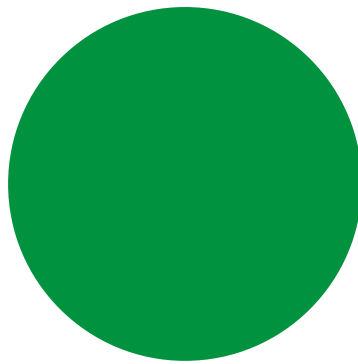


**GUIDE TO
SETTING UP AND MANAGING
FAMILY PLANNING
ADVOCACY WORKING GROUPS**

An abstract graphic of several overlapping green leaves or blades of grass, rendered in various shades of green, sweeping diagonally from the bottom left towards the top right of the page.

2017

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AAFP	Association for the Advancement of Family Planning
BCC	Behavior Change Communication
BMGF	Bill & Melinda Gates Foundation
CBO	Community-based Organisation
CBS	Child Birth Spacing
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organisation
DfID	Department for International Development
FBO	Faith-based Organisation
FGoN	Federal Government of Nigeria
FIDA	International Federation of Women Lawyers, Nigeria
FMoH	Federal Ministry of Health
FP	Family planning
FPAWG	Family Planning Advocacy Working Group
HERFON	Health Reform Foundation of Nigeria
HP+	Health Policy Plus
ICPD	International Conference on Population and Development
IEC	Information, Education, and Communication
LGA	Local Government Area
mCPR	Modern contraceptive prevalence rate
NAWOJ	Nigerian Association of Women Journalists
NCWS	National Council of Women's Societies
NDHS	Nigeria Demographic and Health Survey
NPC	National Population Commission
NURHI	Nigerian Urban Reproductive Health Initiative
PACFaH	Partnership for Advocacy in Child and Family Health
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
RH	Reproductive Health

SMoH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SPHCDB	State Primary Health Care Development Board
ToR	Terms of Reference
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WDC	Ward Development Committee

Family planning (FP) is one of the most cost-effective ways of achieving a reduction in maternal and child mortality and morbidity, and improved maternal and child health. Evidence from research studies show that successful FP programs can contribute to about 30 percent reduction of maternal mortality. Despite this, the use of modern family planning methods in Nigeria remains low, at a ten percent modern contraceptive prevalence rate (mCPR). There are however, marked differences between urban and rural areas (17 percent versus six percent) and a wide regional variation across the geopolitical zones. Whereas 25 percent of married women, ages 15-49 years, in the Southwest currently use modern contraceptives, less than 3 percent of women in Northeast are current users of modern methods. The unmet need for FP at 16 percent is about one and a half times much more than the mCPR (National Population Commission (NPC-2013)).

In recent times, the overall policy environment is pro-family planning, but program implementation is largely funded by donors. Many states have yet to create budget lines for FP, and for those that have established budget lines, evidence shows non-consistent release of funds, while released funds are grossly inadequate and sometimes not being used for what they were meant for. These have made planning and implementation of program activities very challenging. There has however been consistent improvement in engagement with policy makers at all levels towards securing favourable financial environment to facilitate the achievement of key objectives of the national FP program.

Following Nigeria's commitments made at the 2012 London Summit on Family Planning, the Federal Ministry of Health (FMOH) adopted the Nigeria Family Planning Blueprint (Scale-Up Plan) in 2014, which confirmed the Federal Government of Nigeria's (FGON) target contraceptive prevalence rate (CPR) of 36 percent – to be achieved by 2018. Following little progress recorded, the target was however reviewed downward at the 2017 FP2020 Summit – to 27 percent, to be achieved by 2020. To achieve this goal, there is a need to mobilize different stakeholders, including the non-state actors, such as civil society organizations (CSOs). CSOs' role in promoting transparency and accountability for the health sector is increasingly being recognized by the FMOH, based on their active role in the processes that resulted in the signing of the National Health Act, and evidence that suggests they would do more if their capacity were strengthened.

The United States Agency for International Development (USAID) and the Bill and Melinda Gates Foundation (BMGF), through some implementing

partners, notably the Health Policy Plus (HP+) (Palladium Group), Family Health Plus (FH+), Pathfinder International, Nigeria Urban Reproductive Health Initiative (NURHI) Project – now NURHI 2, Partnership for Advocacy in Child and Family Health (PACFaH) and others, supported the establishment of state-level Family Planning Advocacy Working Groups (FPAWGs) to advocate to the state policy makers and other relevant decision makers to address the gap in FP financing. Some of these groups have recorded remarkable achievements at the state and local government levels, as evidenced by annual release of funds for FP programs.

The successes recorded through the operations of these groups, and the need to ensure proper documentation of experiences and lessons learned, led to the development of a set of standard guidelines for setting up and managing FPAWGs that could be used in scale-up to other regions and states.

This document, Guide to Setting Up and Managing Family Planning Advocacy Working Groups, provides a simple, practical, standard and systematic approach to establishing functional and sustainable FPAWGs that will advance the FP agenda at all levels of the country's Family Planning Programme. It will also facilitate the creation of a necessary enabling environment to ensure an effective and efficient FP programme that would meet the set targets, while delivering on its mandate. This guide is therefore recommended for any individual or group involved in the setting up and managing of an FPAWG to meet the funding gap for FP programmes.



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The development of this Guideline for Setting Up and Managing Family Planning Advocacy Working Group drew from the various experiences of the partners that have worked across the states to put together standardized processes and procedures that would ensure functional and result-oriented advocacy working groups.

The network of Civil Society organizations promoting Family Planning in Nigeria sincerely appreciates the immense contributions of the following partners to the development of this document – Health Policy Plus Project (a USAID funded project implemented by Palladium International and partners) which provided financial and technical contributions to ensure the document is produced, Association for the Advancement of Family Planning (AAFP) as the leading coalition of organisations working in FP in Nigeria for mobilizing partners in the development of this guide, Pathfinder International, Nigeria Urban Reproductive Health Initiative Project 2 (NURHI 2), Population Council, MamaYe Evidence4Action (E4A), Planned Parenthood Federation of Nigeria (PPFN), Maternal and Child Survival Program (MCSP), Palladium, the Family Planning Advocacy Working Groups of the following states - Ogun, Oyo, Kaduna, Lagos, Kano, Kebbi, Benue, Plateau, Cross River, Niger, Kogi, Katsina, Nasarawa, Gombe, Kwara and FCT whose experiences contributed immensely to the contents of this guide and members of the Advocacy, Accountability and Resource Mobilization Sub-Committee of the National Reproductive Health Working Group for supporting the process.

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This document is a step-by-step guide on how individuals and groups who are committed to family planning (FP)/child spacing can create and organize formal platform(s) for advocacy and influence actions and decisions for favourable environment for FP. This resource document is also for self-learning; not only to guide the establishment of Family Planning Advocacy Working Groups (FPAWGs), but also to highlight and draw attention to key FP issues requiring solutions through effective advocacy approaches. Before achieving desired FP outcomes, individuals and groups must have a holistic understanding of FP.

CSOs and other active individuals and champions are in a unique position to influence the FP landscape. They can draw the attention of critical decision makers on important FP issues and challenges, the benefits of FP, and how it can be best positioned to serve the interests of women (age 15-49) and their families, communities, and society at-large. The civil society can objectively and critically draw attention to the linkages of population issues and wider development, and the role of family planning in addressing political, social, and economic challenges and opportunities. Further, they have the capacity to work with key stakeholders at all levels to bring about desired change.

The purpose of these guidelines is to provide a systematic approach that is simple and practical in establishing functional and sustainable FPAWGs, to then pursue advocacy efforts and actions that support local needs and generate support for increased resources for FP – with the ultimate goal to improve the enabling environment, increase FP funding at the state level, and generate greater demand and service use.

The guidelines are intended for use by groups, organizations, or individuals who are motivated to improve the FP landscape in any political geography across the federation. The guide can also be adapted for other programs in health, education, human rights, and/or HIV&AIDS, as relevant.

Advocacy: a set of targeted actions undertaken by a group of committed individuals or organisations to introduce, change, or obtain support for specific policies, programmes, legislation, issues, or causes. Advocacy differs from general Information, Education and Communication (IEC) efforts and/or Behavior Change Communication (BCC) programmes, as advocacy largely targets decision-makers to change policies, programmes, resource allocation, operational guidelines, etc. Advocacy is an organised process of mobilising support for a cause to bring about change favourable to that cause.

Benchmark: a standard or set of standards, used as a point of reference for evaluating performance or level of quality.

Change: the process of causing a function, practice, or situation to become different, as compared to what it is at present or what it was in the past.

