb.org/pdf/UnmetNeedFamPlan-Eng.pdf). In English or French.
- Carr D, Khan M. *The unfinished agenda: meeting the need for family planning in less developed countries.* Washington, DC, Population Reference Bureau, 2004 (www.prb.org/pdf04/UnfinishedAgenda_Eng.pdf). In English or French.
- Cincotta RP, Haddock S. *Family planning in sub-Saharan Africa: reducing risks in the era of AIDS.* Washington, DC, Population Action International, 2006 (www.populationaction.org/resources/researchCommentaries/ResearchComm_v1i2_Feb06.pdf).
- Clifton, D, Kaneda, T, Ashford L. *Family Planning Worldwide 2008 Data Sheet.* Washington, DC, Population Reference Bureau, 2008. (http://www.prb.org/pdf08/fpds08.pdf)
- Countdown 2015. *Countdown 2015: Sexual and Reproductive Health and Rights for All.* Countdown 2015, 2004 (www.countdown2015.org/UnmanagedFrame.aspx?ID=1033&ifHeight=1400&srcIF=http://www.populationaction.org/2015/magazine). In English or French.
- United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979, Part III, articles 10, 12, 14 and 16 (http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm).
- Population Action International. *How reproductive health services work to reduce poverty.* Washington, DC, Population Action International, 2004 (www.populationaction.org/resources/factsheets/2004_FS14_RHAP.pdf).
- Family Health International. *Integration of family planning and HIV/AIDS services.* Washington, DC, Family Health International, 2006 (www.fhi.org/en/Topics/FPHIV.htm).
- Family Health International. *Zimbabwe: the impact of family planning on women's participation in the development process.* Washington, DC, Family Health International, 2006 (www.fhi.org/en/RH/Pubs/wsp/fctshts/Zimbabwe1.htm).

- Family planning prevents abortion. *POP Briefs.* Washington, DC, US Agency for International Development, 2001 (http://www.usaid.gov/our_work/global_health/pop/news/familyplanning.html).

- Greene ML, Merrick T. *Poverty reduction: does reproductive health matter?* Washington, DC, World Bank, 2005 (http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/GreenePovertyReductionFinal.pdf).

- Hussain R et al. Reducing unintended pregnancy in Nigeria, *Research in Brief,* Series No. 4, New York, Guttmacher Institute, 2005 (www.guttmacher.org/pubs/rib/2005/10/04/rib4-05.pdf).

- *In their own words: adolescents: views on sexual and reproductive health in sub-Saharan Africa.* Guttmacher Institute, 2005 (www.guttmacher.org/pubs/summaries/2005/03/30/exs16.pdf).

- Kaneda T, Ashford L, Clifton D. *The world's youth 2006 data sheet.* Washington, DC, Population Reference Bureau, 2006 (www.prb.org/pdf06/WorldsYouth2006DataSheet.pdf). In English or French.

- Levine R, Langer A, Birdsall N, Matheny G, Wright M, Bayer A. Contraception. *Disease Control Priorities in Developing Countries.* 2nd ed., New York, Oxford University Press, 2006, Chapter 57 (http://www.dcp2.org/pubs/DCP).

- Lyons JV, Huddart JA. *Integrating reproductive health into NGO programs:* Volume 1: Family Planning. Washington, DC, John Snow, Inc., 1997 (http://www.jsi.com/Managed/Docs/Publications/FamilyPlanning/SEATS/05Integr.pdf).

- National Cancer Institute. *Making health communications programs work: a planner's guide.* Washington, DC, National Institutes of Health, 2001 (www.cancer.gov/pinkbook).

- PATH and United Nations Population Fund. *Meeting the need: strengthening family planning programs.* Seattle:, PATH/UNFPA, 2006 (http://www.path.org/publications/details.php?id=1293). In English or French

- Population Information Program. Helping news media cover family planning. *Population Reports,* 18, no. 4, Baltimore, MD, Johns Hopkins University Center for Communication Programs, 1995 (www.infoforhealth.org/pr/j42edsum.shtml).

- *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world.* Washington, DC, Global Health Council, 2002 (www.globalhealth.org/assets/publications/PromisesToKeep.pdf).

- Rutstein SO. Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from demographic and health surveys, *International Journal of Gynaecology and Obstetrics,* 2005, 89 (Supplement 1):S7-24, Abstract.

- *The Beijing Declaration of the Fourth World Conference on Women, Resolutions 17 and 30, 1995* (http://www.un.org/womenwatch/daw/beijing/beijingdeclaration.html).

