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MINISTRY OF HEALTH - ETHIOPIA
የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

National Family Planning Communication Guideline

Federal Ministry of Health

July 2021

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FOREWORD

In line with global aspirations to meet Sustainable Development Goals (SDG), Ethiopia has formulated its Health Sector Transformation Plan (HSTP II) and set its targets to intensify interventions to end preventable maternal andchild deaths by 2030. Promoting Reproductive, Maternal, Newborn, Child and Adolescent health will continue to beone of Ethiopia's top priorities for the coming decade. Over the past two decades, the Government has been workingdiligently to ensure the fertility rights of women and men by informing and making accessible safe, effective, affordable, and acceptable family planning methods. A considerable proportion of people of reproductive age havebenefited from the services made available at all primary healthcare delivery points and other outlets. Due to theseefforts, Ethiopia has come far from its previous high rates of unacceptable and untimely but avoidable deaths of mothers, newborns, and children. The ministry also acknowledges that neonatal mortality rate is disproportionally high accounting 44% of under- five deaths. In addition, neonatal and under-five mortality rates vary across income, gender, and geographical areas. Family planning has been one of the most effective strategies implemented to reduce this high maternal death rate by helping women, young girls, adolescents and youth to avoid unintended pregnancies. Moreover, promotion of family planning services has immensely helped to reduce serious pregnancy- related complications and thereby affect the disability-adjusted life years of women.

In line with Ethiopia's FP2020 commitments, HSTP I has aimed at scaling up informed and voluntary use of contraception to reach an additional 6.2 million women so as to reduce unmet needs and increase the modern contraceptive prevalence rate (CPR) to 55% by 2020. It is therefore less likely that the HSTP 2020 target of 55% contraceptive prevalence rate and other desired family planning outcomes are achieved unless strategic interventions that promote demand for family planning services at individual and community levels are designed and implemented in a coordinated and sustainable manner.

This National Family Planning Communication guideline is therefore developed under close supervision and technicalguidance of the FP Technical Working Group to facilitate the development and effectiveness of context-specific family planning communication interventions to promote demand and uptake of FP services. The development of the guideline followed a comprehensive approach to address FP communication needs at individual, community andenabling environment level. The guideline provides general guidance to the design, implementation, monitoring andevaluation of FP communication strategies and interventions at national, regional and lower levels in the country. It will also help to harmonize and standardize the design and implementation of FP Behavior Change Communication (BCC), Social Mobilization and Advocacy interventions in the country by promoting concerted and coordinated efforts among key stakeholders engaged in family planning programming in Ethiopia. FMOH is committed to facilitate dissemination and implementation of this guideline, build national and regional capacity for sustaining family planning demand creation and create an enabling environment for people to have access to family planningand adopt desired family planning behaviors.

I therefore, would like to use this opportunity to call up on all our family planning partners and stakeholders to support the dissemination and implementation of this guideline in order to align their activities and harmonize implementation accordingly.

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1 Federal Democratic Republic of Ethiopia. 2019. Mini Demographic and Health Survey 2019; Key Indicators
2 Ibid

ACRONYM

BCC	Behavior Change Communication
CBO	Community Based Organization
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
DFID	Department for International Development
FMOH	Federal Ministry of Health
FP	Family Planning
IEC/BCC	Information Education Communication/ Behavior Change Communication
KAP	Knowledge Attitude and Practice
LAPM	Long Acting and Permanent Methods
LARC	Long Acting Reversible Contraceptives
M&E	Monitoring and Evaluation
MOFEC	Ministry of Finance and Economic Cooperation
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWDs	People with Disabilities
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBCC	Social Behavior Change Communication
SDGs	Sustainable Development Goals
SEM	Socio Ecological Model
SM	Social Mobilization
SRH	Sexual Reproductive Health

OPERATIONAL DEFINITION OF KEY TERMS

Advocacy: Refers to organized efforts to inform and motivate leadership to create an enabling environment for achieving family program objectives and related development goals. It involves communication effortsto promote the development of new family planning related laws, policies and strategies or modify or ensure adequate implementation of the same and influence funding decisions for family planning programs.

Barriers: Refers to the various individual, interpersonal, community, service and structural level factors thatinhibit people from performing desired family planning behaviors.

Behavior Change Communication (BCC): Refers to a communication approach and process that aims to promote family planning knowledge, attitudes, and practices through identifying, analyzing, and segmentingaudiences by providing them with relevant family planning information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group, and mass media channels including participatorymethods.

Channel: Refers to the medium used for family planning communication. The three categories of communication channels referred to in this guideline are interpersonal, community/organizational and mass media. Interpersonal channels include direct communication with an individual or group of individuals. Community or organizational channels reach a group of people within a distinct geographic area or reach a group that shares common interests or characteristics. Mass media channels are those which can reach large audiences quickly.

Communication Objective: Communication objectives are specific and measurable statements of intent toaddress key barriers and achieve desired change in policies, social norms, or behaviors.

Communication Strategy: is a comprehensive document that guides the strategic design and planning of family planning communication interventions and activities by linking behavioral decisions with analysis of intended audiences, communication objectives, channels and materials.

Community Mobilization: refers to an organized and participatory process to involve local institutions, local leaders, community groups, and members of the community to organize for collective action to promotefamily planning.

Desired Change: Refers to a statement of what the audience would do as a result of being exposed to the family planning communication intervention.

Information Education and Communication (IEC): Refers to a process of providing family planning information and education to individuals and communities to promote healthy family planning behaviors andpractices at various levels.

Interpersonal Communication: Refers to a face to face exchange of family planning information, education, motivation, or counseling.

Message: Refers to a brief, value-based statement aimed at an audience to promote desired family planningbehavior or promote social and policy support for family planning.

Perceived Barriers: This refers to a person's feelings on the various obstacles to performing a recommendedfamily planning behavior.

Perceived Benefits: This refers to a person's perception of the effectiveness or benefits of performingrecommended family planning actions.

Pretesting: Refers to undertaking a rapid formative evaluation that involves systematically gathering intended audience reactions to family planning messages and materials before the messages and materials are produced in final form.

Social Mobilization: Refers to a continuous process that engages and motivates various family planning intersectoral partners at national and local levels to raise awareness of, and demand for family planning.

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1. INTRODUCTION

1.1. BACKGROUND

Ethiopia has registered remarkable progress in improving the health service coverage and health status of the population, particularly in reduction of maternal, neonatal and child mortality. Despite having one of the highest fertility rates in Africa, Ethiopia's past two decades also registered a sharp decline in total fertility rate. How- ever, the fast population growth in the last decade poses far-reaching consequences for the future health and development of the country. According to the State of World Population 2019 report, the population of Ethiopia doubled from 1994 to 2019 and increased by 25% from 2010 to 20193, reflecting the current total fertility rate of 3.9 births per woman.

Family planning (FP) is one of the most effective development interventions that impacts the quality of lives of families, communities, and broader society and consequently contributes to development outcomes of a nation. It plays a pivotal role in achieving health and development objectives at all levels. Increased use of FP leads to large improvements in the health of mothers and children, the status of women, and economic development. The high maternal mortality rates of 353 per 100,000 live births of which 30 percent of deaths attributed to abortion-related complications, demonstrates the high unmet need for FP in Ethiopia. Early pregnancy among teenagers and high fertility rates also increase risk of maternal and neonatal mortality. FP ensures that women are able to delay their first pregnancy until they are physically and mentally ready to have children. FP allows women to space their children and gives mothers a chance to recover, build their own strength, and provide each child with adequate nutrition and attention.

In line with global aspirations, the HSTP set ambitious targets for 2020 to increase contraceptive prevalence rate from 42% to 55%, reduce total fertility rate from 4.1 to 3, reduce unmet need for family planning from 24% to 10% and reduce adolescent/teenage pregnancy rate from 12% to 3% [4]. While contraceptive prevalence rate (any method) among married women in Ethiopia has sharply increased from 8% in 2000 to 36% in 2016 and to 41% in 2019 [5], the annual rate of increase seems to be declining in the last few years. In addition, there are huge disparities in CPR among regions where Somali (3%) and Afar (12.7%) have the lowest family planning uptake as compared to SNNP (45%), Oromia (41%) and Amhara (50%). Unmet need for family planning among 15-19 years old adolescents and youth is also one of the highest compared to other groups. Only one year remaining to achieve the HSTP target of 55% CPR by 2020, contraceptive prevalence has only increased from 36% in 2016 to 41.4% in 2019 [6]. It is therefore less likely that the HSTP 2020 target of 55% contraceptive prevalence rate will be achieved.

1.2. RATIONALE

One of the major gaps in FP programming and implementation in Ethiopia is lack of clear guidance on how to design and implement strategic and coordinated communication interventions to address the overarching barriers and promote demand for and uptake of family planning services at national, regional and lower levels. A number of current policy and strategy documents place a strong emphasis on the importance and the role of communication and behavior change to improve FP uptake in Ethiopia. For example, the National Guideline for Family Planning Services in Ethiopia emphasized

the role of Advocacy, Communication and Social Mobilization for family planning to increase awareness and use of family planning/child spacing methods and other relevant reproductive health services and promote client-provider interaction7. In addition, Ethiopia's National Reproductive Health Strategy also emphasized the need to address the social determinants of reproductive health through improving advocacy and partnership to improve women's decision-making power on reproductive health matters. The strategy also designed ways to increase access to Sexual and Reproductive Health (SRH) information, education and health services8. The existing national health promotion and communication strategy provides excellent guidance for design and implementation of health communication interventions. However, it fails short of outlining specific guidance that helps to develop context relevant family planning communication interventions to address the multifaceted barriers that vary between pastoral and agrarian communities as well as most at risk and vulnerable population groups.

The main rationale for developing this Family Planning Communication Guideline is the pressing need to address the dynamic and fast changing determinants of family planning service utilization in Ethiopia in a coordinated and strategic approach. In addition, the growing need to ensure harmonization in family planning communication strategies among family planning actors in the health sector also necessitated the development of this guideline. Thus, this family planning communication guideline is developed to support the national RM- NCAH policy framework and National Health Promotion and Communication Strategy with specific guidance on how to design, implement, monitor and evaluate FP communication interventions in Ethiopia.

The development of this FP communication guideline followed a comprehensive approach and is designed to address communication needs at individual, community and enabling environment level. The guideline provides general guidance to the design, implementation, monitoring and evaluation of FP communication strategies and interventions at national, regional and lower levels in the country. Family planning implementing partners and stakeholders can further develop specific FP communication interventions and plans based on guidance provided in this document.

1.3. PURPOSE AND OBJECTIVES

The main purpose of the national FP Communication Guideline is to guide the design, implementation, monitoring and evaluation of appropriate, effective and efficient FP communication interventions at national, regional and community level so as to increase demand and utilization of FP services in Ethiopia. The key objectives of the guideline are to

- ✓ Facilitate design of evidence-based communication interventions with standard indicators and ways of monitoring and evaluation of family planning communication interventions and outcomes.
- ✓ Ensure standardization and harmonization of family planning communication interventions for sustainable changes in social norms and individual behavior towards increased demand and utilization of FP
- ✓ Increase alignment, coordination and participation among partners and stake holders for effective use of resources for FP demand creation.

3 United nations Fund for Population Affairs (UNFPA). 2019. State of World Population 2019; Unfinished Business: The Pursuit of Rights and Choices for all.
4 Federal Ministry of Health of Ethiopia. Health Sector Transformation Plan 2015-2020
5 Federal Democratic Republic of Ethiopia. 2019. Mini Demographic and Health Survey 2019; Key Indicators
6 Federal Democratic Republic of Ethiopia. 2019. Mini Demographic and Health Survey 2019; Key Indicators
7 Federal Democratic Republic of Ethiopia Ministry of Health. 2011. National Guideline for Family Planning Services in Ethiopia. October 2011

- ✓ Enhance multi-sectoral collaboration and use of public and social media and other technologies to support FP demand creation activities.
- ✓ Motivate and positively influence key family planning actors to strengthen the enabling environment for sustained family planning programming and outcomes.

1.4. SCOPE

This guideline aims to assist government sectors, development partners and community organizations to design effective family planning communication strategies and plans that promote demand and uptake of family planning services, mobilize sustained community support and strengthen the enabling environment for family planning promotion at national and local levels. The guideline outlines recommended approaches and techniques for health sector offices at different levels, family planning implementing partners, community organizations and other stakeholders to review or design their FP communication programming. Specifically, the guideline provides recommended approaches that will help FP communication programmers and partners to assess the local family planning situation and identify determinants and barriers for family planning behavior. It also outlines recommended approaches to design targeted FP communication strategies and plans and design effective interventions to increase understanding of FP issues, promote desired behaviors and mobilize community support and improve the enabling environment for family planning communication and demand creation. Accordingly, specific approaches pertaining to the three interrelated pillars of health behavior change communication i.e. Behavioral Change Communications (BCC), Social Mobilization (SM) and Advocacy are outlined as general guidance. In addition, suggested strategies to enhance coordination and ensure financing and sustainability of family planning communication programs and interventions are also presented. Lastly, approaches to monitor and evaluate family planning communication programming to achieve success are provided.

