MSI
REPRODUCTIVE CHOICES

Creating an enabling environment for SRHR

How we're engaging community leaders to expand access to reproductive choice

2024

Community leaders can help reduce stigma and social barriers

Engaging local leadership is a crucial component of creating lasting change in communities, especially when it comes to often-sensitive topics such as contraception and abortion

Community leaders can make or break sexual and reproductive health and rights (SRHR) interventions. Local leaders, in particular religious leaders, are some of the most trusted among public figures and the least likely to be considered corrupt by their communities[1]. The trusted position held by this influential group means they are often crucial in gaining access to a community and also the reference group and gatekeeper of key social norms.

When leaders have the right information and training, they can play a vital role in countering harmful beliefs, attitudes and norms in their communities — if not, they can block community access altogether. When leaders are engaged effectively as part of SRHR programming, this not only supports access to marginalised populations but can result in allies who can cascade accurate information and role model positive SRHR attitudes and shift social norms.

MSI Reproductive Choices works across 36 countries and six continents to make reproductive choice possible for over 93,000 people every single day. In many of the contexts where MSI works, cultural barriers — including social norms dictating acceptable SRHR behaviours — affect reproductive decision-making. For example, in northern Nigeria a man's status is related to the number of children he has fathered, which creates barriers to male support of birth spacing.

Engaging local leaders is a key tactic for addressing such barriers and changing behaviours. In 2023, it helped MSI teams in Nigeria reach 2.3 million clients with reproductive healthcare products and services. More than 7 out of 10 (73%) of those accessing contraception had not used family planning in the three months prior to their visit and 15% were living in severe poverty.

Despite community leader engagement being a key strategy for effective SRHR programming, detailed documentation of the activities, strategies and evidence of its impact is lacking.

This brief presents the findings of a recent MSI study on engagement with community leaders and local authorities to expand access and uptake of modern contraception and support communities to live healthier lives.

Funded by the Children's Investment Fund Foundation (CIFF) Step Up Pillar 1 project, the study included seven MSI programmes (Burkina Faso, DRC, Mali, Niger, Nigeria, Senegal, and Sierra Leone). The study used a qualitative approach (with 27 key informants from MSI programmes) complemented by a light-touch desk review of relevant MSI- and Step-Up project documentation.

Structured discussions explored the following questions:
- What is the profile of community leaders MSI is engaging with?
- What are the strategies and activities used to engage community leaders?
- What are the outcomes of the different strategies used to engage with community leaders?
- What external factors may influence or hinder success?

Insights from the discussions provide a rich contextual picture of key interventions at the local level and a set of reflections on challenges and opportunities for MSI, as well as others working on SRHR in similar contexts.

Read on for our key learnings from this exercise and how we plan to move forward with impact.

Photo: Al-kasim, an Iman whose two wives use family planning promotes family planning in his community in northern Nigeria

[1] Afrobarometer Dispatch No. 536, For religious leaders in Africa, popular trust may present opportunity, challenge in times of crisis, August 2022

What we learned: **The critical role of community leader engagement in SRHR programming**

While the exact position, title and responsibilities of leaders varies by context, our study indicated three key leader profiles and provided insights into how they can support reproductive health

Traditional and religious leaders

Chiefs and paramount chiefs are the key point of entry to the community. Mostly older men, they represent the entire community and are listened to and respected by all. A Chief can be sitting at village (chef de village), street (chef de rue), neighbourhood (chef de quartier), land (chef de terre or responsible of the land deities), district or county (chef de canton) national (the Sultan, the Emir or other title) level. In MSI teams' experiences, engaging this group is a critical first step in identifying other important individuals and influencers. These include the local storytellers (griots) and public announcers (crieur publique) used by many MSI teams to raise awareness of activities. The point of view of **religious leaders,** imams, marabouts, priests, and pastors, is often critical to how village chiefs react to MSI's interventions and might influence whether they consent to it. **Customary chiefs** are also part of the chieftainship and often include female leaders, who will act as conduits to community women.

Leaders of local groups

Leaders of local women's groups, market women's leaders, and youth group leads can convey messages and relay the information learned at meetings or from other sources back to their networks. Groups are often structured around livelihoods, but can include informal groups as well, for example set-up around sports and leisure activities. These groups often provide access to a profile of community member not reached with community-based activities focused on health, e.g., men and unmarried youth.