- *The Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health Rights,* September 2006 (http://www.africa-union.org/root/au/Conferences/Past/2006/September/SA/Maputo/doc/en/Working_en/SRHR_ Plan_of_Action_2007_Final.pdf).

- UN Millennium Project. *Investing in development: a practical plan to achieve the Millennium Development Goals.* New York, Communications Development, Inc., 2005 (www.unmillenniumproject.org/documents/MainReportChapter0Frontmatter-lowres.pdf). In English or French.

- US Centers for Disease Control and Prevention. *CDCynergy Communication Planning Model.* Atlanta, GA, US Centers for Disease Control and Prevention, 2006 (www.cdc.gov/communication/cdcynergy.htm).

- World Health Organisation. *WHO's medical eligibility for contraceptive use checklist.* Geneva, World Health Organization, 2004 (www.who.int/reproductive-health/publications/mec/5_pocs.pdf).

- Zabin L, Kiragu K. The health consequences of adolescent sexual and fertility behaviour in sub-Saharan Africa. *Studies in Family Planning,* 1998, 29(2):210–232.


## Advocacy manuals


- Aradeon SB. *Advocacy for population and reproductive health: an introductory manual for advocates and trainers, Part 1: Preparing the ground work.* New York, UNFPA, 2000 (www.un.org/popin/regional/asiapac/fiji/advocacy.htm).

- Center for Development and Population Activities (CEDPA). Advocacy: building skills for NGO leaders. CEDPA Training Manual Series, vol. IX. Washington, DC, CEDPA, 1999 (http://www.cedpa.org/content/publication/detail/666). In English or French.

- International Planned Parenthood Federation (IPPF). Advocacy guide for sexual and reproductive health and rights. London, IPPF, 2001.

- POLICY Project. Networking for change: an advocacy training manual. Washington, DC, The Futures Group International, 1999 (www.policyproject.com/pubs/AdvocacyManual.pdf).

- POLICY Project. *Strengthening family planning policies and programs in developing countries: an advocacy toolkit.* Washington, DC, Futures Group International, 2005 (www.policyproject.com/pubs/manuals/Family%20Planning%20Toolkit%20final.pdf).

- Sharma Ritu R. An introduction to advocacy: training Guide. Washington, DC, Support for Analysis and Research in Africa (SARA) Project, Academy for Educational Development, 1999 (www.aed.org/ToolsandPublications/upload/PNABZ919.pdf).

- Sprechmann S, Pelton E. Advocacy tools and guidelines. Atlanta, GA, CARE, 2001 (www.careusa.org/getinvolved/advocacy/tools.asp).

- van Kampen J. Dealing with advocacy: a practical guide. Hanover, Germany, RHI ComNet, EC/UNFPA Initiative for Reproductive Health in Asia, 2001 (www.asia-initiative.org/pdfs/advocacy_guide.pdf).


## Checklists, related training, and reference guides


- Family Health International. *Provider checklists for reproductive health services.* Washington, DC, Family Health International, 2006 (http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/index.htm). In English or French.

- *How to be Reasonably Sure a Client is Not Pregnant,* is available in: English, French. Training and Reference Guide is available in English.

- Checklist for Clients Who Want to Initiate COCs in English and French. *The Training and Reference Guide for a Screening Checklist to Initiate COCs* is available in English and French.

- Checklist for Clients Who Want to Initiate DMPA in English and French. *The Training and Reference Guide for a Screening Checklist to Initiate DMPA (or NET-EN)* is available in English and French.
- Checklist for Clients Who Want to Initiate IUD in English and French. *The Training and Reference Guide for a Screening Checklist to Initiate Use of the Copper IUD* is available in English and French.

## Informational websites

*Center for Reproductive Rights*
www.crlp.org

*Implementing Best Practices in Reproductive Health*
http://www.ibpinitiative.org/

*PLANetWIRE*
An online newsroom for journalists
www.planetwire.org:

*Population Action International*
www.populationaction.org

*Population Reference Bureau*
www.prb.org

*UNFPA*
www.unfpa.org/issues/index.htm

*WHO*
www.who.int/reproductive-health/family_planning/index.html

The accompanying CD contains additional resources.
Le CD qui accompagne cet outil contient des ressources additionnelles.

For additional information or copies, please contact:

Africa's Health in 2010
Academy for Educational Development
1875 Connecticut Ave., NW
Washington DC 20009

Email: africa2010@aed.org

Visit our website: www.africahealth2010.aed.org