



ADS-South Rift

To honour God and serve people



Social and Behavior Change Communication Strategy

2024 - 2027



ADS SR Social and Behavior Change Communication Strategy 2024 – 2027

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January 2024

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Foreward

Anglican Development Services (ADS) South Rift is the development arm of Anglican Church of Kenya Diocese of Kericho and is one of the 10 ADS Regions in Kenya. It operates in Bomet, Kericho and Narok counties with a population of 3 million people in an area of 21,900 square kilometers. The organization has been in operation since 1983 as ACK Narok Integrated Development Program (ACK NIDP) and ACK Trans-Mara Rural Development Program (ACK TRDP). To align with the expanded geographical coverage and scope, all the ACK programs in South Rift consolidated and registered in 2015 as ADS South Rift.

The organization has been a key health stakeholder in the region and has particularly collaborated with the county health departments to improve key indicators including MNCH, FP, and nutrition and school health.

This Social Behavior Change Communication Strategy provides an exciting opportunity for ADS SR to reenergize our work with and for the communities we serve. It outlines the strategic direction and priorities that we will pursue over the next five years to support Government of Kenya's efforts to increase access and uptake of quality family planning services. The plan takes cognizance the various communication dynamics related to locations, age, gender, sex, educational backgrounds, and available resources among others.

This Strategy was developed in consultations with key stakeholders including the MOH, CSOs and USAID NPI EXPAND. We appreciate the informative input and feedback that culminated in the final plan. We reiterate our commitment to the spirit of collaboration and partnership that is critical to successful implementation of the plan and call upon all stakeholders to join us in this endeavor.

Mary Naikumi

Executive Director,
ADS South Rift

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Rt. Rev. Ernest Ngeno

Board Chair
ADS South Rift

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List of Acronyms

SBCC	Social and Behavior Change Communication
WRA	Women of Reproductive Age
CHP	Community Health Promoters
CBD	Community Based Distributors
FP	Family Planning
ADS SR	Anglican Development Services South Rift
RH	Reproductive Health
MDGs	Millennium Development Goals
GoK	Government of Kenya
MH	Maternal Health
UNFPA	United Nations Population Fund
SRHR	Sexual and Reproductive Health Rights
SEM	Social Ecological Model
MOH	Ministry of Health

1.0 Background and Rationale

Family planning (FP) is fundamental elements of the RH Communication Strategy for Kenya and remains a key area to address for Kenya to make progress on Millennium Development Goals (MDGs) and Vision 2030. Social and behavior change communication (SBCC), which includes advocacy, social mobilization, and individual behavior change is vital to Kenya's achievement of the MDGs and Vision 2030. SBCC is a crucial component in changing social norms; addressing myths and misconceptions; and improving knowledge, attitudes and practices of Kenyans with regard to RH/FP and MH. Without normative changes, increased uptake of available RH including FP services cannot be achieved. A number of GOK policy documents place a strong emphasis on the important role of SBCC in improving RH/FP behaviors and health outcomes.

The Kenya Constitution 2010, Article 43, guarantees the right to the highest attainable standard of health, including reproductive health. Sexual and Reproductive Health Rights (SRHR) is a human right and a critical development issue. The Kenya constitution has enabled gender equality, but implementation has been slow and challenging. Women and girls continue to be marginalized in many ways including access to basic health services. Kenya has made considerable progress in improving access to reproductive health services and especially family planning but there are still challenges especially among poor rural women and girls, and other marginalized groups like persons living with disability. According to United Nations Population Fund (UNFPA) report on teenage pregnancies, one out of five girls of age 15-19 years have already had a baby or are pregnant. Teenage pregnancies have also been documented to be the highest contributor to maternal deaths in Kenya.

Kenya has however made improvement in FP indicators. The use of modern methods of FP increased from 53% in 2014 to 57% in 2022. This uptake needs to be increased to 80%. Narok, Bomet and Kericho counties lags in most of the health indicators and worse in MNCH and FP.

FP indicators in Bomet, Narok and Kericho counties, where ADS South Rift operates in, varies significantly as shown in the Table below.

Table 1: Summary of key FP indicators in Narok, Bomet and Kericho counties (source: KDHS 2022)

Indicator	FP2030 target	Bomet	Narok	Kericho	National average
Modern contraceptive prevalence rate (mCPR)	64%	58%	52%	60%	57%
Unmet need for FP	<10%	17%	15%	17%	14%
Teenage (15-19 years pregnancy rate)	0%	9%	28%	15%	15%

The issues and challenges facing delivery of FP services in Narok, Bomet and Kericho counties include:

- Weak commodity management practices and inadequate commodity data for decision making due to low reporting rate and poor-quality data. Private sector data is not included in the forecasting and supply planning processes.
- Inadequate funding for FP commodities resulting in sporadic stock-out and limited method mix.
- Inadequate budgetary allocation towards FP services at both national and county levels. Overdependence on donors for financing towards procurement of FP commodities.
- Political interests that contradict the FP agenda, such as politicians advocating for bigger family size
- Inaccurate documentation and reporting of FP service data due to resource and skills gaps.
- Low levels of male involvement in the backdrop of patriarchal context where men dominate decision-making power at household and community levels.
- Deeply entrenched socio-cultural norms, including harmful practices such as Female Genital Mutilation, early marriages, and gender-based violence.
- Insufficient social and behaviour change communication (SBCC) activities that have not effectively addressed knowledge, attitudes, and socio-cultural barriers.
- Limited services for hard-to-reach communities that are served by health facilities that are long distances away.
- Inadequate integration of FP services into other programs and services thus missing opportunities to enhance access and efficiency.

The overall purpose of this implementation guide is to: ensure coordination and synergy of RH/FP and SBCC programming; ensure consistent SBCC on RH/FP; set the stage for scale and impact; define a common measurement for success. The implementation guide thus outlines the roles and activities of the GOK and partners at both national and county levels.

This strategy is part of a capacity strengthening approach through the NPI project to increase and sustain demand for family planning services to the underserved populations in Narok County while ensuring sustainability of the environment in which they depend on. The project is implementing an integrated package of services in Family Planning, Maternal health, Gender and environment integration.