1.5. INTENDED USERS

This FP communication guideline is intended to assist the following actors in designing, implementing, monitoring and evaluating their family planning communication programs and interventions.

- ✓ Health sector offices at all levels (FMOH, RHBs, ZHDs, WHOs
- ✓ Primary Health Care Units, Family Planning Service providers /clinical and frontline health workers
- ✓ Other government sector offices such as WCY, Education, and other government sector offices at all levels
- ✓ Partner organizations supporting or implementing FP programs
- ✓ Faith Based Organizations
- ✓ Community Based Organizations and Associations
- ✓ Civil Society Organizations
- ✓ Academic institutions and professional associations
- ✓ Mass media
- ✓ Family planning communicators and advocates
- ✓ Private organizations and health facilities

2. SITUATION ANALYSIS AND PRIORITY AREAS

2.1. PERCEIVED BARRIERS, BENEFITS AND DESIRED CHANGES

As with other health behaviors, family planning behaviors of individuals and communities are greatly influenced by a wide range and level of individual, social, cultural, economic, and environmental determinants. Years of research and practice on human behavior consistently showed that desired family planning behaviors cannot be achieved by individuals adopting the desired behaviors and practices alone. Individuals ability to adopt the desired behaviors is limited by varying degrees of knowledge, information, behavior, community support, economic means, and access to services.

Ethiopia is committed to achieving a 55% modern contraceptive prevalence rate among married women by 2020 and reducing the total fertility rate to 3.0, family planning programs need to be repositioned to address the multilevel and multifaceted barriers that limit the demand and utilization of family planning services in the country. Recent studies showed that various individual, interpersonal, socio-cultural, community, organizational as well as structural level factors inhibit the demand and utilization of modern family planning services in Ethiopia.

Based on insights from review of recent studies and lessons learnt from family planning program implementation in Ethiopia, this section presents a prioritized list of some of the main barriers to demand and uptake of family planning services among women, men, adolescents and youth, persons with disabilities (PWDs) and people living with HIV in Ethiopia. Given that communities in pastoralist and emerging regions face different family planning barriers as compared to the national context, a separate column that outlines notable FP barriers in pastoralist regions is included in each table below for reference and specific consideration for design and implementation of communication interventions. Information and knowledge

2.1.1. ADULT WOMEN

Table 1 below depicts a prioritized list of some of the main barriers inhibiting demand and uptake of family planning services among adult women in Ethiopia. Family Planning communication programmers need to assess their local context and identify barriers relevant to the local context before designing family planning communication strategies and plans targeting women.

8FDRE Ministry of Health. National Reproductive Health Strategy (2016-2020). October 2016

Desired Changes	Perceived Benefits	Perceived Barriers			
		Individual Level	**Interpersonal and Community Level**	**Enabling Environment Level**	**Barriers notable in pastoralist communities**
-To use modern FP methods -To freely discuss FP issues with their spouses -To encourage fellow women -To practice FP	- Healthy family - Economic well-being of family - Enough time to care for children - Enough time for work - Peace of mind when having sex	- Low literacy and limited access to formal education - Low health literacy - Limited access to FP information - Limited access to and ownership of media - Limited access to finance Wealth-status - Geographic distance /rural residence status - Lack of knowledge on available choice of FP method options - Perceived side effects such as fear of infertility due to uptake of FP methods - Lack of confidence to confront spouses and negotiate on FP issues - Fear of side effects, myth, ….	- Limited participation and household decision making power - Husband's disapproval, non-supportive attitude and opposition - Poor spousal communication on FP issues - Influence of family and mother in-laws - Community perception and norms that see children as prestige/ wealth, encourage early and frequent child bearing - Religious prohibitions against modern FP methods - Community politicization of Family Planning, especially LARC - Provider skill gaps to undergo LARC removal services Provider bias, attitudes and values (due to religious orientations and politicization) on FP counseling and consequently on women's choice of FP method and decision making - Poor quality of FP counseling - Stock out of some methods	- Religious/Faith-leaders influence - Political leaders/ ethnic leaders influence due to FP politicization - Lack of context specific and targeted strategies, guidelines to engage men, religious and community leaders on FP promotion - Fertility norms – continued desire for large family size.	- - Religious Perceptions on LARC: Inserting implants or IUCD considered as sin if a woman dies with it. - Religious prohibitions: religious belief relating use of modern FP as a Sin - Static health services: Lack of mobile FP information and service delivery approaches in line with - pastoralist life style continued breastfeeding (LAM) practices to space children - Religious/Faith leaders/ Clan leaders influence - Community perception of woman using FP as cheating on their husbands, as purposeful act of reducing their population size and going against the will of the lord. - Provider bias, attitudes and values on modern FP especially LARC (due to religious orientations and politicization) which influences women's choice of FP methods and decision making

Table1: Perceived benefits and barriers for family Planning among adult women

2.1.2. MEN

Although men share responsibility for reproductive health decisions, lack of a specific focus on them can lead to the belief that family planning is not men's concern. However, male involvement is crucial to a successful demand creation campaign. Providing information to men about how family planning can improve health out- comes for women and children, as well as dispelling myths and misconceptions, is important in ensuring their support. Through review of recent studies and lessons learnt from family planning program implementation, the main identified barriers and perceived benefits of family planning for men in Ethiopia are presented in the table below. Family Planning communication programmers need to assess their local context and identify barriers relevant to the local context before designing family planning communication strategies and plans targeting men.

Desired Changes	**Perceived Benefits**	**Perceived Barriers**			
		Individual Level	**Interpersonal and Community Level**	**Enabling Environment Level**	**Barriers notable in pastoralist communities**
• To freely discuss issues of FP with their spouses • To encourage/ support their spouses to use modern FP • To use FP methods for men • To discuss with men issues concerning FP • To encourage man-to man discussions on FP	• Healthy family • Economic wellbeing of family • Peace of mind when having sex	• Low literacy and limited access to education • Lack of knowledge on available choice of FP method options for Men • Perception towards male FP methods • Perceived Cost of FP services (e.g., time to access contraceptives, transportation costs, waiting time, etc.)Belief that FP is notmale's concern	• Gender roles associated with masculinity, fertility • Peer influence and pressure • Mothers influence and disapproval • Community rumors and misconceptions towards FP methods for men • Religious/Faith leaders influence • Community politicization of Family Planning, especially LARC and contraceptives for men	• Religious prohibitions • Limited availability of targeted strategies and interventions to engage men in FP education and promotion efforts	• Static health services: Lack of mobile FP in- formation and service delivery approaches in line with pastoralist life style • Lack of culturally appropriate and local language prepared IE/BCC materials on FP • Religious prohibitions • Religious/Faith leaders influence • Lack of targeted and context specific efforts to engage men in FP education and promotion efforts • Perceived unavailability of male contraceptives • Provider bias on male taking modern FP due to religious orientations and FP politicization

Table 2: Perceived Benefits and Barriers to family Planning among Adult Men

2.1.3. ADOLESCENTS AND YOUTH

A variety of individual, social, community, service and structural level factors inhibit demand and utilization of FP information and services among adolescents and youth. A list of the main barriers that adolescents and youth face to seek contraceptive information and services is presented below. Especially, married adolescents and young married women are among the population groups with high unmet need for family planning due to the complex barriers they face to access available family planning services. Family Planning communication programmers need to assess their local context and identify barriers relevant to the local context before designing family planning communication strategies and plans targeting adolescents and young people. Besides, particular emphasis needs to be given to address family planning needs of the most vulnerable adolescent and youth groups i.e. married adolescents and young married women.

Desired Changes	**Perceived Benefits**	**Perceived Barriers**			
		Individual Level	**Interpersonal and Community Level**	**Enabling Environment Level**	**Barriers notable in pastoralist context**
• To use contraceptives to delay/ prevent unintended pregnancy • To use condom along with other contraceptives for dual protection • To freely discuss contraceptive issues with their peers/sexual partners • To encourage fellow adolescents and youth to seek contraceptive information and services	• Can delay pregnancy /prevent unintended pregnancy • Can continue education/stay in school • Can continue work • Peace of mind when having sex	• Girls Low literacy and limited access to formal education • Boys lack of knowledge and skill and negative masculinity leading to irresponsible sexual behavior • Lack of information and knowledge on available methods and benefits of contraceptive use for adolescents/youth • Low perceived risk of pregnancy • Shyness, embarrassment, and/or fear in obtaining contraception • Low level of autonomy (decision making and freedom) • limitation on having adolescent /youth friendly FP services	• Peer influence and Social stigma against contraceptive use of unmarried adolescents/youth • Religious and cultural norms prohibiting unmarried adolescents/youth use of FP, being perceived as lacking sexual purity or being promiscuous • Disapproval of contraceptive use by family members or others • Religious and community leaders influence • Poor quality of FP counseling to adolescents/ youth • Limited access to/unavailability of YFSRH services • FP providers who are not youth-friendly • Health facilities, SRH services and youth centers that are not youth friendly • Lack of contraceptive education and service that ensures privacy and confidentiality • Provider perceptions/negative attitudes towards young people seeking contraceptives. • Community politicization of Family Planning	• Unavailability of/limited access to YFSR services • Lack of gender and age oriented IEC/BCC materials and FP education and counseling services • FP policy lacks adolescent and youth lenses.	• Girls low literacy and limited access to formal schooling • Static health services: Lack of mobile FP information and service delivery approaches in line with pastoralist life style • Lack of culturally appropriate and local language prepared IE/BCC materials on FP • Religious/Faith leaders influence • Cultural influence • Health provider perception towards contraceptive use of adolescents/youth • Unavailability of YFSRH services - Community politicization of Family Planning

Table 3: Perceived Benefits and Barriers for Family Planning among Adolescents and Youth.

2.1.4. PLHIV

Enabling women living with HIV to avoid unintended pregnancy and use contraceptive methods reduces vertical transmission of HIV and further morbidity and mortality of mothers and children. Studies identified various determinants of demand and uptake of family planning services among PLHIV in Ethiopia. Some of the main determinants are summarized and presented below. Family Planning communication programmers need to assess their local context and identify barriers relevant to the local context before designing family planning communication strategies and plans targeting PLHIV.

Desired Changes	**Perceived Benefits**	**Perceived Barriers**			
		Individual Level	**Interpersonal and Community Level**	**Enabling Environment Level**	**Barriers notable in pastoralist communities**
• To use contraceptives to prevent unintended pregnancy / PMTCT • To freely discuss contraceptive issues with spouses and health providers/case managers • To encourage other PLHIV to seek contraceptive information and services	• Personal health and wellbeing • Healthy family • Economic wellbeing of family • Peace of mind when having sex	• Lack of information and knowledge of appropriate FP for PLHIV • Fear of disclosure of HIV sero-status • Low Perceived susceptibility due to irregular sexual activity • Fear of side effects of using family planning methods • Lack of finance and poor living conditions • Lack of knowledge on available choice of FP method options • Religious beliefs / affiliations • Economic reasons/wealth status /income • Partner level of education	• Social stigma • Religious and cultural norms • Lack of open discussion with husband/sexual partner about contraceptive methods • spouse's denial/disapproval • Lack of open discussion about contraception with health workers • Provider bias on PLHIV choice of FP options • Providers fear of drug-drug interaction (ART and / OI drugs and contraceptive methods)	• Limited/u avail- ability of strategies and targeted FP pro- motion interventions for PLHIV	• Limited or none availability of PLHIV targeted FP education and services

Table 4: Perceived Benefits and Barriers for Family Planning among PLHIV

2.1.5. WOMEN AND GIRLS WITH DISABILITIES

Addressing the sexual reproductive health and contraceptive needs of persons with disabilities requires special attention to ensure the protection and promotion of their human rights, build a truly inclusive society and achieve national health and development goals. PWDs face a multitude of barriers to seek and utilize family planning services, resulting in their high unmet need for family planning. While some of the main determinants identified in recent studies are summarized below for reference, family planning communication programmers need to undertake assessment of their local

context to identify the specific barriers relevant to the local context before designing family planning communication strategies and plans targeting these population groups.