Contraceptive prevalence rate: the percent of women of reproductive age (15-49 years) using any method of contraception at a given point in time.

Evaluation: distinguishes the measured change in targeted results that can be attributed to the program/project intervention, or analysing inputs and activities to determine their contribution to results.

Family planning/child birth spacing advocacy: forming partnerships with like-minded groups and individuals to persuade global, regional, national, and local leaders to undertake certain actions, such as high-level attention to and improvements in FP quality and access.

Framework: a broad overview or outline of interrelated/interlinked items that support an approach to a specific objective and serve as a guide that can be modified, as required, by adding or deleting items. A supporting structure on and or around which something can be built.

Gender: the socially-constructed characteristics of women and men, such as norms, roles, and relationships of and between groups of women and men. Concepts of gender are often locally relevant and context specific, varying from one location to another.

Goal: an ideal result we want to achieve or the ultimate result, achieved because of multiple interventions (some which we may not be responsible for).

Group: collection of individuals who have regular contact and frequent interaction, mutual influence, common goals and priorities, and who work together to achieve those common goals and priorities.

Impact: mid- and long-term sustainable effects or changes attributed to a certain project factor or intervention, over a period of time.

Indicator: the extent of programmatic change and outcomes. Measures what actually happened, in terms of quantity, quality and timeliness, against what was planned. Pointers, signs, or markers, which are related to certain changes and can be felt, seen, and questioned. May be quantitative or qualitative.

Law: principles and regulations established in a community by some authority; applicable to citizens, whether in the form of legislation or custom and policies recognized and enforced by judicial decision.

Legislation: act or process of making or enacting a law or set of laws by the organ established and empowered to do so.

Milestone: marks a specific point along a project/program timeline, or an important point in the progress or development of something -- a very important event or advance. May also serve as stages or benchmarks in a programme or project, to then divide for monitoring and measurement of work performance.

Monitoring: tracking key elements of programme/project performance over time (inputs, activities, results).

Objective: incremental and realistic step and result, to be achieved in the process of reaching a goal within a set timeframe.

Outcome: changes, benefits, learning and/or other effects that are the result of efforts (overall observed changes in performance, behavior, and/or resource status).

Planning: physical and psychological process of thinking through necessary and required approaches to achieve a desired goal. The organizational process of creating and maintaining a plan for implementation.

Policy: set of ideas or plans that are used as a basis for decision making. Identifies priorities and actions, as determined and agreed upon officially by a group of people. Policies can be written or unwritten.

Result: a measurable change resulting from a cause and effect relationship. Can be observed, described, or measured in some way, and for which the cause can be identified.

Stakeholder: an individual who can affect or be affected by actions, objectives, pursuits, policies, laws/legislation and/or programs and approaches. Can also be parties that have an interest in an endeavor and can either affect or be affected by the endeavor. Can be either primary or secondary stakeholders.

Stakeholder analysis: a process of systematically gathering and analyzing qualitative information to determine whose interests should be taken into account when developing and/or implementing a policy or programme.

Systems advocacy: effort to change or refine a policy, practice, and/or structure, at the local, national or international level, to change the situation for groups of individuals who share similar needs and challenges.

Total fertility rate: the number of children who would be born per woman (or per 1,000 women) if she were to pass through the childbearing years bearing children according to a current schedule of age-specific fertility rates.

Unmet need: women in childbearing age who want to stop or delay childbearing but are not using any method of contraception.

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SECTION

01

INTRODUCTION



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1.1. Global response to family planning

The 1994 International Conference on Population and Development (ICPD) in Cairo moved population policy and programmes away from a focus on human numbers to a focus on human lives, emphasizing improvement in the lives of individuals and increasing respect for human rights. The conference reached consensus on three quantitative goals, to be achieved by 2015, which included reducing maternal, neonatal and child mortality and ensuring universal access to a full range of reproductive health (RH) services, including family planning/child birth spacing (FP/CBS). Participating countries were expected to take steps to meet the FP needs of their population and work towards providing universal access to full range of safe and reliable FP methods and related reproductive health services by 2015.

To help decrease unmet need for family planning, countries were expected to identify and remove existing barriers to the FP service access and use, including those related to poor service quality and service costs. ICPD urged all political and community leaders to play a strong, sustained, and highly visible role in promoting and legitimizing the provision and use of FP/RH services. In addition, ICPD enjoined leaders and legislators at all levels to translate their public support for reproductive health, including FP, into adequate allocation of budgetary, human, and administrative resources to help meet FP/RH needs.

Following ICPD, the 1995 Fourth World Conference on Women in Beijing pushed forward the declaration of equal access for and treatment of women and men in education and health care, and reinforced the emphasis on enhancing women's sexual and reproductive health. In 2014, governments and partners, including international cooperation partners, were again enjoined to improve maternal health, reduce maternal and child morbidity and mortality, strengthen health systems and ensure universal access to sexual and reproductive health services, including FP. Further, key stakeholders affirmed that to realize and capitalize on the demographic dividend, it is essential to increase and sustain investments in women and youth, especially girls' education and maternal, newborn and child health, while also addressing unmet need for family planning.

In 2005, the Regional Conference on Repositioning Family Planning in West Africa challenged existing perceptions of family planning – such as those around FP as a form of population control – and instead, drove a different approach in advocating for increased FP investment – one that focused more on the impact of FP on other health areas, such as maternal and child health, HIV/AIDS, tuberculosis, malaria, and other infectious diseases. As such, family planning was presented to decision-makers as a health and development intervention, not a means of population control. The conference highlighted the relative benefits of family planning and the role of FP in achieving the Millennium Development Goals (MDGs). Overall, the conference intended to raise awareness of the current regional FP situation, present family planning to key decision makers as one of the strongest life-saving interventions available and accessible to low income countries, and inform strategic decisions and actions at the country level.

The 2012 London Family Planning Summit reinvigorated the global commitment to ensuring universal access to reproductive health – but specific to family planning. World leaders

committed to increasing FP use by an additional 120 million new users globally, but particularly in low-resource settings. The summit intended to mobilise global policy, financing, commodity, and service delivery commitments to support the rights of women and girls to use FP, without coercion and discrimination, by 2020. United Nations Population Fund (UNFPA), in partnership with Department for International Development (DfID) and BMGF sponsored the summit, which saw widespread attendance by country governments, donors, civil society, the private sector, and the research and development community. Summit commitments included increasing demand and support for FP by removing barriers to access and use, improving supply chains and systems and service delivery models, procuring more affordable, effective contraceptives, improving country-level forecasting capacity, increasing the availability and quality of a wide range of FP methods, and promoting accountability at the global and country levels through improved monitoring and evaluation, and advocacy around sustainable government and donor funding.

1.2. Nigeria's response to family planning

Nigeria first adopted a population policy in 1988 (revised in 2004) - *National Policy on Population for Development, Unity, Progress and Self-Reliance*. An increased understanding of both national

Box 1: Health and Demographic indices	
Indices	Situation
MMR	576/100,000
NNM	37/1000
PNM	31/1000
IMR	69/1000
CMR	64/1000
U-5M	128/1000
Age at first sexual intercourse	By age 15 (24%) By age 18 (54%)
Teenage motherhood (15-19)	23%
TFR	5.5
Wanted Fertility	4.8
Adolescent Fert. Ratio	89/100
CPR	15.1
Unmet Need for FP	16%

Source: 2013 Nigeria Demographic and Health Survey

population dynamics—especially high fertility and rapid population growth—and lagging development efforts formed the basis of the policy. Policy goals included: (1) improving standards of living and quality of life; (2) promoting health and welfare, especially that of mothers and children; (3) reducing the annual population growth rate, so that it is compatible with national economic and social goals and objectives; and (4) achieving a more even distribution of the population between urban and rural areas. The policy stated that voluntary FP services should be available and accessible to all and key targets included, reducing the fertility rate and the rate of annual population growth, year, which at the time of the policy, was 3.3 percent annually --- the policy aimed for a decrease to 2.5 percent by 1995 and two percent by 2000¹. As evidenced in the 2003 and 2013 Nigeria Demographic and Health Surveys (NDHS), despite improvements in select health and demographic indices, the extent of population growth change has been minimal. For instance, in 2006, Nigeria

was home to 140 million people – currently, that number has reached 192 million people. Nigeria is the most populous country in Africa and the seventh most populous in the world. If the current population growth rate of 3.2 percent is sustained, Nigeria will double its population size in about 21 years; by 2050, it would become the third most populous country in the world and fastest growing countries in the world -- in 2006, Nigeria was home to 140 million people, with estimates predicting 174 million by 2013, based on a three percent annual growth rate. At the current growth rate, Nigeria's population is estimated to become the third largest in the world by 2050. Looking at health outcomes, in 2003, the maternal mortality rate was 800 per 100,000

¹ National Policy on Population for Development, Unity, Progress and Self-Reliance

live births; in 2008, this declined to 545 per 100,000 live births, but again surged to 576 per 100,000 live births, ranking Nigeria with one of the highest maternal mortality rates in sub-Saharan Africa².