2.0 ADS SR SBCC Strategic Approach

ADSSR SBCC adopts a holistic approach that will not be limited to only behavior change communication activities but will also focus on social and behavior change to affect norms and attitudes related to family planning and reproductive health (FP/RH) and advocacy. The advocacy activities aim at increasing support for family planning and reproductive health as a key component of national development to create an enabling environment. ADSSR SBCC applies a Socio-Ecological Model for Change that examines several levels of influencers to provide insight on the causes of problems and find tipping points.

3.0 SBCC analysis levels

1. **Individual level:** Direct or indirect influencers on the individual level and include partner, family and peers.
2. **Community level:** Include factors that shape community and gender norms, access to and demand for community resources, and existing FP services.
3. **National level:** Include enabling environment that may facilitate or hinder change, and include national policies and legislation, political forces, the private sector, religion, technology and the natural environment.

4.0 The Cross Cutting Factors

Each level of analysis and the people involved are influenced by several cross-cutting factors identified in the following four categories: information, motivation, ability to act and social norms.

1. **Information (Knowledge):** Provide accurate information and addressing misconception about modern contraceptives and their side effects.
2. **Motivation:** Changing people's attitudes, beliefs, or perceptions of the benefits, risks, or seriousness of the issues related to FP and modern methods of contraceptives e.g. attitudes towards birth spacing and beliefs about the benefits of family planning.
3. **Ability to act:** Empower people to take informed decision by providing them with:
 - Skills especially life skills; problem-solving; decision-making; negotiation; critical and creative thinking and interpersonal communication.
 - Improve Access including access to financial resources and addressing logistic challenges i.e. transport-distance that affect access to services and individual abilities to afford products.

4. Norms: as expressed in perceived, socio-cultural, and/or gender norms—have considerable influence as it reflects the values of the group and/or society at large and social expectations about behavior.

5.0 Purpose of the Communication Strategy

The purpose of this strategy is to address the knowledge, attitudes and practices of the targeted populations to improve the uptake and utilization of FP services.

6.0 SBCC Strategic Objective

ADS SR SBCC activities aim to increase demand for and utilization of FP/RH services and to reduce unmet needs for family planning by addressing behaviors and attitudes towards desired family size, birth spacing and the acceptability of contraceptives. The importance of family planning will be presented in a broader context of improving the quality of life to enhance the receptivity and recognition of the benefits of family planning.

7.0 Goal and objective of the SBCC Strategy

The goal and objectives of the SBCC strategy are based on the Social Ecological Model (SEM) which emphasizes the strength of multi-level influences on the behavior of an individual.

Overall ADS SR SBCC Goal: To Increase demand for and utilization of modern family planning services to reduce the unmet need of FP in Narok, Bomet and Kericho Counties.

SBCC Specifics Objectives:

1. To increase the percentage of women of reproductive age 15–49 by 10% using modern contraception method to delay conception within 24 months in ADS Operating Counties of Narok, Bomet and Kericho.
2. To increase the percentage of Men of Reproductive Age by 10% who support their spouse to adopt a modern contraception method to delay conception by 2027 in ADS Operating Counties of Narok, Bomet and Kericho.
3. To increase proportion of CBDs from the current 18 to 90 who have knowledge and skills to mobilize, educate and provide community members with FP information and services 2027.
4. Increase the percentage of thought leaders (Community opinion, religious and politicians) by 20 percent who state the importance & advocate for the use of modern contraception method to delay conception within 24 months by 2027 in Narok, Kericho and Bomet Counties.

Based on the Socio-Ecological Model for Change, ADS SR chooses the following three key strategies to address change.

1. Social mobilization: at the community and national level for wider participation, FP coalition building, and ownership, including community mobilization.
2. Behavior change communication: at the individual, community and interpersonal level for changes in knowledge, attitudes and practices among specific audiences.
3. Advocacy: to influence resources as well as political and social leadership commitment to development actions and goals towards FP/RH issues.

8.0 Target Audience Analysis

Utilization of RH/FP services is influenced by a range of issues, including gender, social-cultural norms, knowledge, attitudes, barriers and access to services. Therefore it is important to understand the determinants of positive RH/FP behaviors for each audience, as well as the perceived benefits from these desired behaviors, to be able to develop effective SBCC programs and targeted communication messages. ADS SR Target groups include the following:

1. People directly affected by the consequences of improper or lack of FP practices
2. People directly influencing them
3. People indirectly influencing them

The target audiences are identified and classified based on the Socio-Ecological Model for Change as follows:

Primary Audience (personal level).

This level represents individuals who are directly affected by the consequences of large family size, low birth spacing intervals and the risk of recurrent pregnancies. People at this level are either married women (15-49) years and men of reproductive age, or individuals who will be future husbands and wives including engaged couples and non-married youth.

- Married Women of Reproductive age 15-49 years who want to space their births
- Married Men and Men Partner
- Sexually active Adolescents and Youth (boys and girls) 13-18 and 18-34 years respectively

Secondary Audience (Interpersonal and Community Level)

Expended family members and community members: Family members, friends and community members can influence a couple's or a woman's choice of birth spacing and contraceptive method. Therefore, the interventions targeting those influencers should focus on promoting the importance of birth spacing and family planning, increase their

knowledge about modern family planning methods and address their misconceptions towards modern family planning methods. They include; mothers in laws, friends and peers and Community members.

Community and Opinion Leaders

The following community gatekeepers should be targeted through advocacy interventions to mobilize them to advocate for RH/FP, since it is fundamental to improve community members' quality of life:

1. Religious leaders
2. Political leaders
3. Traditional leaders

Service Providers

The knowledge, abilities, and attitudes of service providers including ADS Southrift (ADS SR) have been shown to have a great impact on utilization of RH/FP services. ADS SR will collaborate with County department of health to improve health care providers' knowledge and attitudes towards modern family planning methods.

9.0 Behavioral Analysis

The behavioral analysis was done by assessing the functional relationship between the behavior of target audiences and their consequences on the individual targeted for change. The behavioral analysis considered cause effect relationships of factors that are likely to contribute to low demand and uptake of FP services.

The behavioral analysis is an essential step in communication planning for the design of appropriate interventions to address the barriers to desired behavior.

