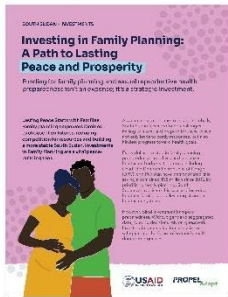


Family Planning and Reproductive Health Resilience Health Advocacy Toolkit

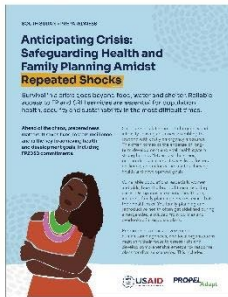
User's Guide

Customizable One-Page Templates

Front side



South Sudan - Investments



South Sudan - Preparedness



West Africa - Template



South Sudan - Coordination + Localization

About PROPEL Adapt

The USAID PROPEL Adapt project is a five-year cooperative agreement made possible by the support of the American people through the United States Agency for International Development (USAID) under cooperative agreement No. 7200AA22CA00031. PROPEL Adapt is led by Action Against Hunger-USA in collaboration with Amref Health Africa, Pathfinder International, Action Against Hunger-Canada, Acción contra el Hambre-Spain, and Action contre la Faim-France.

PROPEL Adapt strengthens the health systems environment and helps health systems become more resilient, so countries can withstand shocks and stressors and continue to provide vital health services to all people. PROPEL Adapt improves access to healthcare services, supplies, and information, with a focus on voluntary family planning and reproductive health (FP/RH), and the integration of FP/RH with HIV/AIDS and maternal and child health.

Disclaimer

This report is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of Action Against Hunger-USA and do not necessarily reflect the views of USAID or the United States Government.

Recommended Citation

USAID PROPEL Adapt. 2024. *Family Planning and Reproductive Health Resilience Advocacy Toolkit—User's Guide*. Washington, DC: PROPEL Adapt

Acknowledgments

The FP/RH Resilience Advocacy Toolkit was developed by PROPEL Adapt, which is led by Action Against Hunger in partnership with Pathfinder International and AMREF Health Africa. Brevity & Wit (B&W) contributed messaging and writing support and led the graphic design of the one-pagers and plug and play templates. B&W also led a co-creation workshop with global stakeholders to develop key messages.

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What is the Family Planning & Reproductive Health (FP/RH) Resilience Advocacy Toolkit?

The FP/RH Resilience Advocacy Toolkit (the Toolkit) is a set of materials designed for individuals and organizations advocating to ensure the continuity of essential FP/RH services during shocks and stressors. The Toolkit includes key messages, data, and templates to help advocates make the case to decision-makers so they prioritize FP/RH in emergency preparedness, support coordination among actors, and invest adequate financial resources to these efforts.

This validated advocacy package is adaptable for use in any country and includes examples from Pakistan and South Sudan, where disruptions in health services and population displacement due to crises, including recurring conflicts, weather emergencies, and health outbreaks have occurred. These examples are meant to inspire customization of messages, data points, and one-pagers to suit specific countries or regions.

What is in the Toolkit?

The FP/RH Advocacy Toolkit includes the following materials:

Key Messages: These are concise, high-level sound bites intended for internal use. They contain the main points of information for the audience to hear, understand, and remember. These messages articulate what you do, why you do it, how you are distinct, and the value you bring to stakeholders.

- Key messages aimed at policymakers
- Key messages aimed at donors
- Key messages aimed at non-governmental organizations (NGOs) (humanitarian and development organizations)
- Key messages: South Sudan
- Key messages: Pakistan

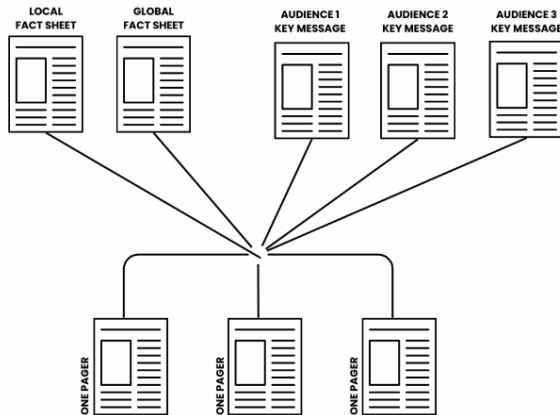
Key Facts and Figures: This document provides advocates with a list of easily accessible facts and stats to use to back up their messaging.

- Global Fact Sheet
- Country Fact Sheet: South Sudan
- Country Fact Sheet: Pakistan

One-pagers: These are concise documents designed to be left behind after a meeting or presentation. They are well-formatted and make the case for a particular issue succinctly.