Similarly, Nigeria's total fertility rate (TFR), which stands at 5.5, is the fourth highest among ten West African countries after Niger (7.6), Mali (6.6), and Burkina Faso (6.0). Countries such as Liberia (5.2), Sierra Leone (5.1), Senegal (5.0), Cote d'Ivoire (5.0), Benin (4.9) and Ghana (4.0) have slightly lower fertility rates compared with Nigeria³. Sexual intercourse begins early in Nigeria; among girls, 24 percent experience sexual debut before age 15 and 54 percent experience sexual debut before age 18. As such, seven out of ten Nigerian women have experienced sexual debut by age 20. Contraceptive use among this age group is low and 24 percent have begun childbearing. Further desegregation shows urban/rural disparities, as a larger proportion of teenagers in urban areas have begun childbearing (32 percent), as compared to their rural counterparts (10 percent). In total, the adolescent fertility rate is significant – in 2015, there were 109 births per 1,000 women, ages 15-19⁴.

FP is one of the most cost-effective ways to prevent maternal, infant, and child mortality. It can reduce maternal mortality by reducing the number of unintended pregnancies, the number of abortions, and the proportion of high-risk births. Estimates suggest that meeting a woman's need for modern contraceptives would prevent about one-quarter to one-third of maternal deaths, saving 140,000 to 150,000 lives per year⁵. FP offers a host of additional health, social, and economic benefits; it can help slow the spread of HIV, promote gender equality, reduce poverty, accelerate socioeconomic development, and protect the environment.

Following Nigeria's commitments made at the 2012 London Family Planning Summit, the FMoH developed the 2014 Nigeria FP Blueprint (Scale-Up Plan). One of the major recommendations of the Scale-Up Plan is to create and strengthen sub-national/state-level family planning advocacy working groups (FPAWGs) to undertake advocacy efforts to promote family planning. In 2012, following the London Summit, and as part of Nigeria's FP2020 commitment, the government set an ambitious target of reaching a 36 percent contraceptive prevalence rate (CPR), from the current CPR (2013) of 15 percent, of which 10 percent accounts for modern methods. To date, however, Nigeria has seen relatively little progress, leading instead to a renewed 2017 commitment – aiming to reach a CPR of 27 percent by 2020. Aside from increasing the CPR, Nigeria committed to other objectives, which include increased investment in a robust accountability system to track and report domestic FP resource expenditures at national and state levels – in real time. Achieving Nigeria's renewed commitment requires a concerted effort by all relevant stakeholders.

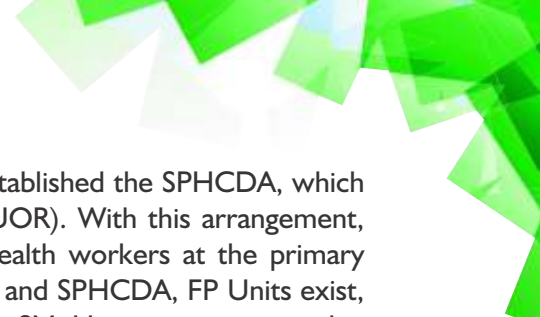
States and local governments in Nigeria are largely responsible for the FP service delivery, while the Federal government is responsible for developing policies, strategies, guidelines, and plans that provide direction for the Nigerian healthcare system, as well as ensure and monitor their implementation. The overall implementation of these guidelines ultimately falls on the State Ministry of Health (SMoH)/State Primary Health Care Development Agency (SPHCDA). Each SMoH is responsible for state-level health programme direction and coordination. With the

² NDHS 2003, 2008 and 2013

³ NDHS 2013

⁴ United Nations, 2015

⁵ Nigeria FP Blueprint (Scale-Up Plan) October 2014



passage of enabling laws at the state level, some states have established the SPHCDA, which have organized Primary Health Care Under One Roof (PHCUOR). With this arrangement, SPHCDA's are responsible for hiring, managing, and paying health workers at the primary healthcare level (as part of the civil service). In both the SMOH and SPHCDA, FP Units exist, under the leadership of FP Coordinators. The FP Unit in the SMOH oversees commodity ordering and distribution, overall coordination of the state response to FP, quality control, monitoring and technical backstopping and aligning response to state policies and plans. The FP Unit in the SPHCDA, on the other hand, coordinates the input of the Primary Health Care (PHC) system to the state FP response, and supervises, monitors and builds the capacity of providers. Effecting change in reproductive health requires a concerted effort and clear alignment from the federal government down to the local government area (LGA)⁶.

To achieve Nigeria's revised national CPR target – 27 percent by 2020 -- each state will need to contribute by improving their state-level CPR. State-level CPR varies considerably across states; the CPR ranges from less than one percent in some states (Kano and Jigawa) to over 40 percent in Lagos⁷. Thus, to achieve the national target, each state will need to create its' own implementation plan on how they will improve CPR and contribute to the national CPR. Considering the many challenges faced by FP programming in the states, such as inadequate funding for FP consumables, insufficient personnel, absence of trained personnel to deliver modern methods, logistics delays and an absence of last mile delivery solutions for FP commodities among others, setting up state-level FPAWGs to advocate for challenging issues concerning FP in each state is critical.

A diverse, multi-sectoral group of stakeholders should make up state-level FPAWGs – including state government, civil society, faith-based organisations (FBOs), community-based organisations (CBOs), networks, academia, media, religious organisations, traditional institutions, development partners, etc. Serving as state-level champions, FPAWGs will engage in advocacy to improve the state-level enabling environment for FP, such as through the development of a state-level CIP for FP, a budget for FP in the state budget, and follow-up on cash backing and accountability of the funding share information, thereby improving FP service delivery and uptake at the state level. Advocacy groups or committees in general, can play a key role in achieving advocacy objectives at various levels of government – national, state, or the local government level. Drawing on the collective strength, diversity and wide reach of each FPAWG makes the business of advocacy easier and much more results-oriented.

This document is intended to serve as a guide and documentation on the processes and strategies involved in the setup of FPAWG.

⁶ Nigeria FP Blueprint (Scale-Up Plan) October 2014

⁷ NDHS 2013

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SECTION

02

CONCEPT,
PURPOSE
OF ADVOCACY
AND
ADVOCACY
WORKING
GROUPS



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Objectives

- a) Increase understanding, purpose and relevance of FPAWGs
- b) Increase knowledge on functions of an FPAWG
- c) Define criteria for selecting members of an FPAWG

2.1. Concept of Advocacy

Advocacy is an organised, deliberate, systematic, and strategic process intended to bring about a new or revised social or economic policy or program. It can also be defined as a set of actions undertaken by a group of committed individuals or organisations to introduce, change, or obtain support for specific policies, programs, legislation, issues or causes

2.2. Importance of Advocacy

Advocacy seeks to draw and sustain the attention of critical decision makers (at national, state and local/community levels) on an issue of common interest to an individual, or a group of individuals or organisations, with the goal of getting these issues addressed in a mutually beneficial manner. It is also important to draw attention to what is known or unknown, and impact on individuals or generality of the people.

2.3. Advocacy Working Group(s)

An advocacy group is a group of committed individuals who share a common social, political and economic interest over an issue, and is willing to work together to change the situation. While advocacy groups can be very influential, their influence is informal because they do not hold or control power, but instead, they try to influence people who either hold power or who may hold power (like a candidate for office) to support the position(s) the group is committed to. Advocacy groups are important players in local, state, federal, and even international social-economic milieu.