Table 2: Behavior Analysis Matrix

Married women, Men and Extended family			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
<ul style="list-style-type: none"> • Delay first birth until when one/couples are best suited to provide for a child’s overall wellbeing • Space children at least 3 years apart • Discuss FP issues and choices of modern FP methods with your partners • Use modern contraceptive methods • Continue the use of modern contraceptive Methods • Value girls and boys equally • Value the small family size 	<ul style="list-style-type: none"> • Myths and misconceptions including fear of infertility and Negative perceptions such as contraception can lead to permanent infertility with sustained use, lack of a monthly period signals a dangerous buildup of blood inside their bodies and finally contraceptive pills accumulate in some other body organ. • Lack of accurate information and knowledge about contraceptive methods • Lack of male focus in family planning • Limited FP choices and variety • Not convinced about the benefits of birth spacing & family planning 	<ol style="list-style-type: none"> 1. For women, the benefits of family planning include; <ul style="list-style-type: none"> • Help people to plan when to have children and how many children they have. • Enables a woman to regain her health after delivery. • Gives enough time and opportunity to love and provide attention to her husband and children. • Gives more time for her family and own personal advancement. • Avoiding the health risks of pregnancy. • Avoiding under-age & late pregnancy (before age 18 & after age 35yrs • Reducing the demand for abortion. 	<p>Increase in number of women who agree that</p> <ul style="list-style-type: none"> • Child spacing for at least 2-3 years will improve their quality of life and the health of their families • Girl and boy children are equally important • Smaller family size reflects positively on the family quality of life • Modern FP methods are safe and effective • Discussion with partners on of FP related issues is important • Increase in number of women who approve to; • Use of modern FP methods for child spacing and family planning

Married women, Men and Extended family			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
	<ul style="list-style-type: none"> • Desire for a son if family has only daughters • Religious (Biblical) misinterpretation of the bible and traditional beliefs such as contraceptives are dangerous to women's health" and "contraceptives can harm your womb • Desire to have a large family size • Lack of power to make decisions (Influence of family members) • Lack of knowledge about modern methods of FP • Health concerns and fear of side effects of modern FP methods • Healthcare providers bias 	<ul style="list-style-type: none"> • Reducing the risk of HIV-positive women transmitting HIV to their baby. • Improving women's opportunities for education, employment, and full participation in society, and thus, their socioeconomic status. <p>2. For the baby, the benefits of family planning include;</p> <ul style="list-style-type: none"> • Babies with fewer and spaced siblings are likely to receive more care and nourishment. <p>3. For the family and the community, benefits of family planning include;</p> <ul style="list-style-type: none"> • Family planning results in smaller families that are better to care for their health and education • Lightens the burden and responsibility in supporting the family <p>4. For the nation, the benefits of family planning include;</p>	<ul style="list-style-type: none"> • Shift from traditional to modern FP methods for child spacing and family planning <p>Increase in number of women who report;</p> <ul style="list-style-type: none"> • Talking to their partners about FP • Knowing where to access FP methods • Knowing how to use at least one modern FP method • Shifting from traditional to modern FP methods • Using of modern FP methods for child Spacing • Join their wives for FP counseling • Supporting their extended families to space their births and

Married women, Men and Extended family			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
		<ul style="list-style-type: none"> Smaller family sizes enable family to save a higher percentage of their income and invest some of it in education and infrastructure, leading to increased productivity of the economy, greater employment, and higher incomes-Increasing family productivity and financial security 	<ul style="list-style-type: none"> use modern family planning method

Adolescents (10-19) years & non-married youth (18-34) years			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
<ul style="list-style-type: none"> Acquire knowledge & skills of life planning Intend to discuss FP during engagement before marriage Support FP/gender discussions with peers or community Value small family size 	<ul style="list-style-type: none"> Lack of knowledge and skills of FP Not convinced about the benefits of Child spacing and on their future achievements Lack of knowledge about modern FP methods 	<ul style="list-style-type: none"> Family planning reflects positively on the individual's future outcomes Family planning reflects positively on country economy & development Couple communication before marriage reflects positively on 	<ul style="list-style-type: none"> increase in number of youth who; Adopt abstinence as a life planning strategies Practice safe sex Support family planning & small family size concept

Adolescents (10-19) years & non-married youth (18-34) years			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
<ul style="list-style-type: none"> Value girls and boys equally 		<p>the marriage success and stability</p> <ul style="list-style-type: none"> Family planning reflects positively on the quality of life of the future family Modern FP methods are effective and safe 	<ul style="list-style-type: none"> Intend to discuss FP during engagement before marriage Can identify more than one modern contraceptive Method Support FP/gender discussions with peers or community

Faith, Community & Political leaders			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
<ul style="list-style-type: none"> Support the importance of birth spacing & FP Support the use of modern FP methods Support the equity between girls & boys Value small family size 	<ul style="list-style-type: none"> Not convinced about the benefits of RH/FP services for communities Religious and traditional beliefs Competing issues and resources 	<ul style="list-style-type: none"> Family planning reflects positively on country economy & development (less burden on social services and less demand for water, food, education, healthcare, housing, transportation, and jobs. Family planning improves economic growth, with fewer 	<p>Increase in number of community leaders who;</p> <ul style="list-style-type: none"> Believe that RH/FP programs help their communities to improve their quality of life and the health outcomes Believe that RH/FP modern methods are

Faith, Community & Political leaders			
Optimal behaviors	Perceived barriers	Perceived Benefits	Communication objectives
<ul style="list-style-type: none"> Integrate RH/FP information and services into social and economic development program 	<ul style="list-style-type: none"> Lack of knowledge about modern family planning methods 	<p>dependent young people and more adults in the workforce</p> <ul style="list-style-type: none"> Family planning reflects positively on the quality of life of the family Modern FP methods are effective and safe 	<p>effective, safe & religiously approved</p> <ul style="list-style-type: none"> Understand the components of effective RH/FP programs and how to support them in their communities Become advocates for provision of better quality and more accessible RH/ FP services Become advocates for gender equity Become champions of RH/FP program

10.0 Communication Approaches and Interventions

Communication is a key component of social and behavior change activities. ADS SR SBCC strategy will go beyond simply providing information to target audiences and is expected to provoke real changes in attitudes toward desired family size, birth spacing and the acceptability of contraceptive use through a well-designed family planning message that is tailored to specific audiences. ADSSR SBCC strategy will enhance receptivity and recognition of the importance of family planning by presenting it in a broader context, such as; Life skill and planning, especially among youth and Adolescent; the economic situation of the family; the need for more attention to each child in critical early childhood years; child spacing for the health of the mother and child; the importance of continuing education before having children; compatibility with religious beliefs; the importance of couples' communicating about FP methods, spacing and number of children desired; male support and involvement for improved health and socioeconomic outcomes in favor of FP/RH is crucial and gender equity and female empowerment are key elements to achieve the national development objectives.