Desired Changes	Perceived Benefits	Perceived Barriers			
		Individual Level	Interpersonal and Community Level	Enabling Environment Level	Barriers notable in pastoralist context
• To use FP/ contraceptive methods • To freely discuss FP/ contraceptive issues with their spouses/partners • To encourage fellow women/girls to practice FP	• Can delay pregnancy prevent unintended pregnancy? • Can continue education/ stay in school • Economic wellbeing of family • Has enough time to care for children • Has time for work • Peace of mind when having sex	• Lack of in-formation and knowledge on available methods and benefits of FP • Perceived family economic status • Type of disability: more women with visual impairment use FP than women with hearing impairment, due to better access to radio messages	• Physical barriers to access health- facilities (lack of ramp, adjustable bed, • wheel chairs, disability friendly • sanitation facilities, etc.) • Long and difficult journeys to health facilities • Poor accessibility of FP messaging (radio messages for persons with hearing impairment, TV not captioned or sign language for persons with visual impairment) • Perceptions that PWDs are asexual leading to wit holding information on the assumption that they will not need it • Stigma, negative attitude and discrimination from health workers • Over protective attitude and lack of communication by parents and caregivers Gender based violence, particularly intimate partner violence limiting access to FP information and services • Social stigma against contraceptive use of people with disabilities • Unavailability of disability friendly FP counseling and service provision standards/practices • FP providers who are not youth- friendly • Provider perceptions/negative attitudes towards PWDs seeking contraceptives.	•Lack of clear policies and strategies to protect SRH information of PWDs • Lack of age, gender and impairment disaggregate d family planning IEC/BCC materials and interventions • Unavailability of disability friendly FP counseling and service provision standards/practices	• Girls low literacy and limited access to school • Static health services: Lack of mobile FP information and service delivery approaches in line • with pastoralist life style • Lack of culturally appropriate and local language prepared IEC/BCC materials on FP • Religious Faith leaders influence

Table 5: Perceived Benefits and Barriers to Family Planning among Women and Girls with Disabilities

2.2. STRATEGIC PRIORITY AREAS FOR FAMILY PLANNING DEMAND CREATION

Desk review of recent studies identified a multitude of determinants of demand and uptake of family planning services in Ethiopia. Addressing these determinants require a coordinated and sustained response at national, regional and lower levels. Based on analysis of the main determinants of demand and uptake of family planning services, some of the key strategic priority areas and issues that family planning communication strategies and interventions need to focus on are outlined below.

- **Improving individual knowledge and community awareness:** There is generally low knowledge in the rural community regarding benefits and potential side effects of available modern family planning methods, especially LARC mainly due to low access to education, information and media, distance to health facilities and poor quality of FP counseling services.

- **Enhancing male engagement:** Men as family planning users, as partners (husband, spouse) and as advocates need to be empowered with the knowledge, skills and self-efficacy to support their spouses/ partners to seek family planning services and promote their engagement in family planning promotion at community level is essential.

- **Promoting FP Support and engagement of religious leaders, community leaders and peers:** There is a need to create and strengthen various platforms to mobilize and engage these prominent and influential community leaders as well as promote peer support for women for family planning service promotion efforts at different levels. There is also a need to provide value clarification and attitude transformation trainings to religious and influential leaders

- **Addressing health workers attitudes and enhancing their counseling skill:** There is a need to design and implement targeted interventions to shift health workers attitudes and values that inhibit client's decision to use a particular FP method. Such interventions need to be integrated in health workers preservice education programs. In addition, health providers at facility and community level need to be provided with basic or refresher family planning counseling training and negotiation skills, and value clarification and attitude transformation trainings in order to effectively implement the family planning by choice protocol during their counseling services.

- **Reversing Community Politicization of FP methods particularly LAPM:** Politicization of FP methods, especially LAPM in the last few years is significantly affecting the demand and utilization of LAPM services at community and facility levels. A collaborative effort involving key sector offices, the private sector, academic institutions, regional and local mass media as well as key political and popular figures is required to reverse the politicization.

- **Strengthening Multi-sectoral Collaboration for FP promotion:** Promoting demand and uptake of family planning services requires collaborative role of multiple actors and stakeholders at all levels. Thus, there is a need to strengthen efforts for multi sectoral response for FP involving collaboration between the health sector and other key sectors such as the Education Sector, WCY Affairs sector, among others.

- **Designing targeted and context specific FP communication programs for pastoral community:** Due to the pastoral livelihood and mobile nature of communities in pastoral areas, context specific and appropriate FP information and service delivery approaches need to be

designed and implemented. Health and FP related IE/BCC materials and other family planning demand creation interventions at all levels need to be designed in local languages considering the lifestyles and characteristics of pastoral mobile communities.

- **Develop and produce FP Communication programs and materials for vulnerable and marginalized communities.** FP communication programmers need to consider the specific needs and psychographic profiles of vulnerable population groups such as PLHIV, PWDs, unmarried adolescents and youth, conflict affected and displaced women, etc. while designing FP communication and demand promotion programs and materials.

- Promote availability and utilization of FP at work-places and potential outlets. E.g. Industrial parks, large plantations and agricultural farms, youth centers, Universities, etc.

- **Strengthening the health literacy of individuals and communities on FP information and available services:** This includes but not limited to personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use FP information and services to make decisions about FP options and methods.

- **Communication programing focusing audience segmentation by virtue of selecting high fertility and health impact FP targets, mainly Married adolescents and young married women**

- **Improving quality of Family planning service at service delivery point**

3. HEALTH COMMUNICATION MODELS

Health communication has its roots in social and behavior theories and models that have evolved over the past several decades and became valuable foundations for developing comprehensive health communication strategies and programs. Health communication practitioners draw upon various models and theories to design effective programs and activities. While designing communication programs to change family planning behavior, programmers need to understand the main social and behavioral theories and models which explain why people behave the way they do.

Some models of behavior change have been commonly used by health communication programmers in the last two decades to design health communication programs and interventions to promote behavior change and mobilize community and stakeholders to support and sustain changes at individual and community levels. One of these is the Health Belief Model (Becker, 1974). The model suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior. This model has been instrumental in defining perceived barriers and benefits of a desired health behavior and design audience specific health communication interventions. Diffusion of Innovations (DOI) model (E.M Rogers, 1962) also helped to explain and predict factors that influence the adoption of innovations such as health products, services or ideas over time stating that successful innovations typically spread from a few innovators and early adopters to the rest of the population early majority, late majority and laggards.

One of the contributions of this model to health communication is the Positive Deviance approach which involves identifying people or groups whose special or uncommon behaviors or strategies enabled him them to overcome a problem without special resources and facing similar barriers and challenges as their peers. Another model, persuasion communication model, also emphasized that

communicators need to need to understand the communication process, the cognitive and psychological reactions of the audience and the KAP effect of the communication process for effective persuasive communication.

Most of these and other available communication models emphasize targeting individual behavior change. However, learnings from research and program implementation in the past two decades generally indicate that family planning behaviors of individuals and communities are greatly influenced by a wide range and level of individual, social, cultural, economic, and environmental determinants. Years of research and practice on human behavior consistently showed that desired family planning behaviors cannot be achieved by individuals adopting the desired behaviors and practices alone. Individuals ability to adopt the desired behaviors is limited by varying degrees of knowledge, information, behavior, social and community support, economic means, access to services and the broader policy environment. As a result, the most effective family planning communication strategies globally and nationally are those that encompass and target a wide range of determinants, perspectives and targets through Social Behavior Change Communication (SBCC) approaches. Many health communication designers situate SBCC with in the Socioecological model, which recognizes that determinants of health behaviors exist at multiple levels, are interrelated and extend beyond the individual.

Figure 1: The Socio-Ecological Model

Individual Level: An individual's various traits and identities have the capacity to influence how a person behaves. Age, education level, and economic status are some of the many attributes noted at this interval. These factors are important to consider when constructing public health strategies, as characteristics such as economic status are linked to an individual's ability to access healthcare.

Interpersonal Level: The relationships and social networks that a person takes part in also have great potential to impact behaviors. Families, friends and traditions are key players at the interpersonal stage of the model. Using therapy or intervention, one can promote healthy relationships at this interval. Families, friends and traditions are key players at the interpersonal stage of the model. Using therapy or intervention, one can promote healthy relationships at this interval.

Community Level: This level of the Social Ecological Model focuses on the networks and structures between organizations and institutions that make up the greater community. It is important to understand the community level to determine where health behaviors originate.

Organizational Level: Organizations such as schools, health facilities etc. are instrumental in the development of behaviors as they often enforce behavior-determining regulations and restrictions. This influence is significant when it comes to communicating information about safe health practices.

Policy/Enabling Environment Level: Policies and laws that are instigated at local, national and global levels make up the broadest level of the Social Ecological Model. These policies have the potential to impact large numbers of people.

According to the SEM Social Behavior Change Communication operate through three key strategies and approaches. These are; advocacy, to increase resources and commitment of political/social leadership for achieving social goals, Social mobilization, for wider participation, coalition building and ownership, including community mobilization and Behavior Change Communication (BCC), including attitudes and practices of target audiences. Based on global learnings on the effectiveness of communication interventions build on the SEM model and considering the existence of multi-level barriers to family planning behavior in the Ethiopian context, the SEM is found to be the most comprehensive and appropriate model to guide the development of this guideline as well as the FP communication strategies and plans to be designed and implemented by FP actors and partners.

Figure 2: Social Behavior Change Communication Approaches

4. FAMILY PLANNING COMMUNICATION STRATEGIES

Family planning behaviors of individuals and communities are influenced by multifaceted and interrelated determinants at the individual, interpersonal, community, services and enabling environment level. To promote desired family planning behavior, family planning communication programs and strategies need to follow a comprehensive approach using a mix of effective communication interventions targeting the individual (key actor), the surrounding immediate environment (family, school, community) as well influencing the enabling environment to galvanize policy makers and opinion leaders support for coordinated and sustain- able FP communication programs and interventions. Thus, the following three key communication strategies or approaches need to be incorporated in FP communication strategies and plans.

- Behavior Change Communication (BCC) to engage in face-to-face dialogue with individuals or groups to in- form and motivate them with the objective to promote and sustain Family Planning behavior change at individual, community and household levels.
- Social Mobilization to promote engagement and ensure harnessing institutions opportunities, community net- works, and health development armies, social/civic and religious groups in enhancing demand for and sustainable uptake of family planning services and family planning behaviors.
- Advocacy to inform and motivate leaders and public figures to ensure that enabling environment is created to support the overall communication campaigns to achieve family planning program objectives and development goals at national, regional, woreda and community levels.

This section presents specific guidance on how to design and implement Family Planning BCC, Community Mobilization and Advocacy strategies and plans.

4.1. BEHAVIOR CHANGE COMMUNICATION (BCC)

Behavior Change Communication (BCC) is one of the most effective ways to overcome barriers, create or increase demand for family planning, and reinforce positive values, norms and actions. BCC

is a multifaceted strategy for encouraging individuals and communities to adopt new health behaviors. Effective BCC recognizes that behavior change is a process and that individuals proceed through a series of stages before adopting a new belief or practice. Individuals must first learn about a practice, decide that they approve of it, and intend to adopt it before they will act and change their behavior (Murphy 2005, Piotrow et al. 1997). To spur the process of behavior change, well designed BCC campaigns can encourage critical reflection on sensitive areas, stimulate open dialogue on taboo subjects, encourage sharing experiences as a way to diffuse learning and solutions, increase ownership of issues, heighten awareness and knowledge, and prompt discussion. The main aims of Family planning BCC are to increase awareness and use of modern family planning methods.

4.1.1. APPROACHES TO FAMILY PLANNING BCC

Determining Target Audiences

The primary audience for a family planning BCC strategy will usually be the people who are expected to access and use FP services i.e. Women, Men, Adolescents and youth, PWDs, PLWHIV, etc. while the secondary audiences will be those who directly or indirectly influence FP service utilization behavior of the primary tar- get audiences such as spouses, family members, community members, community leaders, service providers, policy makers, etc. The design process of BCC campaigns mainly surround primary audiences with messaging from several sources, and use secondary audiences as trusted source communication channels to create inter- sections of messages that perpetuate the understanding of the message and adoption of the behavior.

Targeting secondary audiences plays a key role in reinforcing the behavior change of the primary audience and help create a sense of efficacy for the behavior. While analyzing target audiences for FP BCC programming, identify common audience characteristics and group potential audiences according to common characteristics, identify behavior change stage by categorizing your potential audience according to the Stages of Change model, identify known barriers to behavior change and identify key influencers. Based on review of existing literature and policy and strategy documents related to RMNCAH and FP programs, the following primary and secondary target audiences are suggested for family planning BCC programming.