Advocacy groups are as diverse as the people and ideas they represent. Some focus on a broad range of issues, based on underlying political, social, or economic beliefs or values. Some are narrower and focus on the interests of a specific group of people. For example, some groups may advocate for a specific sector or topic, such as health, education, economy, political structure, electoral issues etc. While again, other groups may be narrower in focus and concentrate on a few issues or a single issue such as child rights, FP, nutrition, water, sanitation, violence against

women, etc. Advocacy groups may be registered or unregistered, depending on how registration defines its existence and operations. However, every advocacy group has a set of guidelines, rules, norms and agreements that bind its members together and define its operations

2.4. FP Advocacy

As defined in the United Nations Children Fund (UNICEF) Guidelines on Advocacy for FP, advocacy involves a set of actions undertaken by a group of committed individuals or organisations to introduce change or obtain support for specific policies, programmes, legislation, issues, or causes. This type of advocacy differs from general information, education, and communication (IEC) efforts and/or behavior change communication (BCC) programmes. Under these guidelines, advocacy for FP programmes is defined as the process of using available evidence-based/research data to deliberately influence decisions, practices, and actions of decision makers and other stakeholders to support and implement policies and actions that enhance and sustain access, as well as utilisation of quality FP services by community members. The purpose of advocacy is to promote or reinforce a change in policy or legislation, actions, and practices for FP. While advocacy activities must communicate clear and consistent messages, the strategy must be tailored to the context of the FP activities. It must be culturally sensitive and flexible, recognising that people are unlikely to respond to dogmatic or heavy-handed approaches.

2.5. Family Planning Advocacy Working Group (FPAWG)

A Family Planning Advocacy Working Group represents a partnership with like-minded individuals or groups, who then advocate to national and local leaders that FP needs high-level attention and improvements in quality and access. FPAWGs consist of a set of committed individuals or groups/organisations that come and work together to influence and make the political, policy, legal and community environments more suitable for FP.

2.6. Qualities of a Good and Effective FPAWG

- Passion is critical
- Membership is constituted from volunteers and is the result of a stakeholders mapping exercise
- Uses information that all stakeholders can understand
- Are truly and genuinely committed to FP and willing to push for a change in that direction
- Engenders teamwork
- Respects and treats everyone equally
- Member code of conduct in place
- Establishes and strengthens linkages with others who share its vision, goals and objectives
- Connects and meets with groups and services that will further strengthen and enhance their efforts
- Meets people and stay in touch
- Mobilizes funding and resources for its activities
- Ability to decipher who has the power
- Has a mechanism for assessing the environment to establish key individuals and groups that shape decisions (policy, law making, defining priorities, resource distribution, etc) on FP.
- Agrees and makes an advocacy strategic and operational plan and is committed to its

- implementation to drive its efforts.
- Demonstrates sensitivity to the environment, knowing when to move or stay (tactical retreat) on an issue until a more favourable time when a re-launching is possible
- Must have a very strong intelligence gathering mechanism/system.

2.7. Purpose of the FPAWG

The purpose of the FPAWG is to drive the implementation of the state FP Advocacy Strategy, with the aim of favourably changing the FP landscape in the state. The intent is also for FPAWGs to monitor the environment to determine the extent to which the desired change is or is not happening and what factors facilitate the result obtained, or mitigate against the achievement of its agenda, and works to advance this.

2.8. What is the Mission of FPAWGs?

To provide leadership, technical direction and support for a sustained FP advocacy response in the state, which works towards achieving the vision and goal of the state's Costed Implementation Plan (CIP), or other strategic plan for FP. The Group works closely with the department and agency of government whose statutory responsibility is the management and coordination of the State FP Response.

2.9. Guiding Principles/Objectives of FPAWGs

FPAWGs will specifically serve as a coordination mechanism and platform for advocacy, policy dialogue, partnership development, information sharing, joint programming, design and implementation of joint activities, and resource mobilization on FP issues in the state. They will also ensure monitoring of progress made in improving FP and reproductive health in the state, in pursuit of the objectives set forth in the state CIP or general reproductive health strategic plan.

2.10. Roles and Responsibilities of the FPAWG

The goal of any FPAWG is to improve the enabling environment for FP. The components of this goal are supportive policies and legislation, increased funding, reduced resistance to FP and improved systems for FP programs and service delivery. The objectives are to achieve increased FP commitment among strategic decision makers, improve the perception and understanding of FP among target advocacy audiences, and better situate FP within the overall policy environment and priorities of the state. In pursuit of its key vision and objectives, the FPAWG will perform the following tasks:

- Overall Coordination of advocacy campaigns/activities for FP programmes in the state, working closely with the FP Unit in the SMoH, development partners, and other stakeholders in the health sector.
- Operationalise the state FP Advocacy Strategy, as contained in the CIP or strategy plan for FP, to drive the activities of the group, including a calendar of opportunities and key messages and actors to implement the strategy.
- Provide advisory and technical support to the SMoH (through the FP Unit) in proposing relevant policies and strategies based on wide-reaching consultations, perspectives, and focus to enable implementation of well-developed FP activities in the state.
- Multi-sector linkage, collaboration and engagement of FP stakeholders on key FP issues that impact on the health sector's performance overall.
- Advocating for improved funding/resource allocation to FP through engagement with the

- budget process, policy makers, legislators, Media Executives, Executives of Business Organisations and to the greatest extent possible, community and religious leaders
- Coordinating and monitoring implementation of existing priority FP issues and plans and identifying important emerging FP issues that require attention.
 - Promoting information and evidence for decision making by convening regular briefing and advocacy meetings/dialogue on important FP issues.
 - Maintaining regular exchange of information among member organizations, including information on best practices and factors constraining or facilitating programme delivery, to ensure efforts are complimentary and to avoid duplication of activities.
 - Monitor and “scan environment” in the area of RH and FP to generate and present evidence that uses simple language and easily informs decisions and actions.
 - Facilitating broader stakeholder involvement (beyond Ministry of Health and health institutions) to create a robust platform for dialogue and building consensus on FP issues.
 - Providing a platform for members to arrive at a common understanding on key FP/RH issues, to then ensure their messaging and public statements are coherent and evidence-based.
 - Maintaining existing partnerships, and developing new ones, to promote FP, using rights-based approach at all levels.
 - Monitoring implementation of advocacy activities and sharing successes and progress, and revising as appropriate, on a rolling basis.

2.1.1. FPAWG Membership

Family planning has wide-reaching impacts on development; ones that oftentimes transcend health. It is an issue/intervention that is closely linked with general socio-economic and even political development of a country. The general and narrow perspective and perception that FP is purely a health and women's issue highlights the lack of attention given to FP at the state level, amongst policy- and law-makers. Therefore, it is important to redefine FP and position it within a country/state socio-economic agenda, as a key determinant of desired social, economic, political and technological development achievements and outcomes. In view of this, FPAWG membership should cut across the various strata of society — human rights, legal, gender, policy, health, education, economics, academia, research, media, religion, medicine, etc. FPAWG membership must be broad-based, to help expand its outlook and strengthen its voice. As such, suggested membership could include:

- RH/FP champions
- Civil society organisations operating in the FP space
- FBOs and CBOs operating in the FP Space
- Traditional rulers
- Religious leaders
- Ward Development Committees (WDCs)
- Health sector professional associations (NMA, PSN, NANNM, SOGON, AGPMPN)
- Academia – universities, colleges of nursing and midwifery
- Media
- Private sector
- Development partners
- Public sector -- SPHCDA, Ministry of Health, Ministry of Women Affairs, Ministry of Education, Budget and Planning

- Women-focused organizations --- National Council of Women's Societies (NCWS), International Federation of Women Lawyers (FIDA), Nigeria, Nigeria Association of Women Journalists (NAWOJ)

2.12. Membership considerations

In constituting the FPAWGs, considerations should be given to the following

- Willingness to be a volunteer member of the group
- Gender balancing
- Credibility and integrity of would-be individuals or groups
- May not necessarily have in-depth understanding of FP
- May be working or not working on FP or RH
- Interest in FP that can be taken to level of commitment
- Must not be a card-carrying member of any political party
- Must be willing to contribute personal resources (time, money, technical) without expecting any compensation or financial reward in return
- Make available his/her platform for advancing FP and work of the group if required
- Attend all meetings, as may be agreed upon
- Be a role model.

2.13. FPAWGs in Nigeria

Currently, several state-level FPAWGs exist in Nigeria. Various development and implementing partners have facilitated the development and strengthening of these groups, in pursuit of the main goal to improve the enabling environment for FP by carrying out FP advocacy activities at the state level. Major partners who have been involved in this endeavor at the state level include:

- Health Reform Foundation of Nigeria (HERFON)/PACFaH: Kaduna, Nasarawa and Oyo states
- NURHI 2: Edo, Federal Capital Territory (FCT), Kaduna, Kano, Kwara, and Oyo states
- Palladium (also includes HP+): Benue, Cross Rivers, Imo, Katsina, Kogi, Niger, Ogun, Plateau and Rivers states; under the Health Policy Plus (HP+) project: Bauchi, Ebonyi, and Sokoto states;
- Pathfinder: Gombe, Kebbi, Lagos and Nasarawa States.