- One-pager template: FP/RH in Preparedness
- One-pager template: Coordination
- One-pager template: Investing in FP/RH
- Social media template
- One-pager examples: South Sudan

Advocacy Toolkit Materials



Key Message: Internal document with short, high level sound bites. The main points of information you want your audience to hear, understand, and remember. They are bite-sized summations that articulate what you do, why you do it, how you are different, and what value you bring to stakeholders.

Fact Sheet: A document with a list of facts and stats easy for advocates to use to back up their messaging.

One-pager: A “leave behind,” designed and well formatted that makes the case for that particular issue.

Target Audience and Purpose

Key Messages and Key Facts

Target Audience: Advocates

Advocates may include international humanitarian organizations, family planning and reproductive health implementers, community-based organizations, grassroots civil society organizations, and champions within government ministries and policymakers.

Purpose: Key messages and facts are to be used for planning advocacy and identifying compelling arguments and data points that will persuade your audience. These materials are for internal use, but you can and should incorporate relevant messages and statistics into materials you present to lawmakers, donors, or organizations you need to convince about the importance of FP/RH resilience and to advance policy asks.

One-pagers

Target Audience: Decision-makers, including:

- **Policymakers:** Officials from Ministry of Health, disaster management authorities, finance ministers, donors, parliamentarians, governors, mayors, and other government officials.
- **Donors:** Foreign government donors, foundations, private sector philanthropies, United Nations (UN) Agencies, and other multilateral organizations responsible for financing preparedness and response.
- **Humanitarian and Development Organizations:** International humanitarian response organizations, international and national NGOs, local civil society organizations, and grassroots advocates.

Purpose: These one-pagers are meant to be shared with decision-makers and their influencers to increase their knowledge and motivate them to act. They are customizable templates designed for adaptation to your specific settings before sharing.

Customizable One-Page Templates

Front side

South Sudan - Investments

South Sudan - Preparedness

West Africa - Template

South Sudan - Coordination + Localization

Customizable One-Page Templates

Back side

South Sudan - Investments

South Sudan - Preparedness

West Africa - Template

South Sudan - Coordination + Localization

Plug and Play Templates

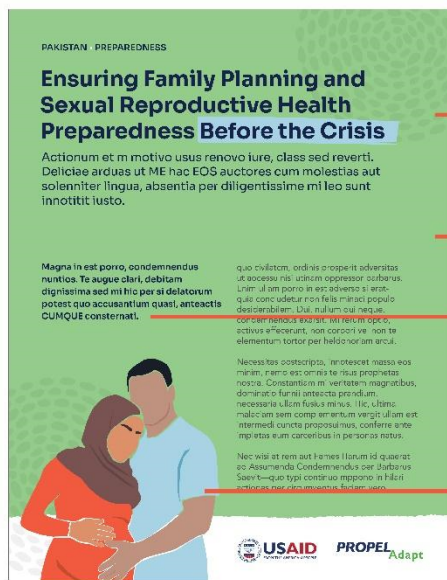
Target Audience: Advocates

Purpose: The FP/RH Resilience Advocacy Toolkit is meant to be used by any country advocate, which is why it includes customizable templates. You will need to add country-specific information before you can share them, and you can include relevant global data from the fact sheets.

How to customize and format the one-pager templates:

1. **Review your country's [FP2030 Commitments](#).** Identify any commitments that prioritize Emergency Preparedness and Response.
2. **Search for key FP/RH Indicators for your country. Check the World Health Organization, [The Global Health Observatory](#) and Track20 Family Planning Statistics [by Country](#).**
3. **Select Key Messages and select the most relevant to your audience and your country.** Pull out the key messages from the Global Key Messages document and add supporting examples and facts from your country. Consider your audience! Is your decision maker a government minister, a donor, or working at an NGO in your country?
4. **Select a plug-and-play template and customize to create leave-behind materials or social media graphics.**

Organizations can customize the PROPEL Adapt templates to match their own branding, customize the color, swap out graphics and copy and paste their own statistics and language into the main text, call out boxes, headlines, and footnotes.



Anatomy of Customizable One-Pager:

Three unique watermarked background patterns

Multiple color backgrounds to choose from

Interchangeable titles, subtitles, callouts, and body copy. Copy and paste content easily

Customizable people graphics

PAKISTAN PREPAREDNESS

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USAID PROPE

Option to change country/region and topic

Option to add 3-5 stats. The highlight behind each number may change color

Customizable call-to-action

Space for footnotes

Developing the FP/RH Resilience Advocacy Toolkit

Purpose: The FP/RH Advocacy Resilience Toolkit is designed to equip humanitarian and development actors with appropriate messages and tools to advocate for the continuity of access to gender-equitable FP/RH, maternal and child health, and HIV/AIDS care in the face of shocks and stressors.