11.0 General Communication Objectives and Messages

General Communication Objectives

1. Birth spacing for at least two to three years
2. Using a modern family planning method to delay pregnancy or space birth
3. Encouraging partner discussion about family planning and joint decisions about modern method of choice
4. Visiting a health facility for more information and family planning services
5. Promoting gender equity

General Communication Messages

- Spacing your children at least three years apart is key for a healthy and prosperous family
- Modern family planning methods are safe and reliable
- Use a modern family planning method to delay pregnancy or space births
- Talk to your partner about a modern family planning method of your choice
- Visit a health facility for more information and family planning services
- Girls and boys are equally important for the family

These communication approaches will aim at increasing knowledge, changing attitudes, developing skills and adopting positive health behaviors. The communication approaches are:

- Behavior Change Communication
- Social mobilization

Behavior Change Communication

Interventions under this approach will target behavioral barriers at household and community level. There are structural barriers to women's decision making in homes. Thus gender norms play an important role in guiding decision making. For example, a man has to be convinced about the benefits of FP to the women, children and family. Besides behavior change communication is the social change communication which involves people living in a particular community and are defined by their informal and formal social and power relationships which guide the way they live, work and relate with each other. The social dynamics in these communities facilitate acceptance of FP as beneficial to women and children in terms of improving their health.

Strategic Focus area: Increasing awareness, demand, utilization of FP services among Women of reproductive age, (WRA)

Family planning has several benefits some of which are specific to health of mothers and their children. Others include social economic benefits; for example, women are able to advance their education and careers by delaying or limiting child bearing and bring better economic prospects to their household. FP serves to reduce child and maternal morbidity and mortality by preventing unintended pregnancies and unsafe abortions. Women's knowledge about use of contraceptives enables them to make informed decision about what contraceptives to use and when to use them.

Communication Overall Objective: To increase the proportion of women who have knowledge about the benefits of FP and utilize modern contraceptive methods for family planning.

Communication Messages

- Space your births at least 3 years, and give yourself the time to focus on your family
- Enjoy protection against unintended pregnancies and choose a modern FP method
- Modern family planning methods are effective, safe and reliable- Hormonal Modern family planning methods proved to have no effect on fertility.
- Modern family planning methods are available in a wide range to fit your personal FP objectives
- Plan together (with your partner) for your family and jointly decide on the modern family planning method of choice

- Consult your health service provider on the modern family planning method of choice
- Girls and boys are equally important to your family

12.0 SBCC Interventions

- Conduct dialogue meetings with women (WRA) on benefits of FP
- Carry out home visits to educate WRA on benefits of FP services and their contribution to their health status and their children.
- Appropriate referral of women to health facilities for more FP information and services.
- Conduct radio talk shows through local FM stations including radio mention and radio spots to disseminate information on FP use.

Strategic Focus area: Promoting male involvement in FP interventions

Male involvement is an aspect of gender norms and is important for the success of the FP interventions since men are heads of families and make decisions on matters concerning social, economic and health aspects of their families. The decisions they make can contribute to promotion of FP activities through provision of social and economic support to their spouses with respect to providing permission and funds to access FP services. Men will therefore, be educated on the benefits of FP to women and children and will find the need to support their spouses in accessing FP services.

Communication overall Objective: To increase the proportion of men who have knowledge about the benefits of FP and support their spouses to access and utilize FP services.

Communication Messages

- Family planning enables couples to time pregnancies in a way that is beneficial to the mother's and children's health.
- Speak to your partner about FP and make FP decisions jointly.
- Family planning ensure your family is healthy and well-cared for.
- Encourage your wife to visit a health care provider for FP counseling.
- Girls and boys are equally important.

Activities

- Conduct dialogue meetings with men on benefits of FP.
- Carry out home visits to educate men and other family members on benefits of FP services and their contribution to health status of women and children.

- Conduct radio talk shows and disseminate information on FP use
- Distribute SBCC materials on FP

Youth and Adolescents

Communication Objectives

- Increase their support for life planning by identifying its relationship with their future success & goals achievements.
- Increase their support for family planning by identifying its relationship with the wellbeing of their future family.
- Promote delayed sexual activity and child birth among adolescents.
- Promote the concept of small family size and child spacing.
- Increase their knowledge about modern family planning methods.
- Mobilize youth to discuss/ FP with their friends, neighbors or family members.
- Encourage couple communication and discussion of FP issues before marriage.
- Promote gender equity.

Communication Messages

- Be prepared, plan ahead for your future career, family and health.
- Communication before marriage reflects positively on the marriage success and stability.
- Family planning reflects positively on the quality of life of the future family.
- Modern FP methods ensure effectiveness and safety.

Activities for Adolescent and Youth

- Collaborate closely with the Ministry of Education to facilitate the adoption of an SRH curriculum within schools.
- Harness digital technology such as mobile apps and Utilize the power of social media to raise awareness and garner support for SRH.
- Develop and distribute targeted SBCC materials on FP aimed specifically at adolescents and young people.

Social Mobilization

Social mobilization will operate at community level and target lower-level stakeholders who include religious, conservancy and community leaders. Social mobilization will aim at creating a movement for broad-based social change so that popular norms about health care, FP and gender relations shift and create a climate in which it is easier for women to adopt FP interventions. The process of community engagement will facilitate

establishment of effective community structures which will be used to sustain behavior change initiatives at community and household level.