Local influencers

A range of other **influential people,** depending on the context, can also be engaged to support SRHR interventions. These individuals have the local standing to persuade others. In many cases, influencers have become allies and champions of MSI in their own communities, leading information provision and ensuring that people know where to access services.

Examples of the roles of different leaders

Gatekeepers of local customs:
In Burkina Faso, Chefs de terre perform sacrificial rites to local deities in favour of fertility and prosperity for the community. They are engaged in meetings to provide information on the different contraceptive methods, which they then share with other men in the community.

Female leaders and role models:
Female customary leaders include the Mame Queens in Sierra Leone, who attend meetings and speak on behalf of all women in the community; the Mamans Lumière or matrones in Niger who play the role of traditional midwives and help women during delivery; and the Badiène Gox in Senegal, an aunt of the bride-to-be who will instruct her on sexuality and FP methods. These female leaders are conduits to communicate with community women and may refer them for services with MSI.

Community groups to cascade information:
In Sierra Leone, kedas or community groups bring men together to discuss key issues. Male leaders' representatives act as intermediaries in male-only group discussions, facilitating discussions with a stronger positive effect on men's buy-in.

Tea Vendors and their wives in Northern Nigeria have been effectively engaged to champion FP and birth spacing in their communities.

Read more about the Gagarabadau project here

The study indicated five key ways in which leader engagement can support SRHR programming

1 **Community entry and risk mitigation:** In each country, local traditional and religious chiefs are key entry points to enable last mile service delivery, ensuring initial buy-in and limiting risks of community backlash.

2 **Leveraging local knowledge to improve programme impact:** Connections to local leaders help tailor messaging to the barriers to SRHR and acceptance. In Niger, a leader actively participated in women's sessions on SRHR. He translated the shape of an IUD using words like 'kuba' and 'sakata' to describe that the IUD is not a medicine but a method that looks like a door handle or hook that is used to close a door.

3 **Ensuring long-term change by transferring knowledge and challenging myths:** When leaders are well-informed, they can cascade this to their community through their own established channels, in the ways they know work for their context. In the DRC, a village chief who was previously sensitised to the benefits of family planning by MSI engagements, took over community sensitisation activities himself when the programme's community visits ended.

4 **Promoting and role-modelling positive behaviours and attitudes:** As key reference groups for many relevant social norms, traditional leaders act as role models that shape and influence social norms – giving them the power to start positive change.

5 **Supporting referrals to service delivery points:** Supportive leaders can help community members find their way to a service delivery point, increasing access to services.

What we learned: **Key considerations for effective leader engagement**

Effective community leader engagement is locally led but secures national and sub-national government support early in the process

Leveraging the connections of both local team members and the **Ministry of Health (MoH) is crucial** to implementing effective community leader engagement. Meetings with MoH representatives at district and local levels can help programme staff identify the right leaders to work with and the best strategies to do so. In some contexts, the presence of government officials upon initial community entry is very important to communicate that the organisation is coming in partnership with the MoH and to ensure leaders participate.

MoH community health workers (CHWs) are also important allies. CHWs are community members themselves, which means they can facilitate access to leaders, and support with explanations of the SRHR programme's work, when approvals from leaders is sought to start work in a given community. MSI teams often include MSI-employed community-based mobilisers who work closely with government CHWs.

> "When you enter a Chief's compound accompanied by the local government healthcare officer, it reassures the community. When the community-based mobiliser is from that community, that opens up trust even more. Our teams can build on these initial conversations for further engagements. Often times the Chief announces us through the town crier/announcer, and he calls his other Chiefs. When the Chief takes that active role, it tells you have been accepted."
>
> **Director of Programmes, MSI Nigeria**

To achieve long term impact, community engagement needs to be treated as an ongoing process and should involve local allies at every stage

Engaging the right leaders is a **multi-stage, ongoing process** and involves significant groundwork to ensure community entry and acceptance before leaders can be leveraged for greater impact, for example to support the shifting of social norms. While the process used in MSI settings varies by context, insights suggest the same broad steps across programmes:

Step 1

Understand the context and engage with national and sub-national government
- Conduct a baseline and/or stakeholder or power mapping of at the community ahead of any intervention.
- If applicable, work with local health authorities to discuss and determine locations for programme activities.
- Organise discussions with MoH staff, who can share a list of related communities, health centres, CHWs and leaders for the programme to approach before community entry.