Between these partners, 24 state-level FPAWGs have been established since 2012. To create and support these groups in their advocacy activities, development partners provided financial and technical support. As a result, to-date, the FPAWGs have achieved significant milestones in FP advocacy in their various states. For example, the groups in Kaduna, Cross River, Oyo, Plateau, Lagos, Kwara and Nasarawa spurred the creation of budget lines for FP in their states' budgets, while also taking part in processes to develop state-level CIPs. In the HP+-formed Bauchi and Ebonyi FPAWGs, for example, the groups could secure funding to develop state CIPs – with minimal financial support and little time. Importantly, FPAWG efforts and milestones bring with them lessons learned that can then be applied to newer groups.

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SECTION

03

**STAKEHOLDER
MAPPING
AND
ANALYSIS**



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Objectives

- a) Increase understanding of the operating environment of the proposed group.
- b) Identify and analyse resources available for the formation, stability, effectiveness and sustainability of the group.
- c) Identify and select strategic individuals and groups as potential members of the group.
- d) Build support for the establishment of the group through formative consultations with critical stakeholders.
- e) Facilitate the process of creating enabling environment for the group's take off and operations.
- f) Determine the training needs of the group, in terms of capacity to advocate for FP.

3.1. Introduction

Stakeholder mapping and analysis is a critical step in establishing a functional FPAWG, as it provides the opportunity and information to identify relevant individuals and organisations with demonstrable work or interest in FP and RH in the immediate or foreseeable future. The identification of effective, like-minded people, especially those who champion FP, is essential in establishing the FPAWG. Undertaking stakeholder mapping is an important step in securing understanding, buy-in, and commitment of key stakeholders whose position and efforts may contribute policies and decisions in support of FP. This should be done by the catalyst organization or individual who is initiating the formation of the FPAWG.

3.2. Conduct research to determine existence of a similar organization(s)

It is important to first determine whether an FPAWG already exists in a specific state and if it does, try get to know more about the group. Specifically, obtain background information on the group to determine its status — the facilitator, membership, functionality, scope of work, activities, achievements and challenges, etc. Based on information obtained, develop the group's status report; gather information from a diverse set of sources, to include the internet, existing members, observers, the facilitator and other group leadership, and ministry officials. In the event the existing group is fully functioning, concentrate efforts on providing support only, as needed. On the other hand, if the group is no longer functional, determine reasons for the lack of functionality and determine steps for reinvigorating the group and making it functional.

3.3. Conduct search to develop a generic list of stakeholders

- Conduct a stakeholder search – through various sources -- to identify possible stakeholders who are directly or indirectly involved in FP and related issues, such as human rights, women's empowerment, girls' education, legislative advocacy, policy development, reproductive health, safe motherhood, economic empowerment/poverty alleviation, etc. This step will help in generating a list of initial individuals and groups who could be potential FPAWG members. It will also include a generic list of state actors involved in policy making, legislation, budget processes, resource allocation and custodian of culture, religion and tradition. This generic list, which can be updated, could include the following:
Governor and strategic aides
- House of Assembly – House committees on health and women affairs, poverty alleviation, finance and appropriation, etc.
- Commissioners of Health, Women Affairs, Education and Economic Planning and officers involved in State Budgeting
- Top management staff of Ministry of Health, Budget and Planning, Education and the State Primary Health Care Development Board (SPHCDB)/Agency – Permanent Secretary, Directors of Public Health, Directors of Primary Health Care and FP Coordinators.
- Traditional Leaders
- Religious leaders and/or Interfaith Forum.
- CSOs in FP and related activities
- Media
- Gender or human rights activists Accountability mechanisms
- International and national development partners

3.4. Make informal contact with strategic partners in FP at national and state levels

Some strategic local and international development partners that have worked or are currently working in the state are potential sources of information on key players and stakeholders involved in FP and related issues at the state level. These partners may likely provide unbiased and comprehensive information on these key players and stakeholders, to better understand their work and contributions, coverage of their activities, their importance, influence and the power they wield. In addition, they may help with objective information on their involvement or non-involvement in political activities in the state. The information obtained at this stage may help update or prune the list already generated during the first stage (desk review).

3.5. Tools Development

A package of tools for information collection, which may include interview guides or mapping instruments is essential. Tools should gather information on the following:

- Project or program being implemented or ever implemented
- Elements or components on the project/program
- Advocacy component (if part of the strategy)
- Duration of the project
- Coverage or spread
- Target audience – primary and tertiary
- Roles of the state on the project

- Issues generated by the project
- Best practices
- Experiences/lessons implementing the project/program
- Challenges

3.6. Hold consultations with the SMOH/SPHCDA/State Primary Health Care Board

The public health departments in the state MoH and SPHCDA have major roles to play in stakeholder identification, considering their strategic responsibilities for managing and coordinating the state FP response. Point persons are the Directors of Public Health, Directors of PHC and FP Coordinators in both the Ministry and the PHC Agency. At this point, the concept of the state FPAWG will be introduced and the link and roles of the Ministry and the Agency clarified. An illustrative scope of work/terms of reference (ToR) for the Advocacy Working Group will also be shared with the State. The process will also involve validating and updating the initial list, as well as collecting comprehensive information on stakeholders directly and indirectly involved in FP. This will also include those to be categorized as a support system to the state FP response, including law makers, officials of Ministries of Budget and Planning and Finance, Line Ministries; media, training institutions, women's groups, traditional and religious institutions.

3.7. Interact with identified stakeholders

Based on the updated list, visit identified individuals and groups to gather information and determine the level and extent of their involvement in FP, using a checklist or discussion guide. The process will involve getting to know the programs they are implementing or involved in, the components, target audience, coverage, accomplishments, challenges and lessons. Seek their opinions on the state response to FP, strengths and weaknesses, and requirements for a repositioning FP, including strengthening advocacy efforts. The ToR, criteria for selection, roles and responsibilities, commitments (financial and non-financial) will be shared and more input obtained. It will also serve the purpose of gauging their interest in being a part of the group and what resources they may be willing to contribute, in support of its initiation, operations and sustainability. For those not involved in FP, which could be due to a lack of understanding of the linkage between their work and FP, undertake efforts to increase their awareness of the potential linkages with FP, and if their support and buy-in is received, include them in the list of potential members.

3.8. Undertake stakeholder mapping and analysis

As a final step, conduct a stakeholder analysis and mapping, based on information gathered during the field visits. The first step of this process is to map out the stakeholders using information such as their goals and objectives, ongoing programs/projects, target audience, current or previous advocacy activities and coverage or scope of those activities. Mapping will also help determine working relationships with others, level and extent of operational linkages with FP, experience in FP or related advocacy, and level of interaction with political leadership. The second stage of the process is a stakeholder analysis, which focuses on their knowledge (of FP and FP advocacy), position, vested interests, alliances, and influence. Specifically, the power/interest/influence grid will be used for the analysis and prioritization to inform those that make the list of potential members of the group.

3.9. Prepare list of potential members and send invitation to join the FPAWG

Based on the outcome of stakeholder mapping and analysis, and in line with membership criteria, develop an illustrative/draft list of nominated members (between 30 and 35). Notify and formally invite those members to join the FPAWG. Invitation letters should clearly specify the group's membership and specific responsibilities. In addition, provide members with a ToR and grant them the opportunity to accept or reject nomination in writing. In the event some members reject or opt out of membership, prepare a secondary list with suitable replacements. A nominated member that rejects the invitation will be promptly replaced from the secondary list. Consult nominated members to consider and agree on a date for a formal inaugural meeting and agenda setting for the group. To enable information sharing, and to facilitate further communication around setting a date and scope for the inaugural meeting, create a group listserv. Engage with members until consensus is reached and throughout the process, reinforce what the group stands for -- popular participation, equal ownership, and sense of belonging.

Expected output/outcome

- a) Stakeholder mapping
- b) FPAWG interested persons/potential members identified

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SECTION

04

STAKEHOLDER'S
ENGAGEMENT



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Objectives

- a) Improve understanding of the rationale and importance of the FPAWG in creating an enabling environment for FP.
- b) Secure commitment of members to the ideals, vision, mission, goals and objectives of the FPAWG.
- c) Facilitate the smooth and effective take-off of the FPAWG.
- d) Define effective management systems for seamless operations, functionality, effectiveness and sustainability of the FPAWG.
- e) Facilitate the emergence of an appropriate structure for organizational functionality and effectiveness.