Strategic Focus area: Strengthening capacity of CHPs/CBDs on FP

For sustained behavior change to take place at community and household level, interpersonal communication and counseling skills of service providers (CHPs, CBDs) are important for building their confidence so they can more effectively deliver maternal health and FP interventions and messages on FP. The Community Health Promoters and CBDs will be oriented on FP, communication skills, how to use the SBCC strategy and materials so that they are able to confidently deliver messages on FP to the communities.

Communication objective: To increase the proportion of CHPs/CBDs by 72 from 18 to 90 with knowledge and skills to communicate, mobilize and educate community members on the benefits of FP by 2027.

Activities

- Sensitization of CBDs and CHPs on MH and FP using country-specific FP guidelines and training packages/manuals.
- Distribute SBCC materials on FP.
- Facilitates Community Health Promoters to conduct community dialogue meetings.
- Conduct Quarterly support supervision, follow-up and mentoring of CHPs to guide them on how to implement community mobilization activities.

Strategic Focus area: Strengthening participation and collaboration with Community, Faith and political leaders to promote uptake of FP

Communication objective: To increase their support for family planning, integrate them into ADS SR Champions program and build their capacity to advocate for family planning at Community, county and National level.

Specific Communication Objectives

- **Religious leaders:** increase their support for family planning from a religious stand.
- **Political leaders:** increase their support for family planning from a political view.
- **Community leaders:** advocate the advantages of birth spacing on the wellbeing of their community members.

Communication Messages

- Family planning is a key element in building stronger communities and healthier families.
- Modern family planning methods are safe, effective and reliable.
- Be a leader and lead others to use modern family planning methods.

Activities

- Enhanced awareness among county officials on the negative effect on overpopulation on human health and environment.
- Develop county factsheet on RH priority challenges including teenage pregnancy and share with the policy makers at county level.
- Conduct dialogue meetings with Community (Traditional leader) –age set Leaders on the health and social benefit of FP.
- Engage religious leaders through inter-faith dialogue on the importance of FP.
- Support faith leaders to integrate FP in their routine sermon in churches.
- Distribute SBCC materials on FP to religious leaders.

13.0 Channels of Communication and Key Messages

The audience analysis discussed earlier enables us to choose an appropriate strategy mix to address the barriers identified to achieve the desired changes and communication objectives. Based on the Socio-Ecological Model for Change, success will be achieved through targeted, evidence-based SBCC interventions that adopt different approaches to influence the ability of the targeted segments to take favorable actions about FP/RH.

ADSSR SBCC strategy Mix shall focus on well- designed activities utilizing an integrated mix of channels using different complementary approaches to achieve the desired change Integrated Mix of Channels Integrating and combining the three types of channels—mass media, interpersonal communication and community channels can help maximize the effect of SBCC programs by capitalizing on the advantages of each channel to ensure best delivery of the message to the intended audience within the available budget.

Channels of Communication

The common and accessible channels of communication that will be used in promotion of FP interventions are categorized under Interpersonal Communication (IPC), Mass media and community channels. The CHPs should consider and prioritize channels that are more cost-effective in terms of delivering messages to the community. In addition, tailored SBCC plans will be developed by evaluating the strengths and effectiveness of each channel that will bring about better results bearing in mind the appropriateness and cost of each of the

channels. In all cases, multiple and appropriate channels of communication will be used to deliver messages to the target audiences.

Strategic Mix and Relative Advantages

Integrating and combining the three types of channels—interpersonal communication, community channels and mass media including social media and mobile telephony to help maximize the effect of SBCC programs by capitalizing on the advantages of each channel to ensure best delivery of the message to the intended audience within minimal cost.

Table 3: Strategic Mix and Relative Advantages

Channel of communication	Advantages	Activities
Interpersonal Communication	<ul style="list-style-type: none"> • Include: face-to face meetings during home visits by community health promoters to family members • Can be more credible because it is face-to-face • Permits dialogue (most participatory form of communication) and responds immediately to the individual • Individual can get an issue clarified; receive immediate feedback or additional information from another person there and then through asking and answering questions. • In addition, small group discussions through community dialogue sessions are excellent forums men and WRA to ask questions, express their views and get their concerns addressed. 	<ul style="list-style-type: none"> • Interpersonal communication involves exchange of information, ideas, thoughts and feelings between two people or among a group of people using verbal and non-verbal messages between provider & client
Mass Media	<ul style="list-style-type: none"> • Range of formats conducive to health messages available, particularly for television • Can be highly creative • Reaches a large percentage of the intended audience • Opportunity for direct audience involvement through call-in shows • Can use local languages and dialects 	<ul style="list-style-type: none"> • Broadcast radio • Talk shows • Call-in shows (for example, “ask the Expert” shows. • Celebrity endorsements

Channel of communication	Advantages	Activities
	<ul style="list-style-type: none"> • Comes into the home and can promote family discussion 	
Printed Material	<ul style="list-style-type: none"> • Reaches a large percentage of the intended audience • Can cover news more thoroughly than television or radio • Intended audience has the chance to clip, reread, contemplate, and pass along material 	<ul style="list-style-type: none"> • Brochures, Pamphlets, fliers • Posters, billboards
Digital Communication	<ul style="list-style-type: none"> • Can reach large numbers of people rapidly • Can instantaneously update and disseminate information • Can be interactive and user-directed • Can combine the audio-visual benefits of television or radio with the self-pacing of reading 	<ul style="list-style-type: none"> • Internet websites • social media platforms- Facebook and what Sapp • Mobile phone and SMS Platform • Digital application

14.0 Implementation Plan for FP SBCC Strategy

This Implementation Plan provides a roadmap on how the FP-SBCC strategy will be operationalized during the four years' period starting from 2024 to 2027. The plan highlights implementation approaches, strategic communication approaches to guide implementation of activities and achieve the desired goal and objectives of the strategy.

The overall purpose of this implementation plan is to:

- Ensure coordination and synergy of RH/FP SBCC programming.
- Ensure consistent SBCC on RH/FP.
- Set the stage for scale and impact.