Primary Target Audiences	Secondary Target Audiences (Influencers)
All adult women including newly married women, new mothers and pregnant women	Spouses/partners, mother in - laws, peers, women community leaders, religious leaders
	Spouses, mother in laws, peers
Married Adolescents and youth	Spouses, mother in laws, peers, family members
Unmarried adolescents and youth	Fathers, other family members, peers, teachers
PLHIV, People with Disabilities and other vulnerable and marginalized groups such as women and girls in conflict, IDPs, refugees, etc.	Family members, spouses, peers, service providers (Case managers, social workers, etc.)
Husbands/fathers/partners	Peers, mothers, community and religious leaders
Health workers providing FP services	Health workers, HEWs, HEWs Supervisors, HF Heads, feedback from clients etc.

Table 6: Target Audiences for FP Behavior Change Communication

Identifying and prioritizing change themes

Identifying the key knowledge, attitude and behavior themes that need to be targeted and addressed through BCC is key to design relevant and effective family planning BCC strategies and plans. FP communication programmers need to identify and prioritize desired changes by conducting a formative research or by doing a desk review of existing research undertaken to identify key determinants of demand and uptake of family planning services in their target communities. Prioritization need to be made considering the following minimum criteria. The selected and prioritized knowledge, attitude and behavior (practice) themes should

- **Be easy to perform**
- **Have positive effects on the lives of the audience**
- **Be accessible and affordable**
- **Be non-time-consuming**
- **Be observable.**
- **Be achievable**

Based on findings from desk review of recent studies and family planning program documents, the following provisional list of desired knowledge, attitude and behavior changes in family planning are identified and prioritized to be addressed through targeted BCC strategies and interventions. While this is a generic list, family planning communication programmers need to identify and prioritize desired changes that are relevant to the context of their intended target audience.

Prioritized Knowledge, Attitude and Behavior themes for FP BCC programming

Knowledge Themes	Attitude Themes	Behavior (Practice)Themes
• Awareness of reproductive choices • Knowledge of contraceptive methods	• Attitudes towards modern family planning methods • Intentions to use contraception in the future. • Self-efficacy to obtain and use contraceptive	• Discussion of family planning with partners, family, and friends. • Couple communication about fertility desires, contraceptive use and joint decision-making on contraceptive us • Access to and utilization of existing youth friendly SR services • Informed and voluntary demand and use of family planning products and services and • FP Counselling skills

Formulating Behavioral Change Objectives

Behavior change objectives are short, clear statements of the intended effect of a communication effort and should be congruent with the needs and characteristics of the intended audience. Behavior change objectives are crafted based on identified priority change theme and should also be linked to the outcome and indicators developed for the overall family planning communication program or strategy. While developing behavior change objectives, programmers need to name the behavior that will change as a result of the audience hearing, seeing, or participating in the strategic communication messages and assess if the behavior change is ultimately going to impact the audience's family planning and health needs. Based on insights from situation analysis and review of strategic objectives of existing RMNCAH and FP strategies and plans, a suggested list of selected behavior change objectives for family planning BCC strategies and activities are provided below.

- Increase awareness of women, men Adolescents and Youth on SRH, including the right to freely decide on the number and spacing of children and the right to contraceptive information and services
- Increase knowledge of contraceptive methods, including which methods are available, their safety, and their effectiveness and where contraceptive methods can be obtained.
- Improve attitudes towards family planning b addressing fear of side effects, risk perception for unintended pregnancy, social norms, etc.
- Improve practices of discussion of family planning issues with partners, family, and friends
- Improve practices of couple communication about fertility desires, contraceptive use and joint decision-making on contraceptive use.
- Increase practice of use of family planning products and services and intentions to use contraception in the future.
- Increase awareness of and access to youth friendly services among adolescents and youth
- Improve women's self-efficacy to obtain and use contraceptives
- Enhance health care providers attitude and skill to provide quality and effective FP counseling services

Identifying Communication Tools

Communication channels are the delivery system for messages to reach intended audiences. Effective mapping of communications channels will ensure that family planning BCC messages are disseminated through multiple channels so that audiences receive FP information, advice and guidance several times from a range of sources. Communication channels mostly tend to fall into three main categories i.e. Interpersonal channels that are used when the focus of the FP communication activity is on either one-to-one or one-to-group communication community-oriented channels that are effective for spreading information through existing social networks, such as a family or a community groups, and mass media channels which is intended to reach large audiences for agenda setting and establish new social norms. As BCC efforts intend to employ one to one or one to group communication approaches to influence individual or group behavior, interpersonal channels would be more effective for FP BCC programming.

FP communication programmers need to prioritize channels considering factors such as their reach (number of people that will hear, see, or read a message), how the channel supports audiences' ability to recall the message and impact (whether the message results in action). Exposure to the message and repetition are key to audience recall, increasing the likelihood that audiences will act on the information provided. A general suggested list of channels that can be used to disseminate family planning BCC messages are outlined in the table below.

Suggested Communication Channels form BCC
Peer to peer education and counseling at home, HAD & WDA meeting, youth club SRH education, etc.
Spouse to spouse communication at home
Religious/community leader to a man/woman/group of men/women
FP promoter to client
Health worker/HEW to client during health facility visits, home visits, etc.
Out-reach: HC/HP staff provides FP education and counseling service at HP or kebele level
Mobile outreach FP education and counseling
IEC/BCC materials
Use of mobile phone technology to delivery FP messages, counseling, follow-up
Mass media, local community media, social media
FP call centers, hotlines, etc.

Family Planning Counseling: Counseling is a key BCC channel for family planning. Service providers have a task to counsel all clients to assist them make an informed voluntary choice and decision regarding fertility and contraception. Information should be provided regarding all available methods of contraception. Advantages and expected contraceptive side effects as well as the steps to be taken if and when the clients have side effects should also be covered in the counseling. Knowledge of the common misconceptions about each method is an added advantage to the counselor and efforts should be made to address clients' concerns and fears about specific methods. FP providers should ensure confidentiality and privacy to potential clients. After counseling on all available methods, clients should be helped to make an informed decision.

Developing and Pretesting BCC Messages and Materials

BCC messages shall be correct, precise, timely, audience specific (age, gender, educational level, marital status) culturally sensitive and acceptable. The message should be clear and easily understandable. The contents of FP BCC messages and activities should recognize the knowledge, experience, socio-economic characteristics, customs and traditions of the target community and individuals. The contents of family planning BCC messages may include, among others

- Benefits of FP to the mother, to the child, to the family, to the community and to the world, where services are available,
- Characteristics of available FP methods including possible side effects
- Client's rights: information, access to quality service, choice, safety, privacy, confidentiality, dignity, comfort, continuity, opinion
- Dispelling rumors and misconceptions related to FP
- Importance of couple communication on FP
- Role of male support and engagement in FP

Family planning BCC messages, materials as well as channels need to be pretested before full implementation. Pretesting should involve exposing target audience members to variations of materials and messages and dis- cussing their appropriateness and audience reactions. Pre-testing is necessary to ensure that materials and messages are not based on assumptions of what will work to affect change.

ILLUSTRATIVE BCC FRAMEWORK (PATHWAYS) FOR FP

To help guide family planning programmers and communicators in designing Behavior Change Communication (BCC)strategies and plans, an illustrative family planning BCC framework is presented below as reference.

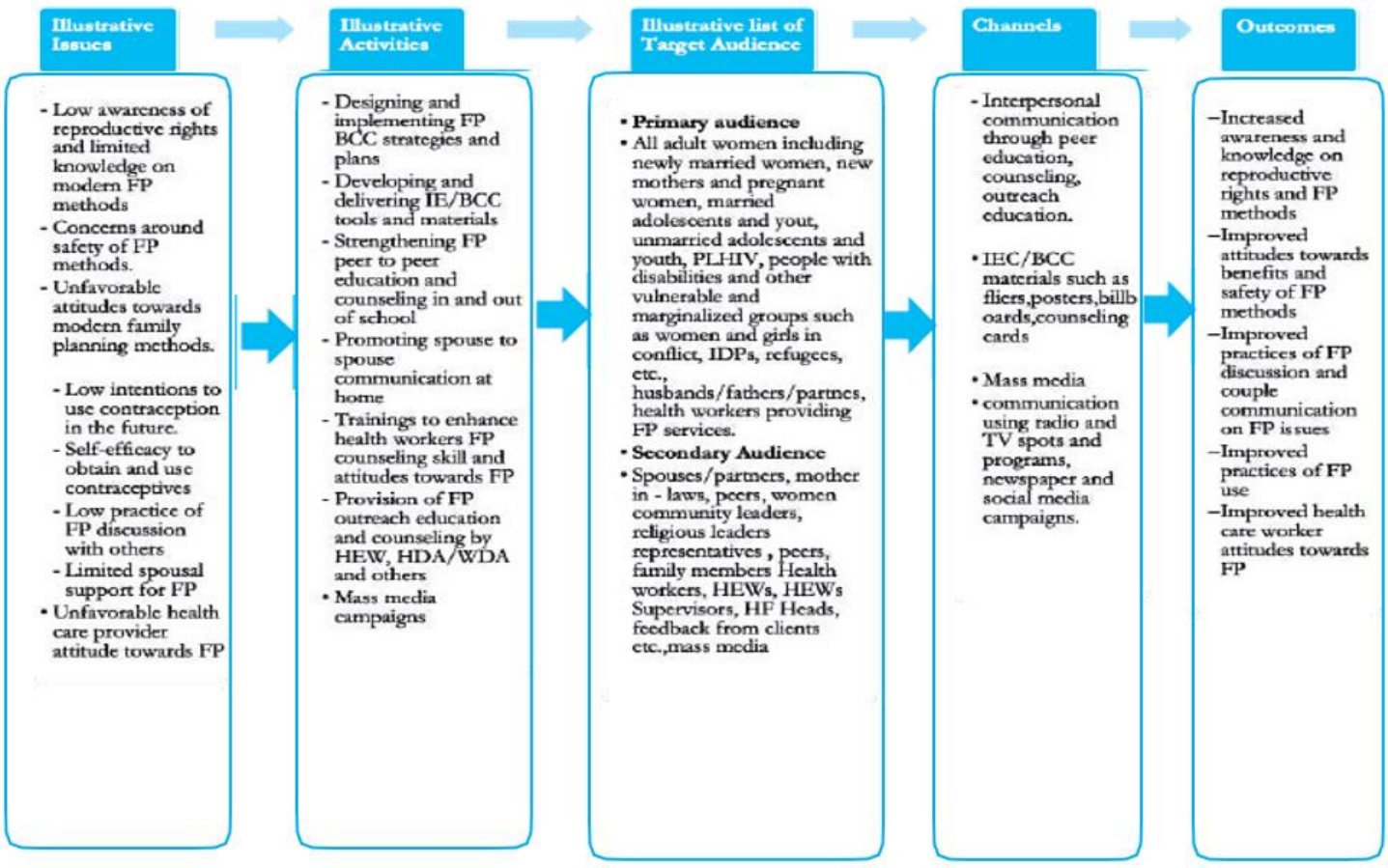

Figure 3: Illustrative BCC Framework for family planning

4.2. SOCIAL MOBILIZATION

4.2.1. OVERVIEW

Social mobilization is a continuous process that involves planned actions and processes to reach, influence, and involve all relevant segments of society across all sectors from the national to the community level, in order to create an enabling environment and effect positive behavior and social change. The overall purpose of social mobilization is to ensure that both primary and secondary audiences are equipped with the necessary knowledge and attitude so that they can provide appropriate and integrated support for BCC campaigns.

SM campaigns reinforce key messages to change an attitude of people and community to make collective decision making in terms of adopting desired family planning behaviors. Social mobilization intends to raise public awareness, partnership building and networking, and community participation. This communication approach focuses on people and communities as agents of their own change, emphasizes community empowerment, and creates an enabling environment for change and helps build the capacity of the groups in the process, so that they are able to mobilize resources and plan, implement, and monitor activities with the community

Family planning social mobilization activities should be undertaken at different levels including national, regional, zonal, woreda, community and individual levels. Through social mobilization, major influential individuals and groups such as political leaders, government policy and decision-makers, community opinion leaders, prominent personalities, professional associations, CSOs, CBOs and other stakeholders could be engaged and mobilized to support social mobilization efforts to address social norms, rumors, community misconceptions and politicization of family planning and promote demand and uptake of family planning services. Media, both electronic and print, which is known to be most effective method for sharing information and shaping people's perceptions and attitudes can be engaged to proactively promote desired family planning behaviors.