Step 2

Initiate leader engagement
- Using the information and contacts gathered, organise a community entry visit with the CHWs as an initial courtesy to relevant chiefs. This lays the foundation for further engagement.
- Once key community leaders accept and endorse the programme's presence, they will identify other leaders and notables to work with and activities can start.
- In the case that leaders refuse the programme's presence, those co-ordinating community entry must return to local authorities to seek advice and support.

Step 3

Maintaining the relationship
- Maintain the relationship through on-going engagements, monitoring the activity roll-out and organising regular check-in visits.

What we learned: **Key considerations for effective leader engagement**

Activities targeting community leaders need to be adapted to the profile of the leader and context. Our study suggests successful methods rely heavily on strong inter-personal approaches

Once a successful community entry has been established, teams can start planning activities with leaders. MSI teams cited the following from their experience in terms of key considerations for achieving impactful leader engagement:

Foster positive SRHR attitudes

Engage leaders in personal reflective practices to promote pro-SRHR attitudes, for example through Values Clarification & Attitude Transformation (VCAT) workshop sessions.

Improve knowledge & technical skills

Provide comprehensive SRH information and clarify questions, for example, where community members can access SRH services through the programme.

Focus on the benefits of SRHR programming to a leader's community

Leaders are often some of the most aware of the issues their communities face. Teams to make make sure you communicate clearly the positive impact increasing access to SRH can have on broader community health and well-being.

Relationship-building

To build acceptance in the community, use an accommodating and amicable communication style, respectful of local traditional hierarchies. Find ways to be present in local activities organised by others.

Encourage role models and champions

Focus leader engagement efforts on pro-choice leaders who can become positive influencers. They can also act as role models to more hesitant colleagues and help negotiate in the face of strong male resistance. Also aim to identify individual male and female champions within the CHWs, and any other people who are able to facilitate discussions with any hesitant leaders or community members.

MSI Senegal participate in numerous local and religious festivals such as 'le gamou' (day of celebration of the Prophet's Mohammad), 'le moulud' (celebration of His birth), or days of Christian pilgrimage. During these celebrations MSI is also available to offer information and services.

The MSI Nigeria team trained the Serkin Yakin, an outspoken religious and traditional leader linked to the Sultan, on family planning methods. He then worked with an interfaith coalition that has produced both Muslim and Christian perspectives on contraception, clarifying the myths and misconceptions. Through this role-modelling, other religious leaders were sensitised to call on men to support their wives to access family planning and inform them about MSI services.

What we learned: **Key considerations for effective leader engagement**

Consider different strategies and channels to ensure leader engagement is tailored to the barriers most prevalent in the community

Barriers	Messaging strategies	Communication channels
Social norms related to family size, the role of women in society, sexuality, promiscuity	• Benefits of birth spacing • Gender-transformative messages to promote the role of women girls in society, their right to bodily autonomy • Highlighting legal arguments where appropriate given the context	• Values Clarification and Attitude Transformation (VCAT) sessions to engage participants in personal reflection • Informal interpersonal approaches • Testimonies of satisfied clients
Anti-SRHR myths & misconceptions	• Dispelling myths • Providing correct information about methods and side effects	• Meetings with leaders to provide information on the different contraceptive methods, often Q&A-style • Pictures (boîtes à images), posters, flipcharts of services offered, brochures
Religious arguments and norms related to family planning use	• Emphasising religious values such as empathy, care for the community • Sometimes legal arguments are used: highlighting that new or existing legislation on women's rights to access SRHR services does not contradict the Christian or Muslim canon.	• Meetings, workshops, trainings • Some countries have enlisted the support of high-level national religious groups and networks to develop religious interpretations on family planning using the holy scriptures

Be ready for community backlash and the impact of external factors, such as political and leadership changes, and make sure teams are supported to handle this

Given the often sensitive or even taboo nature of SRHR programming and messages, community backlash is always a risk. MSI staff describe instances of having to change activities or even withdraw from communities altogether. At times, resistance from husbands and men in a community is so strong that this puts the safety of staff at risk. In particular, certain religious leaders remain unapologetically obstructive to even listen to MSI or accept that family planning might bring positive effects on communities and will try to debunk the evidence MSI brings including through religious arguments. This was reported in all countries, although MSI staff stressed that there are differences between and even within districts at times, so a nuanced approach is required based on a thorough power mapping.