The implementation guide thus outlines the roles and activities of GOK-the county department of health and partners at county levels. The guide spells out the rollout plan for the SBCC and guiding principles for materials and messages to use, outlines a communication matrix, and explains evaluation methodologies.

The Implementation plan is based on two key implementation approaches which include routine SBCC initiatives to promote FP activities which will be implemented all year round

by Community Health Promoters, CBDs, Health champions and faith leaders. These interventions will be aimed at creating awareness, increasing knowledge and changing attitudes of WRA and their partners to demand and utilize FP services. The implementation of these activities will use multiple channels of communication to deliver messages to the community members which will include Inter-Personal Communication (IPC) and Mass media. Interventions will be implemented at household and community level through sustained home visiting, community dialogue sessions, use of SBCC materials and community sensitization meetings. Other innovative approaches will include; social mobilization and community engagement activities and participation in county and national events.

Table 4: Implementation Plan for the FP-SBCC Strategy: 2024-2027

Communication for Development Approach	Key Activities	Responsible Officer (s)	Supporting partner/stakeholder	Timeframe Jan 2024- Dec 2027
Behavior change communication	Communication Objective 1: To increase by 10% the proportion of Women of Reproductive Age (WRA) 15-49 years utilizing FP services by December 2027			
	Conduct 60 community dialogue meetings to provide information on Modern FP services, address myths and misconceptions & negative social norms and cultural practices that hinder women access to FP services.	CBDs/CHPs & Health champions	County Department of Health & ADS	December 2027
	Distribute and disseminate 1,000 assorted SBCC materials; 200 T-shirts, 3 banners, 50 newsletter, 100 Tool bags, 100 Dustcoats and FP Protocol and	CBDs/CHPs & Health Champions	County Department of Health & ADS	Annually 2024-2027

Communication for Development Approach	Key Activities	Responsible Officer (s)	Supporting partner/stakeholder	Timeframe Jan 2024- Dec 2027
	reporting tools by 2027			
	Conduct 12 radio activations awareness through radio talk shows	MOH Technical experts on FP	County Department of Health & ADS	December 2027
Communication objective 2: To increase the percentage of Men of Reproductive Age by 10 per cent who support their spouse to adopt a modern contraception method to delay conception by 2027.				
	Conduct 60 men dialogue meetings on FP benefits of services	CBDs/CHPs & Health Champions	County Department of Health & ADS	December 2027
	Conduct 12 radio talk shows and spots on FP information and services:	MOH Technical experts on FP	County Department of Health & ADS	December 2027
Social Mobilization	Communication Objective 3: To increase proportion of CHPs/CBDs from 18 to 90 who have knowledge and skills mobilize, educate and provide community members with information and services by December 2027			
	Train 90 CBD/CHPs on FP to effectively conduct house hold visitation	CHPs, CBDs & Health champions	County Department of Health & ADS	December 2027
	Support 90 CBDs/CHPs to conduct dialogue meetings with men, women and communities on FP information and services	CHPs, CBDs & Health champions	County Department of Health & ADS	December 2027

Communication for Development Approach	Key Activities	Responsible Officer (s)	Supporting partner/stakeholder	Timeframe Jan 2024- Dec 2027
	Distribute 1, 000 assorted SBCC materials on FP	CHPs/CBDs	County Department of Health & ADS	Annually 2024-2027
<p>Communication Objective 4: Increase by 20% the proportion of community opinion, Religious & political leaders who have knowledge on FP, Mobilize, educate and advocate for the use of modern contraception method to delay conception in Narok, Kericho and Bomet Counties.</p>				
	Facilitates 12 round table discussion with county officials and political leaders on the negative effect on overpopulation on human health and environment degradation,	MOH & ADS	County Department of Health & ADS	December 2026
	Conduct 12 dialogue meetings with Community opinion leaders on the health and social benefit of FP.	CBDs, CHPs and Health champions	County Department of Health & ADS	December 2027
	Support 90 religious leaders through inter-faith dialogue meetings on the importance of FP	Faith leaders, CHPs & champions	County Department of Health & ADS	December 2027

15.0 Monitoring and Evaluation

Monitoring

Monitoring tracks and measures a program’s activities—what it is doing, where, with whom, how much, and when. For an SBCC program, monitoring tracks and measures progress being made toward achieving communication objectives. Monitoring involves routine data collection to check process and outputs and asking the following questions:

- How well are activities implemented?
- To what extent are planned activities realized?

Evaluation

Evaluation is data collection at discrete points in time to investigate systematically an SBCC program’s effectiveness in bringing about desired change in an intended population or community. Evaluation enables an SBCC program to determine whether its theory of change was accurate and whether the communication strategy and activities were effective. Evaluation requires a comparison of variables and the measurement of changes in them over time. It measures what has happened among intended audiences as a result of program activities and allows SBCC M&T to answer questions such as these:

- Were barriers to social and behavior change reduced by our efforts?
- Were these changes meaningful for our program?
- How good a predictor is our theory of change?
- Have we achieved our communication objectives?

Some SBCC programs evaluate both outcome and impact.

- **Outcome**—short-term or intermediate results obtained by carrying out project interventions to determine whether community Health Promoters are mobilizing and educating communities on FP services and their benefits, communities are receiving messages on FP services and their benefits and to determine whether appropriate channels are being used to deliver messages on FP.
- **Impact**—long-term effects (e.g., increase in FP Uptake) measured through research and studies.

Monitoring will be done on a continuous basis with lessons learnt and best practices replicated to improve implementation approaches. Evaluation will be done to assess the effectiveness of communication interventions at the end of every year, mid-term and end of the SBCC strategy implementation period. The evaluation will focus on the extent to which communication interventions have been effective in creating awareness, increasing knowledge and changing attitudes among WRA, men and communities in relation to generating demand for FP services and utilizing them.

Monitoring and evaluation of FP-SBCC interventions are based on the monitoring and evaluation model which links behavioral and social change approaches with efforts to strengthen levels of influence in the Social Ecological Model. The levels include: environmental, organizational, community and interpersonal relationships to cause change in the behavior of an individual.