4.2.2. SOCIAL MOBILIZATION APPROACHES

Determining Potential Target Audiences

Level	Primary Audiences	Secondary Audiences
National Level	Community, political leaders, faith-based organizations, government sector offices, private organizations, etc.	Political leaders, parliamentarians and other elected representatives, prominent personalities, academic institutions, professional associations, national media houses, CSOs
Regional/Zonal/ Woreda levels	Community, faith-based organizations, Government sector offices, private providers, CBOs	Political leaders, Parliamentarians and other elected representatives, prominent personalities, academic institutions, regional and local media houses, CSOs
Community/ Kebele levels	Community, faith-based organizations, CBOs, HDAs, youth and women associations, religious and community leaders, etc.	CSOs, Service providers, local media, teachers, women groups

Table 7: Target Audiences for FP Social Mobilization

While social mobilization efforts are mainly about building and leading coalitions to meet desired social changes, it is worth considering to identify and engage two types of audiences. Primary audiences are those whose behavior is to be modified such as the community, institutions such as cooperatives, CBOs, social networks and community structures/institutions including Idir and religious and community leaders. Secondary target audiences are people and institutions who will be engaged as an alternative platform playing an intermediary role to get the social mobilization message

across such as service providers, WDAs, professional associations, universities and colleges, CSOs, CBOs, NGOs, etc. Based on insights from review of various assessments of family planning situation in Ethiopia, the main target audiences identified and prioritized for family planning social mobilization activities at different levels of implementation are presented below

Identifying and Prioritizing Social Mobilization Issues

Insights from assessment of family planning situation in Ethiopia revealed that there are a number of issues and themes that require social mobilization to ensure that FP programs are effective in achieving their intended objectives. A suggested list of some of the main prioritized issues for FP social mobilization campaigns are listed below

- Social and community support for women's participation in decision-making related to reproductive health matters including uptake of family planning services.
- Role and participation of families', teachers', community leaders and service providers in protecting SRH and addressing FP needs of adolescents and youth, PLHIV, Girls and women with Disabilities, etc.
- Religious and community leaders role and engagement in promotion of demand and uptake of family planning services
- Depoliticization of family planning
- Role of multi sectoral collaboration and coordination for family planning promotion
- The role of media in protecting SRH and promoting demand of services including FP use
- Public Private Partnership for family planning
- Community resource mobilization for family planning

Formulating Social Mobilization Objectives

Family planning social mobilization activities intend to achieve a wide range of objectives based on prioritized issues that require social mobilization efforts. Based on the family planning social mobilization issues and themes prioritized earlier, the following objectives of family planning social mobilization efforts are suggested as general guidance

- Enhancing social and community support for women's participation in decision-making related to reproductive health matters including uptake of family planning services.
- Promoting participation and support of families', teachers', community leaders and service providers in protecting SRH and addressing FP needs of adolescents and youth
- Strengthening religious and community leaders role and engagement in promotion of demand and uptake of family planning services
- Reversing community, opinion and political leaders politicization of family planning
- Increasing the role and participation of medias in protecting SRH including FP use
- Strengthening multi sectoral collaboration and coordination for family planning promotion
- Strengthening Public Private Partnership for family planning
- Promoting resource mobilization for family planning

Identifying Communication Channels for Social Mobilization

Effective social mobilizations campaigns employ a mix of relevant and locally appropriate communication channels. Family planning social mobilization campaigns need to consider using a mix of some of the following suggested list of communication channels

- **Community health meetings/conferences:** These include community level discussions and meetings organized and facilitated by key community health agents such as HEWs, HAD, WDA and others to promote community support and engagement in family planning programs and services
- **Community meetings and events:** These include sensitization sessions with community or religious leaders; street theatre and other cultural activities, market place presentations, community health fairs, school events, houses of worship events, etc.
- **Mass Media:** Use of electronic media such as Radio and TV through spots, talk shows, public service announcements and call-in programs, scripts for radio broadcasts or a series featuring family planning issues in a documentary or a fictional feature; use of print media such as community billboards, posters on public transportation, magazines, newspapers, fact sheets, brochures, press kits and press releases, editorials and articles on family planning topics, sermons developed or approved by religious leaders to share with others; use of community-based media, such as local FM radio talk shows, community radios, etc. are particularly effective to reach large group of audience with key family planning messages.
- **Entertainment-education** (edutainment activities) such as cultural festivals, sporting events, street theatre, art and music activities etc. are particularly effective when targeting young people
- **School mini media;** awareness creation and providing appropriate SRH information using school mini-media and school SRH clubs are effective to reach adolescents and youth at school, colleges and universities
- **The internet:** Websites and social media platforms that touch millions of followers, including Twitter, Facebook, YouTube, Google+, Instagram, LinkedIn, etc.
- **Mobile media campaign:** recording a mobile text (SMS) or voice message with a celebrity with FP appeal, which can be sent out to citizens in partnership with mobile telephone companies. The message could be

  interactive by giving options to the mobile phone user.
- **Study tours for political and community leaders** to see successful family planning model programs in other regions, woredas within a region, etc
- **Training workshops to train broadcast and print journalists** on how to increase and improve the coverage of population, reproductive health and family planning and to train other family planning advocates at regional and community levels;
- **Celebrity spokesperson:** Engaging a celebrity spokesperson of national stature to talk about selected family planning issues at appropriate forums and promote FP promotion campaigns.
- Community champions and role models - use voluntary community champion members who successfully implemented/ practiced the behavior.
- **Social Marketing:** Social marketing, a strategy that promotes, distributes, and sells contraceptives at affordable price through existing commercial channels can be used to promotes family planning services through multimedia IEC and complement family planning

promotion efforts made by public, private and NGO health institutions including local pharmacies, drug stores and rural drug vendors.

Networking and Mobilizing Champions

Social Mobilization campaigns require building partnerships and mobilizing champions to achieve desired objectives. Thus, there is a need to identify relevant organizations and individuals to join the social mobilization campaign and establish networks by building support with in other partners and stakeholders and strengthening relationships with them. Social Mobilization networks are crucial to reach much larger audiences and sustain the family planning social mobilization efforts over time. Involving "champions" who are respected and influential people to promote family planning is highly desirable for effectiveness of social mobilization campaigns as they can draw support and attention from a large audience population.

Developing Social Mobilization Action Plan

Once objectives, audiences, messages, communication channels, and activities for social mobilization strategies and campaigns are defined, there is a need to develop an implementation action plan by specifying the people and organizations responsible for each social mobilization activity and accomplish each task including people, funds, time, materials, and venues. Finally, map out the dates when activities are to start and end, so as to coordinate the schedules with partners and stakeholders.

Implementation, Monitoring and Evaluation

During implementation of the family planning social mobilization activities, progress towards achieving the stated communication objectives and expected outcomes need to be continuously monitored. Feedback from monitoring needs to be used to revise implementation approaches to enhance effectiveness.

ILLUSTRATIVE SOCIAL MOBILIZATION FRAMEWORK (PATHWAYS) FORFP

To help guide family planning programmers and communicators in designing Social Mobilization strategies and plans, an illustrative family planning social mobilization framework is presented below as reference.

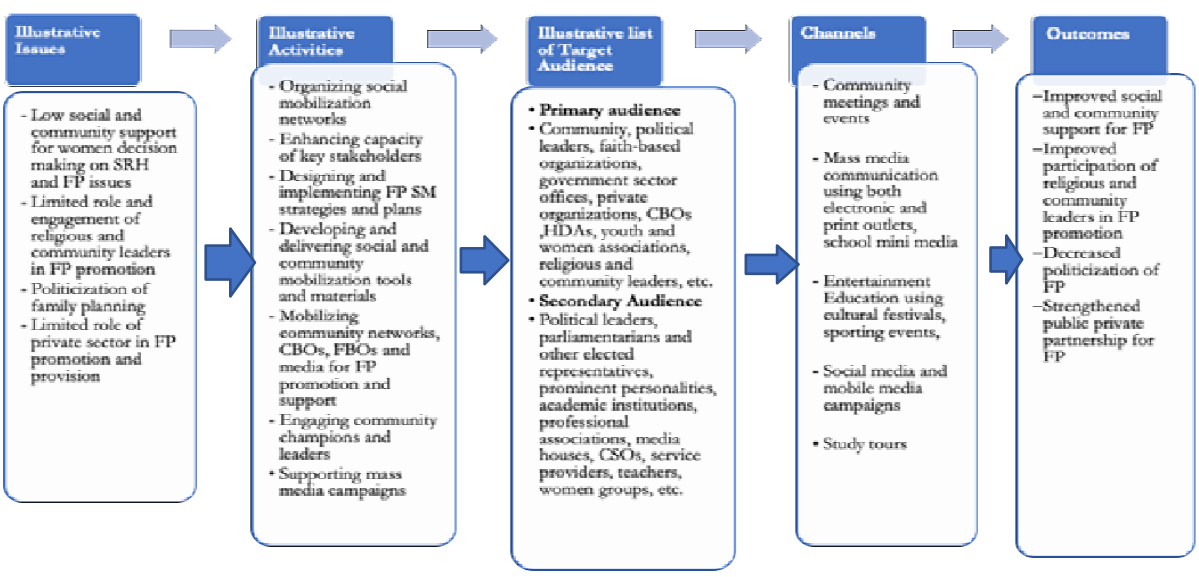

Figure 4: Illustrative social Mobilization framework for family planning

4.3. ADVOCACY

4.3.1. OVERVIEW

Advocacy is an organized process of mobilizing support for a cause to bring about change favorable to that cause. Applied to family planning, this means forming partnerships with both like-minded and diverse groups and individuals to persuade government leaders at all levels that family planning needs high-level attention, improvements in quality and access9 through policy reform, and human and financial resource allocation10. Family planning advocacy helps to influence the choices and actions of those who make laws and regulations and those who distribute resources and make other decisions with regards to family planning demand and up- take behaviors, which affect the well-being of. communities and the nation, at large.

This section presents guidance for family planning programmers and partners on how to develop family planning advocacy communication strategies and interventions targeting influential leaders and policy-makers at national and local levels. It provides specific guidance on delivering messages that are intended to influence thoughts, perspectives and actions of leaders, politicians, policy makers, planners and others in authority. The specific approaches to family planning advocacy included in this section are presented as recommendations for consideration. Family planning programmers need to tailor their family planning advocacy strategy and interventions to the context of their activities making sure that their approaches are culturally sensitive and flexible.

4.3.2. APPROACHES TO FP ADVOCACY

Identifying and Prioritizing FP Advocacy Issues

The family planning situation in Ethiopia varies among regions or among zones and woredas with in a region. Thus, it is essential to find out what is happening in a particular setting, to focus the advocacy activities on specific problems, and to build on existing strengths. Obtaining information on key issues (as listed out below) such as demographic and family planning situation, relevant health and social context information and the programmatic and policy environment on family planning is useful in developing family planning advocacy strategies, interventions and messages because these factors

- Demographic and family planning information such as fertility and population growth rates; contraception rates; and levels of unmet need for family planning, unintended pregnancies, and abortion; the proportion of youth in the population; family planning indicators by wealth quintile, information about underserved groups, including who they are and where they are located, and their likely future demand for family planning; the coverage and quality of FP services in a given area, etc.)
- Health and social information such as maternal, infant, and under-five mortality rates; HIV/AIDS prevalence and the incidence of mother-to-child transmission; analyses of gender norms and other characteristics of the society that affect fertility and other reproductive health matters; human rights, women empowerment, social and economic development sociocultural issues or religious beliefs that can serve as barriers or opportunities, etc.
- The programmatic and policy environment for family planning such as management issues, including those associated with contraceptive and commodity planning, procurement, and supply chain; and frequency of stock outs; status of human and financial resources for family planning services; 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; 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, etc.

provide the rationale for the need to increase attention to family planning.

Based on insight from a desk review of recent studies on determinants of demand and uptake of family planning services and lessons learnt from family planning programming and implementation in Ethiopia, the following initial list of advocacy issues are identified and prioritized for consideration while designing family planning advocacy strategies and interventions.

- Constraints related to access and quality of family planning services
- Limited or interrupted supply and distribution of family planning commodities
- Budget allocation process for family planning, domestic financing for family planning from the federal and regional governments and identifying additional resources to meet funding needs for family planning
- Strategic gaps in enhancing community health workers skills in providing LARC removal services
- Policy and strategic gaps in availing effective and context relevant health service delivery approaches to pastoral communities
- Disparity of success amongst regions, especially pastoralist regions
- Contraceptive security and an efficient supply chain management system.
- Implementation of FP 2020 commitment of the government
- Poor multi-sectoral collaboration and coordination of government sectors for family planning promotion.

Determining Potential Target Audiences for FP Advocacy

The target audiences for family planning advocacy efforts need to be identified and prioritized based on in- formation from situation analysis, review of relevant program and policy documents and advocacy objectives formulated. When identifying target audiences for family planning advocacy, it is helpful to segment them into primary, secondary, and "opposition" audiences. Primary audiences are those who will ultimately make the policy or program decision. (we can think of primary audiences as "decision makers"). Secondary audiences are all the individual opinion leaders or groups who can influence policy-makers and policy decisions. (or, "influencers"). Opposition audiences are those who may be members of either the primary or secondary audiences and may not be pleased with the advocacy objectives and activities and require special attention and programs in the advocacy plan.