4.1. Introduction

During this stage, formally bring together all nominated stakeholders and inaugurate them as members of the FPAWG. It will involve planning for the meeting, defining the meeting goals and objectives, determining and acquiring materials, securing a venue and finalizing all logistics, assigning roles and responsibilities, and drafting and sharing the agenda with participants. Specifically, the process will involve the following:

4.2. Obtain stakeholder commitment

The Convener of the meeting will engage all nominated individuals and groups, as a result of the stakeholder mapping and analysis. Prior to the meeting, notifications will be sent to all participants and responses monitored until about 90% of the invitees respond with signed acceptance of the meeting request. When necessary, the convener may use text messages and phone calls to follow up with nominated stakeholders, especially those that did not respond to earlier communication. The purpose of this step is to secure the commitment of all nominated stakeholders in the inaugural meeting. A formal invitation will follow the notification.

4.3. Prepare scope of work for the inaugural meeting

The Convener will prepare and share a draft scope of work for the meeting with all participants. The scope of work should highlight the purpose of the meeting, date, venue, and duration, meeting structure, roles and responsibilities, administrative and logistics issues, and expected outcomes. Produce and provide a written description of the vision and objectives of the FPAWG, along with informational handouts to further increase knowledge about relevant issues

among nominated members. The vision and objectives should be treated as a draft, which will be shared with all meeting participants to then gather feedback to inform the revision, refinement and finalization of the document.

4.4. Prepare and share meeting agenda

Along with the scope of work, draft and share the meeting agenda with participants. The agenda should offer a layout of the meeting, while also providing an opportunity for participants to introduce themselves, share their vision and expectations of the meeting and the FPAWG overall, and express any other relevant issues or concerns. The agenda should include a presentation on concept of FP/CBS, an FP situation analysis for the state/LGA, past and current FP interventions, the purpose of focused advocacy group to drive the change agenda, and overview, process, and approaches to FP advocacy. The agenda will also indicate the adoption of a code of conduct for members, after a careful review and necessary amendments effected and formal inauguration of the FPAWG.

4.5. Conduct the inaugural meeting

A sample agenda for the meeting is as follows:

- Opening Prayer
- Introductions: include names, organizations/constituencies represented, reason for accepting to join the FPAWG; personal expectations for the FPAWG; personal experiences brought to the FPAWG; challenges shared with the FPAWG members. Encourage those previously involved in similar a similar group to share their experiences and insights, particularly insights on potential factors influencing ineffectiveness or reasons for a group no longer functioning. Record and summarize responses on a flip chart for inclusion in the final meeting report. Meeting purpose and objectives
- Background Presentation: State-level FP Situation Analysis (provides a general overview of the current FP situation in the state; identifies trends, successes and challenges, and other key issues. This is presented by the FP Coordinator)
- Presentation: Advocacy overview, processes and approaches to advocacy (Convener or any other resource person may make the presentation)
- Review and adoption of ToRs for the FPAWG (following the inauguration of the group by the Convener, present the revised terms of the reference for the group, for final adoption by the members of the group)
- Inauguration of FPAWG (a high-ranking notable figure will inaugurate the group)
- Signing of membership register (following inauguration, each member signs the membership registers to confirm formal admission to the FPAWG)

4.6. Assist in setting up an interim leadership

Following the inauguration and adoption of the ToRs, the FPAWG will then move to the stage of electing, selecting, and agreeing on its Interim Executive Committee to lead and guide the implementation of the FPAWG mandate. Group leadership must be independent of any form of government control. The roles of each position of the executive will be agreed upon before the election. The Convener will coordinate the election. Prior to the election, the rules of the exercise will be agreed upon. It may be by secret ballot or show of hands. The Convener will read the positions aloud, along with the assigned functions, roles and responsibilities of each position, and call for discussion and adoption. At the initial stage, FPAWGs should have no more than

three positions, however, as need arises (e.g. expanded operations, etc.), additional positions may be created. The Executive Committee should not exceed seven positions.

Specific Roles of the Executives:

Group Coordinator/Chairperson

- a) Facilitates and coordinates the FPAWG activities
- b) Represents the FPAWG at partner functions or events, or delegates a member to attend, as may be required
- c) Presides over all FPAWG meetings, including emergency meetings
- d) Leads resource mobilization and partnership development efforts
- e) Fills the role of Chief Accounting Officer of the FPAWG
- f) Strategically scans the environment to identify opportunities and threats
- g) Facilitates the implementation of the decisions of the Executive Committee, working with other Executive members
- h) Leads the preparation and development of the annual FPAWG workplan and budget
- i) Media engagement

Secretary

- a) Assumes all administrative and management functions of the FPAWG
- b) Supervises Secretariat staff (when appointed)
- c) Keeps and maintains updated FPAWG records, including reports and meeting minutes, and circulates, as necessary, among members
- d) Plans and organizes all meetings in consultation with the Coordinator/Chairperson and records meeting minutes
- e) Keeps and maintains the assets of the group
- f) Generates and receives correspondence on behalf of the group and liaises with the Chairperson on appropriate responses
- g) Cosignatory to the network's account
- h) Participates in drawing up annual budgets for the FPAWG
- i) Keeps and maintains an updated list and profile of FPAWG members, including an updated database
- j) Works with the Chairperson to organise capacity building activities for FPAWG members

Financial Secretary/Treasurer

- a) Keeps and maintains records of all financial transactions of the FPAWG
- b) Prepares and presents periodic financial statements, at previously agreed upon intervals
- c) Effectively manages the financial resources of the FPAWG
- d) Maintains FPAWG financial health
- e) Designs and implements systems for managing FPAWG financial resources
- f) Participates in resource mobilization activities
- g) Prepares annual budgets for presentation to and approval by the General Assembly
- h) Produces and presents financial reports at all FPAWG meetings
- i) Maintains a record of resource flow (in and out)
- j) Releases money for activities, as approved, and follows up for adequate retirement

Overtime, based on increased membership and expanded operations, the FPAWG may establish sub-committees based on critical areas of need such as research, finance, and resource

mobilization, budget and expenditure monitoring and tracking, and advocacy.

4.7. Courtesy call on the Key Stakeholders and Target Audiences

Following FPAWG inauguration, organize and execute a courtesy call to identified key stakeholders and target audiences include Ministry of Health, to formally introduce and present the FPAWG. Present the FPAWG as a vital support system, whose role is work is to advance FP in the State. This should not be construed as placing the FPAWG under the authority of ministry of Health, but instead should recognize the FPAWG as a partner in progress, to help the ministry put forward issues that they cannot easily push, as a result of being a part of the system. The ministry should see the FPAWG as a facilitator and voice, that draws greater attention to FP among state political leadership.

Expected output/outcome

- a) Functional FPAWG
- b) FPAWG Executive Committee constituted and functioning
- c) Established vision and mission of the group
- d) SMoH, SPHCDA other Ministries Department and Agencies understands the mandate and recognizes the FPAWG as a key partner/stakeholder in the FP response

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SECTION

05

ADVOCACY GROUP MANAGEMENT AND DEVELOPMENT



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Objectives

- a) Clearly understand how the government works
- b) Sharpened focus on the mandate, vision, mission, and goals and objectives of the FPAWG
- c) Strengthened capacity for individual and collective action
- d) Increased understanding of how to work with others to link up and leverage available resources in organizations around the state
- e) defined and developed management and administrative systems for operational efficiency and effectiveness

5.1. Introduction

Following FPAWG inauguration, capacity building of group members around government structure and systems, strategic FP advocacy, FP finance, and other related areas is important. It should not be assumed that all the members are fully aware of the issues, or have the requisite skills and confidence required for FP advocacy. Members will come into the FPAWG with varying levels of knowledge, experience, and capacity. Experience over the years shows that most individuals and groups involved in advocacy mostly focus on paying courtesy visits or conducting information, education and communication activities. The stakeholders' analysis exercise should provide information on the capabilities of group members, which can then inform the scope of capacity building efforts. In addition to capacity building, this section recommends assisting FPAWG members in developing and strengthening their legal status by adopting a constitution and seeking registration with appropriate authorities. This section also defines essential administrative and management systems for effective operations, especially in the event of leadership turnover, so as to prevent any potential slowdown in the operation of the FPAWG.

5.2. Training on strategic advocacy for FP

Before FPAWGs begin to undertake activities, conduct a training on strategic advocacy for family planning. This is not only to improve knowledge and skills in FP advocacy, but also to build the confidence level of group members, and improve their ability to more comfortably discuss and engage anyone on FP. The training may include some practical sessions, such as through an actual learning visit to an FP clinic to interact with providers and clients. To compliment the training,

provide relevant materials on FP advocacy and continuously promote self-development in FP advocacy skills.