Individual-level factors to be monitored and evaluated include knowledge, beliefs, attitudes and behavior. Interpersonal-level factors include: influence from spouses, friends, relatives. Community-level factors include; the effect of social norms, power relationships in the home and from community influencers. Organizational-level factors include influence from formal organizations such as Religious Institutions. Environmental-level factors include the effect of advocacy on national and local policies and legislations related to promotion of FP services.

The components of monitoring and evaluation which combine with the levels of influence in the Social Ecological Model will be used to measure changes in the behavior of an individual at output and outcome levels as indicated in the figure below:



Arrow shows levels at which the FP-SBCC communication interventions will be measured.

Monitoring and Evaluation Model with Indicators

Inputs

Refer to the resources that go into the program, for example, personnel, time, money, equipment and materials (FP-SBCC materials and training package) to support mobilization efforts for FP programme.

Outputs

These refer to products or services from the processes that reach the intended audiences; for example, the number of people with increased awareness and knowledge on FP services and information, number of CHPs trained and have improved skills in communication; number and types of SBCC materials and messages produced and distributed/disseminated among community members.

Outcomes

These are indicators which measure short-term and medium-term changes that take place in the intended audiences due to implementation of programme objectives and activities at individual, household, community, organizational and policy/environmental levels. For example:

- Proportion of WRA who demand and utilize FP services.
- Proportion of Community Health Promoters who mobilize and educate parents and communities on benefits of FP services.
- Proportion of community Religious and political leaders who educate communities on benefits of FP services and the need to utilize them.

Monitoring & Evaluation (M&E) is essential for maximizing the impact of the SBCC Strategies by providing insights, ensuring accountability, optimizing resources, and contributing to the overall learning and improvement of social behavior change interventions.

Table 5:

NO.	Reason	Rationale	Implementation
1.	Effectiveness Assessment	<ul style="list-style-type: none"> ○ M&E will help assess the impact and effectiveness of SBCC interventions in achieving the desired behavior change. 	<ul style="list-style-type: none"> ○ By systematically collecting and analyzing data, M&E will allow the Project staff to determine whether the intended messages are reaching the target audience and influencing their behavior positively.
2.	Adaptation & Improvement	<ul style="list-style-type: none"> ○ M&E will provide insights into what is working well and what needs improvement. 	<ul style="list-style-type: none"> ○ Regular monitoring will allow for real-time adjustments to communication strategies based on feedback and changing circumstances. Evaluation findings will inform the refinement of future interventions, ensuring continuous improvement.
3.	Resource Optimization	<ul style="list-style-type: none"> ○ M&E will help in identifying the most effective communication channels, messages, and strategies, optimizing the use of resources. 	<ul style="list-style-type: none"> ○ By understanding which components of the SBCC project are more successful, resources will be allocated efficiently to maximize impact.
4.	Accountability & Transparency	<ul style="list-style-type: none"> ○ M&E will enhance accountability to stakeholders, including funders, beneficiaries, and the community. 	<ul style="list-style-type: none"> ○ Clear documentation and reporting of progress and outcomes will foster transparency, demonstrating responsible use of resources and the project's commitment to achieving its objectives.
5.	Learning & Knowledge generation	<ul style="list-style-type: none"> ○ M&E will generate valuable insights and lessons learned that will contribute to the knowledge base of effective SBCC practices. 	<ul style="list-style-type: none"> ○ Evaluation findings will provide evidence of what works in specific contexts, contributing to the broader field of social behavior change. This

NO.	Reason	Rationale	Implementation
			knowledge will inform the design of future projects and initiatives.
6.	Risk Management	<ul style="list-style-type: none"> ○ M&E will help identify potential risks and challenges early in the implementation phase. 	<ul style="list-style-type: none"> ○ Regular monitoring will project staff to detect deviations from the planned course and address emerging issues promptly, minimizing the impact of unforeseen challenges.
7.	Demonstration of Impact	<ul style="list-style-type: none"> ○ M&E will provide evidence of the impact of SBCC interventions, reinforcing the project's credibility and legitimacy. 	<ul style="list-style-type: none"> ○ Through systematic data collection and rigorous evaluation, the project will showcase the positive changes achieved in the behavior of the target audience, contributing to the overall credibility of the SBCC approach.
8.	Stakeholder Engagement & Communication.	<ul style="list-style-type: none"> ○ M&E shall facilitate effective communication with stakeholders, fostering engagement and support. 	<ul style="list-style-type: none"> ○ Regular reporting on progress and outcomes will keep stakeholders informed and involved, maintaining their interest and commitment to the project's goals.
9.	Sustainability Plan	<ul style="list-style-type: none"> ○ M&E will support the development of sustainable interventions by identifying factors that contribute to or hinder behavior change over the long term. 	<ul style="list-style-type: none"> ○ Evaluation findings will help project planners understand the sustainability of behavior change, informing strategies to maintain positive outcomes beyond the project's duration.
10.	Evidence based decision making	<ul style="list-style-type: none"> ○ M&E will ensure that decision-making is based on evidence rather than assumptions. 	<ul style="list-style-type: none"> ○ The systematic collection of data and evidence will allow the project staff to make informed decisions, leading to more effective strategies and interventions.

ADS SR SBCC Summary Budget

No	Communication Objective	Total
1	To increase by 10% the proportion of Women of Reproductive Age (WRA) 15-49 years accessing and utilizing FP services by December 2027	2,370,000.00
2	To increase the percentage of Married Men of Reproductive Age by 10 per cent who state the importance and support their spouse to adopt a modern contraception method to delay conception by 2027.	1,340,000.00
3	To increase proportion of CHPs/CBDs by 80% from 18 to 90 who have knowledge and skills mobilize, educate and provide community members with information and services by December 2027	9,198,000.00
4	Increase by 20% the proportion of community opinion, Religious & political leaders who have knowledge on FP, Mobilize and educate communities/congregation on the benefit of FP by December 2027.	1,329,000.00
	Grant Total	14, 237, 000