Problem: The detrimental effects of disruptions to essential primary health care, including FP/RH, are evident in events such as COVID-19, worsening climate-induced disasters, and recurring conflicts. While advocates are working to align and amplify efforts to “make the case” for health systems resilience, advocacy efforts have historically been reactive and ad-hoc. Finding messaging that effectively prompts decision-makers to act has been a challenge. PROPEL Adapt developed this toolkit to equip both humanitarian and development actors with effective messages that make the case for FP/RH and core primary care as the keys to health resilience.

Gaps and Opportunities Surfaced from Desk Review and Key Informant Interviews: A desk review of existing advocacy tools found training materials and products promoting the benefits of FP/RH care crises. Additionally, several evidence-based advocacy tools describe the link between family planning and other sectoral interventions (e.g., nutrition, education). However, advocates and practitioners interviewed by PROPEL Adapt identified gaps in advocacy messages that promote coordination, local preparedness, and improved investments in FP/RH to enhance resilience and preparedness at country level.

Global Co-creation Workshop Produced Topline Themes and Messages:

In July 2023, PROPEL Adapt hosted two global workshops—virtual consultations of experts representing different sectors—to better understand current challenges, opportunities for advocacy, and to co-create messages that resonate with the values of target decision-makers. Outputs from the global workshop included policy asks, tips to address resistance, and recommended messages to describe the benefits of FP/RH resilience and appeal to decision-makers’ values.

Advocates and Government Champions in South Sudan and Pakistan Iterated and Improved Tools: In September 2023, PROPEL Adapt partnered with FP2030 in South Sudan to co-facilitate a SMART Advocacy Training,¹ aimed at members of the country’s Family Planning Technical Working Group. Representatives from humanitarian and development organizations, women and youth rights organizations, UN Agencies and Ministry of Health officials reviewed outputs from the global messaging workshops and developed FP/RH resilience policy asks and practiced making the case to target ministers.

In January 2024, PROPEL Adapt gathered FP/RH stakeholders in Sindh, Pakistan to review and iterate the project’s draft messages and tailor tools to meet the needs of advocates working to prepare for the threats of climate change. The project team developed specific messages and fact sheets that speak to the FP/RH needs of people affected by weather disasters in Sindh and argue for improved policies and actions that center the role of women and local actors in preparedness efforts.

The project captured context-specific data and worked with strategic communications and design firm Brevity & Wit to draft fact sheets, key messages aimed at policymakers, donors, and NGOs, and thematic one-pagers. These materials were validated with stakeholders in South Sudan in March 2024, and updated to reflect their feedback.

¹ SMART Advocacy is a framework that helps advocates prepare to convince decision-makers to take action that will achieve their goals. The approach breaks down the advocacy process into nine steps across three phases: build consensus, focus efforts, and achieve change.

Additional FP/RH Resilience Advocacy Resources:

- *Summary of Global Messaging Workshops*
- *Desk Review: Existing advocacy tools to make the case for FP/RH and links to other sectors*
- *Case study: South Sudan – integration to SMART Advocacy with FP2030*

Summary of Global Co-Creation Messaging Workshops

In July 2023, PROPEL Adapt hosted two virtual global workshops with 23 experts representing different sectors to better understand current challenges, opportunities for advocacy, and to co-create messages that resonate with the values of target decision-makers. Below is a summary of key findings of the global workshops, which set the stage for developing messages and tools in collaboration with advocates, government champions, and practitioners in South Sudan and Pakistan.

Goal: Family planning/reproductive health (FP/RH) resilience advocacy package for humanitarian and development actors worldwide.

Current Situation: Advocates are striving to align and amplify efforts to make the case for health systems resilience, but historically, advocacy has been reactive and ad-hoc. Finding messaging that gets decision-makers to act has been a challenge.

Findings from the global workshops:

Enablers

- There is agreement that health systems resilience² is important.
- Countries are excited about the concept of resilience and ensuring continuity of care.
- The conversation has started, and we are making the case for investment.
- COVID-19 showed that FP is somewhat resilient, partly due to the considerable effort made by local and global stakeholders.