Reaching the primary audience may require mobilizing the opinion leaders (secondary audience), who might include government stakeholders or even highly visible opinion leaders in the media or various types of community leaders who can collectively create a good ground of support for family planning. FP advocates should also prioritize their advocacy target audiences by considering the level of difficulty to reach and influence each target audience so as to ensure efficiency in resource poor settings. Based on situation analysis and review of learnings from family planning programming and implementation in Ethiopia, the main target audiences suggested for FP advocacy strategies are listed below. Note that, depending on the advocacy objectives determined, a group that is categorized here as primary audience may be secondary audience and vice versa.

8 World Health Organization, Regional Office for Africa, and the United States Agency for International Development.2008. Repositioning Family Planning: Guidelines for advocacy action, the BRIDGE Project, 2008

9 World Health Organization, Regional Office for Africa, and the United States Agency for International Development.2008. Repositioning Family Planning: Guidelines for advocacy action, the BRIDGE Project, 2008

Selected Target Audiences for Family Planning Advocacy	
Primary Audiences	**Secondary Audiences**
• Politicians • Ministers of health, finance other relevant sectors such as education, Women affairs, etc. • Parliamentarians or elected representatives • Decision-makers in programs or the local government, etc. • Donors	• Government representatives • Partner organizations • Community and religious leaders, representatives of women's and youth groups, etc. • Academics, researchers, heads of professional associations, youth centers/associations • Mass media • Donors

Table 8: Target Audiences for FP Advocacy

Formulating Advocacy Objectives and Expected Outcomes

In order to design an effective and well-organized family planning advocacy strategy or intervention, family planning communication programmers need to be clear about their advocacy objectives and expected out- comes. 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, setting clear advocacy objectives that reflect what can be achieved by communicating research and information to decision-makers and those that influence them is crucial. Advocacy objectives aim for changes in the policy environment that ultimately affect family planning services and use.

Based on insight from family planning situation analysis and the key advocacy issues identified earlier, the following provisional list of advocacy objectives is presented as reference to guide design of FP advocacy strategies and interventions.

- Increasing awareness of key officials and policy and decision makers about constraints related to access and quality of family planning services
- Increasing funding, resource mobilization and government budget allocated for family planning services
- Improving family planning commodity supply and distribution systems
- Revising /adopting strategies to ensure provision of effective, context relevant and culturally appropriate health and family planning information and services to pastoral communities
- Increasing government commitment for implementation of FP2020 Commitment
- Strengthening multi-sectoral collaboration and coordination of government sectors at all levels to integrate family planning and SRH interventions for sustained attention and coordinated response for family planning promotion.
- Facilitating formation of a community alliance for family planning (e.g., among NGOs, women's groups, and community leaders) that will meet regularly and work to keep family planning high on local agendas

Networking and Partnership Building

Family planning advocacy requires building partnerships and mobilizing champions to achieve desired objectives. Thus, advocacy strategies and interventions need to identify relevant organizations and individuals to join the advocacy movement to both augment their numbers and strengthen their talent pool. Effective family planning advocacy efforts establish advocacy networks by building support for family planning in other partners and stakeholders and strengthening relationships with them. Forming advocacy networks is essential to reach much larger audiences and draw the attention of decision-makers and sustain the family planning advocacy effort over time. Formal and informal advocacy networks could be formed by implementing partner organizations, community groups and other stakeholders with shared family planning advocacy goals and objectives. To ensure effective and efficient networking for advocacy, there is a need to 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. A clear leadership structure and communication mechanisms should also be defined for the network.

Advocacy Messages and Channels

Advocacy messages and communication channels should be tailored to suit the concerns and educational levels of the different audiences. Advocacy messages need to be developed based on findings of qualitative assessments such as interviews and focus group discussions with a representative sample of the various target audiences. The final messages should be pretested with a sample of the target audience before use for actual advocacy campaigns and efforts. Family planning advocacy channels should be tailored to the target audience so as to maximize the likelihood of reaching particular people. Advocacy channels could be selected from two broad categories of channels i.e. face-to-face interaction or the mass media or a combination of channels selected from both groups could be employed to maximize effectiveness. The following tables summarizes some of the most common advocacy techniques that can be applied to family planning advocacy campaigns and activities.

Developing an Advocacy Action Plan

Once objectives, audiences, messages, communication channels, and activities have been identified, specify the people and organizations responsible for each advocacy 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 network members and partners. 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.

Implementation, Monitoring and Evaluation

During implementation of the advocacy activities, progress towards achieving the stated advocacy objectives and expected outcomes need to be continuously monitored. Feedback from monitoring needs to be used to revise implementation approaches to enhance effectiveness.

Face to Face communication	Mass media communication	Information materials and formats
- Large conferences for policy-makers such as a group of parliamentarians in national workshops and seminars - Smaller seminars and workshops where policy makers and family planning program managers can participate in exercises to develop concrete plans to advance family planning; - One-on-one or small meetings of champions with religious leaders; - Petitions, letter writing campaigns to policymakers and influencers - Direct requests to community leaders to issue public statements supportive of family planning - Study tours for leaders to see successful family planning model programs in other countries. - Training workshops to train broadcast and print journalists on how to increase and improve the coverage of population, reproductive health and family planning issues; train advocates at regional and community levels; - Field and exposure visits for media, celebrity advocates and elected officials to increase awareness on selected and prioritized FP advocacy issues	- Radio and TV spots, talk shows, public service announcements, documentary videos of FP programs, lessons, best practices, etc. - Newspaper column on family planning, reproductive health, and related issues - Social media campaigns	- Family planning communique, newspaper editorials and articles on family planning related issues, - Religious Leaders: Sermons developed or approved by religious leaders to share with others; - Media and Journalists: Fact sheets, press kits and press releases; pitch letters - Articles on family planning related topics for journalists, teachers, women's and youth groups and other audiences who can adapt them for their own use;

Table 9: Channels for FP Advocacy

ILLUSTRATIVE ADVOCACY FRAMEWORK (PATHWAYS) FOR FAMILY PLANNING

An illustrative family planning Advocacy framework is presented below as reference to help guide family planning programmers and communicators in designing family planning Advocacy strategies and plans.

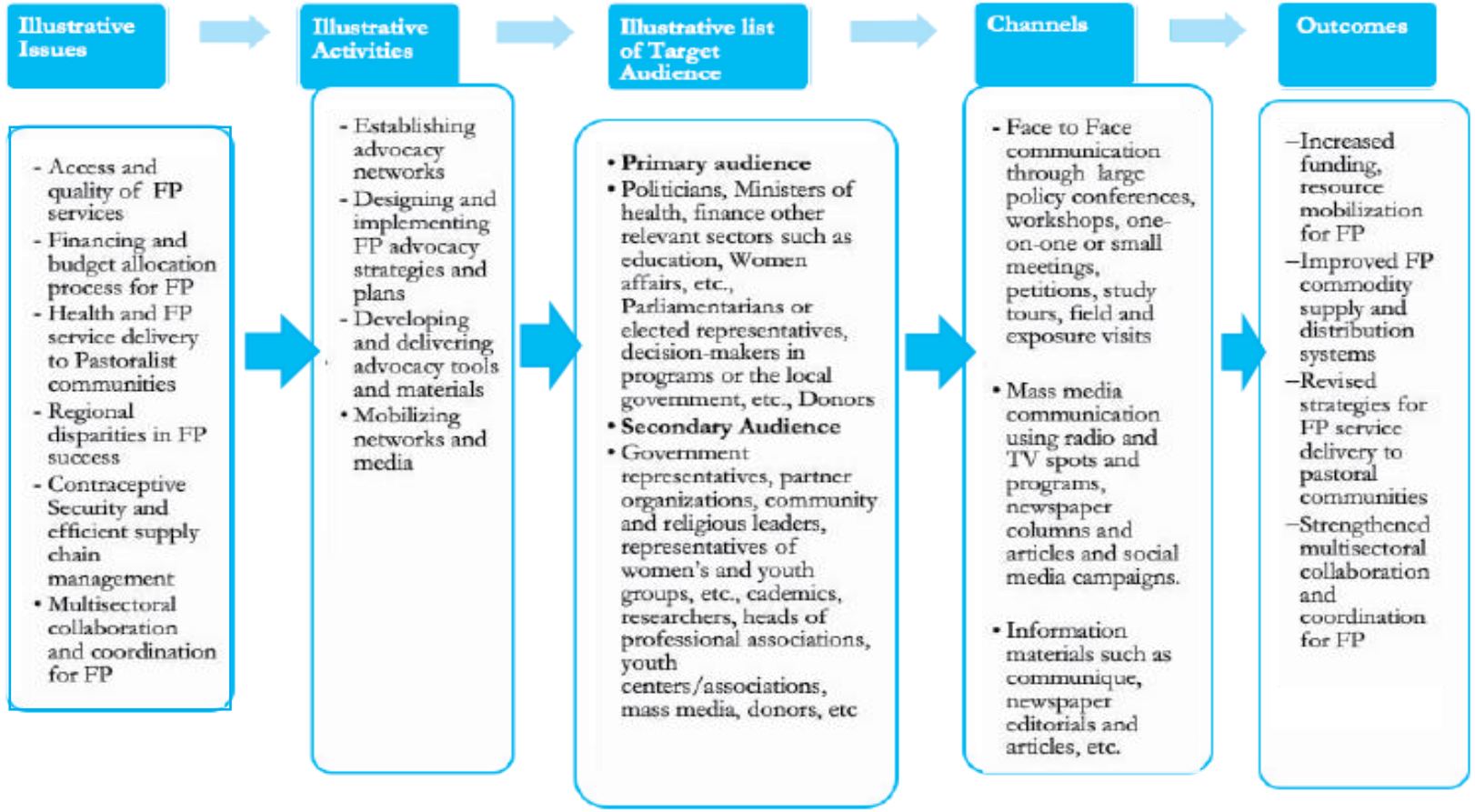

Figure 5: Illustrative Advocacy Framework for Family Planning

5. CONVEYING FAMILY PLANNING MESSAGES

5.2. WORKING WITH MEDIA PROFESSIONALS ON FAMILY PLANNING

The media are the most powerful and cost-effective communication channels available for reaching policy audiences, civil society, and the general public. Engaging the media is a highly effective approach for reaching wide audiences and influential people to promote and advance family planning and helps to reinforce messages disseminated through other channels. Different types of media reach different audiences. Thus, choice of media and specific channels need to consider audience segmentation. TV and radio especially reach more people than do the print media. Health programs frequently use mass media as part of a package of interventions to influence the individual, family, peer group, and/or community simultaneously. Mass media should be linked with other SBC approaches, such as interpersonal communication or community group engagement, and/or investments in service delivery improvement for greater impact.

Family planning programmers need to understand that the media cares about family planning because family planning is newsworthy. This is because 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.

5.1.1. WHAT THE MEDIA CAN DO TO ADVANCE FAMILY PLANNING

The media plays a key role in determining the most important issues of the day, by deciding what information will be published or aired. The media informs 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 influences policymakers. This, in turn, stimulates public debate and helps to build constituencies around the programs 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, with meaningful consent secured from all individuals interviewed, could undertake the following family planning promotion activities:

- Cover family planning program successes, including the introduction of new contraceptive technologies and improvements in quality and expansion of services and coverage, tell the story of how family planning has changed the life of an individual or a family, etc.
- Tell an economic growth story spotlighting the benefit of delaying first birth to support families to save resources and show how family planning offers life-saving benefits and how much more it could do to save the lives of mothers and children.
- Conduct Interviews: Interview women who state that they need family planning but are not using any type of contraceptive and ask why this is the case, interview the youth about family planning and their perceptions of health facilities providing family planning services and health provider attitudes , interview youth-friendly service providers and family planning technical experts on the need and demand for family planning in a woreda that is not being satisfied, the number of contraceptive stock-outs that occur in the woreda, the selection of contraceptives available, and how often married or unmarried youth frequent the health facility.
- Interview supportive policy-makers, family planning program managers, health specialists, family planning advocates, youth group leaders, and adolescents concerned about SRH issues.
- Visit a health facility and see what the quality of services is like. How many different types of contraceptives are available? Have there been shortages recently?
- Give coverage to relevant international treaties and conventions that Ethiopia has supported, and demonstrate how family planning is linked to them and how it could make a significant contribution to their achievement.
- Offer free airtime for topics on family planning, produce and air FP related edutainment programs, serial radio drama, interactive and real radio spots, organize televised debates or panel discussions on family planning and broader issues.