Table 6: M&E Plan

Communication Approach	Communication objectives	Key Activities	Indicators	Means of Verification	Assumptions
Behavior change communication	To increase the percentage of women of reproductive age 15–49 by 10% using modern contraception method to delay conception within 24 months in ADS Operating Counties of Narok, Bomet and Kericho.	<ul style="list-style-type: none"> • Conduct community dialogue meetings to provide information on Modern FP services, address myths and misconceptions & negative social norms and cultural practices that hinder women access to FP services. • Support CBDs to Provide Modern FP services through home visit. • Distribute and disseminate SBCC materials and messages on FP • Conduct awareness raising 	<p>Process</p> <ul style="list-style-type: none"> • 60 dialogue meetings conducted • 1,500 households visited by CHPs • 10% (120) women referred to health facilities for FP services • 12 radio talk shows conducted <p>Output</p> <ul style="list-style-type: none"> • 1,200 WRA with increased knowledge on FP • 1,200 WRA who know and appreciate benefits of FP services • 600 WRA who describe benefits of FP services 	<ul style="list-style-type: none"> • Dialogue meeting reports • Participants list. • Home visit reports • Electronic media monitoring reports • Referral logs • Monitoring and supervision reports • KAP survey • KHIS reports. 	<ul style="list-style-type: none"> • Information campaigns effectively reach the target audience • Availability of commodities • Community dialogues foster open discussions and attitude shifts.

Communication Approach	Communication Objectives	Key Activities	Indicators	Means of Verification	Assumptions
		<p>activities through radio talk shows</p> <ul style="list-style-type: none"> • Conduct referral of women to health facilities for more FP information and services. 	<p>Outcome</p> <ul style="list-style-type: none"> • 600 WRA who demand and utilize FP services 		
	<p>To increase the percentage of Men of Reproductive Age by 10% who support their spouse to adopt a modern contraception method to delay conception by 2027 in ADS Operating Counties of Narok, Bomet and Kericho.</p>	<ul style="list-style-type: none"> • Conduct dialogue meetings with men on benefits of FP • Carry out home visits to educate men and other family members on benefits of FP services and their contribution to health status of women and children. They will also educate them on the need to support their spouses in 	<p>Process</p> <ul style="list-style-type: none"> • 60 dialogue meetings conducted • 1,200 men attending in the dialogue meetings • (40%) 300 men reached by CHPs during households visits. • 12 radio talk shows conducted • 1,000 assorted SBCC materials distributed. 	<ul style="list-style-type: none"> • Dialogue meeting reports • Home visit reports • Electronic media monitoring reports • Monitoring and supervision reports • KAP survey • KAP survey 	<ul style="list-style-type: none"> • Community dialogues foster open discussions and attitude shifts • Men and family members are receptive to home visits. • Adequate resources are available for home visit logistics. • Target audience tunes in to the radio talk shows.

Communication Approach	Communication objectives	Key Activities	Indicators	Means of Verification	Assumptions
		utilizing FP services <ul style="list-style-type: none"> • Conduct radio talk shows and disseminate information on FP use • Distribute SBCC materials on FP 	Output <ul style="list-style-type: none"> • 300 men who describe benefits of FP. Outcome <ul style="list-style-type: none"> • 300 men who support their spouses on access and utilization of FP services 		
Social Mobilization	To increase proportion of CHPs/CBDs from 18 to 90 who have knowledge and skills to mobilize, educate and provide FP information and services to community members on the benefits of FP by	<ul style="list-style-type: none"> • Sensitization of CBDs and CHPs on MH and FP. • Distribute SBCC materials on FP • Engage Community Health Promoters to conduct community dialogue meetings. • Conduct support supervision, follow-up and mentoring of 	Process <ul style="list-style-type: none"> • 90 CHPs sensitized on MH/FP • 1,000 assorted SBCC materials distributed • 60 community dialogue forums conducted • 12 support supervisions and follow-ups conducted and number of 	<ul style="list-style-type: none"> • Sensitization reports • Distribution of SBCC materials list. • Participant list • CHPs Monthly reports. • Support supervision reports. • Distribution list. • CHPs/CBDs monthly reports 	<ul style="list-style-type: none"> • BDs and CHPs are available and willing to participate in sensitization sessions. • CBDs and CHPs have a baseline understanding of MH and FP concepts. • Community members are likely to engage with and understand the distributed SBCC materials.

Communication Approach	Communication objectives	Key Activities	Indicators	Means of Verification	Assumptions
	December 2027	CHPs to guide them on how to implement community mobilization activities	<p>CBDs/CHPs reached</p> <p>Output</p> <ul style="list-style-type: none"> • 1,000 assorted SBCC materials distributed. <p>Outcome</p> <ul style="list-style-type: none"> • 90 CHPs/CBD providing FP services and information the communities. 		
	Increase by 20% the proportion of community opinion, Religious & political leaders who have knowledge on FP, Mobilize, educate and advocate for the use of modern	<ul style="list-style-type: none"> • Enhanced awareness among county officials and political leaders on the negative effect on overpopulation on human health and environment. • Develop county factsheet on RH priority challenges including teenage 	<p>Process</p> <ul style="list-style-type: none"> • 60 leaders sensitized of effect of overpopulation, human health and environment degradation • 12 roundtable meeting with county and political leaders conducted. 	<ul style="list-style-type: none"> • Participants lists • Orientation reports, • Dialogue reports. • Activity photos 	<ul style="list-style-type: none"> • County officials and political leaders are open to discussions on population issues. • Community leaders are willing to participate in dialogue meetings. • Religious leaders are willing to receive and

Communication Approach	Communication objectives	Key Activities	Indicators	Means of Verification	Assumptions
	contraception method to delay conception in Narok, Kericho and Bomet Counties.	<p>pregnancy and share with the policy makers at county level.</p> <ul style="list-style-type: none"> • Conduct dialogue meetings with Community (Traditional leader) –age set Leaders on the health and social benefit of FP. • Engage religious leaders through inter-faith dialogue on the importance of FP • Support faith leaders to integrate FP in their routine sermon in churches • Distribute SBCC materials on FP to religious leaders 	<ul style="list-style-type: none"> • 90 religious leaders attending awareness sessions • 120 community leaders reached through dialogues sessions <p>Output</p> <ul style="list-style-type: none"> • 90 religious leaders with increased knowledge on FP 	<ul style="list-style-type: none"> • KAP surveys. 	disseminate SBCC materials.



ADS-South Rift

To honour God and serve people

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