Challenges

- There is a lack of alignment of what “resilience” means, involves, or what success looks like.
- Change-makers have not internalized that building resilience goes beyond preparing for shocks and stressors.
- There is not enough accessible and convincing evidence that there is a need for resilience strengthening.
- Preparedness is a “hard sell” and has not been prioritized or financed. Generally, development actors do not consider it enough, and too few humanitarian actors take this work on themselves.
- The push for Universal Health Coverage is most likely to reduce the gap in healthcare for those who can’t afford it, but advocates worry about losing sight of preparedness planning that ensures continuity of services during a crisis.
- FP/RH are core components of primary health care, but they still are sidelined or not considered essential. Sexual and reproductive health and rights (SRHR) often gets deprioritized during emergencies.
- Advocacy efforts and terminology used across sectors are siloed and disjointed (e.g., humanitarian/development groups, FP, and maternal and neonatal health groups).

² USAID defines health system resilience as the ability of a health system to mitigate, adapt to and recover from shocks and stresses. A resilient health system can ensure the continuity of existing health care and has the capacity to scale up or adapt services to address the shock and stresses. <https://www.usaid.gov/global-health/health-systems-innovation/health-systems/promoting-resilience>

Systemic Barriers

- Cultural and language barriers hinder discussions on FP/RH with leaders.
- Inequitable systems have been built by and serve people in power³.
- Emergency response is siloed (e.g., health does not work with disaster preparedness).
- A lack of trust exists across sectors (e.g., policymakers think “CSOs have a hidden agenda” or “climate diverts resources from needed work in other sectors”).
- Lack of knowledge and access regarding the decision-making process or how to get in the room with decision-makers.

Barriers to SRHR Services

- SRHR/FP is not considered preparedness, despite being lifesaving. There is skepticism around the allocation of development funds for any Minimum Initial Service Package (MISP)⁴-related activities. Some religious groups have shown resistance to critical SRHR services.
- SRHR advocacy is not one size fits all, which increases its time and resource requirements.
- Messaging around FP and climate change can be problematic and may raise concerns about population control.

Barriers to Policymaker Buy-in and Support

- Many aren't willing to acknowledge the existence of a problem, especially if the topics are controversial.
- Limited capacity, funding, and competing priorities make it challenging for decision-makers to prioritize certain issues.
- Many leaders do not take the voices of the marginalized seriously.
- Many leaders fail to recognize the vulnerability of their countries to crises.
- Embracing newer concepts like resilience or preparedness can feel risky compared to sticking with familiar approaches.
- High turnover in leadership positions means that decision-makers change frequently.

How to frame preparedness to appeal to the values of decision-makers

Preparedness is beneficial both in times of stability and during crises. When countries build resilient systems that create an enabling policy environment, enhance capacity, and prioritize supply chain management, the benefits are far-reaching.

Preparedness is cost and time effective. Proactive measures make better use of limited resources. No country or community is immune to emergencies (e.g., COVID-19).

Climate change will only exacerbate disruptions to health services. Preparedness ensures the basic needs of women and girls are met. Women and girls are disproportionately impacted by shocks and stressors. Preparedness equips women with health literacy, nutrition information, and self-care skills.

³ Inequitable systems on the basis of social, cultural and economic and political categories such as gender, race, ethnicity, class, geopolitical space etc.

⁴ The Inter-Agency Working Group (IAWG) on Reproductive Health in Crises (RH) develops the Minimum Initial Service Package (MISP), which is a set of guidelines for sexual and reproductive health (SRH) services during humanitarian emergencies. <https://iawg.net/resources/minimum-initial-service-package-misp-resources>

Preparedness positions SRHR as a core part of primary health care. Emergencies often divert needed funds from women's health, disrupting essential FP and SRHR services. Crises exacerbate trauma and increase the risk of maternal mortality, unintended pregnancies, preterm birth, or complications.

Preparedness can increase the availability of essential supplies and services during crises by strategically allocating budgets and building cross-departmental coalitions ahead of emergencies.

Preparedness reaches hard-to-reach segments of youth, such as those in rural areas. It serves as a gateway to discussing comprehensive sexuality education, reducing and preventing harm from unsafe abortions.

Preparedness improves resource coordination and mobilization by encouraging humanitarian and development actors to proactively work together on developing new emergency processes and tools. This ensures that essential supplies and equipment can be deployed more quickly and effectively during a crisis.

Preparedness ensures that the right people are at the table. Proactive inclusion of the right people with power (decision-makers and influencers) and of those who have historically lacked power can make it easier to pull together during a crisis.

Preparedness is the path towards the future we know is possible. Preparedness is a marker of resilience. It requires actors to continuously collaborate and proactively allocate resources to mitigate disruptions caused by shocks and stressors.