Externally, many factors beyond a programme's control, can also favour or hinder the success of community-based leaders' engagement efforts. Changes in legislation or national campaigns can be used to support community-based messaging and activities. For example, in Senegal and Burkina Faso, since 2005 and 2021 respectively, the government has instituted reproductive health service provision for all without discrimination. MSI teams have been able to leverage this in their communication and engagements. In Sierra Leone, the recent Safe Motherhood Bill supports post-abortion care provision, providing programmes with an easy way to address the topic of abortion directly during activities.

Despite these clear challenges, the study outlined many successful strategies to either mitigate risk of backlash before it happens, or to manage instances of hesitant leaders:

1. Taking the time to ensure leader buy-in, even if this means multiple visits or activity changes.

2. Message reinforcement through local radios or other media outlets.

3. Leveraging pro-SRHR leaders, particularly for religious arguments: for example, in Mali, a workshop was organised with local religious and community leaders focusing on Islamic interpretations of the positive impact of family planning and SRHR on families and marital relations, led by supportive religious leaders. This peer sharing helped change the minds of previously reticent religious leaders.

Where we go from here

Local leaders are the 'front door' to communities where MSI works. They are also the gatekeepers of a range of social norms affecting sexual and reproductive health and rights

"The chief is the front door of the community for us: he is there for everyone, and can bring everyone to us."

Social Marketing Agent, MSI Niger

Community leader engagement is critical both to gaining community entry and acceptance for SRHR programming, but perhaps more importantly, provides opportunities to mobilise greater impact and long-term change in social norms and community support for SRHR.
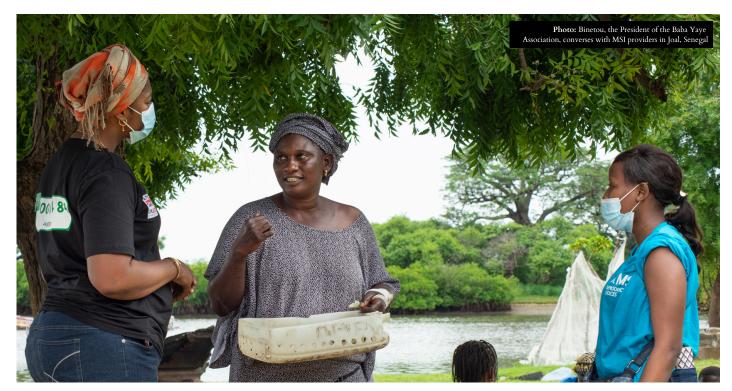
Our study suggests that when leaders can see benefits for their community, they can be powerful allies, from simply ensuring access to the community right through to role-modelling positive behaviours, like birth spacing and shared reproductive decision-making.

The structure of local leadership varies considerably by context. Given the multiple leadership positions likely influencing any given community, time and resource is required to ensure interventions are involving the right leaders, in the right order. Activities need to be tailored to ensure buy-in. Community leader engagement also needs to be treated as an ongoing process, particularly when the desired impact is long-term change in community support for SRHR.

SRHR programmes should prioritise and plan and budget for the involvement of CHWs and local health authority teams to facilitate introductions and provide support with engaging leaders. Programme teams also need to include those from the communities themselves. This helps ensure that approaches to leader engagement are underpinned by an understanding of the context and helps facilitate successful inter-personal communication and relationship-building. Further training on inter-personal communication techniques can also be beneficial.

While global tools and strategies can be deployed to positive effect, these need to go through a process of 'localisation' to ensure they are tailored to the leaders and communities with whom they are being used. Community leader attitudes to SRHR may change over time. The influence of others, and broader political changes need to be monitored in order to capitalise on opportunities and address negative shifts.

MSI teams will continue to leverage and build on these learnings to ensure we are effectively engaging and empowering leaders to support reproductive choice in their communities.

Photo: Binetou, the President of the Baba Yaye Association, converses with MSI providers in Joal, Senegal

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