5.1.2. APPROACHES TO ENGAGE THE MEDIA FOR FP PROMOTION

Family planning programmers and advocates need to design targeted strategies to engage the media in promoting demand and uptake of family planning and advancing the family planning agenda in Ethiopia. Some of the suggested strategies and approaches to engage the media are outlined belo

Training workshops: broadcast and print journalists can be trained on how to increase and improve the cover- age of population, reproductive health and family planning issues.

Site visits: Field visits can be organized for media representatives and journalists to increase their awareness on selected family planning issues and document lessons, challenges, best practices from FP programming on the ground and broadcast in their respective media. All journalists but particularly broadcast journalists are interested in stories with visual components.

Media forums: A regular forum of journalists and media house representatives who commit to advance FP issues could be convened to share updates and coordinate media FP promotion activities

Providing immediate information: Family planning programmers and advocates need to

provide immediate information in times of controversy or adverse events related to family planning by preparing and providing position statements

Story pitches: Pitching can help draw reporters' attention to a particular story. Thus, family planning communication programmers and advocates need to pitch media with story ideas that are timely and relevant to their audiences. The goal is to get journalists interested in a story so they will ask for additional information and cover it and/or an op-ed or Letter to the Editor approved by the news outlet.

Media advisory: An advisory is used to alert or remind media of a newsworthy announcement or event and includes basic information, often in bulleted form.

Press releases: A press release is a written statement, distributed to media through personal contacts or a wire service, intending to solicit interest in a new or developing story, a new report, or an upcoming event.\

Press conferences: Press conferences offer an opportunity to speak to, and receive questions from, multiple news outlets at one time. Press conferences are most successful when they are timed to a specific newsworthy event, they are combined with a campaign launch, they are tied to the release of new statistics or information (such as the release of research findings or a new report) and when they give the media access to one or more high-profile individuals for interview.

Recognition: Recognition of responsible reporting helps to maintain interest in family planning coverage and sustain media engagement and role. Family planning advocates can organize a contest for journalists and present a prize or award for the best family planning news coverage at a high-level event.

5.1.3. USING SOCIAL MEDIA FOR FAMILY PLANNING PROMOTION

As internet access continues to expand, 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. Increasingly, online communication via social media is facilitating interactions and reshaping the way health information is delivered as well as the expectations of how information is received. Nearly 1 in 4 people worldwide use online social networks, most of which is driven by mobile access. Many of them are going online to research health questions or find support from a community. In addition to allowing people to connect, social media is becoming an effective tool for raising awareness and increasing engagement among key policymakers and stakeholders. When used strategically, social media can amplify family planning awareness and advocacy efforts.

Determining Social Media Goal and Strategy for FP Promotion

In order to use social media for family planning promotion, a social media goal and strategy should be deter- mined using the POST method as follows

P = People: Involves identifying the primary, secondary and opposition audience as well as determining which partners to work with to expand targeted reach.

O= Objective(s). Involves defining the objectives to accomplish with the social media campaign/activity. This could be to build followers, to provide real time information on a FP issue/topic, to create on-site engagement to drive users to FP advocacy landing page, to develop a sense of community, to raise funds, to create a call to action, etc.

S = Strategy. Involves determining what will change if the social media effort is a success.

T = Technology. Involves determining what social media tools should be used to achieve all of the above.

Major Categories of Social Media Tools

Family planning communication programmers and advocates may use various social media tools to raise awareness, promote dialogue and mobilize support for key family planning issues. Below is a provisional list of available social media tools that can be used for this purpose as necessary. FP communication programmers and advocates need to analyze and segment the available social media tools based on the type of audience they are targeting for efficiency and effectiveness.

- **Blogs:** A blog is a website that is updated over time used for sharing information and starting conversations on any topic.
- **File hosting or sharing services** (E.g. Slide Share) are websites that allow anyone with an account to upload documents such as slideshows, short videos, and documents. Once posted online, others can view, comment upon, and download the files.
- **Photo sharing services** (E.g. Facebook, Instagram, etc.): A picture is worth a thousand words, and photo sharing sites allow you to upload, organize, and share these images. What makes it social is the ability to comment on photos and create a discussion started by an image.
- **Video sharing services** (E.g. You Tube, UStream) allow users to upload video in a common location to be viewed by others.
- **Social networking sites** (E.g. Facebook, LinkedIn) allow individuals or organizations to set up a profile and connect with others who have a shared interest. While initially viewed as primarily for young people, today all age groups use social networking sites as a way to connect, share, and collaborate.

5.2. WORKING WITH COMMUNITY /RELIGIOUS LEADERS ONFAMILY PLANNING

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. 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.

5.2.1. ROLE OF COMMUNITY/RELIGIOUS LEADERS TO ADVANCE FAMILY PLANNING

Community and religious leaders can become partners who actively enhance the position of family planning in the community and help mobilize resources. The most influential community leaders in the Ethiopian context are religious leaders, clan leaders, women and men group leaders, kebele administration officials, etc. Some of the activities these community leaders could undertake to

Religious Leaders	Woreda and Kebele Administration Officials
• Initiate formation of coalition of religious leaders and 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 to discourage early marriage and early childbearing. • Promote the inclusion of family planning education in faith-based services. • Counsel men, women, and couples on parenthood, birth spacing and gender equity. • Encourage youth people to abstain and delay childbearing	• 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 sensitizing community members on family planning and mobilize community agencies and organizations to support family planning. • Increase family planning access by underserved populations.
Clan Leaders/Traditional Leaders	**Women/Men group leaders**
• Help organize 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 practicing family planning and making public statements about its benefits. • Support the creation of a cadre of health volunteers who provide family planning information and counselling in the com- munity.	• Form coalition of supportive community organizations to make family planning a high community priority. • Invite family planning providers as speakers at community meetings and organizations. • 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 in other community group meetings emphasizing the benefits of birth spacing for infant and women's health.

5.2.2. APPROACHES TO ENGAGE COMMUNITY LEADERS TO ADVANCE FAMILY PLANNING

Family planning programmers and advocates need to provide information, tools, and other support to community leaders in order to motivate them to take sustained action and engage them in advancing family planning at community levels. Some of the approaches suggested to engage community leaders are outline below

- Create opportunities for community and religious leaders to join other leaders like them as well as supporters to discuss how to promote family planning.
- 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 to use with their constituencies.
- Provide training or information sessions on how to communicate effectively.
- Assist leaders in organizing seminars or conferences on family planning or preparing talks for the media or presentations for schools or organizations.
- Give leaders positive feedback to let them know how they are doing in contributing to the welfare of their communities.

6. INCLUSIVENESS IN FAMILY PLANNING

One of the pillars of the 2030 Agenda for Sustainable Development is the pledge to 'leave no one behind.' Improving equitable access to quality health services including health promotion is one of the strategic focus areas of Ethiopia's HSTP which states that equity in accessing health services and health outcomes is an important development agenda for the country[11]. Ethiopia has achieved rapid progress in increasing CPR, but wide dis- parities between the richest and poorest quintiles may have adverse effects on economic opportunity among the poor. With the formulation and implementation of HSTP, Ethiopia has begun to improve equity, and in 2016, the gap in demand satisfied between the richest and poorest quintiles decreased to around 33 percentage points[12]. Wealth-based disparities in CPR can contribute to differences in fertility decline between the richest and poorest quintiles. Ethiopia's experience suggests that operating at scale is necessary for rapid progress, but in the absence of targeted programs and resources, the poor and other marginalized groups may be overlooked. In addition to integrating inclusive measures into reproductive health policies and strategies to monitor progress, there is a need to increase investment in family planning demand creation targeting the poor, vulnerable and marginalized population groups.

Some of the most vulnerable and marginalized groups for family planning in Ethiopia include unmarried adolescents and youth, the urban poor, rural pastoral communities, people living with HIV, people with disabilities and, internally displaced people and refugees. In different contexts, all these groups can experience difficulties in accessing family planning information and services. Whilst

access to FP information and services has improved greatly for the general population, these population groups have so far been left behind from accessing targeted family planning promotion and services. Below are some of the recommended actions to ensure inclusiveness of family planning demand creation and service delivery approaches in reaching the most vulnerable and marginalized groups in Ethiopia.

6.1. PASTORALIST COMMUNITIES

Pastoral communities are amongst the most underserved and hard to reach populations facing increasing challenges in accessing FP information and services. In order to improve the health of these marginalized populations, governments must be willing to invest resources and implement policies to provide better services in rural, pastoralist regions. Policy supporting education and promoting positive reproductive health practices can also aid in improving the reproductive health outcomes of pastoral populations13. Some of the key actions that need to be taken to address the family planning needs

- Training and engaging TBAs to support FP promotion efforts
- Recruiting CHWs from the local pastoral community
- Designing special health and family planning information and service delivery approaches (such as mobile health clinics, use of volunteer healthcare workers) integrated into the existing health system and infrastructure.
- Engaging healthcare providers serving pastoral communities in the design, implementation and scaling up of effective and sustainable family planning interventions.
- Actively involving pastoral community members and leaders in the planning and implementation of family planning promotion programs to ensure that their needs and concerns are addressed.
- Engaging male partners and male community and religious leaders who have the potential to increase family planning service utilization as they have decision- making powers.
- Strengthening mobile outreach services on both supply and demand for contraceptive services.
- Strengthening community outreach initiatives in rural and hard-to-reach pastoralist areas by engaging community-based contraceptive distributors, community health workers (CHWs), health extension workers, etc.
- Utilization of pastoral communities cultural and social networks as well as cultural communication and information exchange platforms

6.2. UNMARRIED ADOLESCENTS AND YOUTH

Some of the actions to address the family planning needs of unmarried adolescents and youth include of pastoral communities include

- Promoting policy and practices supporting SRH programs to provide age-appropriate and culturally relevant education to foster knowledge and skills of adolescents and youth on various SRH related issues[14].
- Advocate for a multi-sectoral approach engaging health, education and youth sectors to ensure availability of and referral to youth-friendly services, including sexual and reproductive health.
- Promote ways of reaching out-of-school youth with peer counseling and SRH, in collaboration
- with NGO partners, particularly to reach most vulnerable young people, children with disabilities, pregnant adolescents, adolescents living with HIV, sexually exploited youth, street children/youths etc. who can more easily be engaged in non- school settings.
- Adapt SRH services to meet young people's priorities, including addressing concerns around side effects and positioning contraception as a tool in service of young people's life goals, within and beyond their desires to start a family.

6.3. WOMEN AND GIRLS IN HUMANITARAN SETTINGS

International standards and guidelines dictate that special efforts should be made to provide comprehensive contraceptive information and services to women and girls in humanitarian settings (such as refugees and internally displaced women and girls) in crisis settings. Even though women and girls in these settings groups have a particular need for contraceptive information and services due to exposure to sexual violence, they often lack access to such services because they are cut off from their normal sources of supply. Some of the actions than need to be taken to address family planning needs of women and girls in humanitarian settings include

- Advocating for guidelines and standards for family planning/contraceptive information and service delivery to reach displaced women and girls
- Integrating family planning counseling and service delivery approaches with in routine relief services provided by humanitarian organizations.
- Ensuring the availability of supply and distribution of contraceptives for women and girls in displaced populations.
- Avail targeted and context appropriate IE/BCC materials to promote use of family

6.4. WOMEN AND GIRLS WITH DISABILITIES

Some of the promising practices to address the family planning needs of women and girls with disabilities include[15]

10 Federal Democratic Republic of Ethiopia Ministry of Health. Health Sector Transformation Plan 2016-2020
11 Kaitlyn Paterno, Imelda Feranil and Meghan Reidy.2018. Enhancing Family Planning Equity for Inclusive Economic Growth and Development; Policy Brief, Population Reference Bureau, April 2018
12 Moazzam Ali, Joanna Paula Cordero, Faria Khan and Rachel Folz. 2019. 'Leaving no one behind': a scoping review on the provision of sexual and reproductive health care to nomadic populations Women's Health (2019) 19:161 https://doi.org/10.1186/s12905-019-0849-4

- Actively partnering with local disability service organizations to ensure inclusion of women and girls with disabilities in the development of family planning policies and programs.
- Peer education to improve the awareness of people with disabilities on FP methods and services.
- Addressing care givers and communities' attitudinal barriers towards PWDs use of contraceptives
- Tailoring key awareness-raising and educational messages on family planning to the needs of people with dis- abilities. Engaging family members on family planning interventions to create enabling environment to improve access and uptake of family planning.
- Strengthening community outreach family planning services for people with disabilities.
- Ensuring family planning services are accessible to women and girls with disabilities.
- Address issues related to access and uptake of family planning disaggregated by type of impairment (disability) as the barriers to demand and uptake of family planning services vary by type of disability[16].