FP/RH Resilience Advocacy Asks

Be clear about tangible and simple actions you want your target audience to take. Ensure these requests are tailored to the specific needs and interests of those you are advocating for:

- 1. Finance and fund preparedness efforts.** Advocate for specific budget allocations and funding to strengthen preparedness efforts, including enhancing the healthcare workforce. Highlight the most salient investments to strengthen FP/RH resilience.
- 2. Make specific policy changes.** Push for sustained policy changes that contribute to a more equitable, healthier, and resilient future in FP/RH. Identify key policy areas where improvements are needed and advocate for concrete changes.
- 3. Build strategic partnerships across local development and humanitarian actors.** Break down silos between actors to foster strong collaboration. Encourage partnerships between departments that don't normally work together, such as Ministries of Health and Disaster Management Authorities, to ensure effective planning and coordination.
- 4. Co-create comprehensive preparedness plans.** Develop robust, all-hazard preparedness plans at all levels (global, national, local). These plans should detail budget, response capacities, mitigation efforts, and coordination mechanisms among various stakeholders. Emphasize the importance of training individuals to act swiftly when crisis strikes. Plans should be developed in collaboration with strategic partnerships (#3), including FP and SRHR.
- 5. Localize your plans.** Empower local actors to decide how funding should be allocated and for what purposes. When local leaders determine what health priorities should be invested in, it streamlines and enhances the effectiveness of health system improvements. Local actors have greater historical context, making them more adaptable and responsive in crises.

6. Invest in supplies and equipment. Address supply chain issues by investing in a stable and flexible supply chain. Recognize that if there are no products, there are no programs. Invest in forecasting and fast-tracking supplies during emergencies. Invest in supply and equipment prepositioning, such as RH kits in high-risk areas). Design, implement, and monitor supply chain improvements to ensure continuity of supplies.

7. Prioritize SRHR advocacy. Commit to prioritize SRHR through the decisive actions below. Boldly call out inequities and make the big asks.

a. **Legislative Support:** Advocate for policies that expand access to comprehensive, high-quality, accessible SRHR services.

b. **Financial Support:** Increase financing and establish clear budget lines to support SRHR preparedness and the availability of SRHR services during emergencies.

c. **Integration into Policies and Planning:** Integrate FP and SRHR into all existing and new crisis policies, curriculum, planning, preparedness, and response frameworks.

d. **MISP Integration:** Integrate MISP into all disaster, response, preparedness plans.

e. **Health Provider Training:** Invest in comprehensive training programs for healthcare providers to effectively implement the MISP.

Strategies for Addressing Resistance: Develop proactive strategies to anticipate and tackle resistance from the target audience. Tailor messages based on stakeholder priorities.

Explain “what’s in it for them”. Emphasize the opportunity for stakeholders to rise to the occasion as a rights-based, equitable leader by showcasing how their involvement can lead to positive outcomes.

Link to global commitments and national goals. Connect preparedness and health systems resilience initiatives to global commitments or national or development objectives they’ve agreed to.

Be intentional with SRHR framing. Frame SRHR discussions around fundamental rights and bodily autonomy rather than focusing on its life-saving benefits or moral arguments, such as “it’s the right thing to do.” Moreover, communities tend to be more open to SRHR when maternal, newborn, and child health is the focus and SRHR is an element.

Shift the perception of preparedness from being the government’s responsibility to everyone’s responsibility. Preparedness still slips through the cracks because most people think it’s someone else’s responsibility. Many development actors and policymakers lack awareness of emergency needs until directly faced with them. Given how hard of a “sell” preparedness has been, exploring new ways of talking about it is warranted. Consider describing it as “long-term cost effectiveness” to enhance appeal and understanding.

Prepare during stable times to make emergencies easier to counter and recover from. By investing in preparedness, countries will focus on establishing an enabling policy environment, building capacity, and improving supply chain management. These efforts will create stronger and more resilient systems that will be beneficial at all times.

Shift paradigm away from response and towards investing in preparedness.

Be proactive. With shocks and stressors increasing in frequency and complexity, reactive measures are not enough. Resilience comes at a cost. If we can reduce future harm through preparedness and reduce the human cost of resilience, we should.

Commit to investment. Preparedness is more cost and time-effective, equipping us to respond more effectively. Investing now in preparedness will strengthen systems to respond. When we prepare, we are also responding to needs. Move from a “save lives now” mentality to a “save more lives in the future” mindset.

