Key Actions for CBA2I Advocacy

Description: Outlines key activities for promoting community-based access to injectable contraceptives (CBA2I) to inform an advocacy action plan.

Conducting advocacy is an essential part of introducing and scaling up CBA2I programs. Advocacy can help gain buy-in, engage potential partners, and generate support. Successful implementation of CBA2I requires support from the ministry of health (MOH), donors, the local community, and implementing partners, and should ideally work with an established cadre of community health workers (CHWs).

Ways to Advocate for Increasing Access to Injectable Contraceptives at the Community Level

• Establish a core advocacy team: Form a small group of individuals who are interested in being advocates for CBA2I. This core team could be a subcommittee of an existing working group that oversees family planning/reproductive health policies and services. It is ideal to include an MOH official on the core team, because ministry support and involvement is essential to obtaining CBA2I approval. The core team should be prepared to address concerns of decision makers and leaders who may need more dialogue and evidence about the practice.

• Collect data and information on the feasibility and need for CBA2I and the decision-making process: Collect information from as many available sources as possible. These may include government health reports, other studies on CBA2I, government policies and guidelines on community-based family planning, and location and types of other community-based programs. Conduct in-depth interviews with decision makers and beneficiaries. Understanding the decision-making process and the views of various stakeholders on CBA2I is important for developing an advocacy strategy that will address their concerns.

• Plan an advocacy strategy: Discuss the opportunities and barriers identified from the information collected to develop a strategy based on likely decision points and key decision makers. The objective for this strategy should be clearly defined and achievable within a specific time frame. An example of an objective could be to work with ministry personnel to outline the steps necessary to adopt and implement supportive CBA2I policy within three months. The strategy can include activities such as one-on-one or small-group meetings to address key decision makers’ concerns about safety and feasibility. Other activities could present relevant data and information on CBA2I at family planning and maternal and child health technical working group meetings; organize a regional and/or in-country education tour to visit a CBA2I demonstration project; and conduct community health talks to address community concerns and misunderstandings.
• **Develop tailored advocacy messages:** Identify key decision makers or influential individuals, such as MOH officials, leaders of professional medical associations, and community leaders. Develop clear and concise messages that include recommended actions. The language and tone of the messages should be tailored to each target audience. Key components of a CBA2I advocacy message or set of talking points include a statement of the main concepts being conveyed, evidence that supports the statement, an example of how CBA2I affects an individual at the community level, and the specific action that the individual or group needs to take.

• **Implement the advocacy strategy:** Identify point people or organizations responsible for each activity, agree on a timeline for completion, and ensure that necessary support is in place. Policy environments can change unexpectedly, so messages may need to be revised and relationships with other influential people developed.

The *Community-Based Access to Injectables: An Advocacy Guide*¹ is a wonderful resource for designing and tailoring your CBA2I advocacy strategy. This guide, as well as a range of tools on the Knowledge for Health CBA2I Toolkit, can be used to support these types of advocacy efforts for expanding CBA2I (Resource 6).