6.5. ADOLESCENTS AND YOUTH WORKING IN EMERGING RISK CORRIDORS

In Ethiopia, evidences reveal that adolescents working in large commercial farms, industrial parks and development sites such as sugar plantations and construction sites are at high risk for SRH issues due to their casual or seasonal mobility and limited access to SRH information and services. Thus, FP programmers and communicators need to promote

- Promote integration of AYSRH/FP programs with livelihood opportunities
- Design and implement work place youth friendly SRH education and counseling services
- Strengthen outreach SRH/FP education, counseling and service provision to reach adolescents and youth in these settings.

7. ISSUES AND RISK COMMUNICATION IN FAMILY PLANNING

7.1. ISSUE MANAGEMENT COMMUNICATION IN FP

In issue management communication, an issue is a public question that has generated some interest by stakeholders. Questions about safety and side effects of family planning methods, especially LARC, for example, have generated concern among some community members and leaders and resulted in recent politicization. This concern may spark a great deal of public debate. Issues management involves using communication to influence how the country or family planning actors/partners respond to the issue and how it is potentially resolved. Communicators must inform and persuade the public in the hope that they will plan for and respond appropriately to family planning related issues raised as concerns by the public. Family planning programmers and communicators should provide immediate information in times of controversy or adverse events by

13 UNFPA and World Health Organization 2015. All rights reserved.: Ensuring human rights within contraceptive service delivery: implementation guide
14 Fraser, E and Corby, N (2019) Family Planning for women and girls with disabilities, Disability Inclusion Helpdesk Research Report No. 2 (pilot). London, UK: Disability Inclusion Helpdesk.
15 FHI 360, USAID, Ministry of Health.2017. How access and uptake of family planning varies by type of impairment: Case of Addis Ababa, Ethiopia

- Maintaining a trusted reputation as a credible source of objective information.
- Designating a spokesperson and train that person to interact with the media in times of controversy.
- Developing position statements and community allies before there is a need to address anticipated controversial topics such as equating family planning to promiscuity, adverse medical events of contraceptives, and religious opposition.

7.2. RISK COMMUNICATION IN FAMILY PLANNING

In some cases, a family planning issue could slowly and continuously develop in to a public health risk. Such risks require risk communication campaigns to share information and change behavior and beliefs vital for protecting health and saving lives. Effective risk communication in public health requires knowledge of the nature of the risk and of the benefits and adverse effects associated with acceptance of the risk. Public health risk communication campaigns should be based on risk analysis and rumor tracking, and should be adapted to the social context of the target group. Such campaigns should bring together a diverse range of expertise in the field of communication and social sciences in order to achieve public health goals and must utilize the most appropriate and trusted channels of communication and engagement. Through risk communication, the communicator hopes to provide the audience with information about the expected type and magnitude of an outcome from a behavior. Typically, health risk communication involves a discussion about adverse outcomes, including the probabilities of those outcomes occurring. The key principles of health risk communication are:

- **Timing:** Announce early. Risk communication needs to be initiated early in the course of the occurrence of the event.
- **Trust:** Trusted source should convey the health risk communication for gaining the confidence of the community.
- **Transparency:** Ensure visibility and ease of accessibility of information.
- **Empathy:** Health risk communication needs to convey the concern that the government shares with the community and with those afflicted with the public health issue.
- **Factual context:** The uncertainties regarding the epidemiological facts, the extent of problem, ability of the government to control the health issue, resources required and the constraints need to be communicated in the factual manner, no speculations or guess is to be conveyed.
- **Invalidate rumors:** Rumors could generate due to lack of available information or delays in release of information from the trusted and reliable sources. Thus, health risk communication needs to address such rumors.

The seven cardinal rules of risk communication, developed by Covello and Allen (1998)

- Accept and involve the public as a partner. The ultimate goal of a public health risk communication strategy is to produce an informed public, not to defuse public concerns or replace actions.
- Plan carefully and evaluate the outcome of the communication efforts.
- Listen to the public's concerns. People often care more about trust, credibility, competence, fairness and empathy than about statistics and details
- Be honest, frank and open. Trust and credibility are difficult to obtain; once lost, they are almost impossible to regain.
- Work with other credible sources. Conflicts and disagreements among organizations make communication- with the public much more difficult.
- Meet the needs of the media.
- Speak clearly and with compassion. People can understand risk information, but they may still not agree and some may not be satisfied.

7.3 . HEALTH RISK COMMUNICATION FRAMEWORK

Health risk communication needs to reach various target audiences through multiple channels. A provisional list of target audiences, potential health risk communication objectives and communication channels are presented in the table below as reference.

Target Groups	Objectives	Medium	Expected outcome
Affected population/ community	To avoid confusion or fear among masses To create awareness among public To inform about symptoms & prevention	Print Media- IE Radio/TV Social media	Reduce the level of confusion or fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. Knowledge followed by behavior change for prevention of disease
Partner organizations/groups	To build consensus and ensure coordinated response	Face to face meetings, events	Ensure common understanding of the severity and impact of the health risk and coordinate resources and efforts for effective response
Media	Provide timely and updated information on the health risk	Press conferences, media briefs	Ensure access to timely and updated information that can be conveyed to the affected community and general population through media

8.FINANCING, COORDINATION AND SUSTAINABILITY FOR FAMILY PLANNING

8.1. FINANCING

Ethiopia's per capita spending on health has been increasing in the last decade largely due to the aggressive efforts to mobilize international funding and implementation of the health care financing reform (HCFR) in the country17. The government of Ethiopia is also committed to a progressive increase of financing to family planning services through its FP2020 commitment. The government of Ethiopia has endorsed a Costed Implementation Plan (CIP) for Family Planning from 2015– 2020

to increase the number of women in Ethiopia currently using modern contraception from approximately 6.2 million users in 2014 to 10 million users in 2020. The full implementation of the CIP was projected to cost 6.2 billion Ethiopian Birr (ETB) or US$285 million between 2015 and 2020.

Financing for family planning services in Ethiopia currently comes from three main sources: the government (from general and domestic tax revenues), international development partners, and households (in the form of out of pocket payments). These sources pay for a mix of family planning costs, including family planning commodities, other consumables, and service delivery (e.g., human resources and overhead), depending on the sector (e.g., public, private, or NGO) in which services are provided18. However, situation analysis indicates that supply systems that support family planning are not reliable, which results in poor access to quality assured contraceptive supplies and equipment and in inadequate financing options for individuals and governments. Stock- outs of contraceptives occur regularly due to forecasting problems, inadequate systems of supply and logistics management, and limited funding due to lack of national budget lines and a dependence on international donors.

In order to address the limited financial commitment to family planning from domestic sources commensurate with need, the FMOH needs to mobilize partners and stakeholders to advocate within the MOFED and Parliament for increased funding within national and regional budgets. This approach will ensure that the national- budget includes a growing line item for FP programming that meets the increasing demand for FP services as BCC and FP access activities expand over the next decade. Similar advocacy efforts should be conducted at the regional level to establish line items for family planning in regional government budgets. Regions that already have a line item for FP commodities will strive to increase their budgets while also advocating additional budget lines for FP programming and the purchase of supplies and consumables needed for high-quality FP service delivery. Social marketing, franchising systems, and other public- private partnerships should also be strengthened. In addition, community level efforts to mobilize resources for family planning need to be supported and strengthened.

8.2. COORDINATION AND SUSTAINABILITY

Strengthening coordination and ensuring sustainability of family planning communication strategies and interventions is critical to achieve desired communication objectives. Below are some of the suggested actions to strengthen coordination and ensure sustainability of FP communication interventions.

- **Strengthening coordination among family planning actors for family planning message and materials harmonization and standardization:** A guideline outlining an efficient process for message and material harmonization among partners working in family planning communication is required to harness coordination and efficiency in design and implementation. Family planning communication materials developed by partners should go through a technical review process managed by the FP technical working group chaired by the FMOH.

  Strengthening coordination to harmonize family planning demand and supply: Coordination among family planning actors and partners is also essential to harmonize family planning supply and demand activities so as to increase and sustain demand for services. Collaboration between family planning SBCC and service delivery partners will ensure coordinated design and rollout of communication strategies, branding, provider training, commodities and supplies.

- **Strengthening multi sectoral coordination:** Effectiveness of family planning communication programs and campaigns depends on availability of a functional multi sectoral coordination platform at federal, regional, zonal and woreda levels. The health sector at different levels need to strengthen coordination and multi sectoral collaboration with other line sectors, including Finance and Economic Development, Education, Agriculture, Women, Children and Youth Affairs, amongst others.
- **Promoting Public Private Partnerships:** The health sector needs to take the initiative to reach out to private sector organizations providing FP services, including social franchises to identify opportunities for collaboration and partnership and leverage the resources already available in the private sector to effectively increase demand and access to high-quality FP services and products.
- **Integrating FP communication with existing community health and none health programs:** In order for FP communication programming to be sustainable, it will be necessary to ensure that FP is integrated into community health programs such as maternal and child health programs as well as none health programs. This can be done by first identifying existing community services and networks and then working with them to develop an action plan for FP discussions as an ongoing part of their activities. For example, FP discussions can take place during traditional events and festivals, through the activities of religious and women's organizations, and at meeting places for men.
- **Promoting ownership:** Promoting ownership of family planning communication guideline and strategies by the different stakeholders and audiences is an essential sustainability strategy. FP communication strategies and plans need to ensure that each stakeholder takes and feels ownership of the purpose of the communication activities that are carried out by engaging them starting from planning through, implementation, monitoring and evaluation phase of the communication activity.

9. MONITORING AND EVALUATION

Monitoring the progress of FP communication activities is critical for successful implementation of a communication strategy. Data must be recorded, and successes and lessons learned should be documented so that program improvements can be made and best practices scaled up. Family planning communication and service delivery partners need to collect routine data including client family planning service seeking behavior, client feedback on family planning services and providers, insights on perceptions of service quality including provider stigma and gaps, changes in beliefs and attitudes among clients and providers, and effective family planning demand-creation channels and techniques. Collecting such information can be used to modify the content and messaging of SBCC campaigns and activities, modify communication and message delivery approaches and revise channel selection. Thus, family planning SBCC and service partners should regularly review service statistics and client feedback to identify performance gaps and opportunities for improvement. This can be done through regular meetings to review monthly or quarterly reports on community activities and service statistics.

16 MOH. Health Sector Transformation Plan 2015-2020

17 Fagan, T. and A. Dutta. 2019. Opportunities for Achieving Sustainable Family Planning Financing in Ethiopia. Washington, DC: Palladium, Health Policy Plus.

Measuring performance against set targets in the communication strategy is also crucial to generating essential information to guide strategic investments and operational planning. Evaluation measures whether the behavioral communication objectives have been achieved through specific intervention activities and provide insights into lessons learned and promising practices. Setting key indicators of success is an essential component of any health communication strategy and guides performance monitoring and evaluation efforts. Some generic but standard indicators for family planning behavior change that could be measured through continuous monitoring and evaluation include:

- Percent of audience reporting exposure to family planning messages on radio, television, electronic platforms, or in print, how they have heard the message, the frequency of exposure to the messages
- Percent of audience who recall hearing or seeing a specific family planning message, method, practice, or service
- Percent of audience with a favorable (or unfavorable) attitude toward a family planning method, practice, or service
- Percent of audience who perceive risk in a given family planning related behavior
- Percent of audience who believe that the recommended family planning behavior, practice, method will reduce their risk (E.g. percent of the target audience surveyed who believe that using a modern FP method will reduce their personal risk for adverse health outcomes)
- Percent of family planning nonusers who intend to adopt a certain family planning practice in the future
- Percent of audience who practice the recommended family planning behavior

Monitoring and evaluation of family planning communication interventions and activities rely on gathering and analyzing data pertinent to the status of key success indicators identified. One or more of the following methods may be used to generate data to monitor and evaluate the effectiveness of FP communication strategies and activities

- Baseline and follow-up evaluation surveys. These surveys could be undertaken to measure changes on target audiences KAP by comparing the situation immediately before implementing the communication strategy and right after implementation.
- Conducting pre and post Audience awareness surveys to assess if audiences have heard a radio/TV pro- gram or spot during a specified period of time and measure the impact of a communication intervention on individual's knowledge, attitudes and practices.
- Interviewing clients who were exposed to the FP communication activity or holding group discussions to obtain feedback on activities from clients as well as service providers.
- Observation of family planning service providers to evaluate how well they are carrying out their part of the activity and whether it is making any difference and conducting exit surveys by asking family planning clients about their experience at the health facility
- Review of national and regional level FP service statistics to see if FP uptake is increasing, if certain types of clients are adopting FP, which methods are most used, etc.

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