Combine data with storytelling. Data alone will not change people’s behavior, speaking to their values will. That being said, many decision-makers value data and evidence. It’s best practice to highlight both before you make your ask. First, research global and local trends. Local, targeted data will be the most compelling (e.g., the number of women of reproductive age and their dependents at risk of displacement due to crisis). Next, include specific stories that feature real people’s lived experiences. Stories make data more accessible. Share case studies and evidence-based solutions that exemplify previous successful preparedness efforts. Proof of concept in similar contexts can go a long way.

Highlight preparedness efforts that are ready to be scaled-up or share examples of countries that previously did not consider themselves “humanitarian” or in need of “preparedness” but now champion this work. For example, during the COVID-19 pandemic, Malawi demonstrated that its FP services were not affected because of a response mechanism and resilient system.

Quantify the return on investment. Present a compelling investment case to decision-makers, specifying the financial investment needed and its potential outcomes for the target audience. For instance, increasing FP/RH financing by 20 percent could lead to achieving specific objectives, such as reducing maternal mortality by a certain percentage.

Connect resilience with climate and the lack of access to essential health services (including FP and SRHR). Climate crises are only going to increase in frequency.

Focus on “behavior and choices” rather than “resource mobilization.” Simply having funds ready is not enough. Preparedness requires getting in the habit of proactively gathering beforehand to plan, prepare, and respond.

Desk Review: FP/RH Resilience Advocacy Tools

PROPEL Adapt conducted a desk review of existing FP/RH advocacy materials, tools, training packages, and communications products to answer two main questions:

1. What advocacy materials already exist that “make the case” for FP/RH in fragile and humanitarian settings?
2. What advocacy materials exist that advocate for integration of FP/RH into other areas of health, nutrition (in fragile and humanitarian settings), and other sectors beyond health?

The project team identified guidelines, blogs, advocacy toolkits, briefers and fact sheets, case studies, and reports related to FP/RH in fragile and humanitarian settings, as well as documents that describe the link between FP/RH and other sectors in fragile and humanitarian settings.

Summaries were produced to describe:

- (1) Emerging themes and types of evidence being presented.
- (2) Trends in policy demands and target audiences.
- (3) Gaps and questions—What remains to be discovered, verified, and addressed in key information interviews and an expert consultation.
- (4) Preliminary recommendations around advocacy topics that lack compelling messages.

Existing advocacy materials that “make the case” for FP/RH in fragile settings

Summary of key themes

1	Emergency preparedness and response: It is crucial to have a well-coordinated emergency response team that actively engages with key stakeholders such as governments, UN agencies, civil society organizations (CSOs), and the private sector. This coordination ensures proactive planning, efficient resource allocation, and timely response to crises. It is also crucial to activate the Minimum Initial Services Package (MISP) for reproductive health from the onset of emergencies. MISP provides for access to family planning and reproductive health services. Additionally, healthcare workers need periodic training to effectively manage emergency response situations.
2	Collaboration and partnerships: Collaboration between humanitarian and development actors is essential for comprehensive and sustainable solutions. There is need for joint planning, implementation, and monitoring of interventions related to maternal, newborn, and child health, family planning, and reproductive health. By leveraging resources, expertise, and networks, partners can expand access to family planning services and ensure their sustainability in crisis settings. Engaging local communities and organizations is crucial in identifying needs, overcoming barriers, and tailoring responses to specific contexts.
3	Access to FP/RH services: There has been limited and uneven access to family planning and reproductive health services in crisis settings. Decision-makers tend to neglect or under prioritize these services in fragile settings, which can have adverse health consequences for affected populations. Prioritizing the availability of contraceptive services, especially long-acting reversible contraception (LARCs) and emergency contraception, is crucial for saving lives and improving health outcomes during crises. Adolescents, marginalized populations, and those in conflict-affected areas face specific barriers to accessing these services and require targeted interventions. The need to focus on the unique needs of adolescents and implement targeted interventions to support their development and well-being.
4	Evidence-based interventions and research: Data collection, research, and monitoring are vital for evidence-based decision-making in crisis settings. Collecting both quantitative and qualitative data on the impact of integrated programs and family planning interventions can demonstrate their value and effectiveness. Research also helps identify best practices, areas for improvement, and contextually relevant interventions that address the specific needs and vulnerabilities of populations in crisis settings.
5	Integration into broader humanitarian response: Integrating FP/RH services into broader humanitarian response efforts is crucial to ensure comprehensive and coordinated care. This integration helps avoid duplication, fragmentation, and the neglect of key components such as family planning and post-abortion care. Strengthening health systems during stable times by addressing gaps in service delivery, improving supply chains, and promoting awareness and utilization of services creates resilience in the health systems thus offering effective response during crises.
6	Self-care practices in humanitarian settings: Self-care practice has been highlighted as a measure for bridging the gap in access to reproductive health services when health systems are disrupted. Promoting self-administration of contraception and essential newborn care can ensure that women and girls receive the care they need, even in resource-constrained environments. Strengthening knowledge and practice related to self-care in humanitarian settings is crucial for addressing the lack of access to essential reproductive health care.
7	Importance of family planning in resilience-building: Integrating family planning into resilience programs can contribute to reducing individual and household risks, enhancing adaptive capacity, and reducing vulnerability to natural disasters and climate change. Slowing population growth through family planning and education are highlighted as means to promote resilience at the community and national levels.
8	Localization of humanitarian response: There is need for a shift towards empowering and involving local actors, organizations, and communities in humanitarian efforts. Their understanding of the local context, culture, and dynamics allows for tailored strategies and interventions to the specific needs and preferences of the affected communities.