5.3. Other training programmes

As the FPAWG commences operations, other trainings may be conducted on an as needed basis. This may include:

- FP budget and expenditure tracking and accountability
- Budget processes
- Evidence-based advocacy using the Resources for the Awareness of Population Impacts on Development (RAPID) and ImpactNow model applications and resources
- Resource mobilisation
- Policy and legislative advocacy
- Monitoring and evaluation for impact
- Use of ICT/social media in advocacy
- Effective communication and interpersonal skills
- Report writing

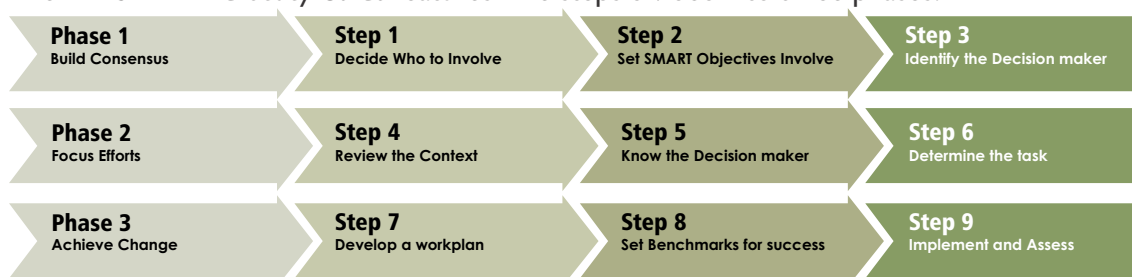
The process of identifying, planning, and conducting additional training will be participatory, involving all FPAWG members and the training provider/sponsor. FPAWG members will also be encouraged to leverage capacity within and outside the group to build and improve their skills, while self-development will be continuously encouraged. The FPAWG will adopt the approach of learning/study visits to other groups with records of high performance and innovations for the purpose of learning. In addition, members individually and collectively will be open to coaching and mentoring by experienced advocates. Also, the opportunity of conferences and meetings will be used to improve knowledge and skills.

5.4. Using the Advance Family Planning (AFP) SMART approach

Conduct another important training to introduce and orient FPAWG members to the Advance Family Planning (AFP) advocacy approach, which focuses on achieving “quick wins”—discrete and critical policy or funding decisions that must occur in the near term to achieve a broader goal. AFP SMART: A Guide to Quick Wins outlines a step-by-step approach to developing a focused and collaborative advocacy strategy that leads to quick wins. Quick wins generally fall within three categories and may result in:

- Increased funding;
- Change in a law, policy, or regulation; or
- Improved implementation or accountability of an existing law, policy, or regulation.

The *AFP SMART Advocacy Guide* features nine steps divided into three phases:



5.5. Commence advocacy activities

Following all necessary capacity building efforts, the FPAWG can begin process of undertaking advocacy events. Prior to the trainings, the FPAWG should have carried out a rapid situation analysis of FP in the state to inform their approach, objectives, and activities, which would also be discussed and vetted during the trainings. During trainings, the FPAWG should have also identified issues for advocacy in the state, identified and agreed on the target audience(s), developed a strategy and activities (meeting, workshop, visit, seminar, interactive session, dialogue, etc.), created an advocacy schedule, and identified potential partners. It is expected that a major output of the start-up training is a plan of action/workplan indicating objectives and the other elements indicated above. Overtime, the group will organize workshops to develop a package of advocacy materials, including fact sheets, policy briefs, a documentary and souvenirs required to support the various advocacy activities planned.

5.6. Constitution development

To self-regulate operations and commence the process of achieving the FPAWG mandate, operational goals, and objectives, the group will develop its own “People’s Constitution,” which will define and clearly outline its identity, mandate, structure, roles and responsibilities, membership criteria, funding, tenure for the Executive Committee, etc. The FPAWG will set up a sub-committee to produce a draft, which group members will then review, discuss, and ratify collectively. The process should be efficient, while also leaving time for all members to participate and provide their inputs. The Constitution will set out the condition and process of amendment. If any FPAWG member is a legal professional, he/she could potentially serve as the Chairperson of the Constitution Drafting and Finalisation Committee. However, if there is no legal professional, the Group could leverage on legal professional services outside of the FPAWG, at minimal or no extra cost. The Constitution will be a part of documents to be submitted for registration, while copies will be produced and made available to members at a fee to be agreed upon.

5.7. Legal identity/status

At the appropriate time, the FPAWG will initiate the process of registration with relevant government agencies. The process may begin with the relevant state agency, and then over time, move to the national level, if the Group desires or if there is any compelling reason to do so. However, the state registration will serve the purpose of the Group considering that its activities and operations will be limited to the state. In pursuing registration, the FPAWG will adopt a cost-effective approach in initiating and completing the registration process.

5.8. Linking and networking

On a continuous basis, the FPAWG will link up and network with other groups/organisations whose vision and mission align with their own mandate. The FPAWG will participate in the activities of these groups/organisations, as well as involve them in their own activities. Where necessary, the group will plan and hold joint activities with these other groups/organisations, based on common terms and understanding.

5.9. Planning and review

At the first meeting of the FPAWG (after inauguration), the group will develop a 2-3-year advocacy strategy and workplan that clearly outlines the activities of the group, what they seek to achieve, how they will achieve it. If available, a state CIP for FP should inform the FPAWG

advocacy strategy and workplan. Throughout implementation of the strategy and workplan, the FPAWG will critically review each on a quarterly and biannual basis and make updates, if necessary. At the end of the year, the FPAWG will organize an Annual Review Meeting (ARM) to assess its performance, discuss any relevant changes in the FP environment, and develop an operational plan for the following year.

5.10. General Administration and Management

a. Meeting

FPAWG members will collectively agree on day(s) and time(s) of statutory meeting, which will be acceptable to the majority. However, emergency/unplanned meetings may take place, as needed.

- Preparation: Meetings will be convened with a clear stated purpose and agenda and will be held at a venue predetermine by the group.
- Facilitation: Members will be invited in a professional way, using e-mail, telephone calls and/or text message. Any other requirements of the meeting will be sent with the meeting invitation.
- Outcome: The report of the meeting shall be put together by the Secretary and disseminated to all members of the Group; this should include an action plan for implementing decisions.

b. Financial year

The Group will determine its financial year, after considering all available options.

c. Strategies

The FPAWG will adopt the following strategies or broad operations actions:

- Advocacy and strategic engagement: A key priority of the FPAWG, focus on advocacy with critical decisions makers on issues that affect FP within the policy and legislative arena at state and Local Government Area (LGA) levels. Integral to the FPAWG mandate, direct community advocacy efforts at community gatekeepers — custodians of traditions and those whose voice are laws that must be obeyed (religious, community, and traditional leaders). When necessary, the FPAWG may issue press releases on issues relating to FP, however, such releases must be discussed and approved by members before they are made public.
- Research: Identify gaps in the state FP response to then build and/or expand advocacy scope. The findings should inform the development of advocacy tools.
- Capacity building: Build the capacity FPAWG members to be able to engage constructively and effectively

d. Communication

Ensure consistent, open communication on all issues and matters relating to the FPAWG; all members should be well-informed and be afforded every opportunity to participate in discussions and key communications. As much as possible, dissuade efforts to hide information or withhold information from all group members. The FPAWG should determine an effective communication and information sharing system that enables everyone to track group

developments. This should also include an effective information management system. No one should feel marginalized. The FPAWG should establish and maintain the following forms of communication:

- Open communication: Where all members will be involved in sharing information and ideas and providing useful feedback in a manner that is not offensive or degrading.
- Inclusive communication: All FPAWG members should be involved in all decisions that impact group activities and efforts.
- Multi-channelled: The FPAWG should capitalize on diverse forms of communication to ensure maximum reach and impact.

Communications provided will be provided through telephone calls, e-mails, text messages, etc. The FPAWG will set up an email listserv, as well as a WhatsApp Group platform with rules of use to facilitate information sharing on FPAWG operations and activities

e. Sanctions

Based on the FPAWG constitution, which spells out conditions for sanctions, which may include but would not be limited to: partisanship, conflict of interest, not passing integrity test, proven link with criminal activities and any other conduct that portrays the group in a bad light. Prior to any sanction, efforts will be made to investigate the misconduct and if established, appropriate sanction(s) will be applied, starting with an offer of voluntary withdrawal from the group.

f. Conflict resolution

Individuals with issues against each other will be encouraged to resolve such issues among them without allowing it to degenerate to conflict(s). Dialogues and open discussions shall be encouraged and promoted in the Group. However, in the event of any conflict, the Group will respond immediately in order not to allow it degenerate to crisis stage. The Group will rely on and leverage on influential and respected members of the Group to help in resolving issues that are brought to the knowledge of the Group. If the issue is beyond an individual, a committee might be set up to intervene and help resolve the issue.

g. Decision making

Decision making shall be participatory i.e. involving all members; however, if the Executive Committee takes any decision, such shall be presented at a general meeting for ratification. Decisions shall be by affirmation, but voting will not be ruled out on any issue that cannot be resolved by affirmation.

h. Election

At the expiration of the tenure of the current Executive, replacement for all positions shall be done in the open by simple nomination and secondment and acceptance by members. However, if this becomes impossible, an on the spot election will be conducted by 3 persons nominated for that task and election shall be either by raising of hands or secret ballot.