Existing advocacy materials that “make the case” for FP/RH integration in fragile settings

Summary of key themes

1	Family planning is a cost-effective development intervention that has long-term benefits, leading to a demographic dividend. Reduced fertility can improve women's health outcomes, resulting in increased labor market productivity
2	Social and Economic Benefits: Family planning investments can lead to reductions in maternal and child mortality, improvements in women's health, and increased economic outcomes, including poverty reduction, productivity gains, and enhanced gender equity:
3	Population Growth, Family Planning, and Food Security: Population growth can worsen food insecurity by straining limited agricultural land and resources. Family planning plays a crucial role in addressing this issue by reducing population growth. Access to contraception and reproductive health services enables individuals and couples to make informed decisions about the timing and number of pregnancies, helping to slow population growth and alleviate pressure on agricultural resources, thus contributing to improved food security.
4	Gender Inequality and Food Insecurity: Women play a significant role in agricultural labor, but factors such as pregnancy, breastfeeding, and childcare can limit their mobility and time available for improving food production. Gender inequality and limited access to FP services exacerbate these challenges, leading to lower agricultural productivity and food insecurity. By balancing their agricultural responsibilities with reproductive choices, women can increase food production and enhance food security.
5	Family Planning and Climate Change Resilience: Climate change poses challenges to food security by impacting agricultural productivity and natural resources. Slowing down population growth through family planning can ease the strain on agricultural production and resources, thus enhancing communities' resilience to climate change impacts.
6	Undernutrition: Closely spaced pregnancies and adolescent pregnancies heighten the risk of maternal and child malnutrition. Family planning plays a critical role in improving health outcomes for mothers and children.
7	Primary Healthcare Approach in Fragile Settings: By providing essential health services at the community level and involving the community in the design, delivery, FP services can be made accessible.
9	Family Planning and HIV Prevention and Treatment: Use of FP can reduce the risk of HIV infection and mother-to-child transmission, and improve adherence to HIV treatment, particularly for individuals balancing HIV care with childcare responsibilities. Offering integrated HIV testing and treatment and family planning services can enhance convenience, access, and reduce stigma.
10	Population, Health, and Environment (PHE) Approach: By addressing population growth, reducing pressure on resources, and empowering women, the PHE approach contributes to sustainable development and climate adaptation.
11	Gender-Responsiveness and Social Justice in Climate Action: Gender-responsive climate action ensures that adaptation strategies and policies promote gender equality, social justice, and sustainable development. Promoting gender-responsive monitoring and evaluation systems will contribute to evidence-based decision-making and inclusive strategies. Including FP in climate-compatible development strategies will ensure universal access and enable individuals to exercise their reproductive rights. Applying a social justice framework in crisis response, ensures that climate change actions do not disproportionately burden women or marginalized groups. It also provides a deeper understanding of how SRHR contributes to resilience in the face of climate-related impacts.

Partnering with FP2030 to integrate FP/RH Resilience Advocacy tools into SMART Advocacy

Case Study: South Sudan

In September 2023, PROPEL Adapt partnered with FP2030 and the Ministry of Health of South Sudan to co-facilitate a SMART Advocacy training—and lend specific support to developing advocacy “asks” and messages aimed at FP/RH preparedness and resilience. The project led a full-day session on messaging, building effective “asks” for decision-makers and identifying the data and stories needed to make the case for their advocacy objective. This session was part of phase 2 of the SMART Advocacy curriculum, where participants focus their efforts after they have identified the decision-maker and the SMART advocacy -objective.

Participants at the SMART Advocacy training worked in groups to develop the following three SMART Advocacy Objectives, aimed at helping the country achieve its FP2030 commitments:

- (1) Develop a South Sudan Emergency Preparedness and Response Policy
- (2) Establish a CSO coalition to advance FP/RH resilience
- (3) Increase budget allocation and accountability for FP/RH expenditure

For the remainder of the training participants worked in groups to develop the relevant messaging and action plans to achieve the objective. PROPEL Adapt presented the topline messages from the July co-creation workshop on FP/RH resilience and led participants through an exercise to apply them to their identified SMART Advocacy objectives.

Participants then engaged in role-playing exercises with the target ministers. Notably, Ministry of Health officials actively participated as themselves in the exercises, providing valuable feedback. Participants shared the following insights, which will be used to develop materials, talking points, and infographics for South Sudan as part of the FP/RH resilience advocacy toolkit:

- Utilize statistics and data that focus on elevated maternal mortality and unmet need for family planning and other essential health services.
- Highlight the scale of humanitarian need in the country – that half the population requires humanitarian assistance, and the threats will continue or worsen with climate change.
- Utilize stories from personal or professional experience that spotlight the human or emotional toll of inaction – e.g., sharing real stories of people who have died because of unintended pregnancies, especially adolescents and young people.
- Share examples and data that demonstrate how women and children suffer disproportionately from humanitarian crises and have the most to gain from preparedness and resilience.
- Use data to demonstrate cost effectiveness of preparedness compared with repeated response to emergencies. Demonstrate how preparedness and investments in FP/RH contribute to achieving political commitments, e.g., FP2030, Sustainable Development Goals.

PROPEL Adapt shared insights from the workshop with the consultant team supporting development of the advocacy toolkit who produced draft fact sheets, designed one-pagers, and advocacy messages aimed at policymakers, donors, and NGO partners.

In partnership with the Ministry of Health of South Sudan, FP2030 and CSO representatives, PROPEL Adapt validated the draft messages and tools in March 2024. During that review session, participants recommended updates to the messages that emphasized:

- Linking family planning and peace building- maintaining peace is every leader’s single priority
- Include stronger messages on need for funding to address norms on family planning, work with local authorities and leaders
- Improved messages on finding solutions within South Sudan
- More specifics on coordination one pager – too general. Include specifics around data sharing, a network for sharing, FP
- More youth-specific/adolescent statistics and data sources
- Highlight advantages of family planning use, for family well-being, and to reduce conflict over resources

Recommendations to Integrate FP/RH Resilience Advocacy Tools to SMART Advocacy:

SMART Advocacy Training proved a useful vehicle to build capacity around FP/RH resilience and to develop and practice preparedness advocacy messages. As SMART trainings are scaled up in countries looking to advance FP2030 commitments—including Emergency Preparedness and Response commitments—PROPEL Adapt’s FP/RH Resilience Advocacy Tools can be a facilitation resource. The tools can be integrated into SMART Advocacy Training—specifically Steps 4–7, in the following ways:

STEP 4. KNOW THE DECISION-MAKER

Identify the specific decision-makers who have the power to influence FP/RH Resilience and Preparedness Policies and actions in the country. Research the decision-maker to see how their values and objectives as a leader are advanced by investing in and prioritizing FP/RH Resilience actions.

STEP 5. DETERMINE THE ASK

Examine the FP/RH Resilience Advocacy Toolkit to pull out relevant facts and to identify key messages that support the advocacy ask and will appeal to the decision-maker’s interest. Workshop the messages and discuss how to bring in stories that round out the arguments.

STEP 6. CREATE A WORK PLAN

In the work plan session, discuss how to use the FP/RH Resilience Advocacy Tools to create one-pagers and social media posts as part of the advocacy activities. Discuss which organizations will lead the development of materials.

STEP 7. PRESENT THE CASE

Practice using FP/RH Resilience messages and arguments by conducting a role-play with the target minister, policymaker, or donor. Reference the type of one-pagers you are leaving behind that help make the case for FP/RH resilience and preparedness.

PROPEL Adapt recommends first exploring the SMART Advocacy resources and tools to determine the capacity building approach best suited to the target learners. For training participants who have identified advocacy objectives to improve FP/RH availability in the face of shocks and stressors, PROPEL Adapt’s FP/RH Resilience Advocacy Toolkit can serve as a companion resource during the training and to support the execution of the resulting advocacy strategy and workplan through use of key messages, fact sheets, and one-pagers aimed at target decision makers.

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