**i. Sources of income/fundraising and resource mobilisation:
Financial**

- Agreed registration and annual renewal fees by members. Fees should be affordable, and the rate agreed upon at the inaugural FPAWG meeting

- Monthly membership dues to be agreed upon
- Voluntary donations/contributions by members
- Grants from national and international development partners

Non-financial

- Training
- Technical assistance
- Equipment and material support

j. Accountability and transparency

- Conduct all operations in an open, transparent, and honest manner
- Put in place a proper accounting system
- Accountable leadership
- On-going discussions on possible support from any development partner always communicated to members promptly

k. Group's obligations and motivating members

The Group shall fulfill its obligations and motivate its members through:

- Capacity development in areas where the need has been identified
- Current information on issues and developments around FP locally, nationally, and internationally, especially as related to supportive and enabling policies
- Recognition of members' contributions and sharing the success of any endeavor
- Fairness should be ensured in choosing members to represent the FPAWG when invited for any event

l. Applying for grants

Grants shall be applied for only when members have discussed and reached an agreement. Requests for grants shall be limited to those areas that fall within the mandate of the Group as captured in the Group's Costed Strategic or Operational Plan.

m. Reports and documentation

- Meeting minutes shared with all FPAWG members within 72 hours
- Reports of events attended by any member on behalf of the Group shall be written and submitted within 48 hours on returning to be. In the interim, a verbal report shall be given to the Coordinator/Chairperson within 24 hours on return to the state. This will enable initiation of action on issues that need be followed up.
- Financial reports should be made available to the members of the Group on quarterly basis.
- There should be an annual report on the activities and performance of the Group to be circulated prior to the last meeting of the year which shall focus on reviewing the activities of the Group within the year.
- Soft and hard copies of reports shall be domiciled at the Secretariat of the Group.

n. Conflict of interest

The overall goal/interest of the Group supersedes individual interests of members. Where a member seeks to take undue advantage of the network, appropriate sanctions shall be applied.

o. Ethical conduct

Members should conduct and comport themselves in a manner that promotes the good image of the Group and not engaging in any activity that could bring the Group to ridicule.

p. Rules of engagement

The Group shall not resort to the use of blackmail in the name of advocacy to push for its agenda, but work within acceptable advocacy norms to draw attention to issues with a view to influence a change in the desired direction.

Expected outcome/output

- a) Training Plan established and implemented
- b) Members trained in AFP SMART Advocacy Model
- c) Constitution and code of conduct for FPAWG
- d) Registration certificate
- e) FPAWG Strategic and Annual Operational Plans
- f) Meeting schedule, minutes of meetings and activity reports
- g) Bank Account
- h) Data base of members
- i) FPWAG functional operating and management systems
- j) Package of advocacy kits/materials
- k) Good finance and accounting system

“

SECTION

06

MONITORING
AND
EVALUATION



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Objectives

- a. To define approaches for monitoring and evaluating the work of the Group
- b. To define what is to be measured
- c. To define a set of results to be achieved to provide basis for monitoring and evaluation
- d. To define tools to be used for monitoring and evaluation

6.1. Introduction

Monitoring and evaluation can shape and transform an advocacy strategy and helps ensure that the group is kept on track, resources are maximised and activities have the maximum effect. Monitoring is the routine process of data collection and measurement of progress toward program objectives. Evaluation is a systematic objective analysis of a project's performance, efficiency, and impact in relation to its objectives. Evaluation measures the medium-term and long-term results and is conducted at one or more points during the program period – usually at the mid-point or end of the program term. Planning for evaluation should occur at the start of an advocacy effort, ideally while the strategy is being developed or soon after. This is based on the proven premise that evaluation can be a key resource when integrated into advocacy efforts because it supports and informs the work as it evolves. Among elements that distinguish Monitoring and Evaluation (M&E) for advocacy:

- Time frames can be unpredictable. Achieving an advocacy effort's goals, particularly for policy advocacy, often takes many years. M&E data are often required before goals are achieved.
- Strategies and milestones shift. Advocacy strategy evolves over time, and activities and desired outcomes can shift quickly. For M&E it means adjusting so it is more relevant and realistic within an advocacy context.
- Demonstration of contribution is expected, not attribution. When the purpose of evaluating advocacy is to determine impact, attribution is not possible. Therefore, evaluations that examine the link between advocacy efforts and their results have adopted a standard of contribution over attribution.
- Assessing progress is important, not just impact. Advocacy M&E typically focuses on the advocacy journey rather than just the destination. In addition to demonstrating progress, this approach reduces the risk that the evaluation will conclude that the whole advocacy effort was a failure if advocacy goals are not achieved within the evaluation's time frame.
- Context should always be considered. Context matters when choosing advocacy strategies. It also matters when choosing M&E approaches and interpreting evaluation data.

To effectively monitor and evaluate an advocacy strategy, the advocacy group will need to develop an indicator matrix and a performance monitoring plan. This will help the group in evaluating their successes during the implementation of the advocacy strategy. Below is a sample indicator matrix and performance monitoring plan

6.2. Approaches to M&E

The FPAWG will monitor and evaluate its activities through the formal and informal scanning of the FP environment to determine the changes that are taking place. It will also monitor media reports (news, publications, discussions on air etc.) as well public pronouncements on FP by policy makers, law makers and traditional and religious leaders. The FPAWG will source and review relevant documents to keep track of changes happening in the environment. For instance, the budget document and state macro-economic development policy and plans will be used to track allocation and inclusion of FP in the economic blueprint of the Government. In addition, FP budget and expenditure monitoring and tracking will be used in tracking resources allocated, released and spent on FP. The avenues of its regular, biannual and annual review meetings will be used to monitor and evaluate the process and outcome of its activities. Feedback from state and LGA FP Managers and services providers will be used to measure the changes that are taking place.

6.3. What to monitor and evaluate

Considering the need to continually identify issues for advocacy, FPAWGs will monitor the environment on a continuous basis to gather information that can be used to advocate for FP improvements. The FPAWG will monitor and provide feedback to relevant MDAs and partners supporting FP, to then inform a joint response. The FPAWG will not constitute itself to an “inspector” as it is a support system and will act accordingly. The areas to monitor will include but not limited to the following:

- FP policy environment of FP to monitor the response of policy makers to FP.
- The extent FP policy and program implementation in the state; based on this, provide feedback and advocate for improved implementation. Where expedient, suggestions will be made to the effect of any new policy to strengthen the state response to FP.
- The budget process, including discussions, consultations, participation of the FP constituency, submissions, defense, public hearing, debates at the state house of assembly and finalization with respect to if/how FP receives a fair deal and whether it is given fair allocation in the final document.
- The request and release of allocated FP funds; consider how allocated funds are expended to ensure that there is no diversion (budget and expenditure monitoring and tracking).
- Passage and implementation of any relevant law on FP.
- Larger enabling environment to identify sources of support (to further leverage on it) and resistance (to inform immediate response).
- The process of developing the state socio-economic development policy/blueprint or strategic plan to ensure that FP is considered for integration into the plan.

6.4. What needs to be measured

- Inputs: human and financial resources, physical facilities, equipment and operational

- policies that enable programs/activities to be delivered.
- Process: multiple activities that are carried out to achieve the objectives of the program/intervention. Includes both what is done and how well it is done.
- Output: results of these efforts at the program/activity level.
- Effect/immediate outcome: relatively direct and immediate result of a program (advocacy) process and output.
- Impact/ultimate outcome: anticipated results of the advocacy process and output in the long term.

6.5. Results to be achieved and performance indicators

The following are the major results that the group will use to measure its success. These may be periodically reviewed and updated, with the relevant performance indicators compared against results:

Results	Performance Indicators
Supportive FP policies formulated and adopted	Number of supportive policies Level of implementation of the policies
Integration of FP into State Macro Economic Development Plan/Blueprint	FP specifically mentioned/reflected in the plan or blueprint as a cardinal program
Passage of supportive law	Level of implementation of provisions of the law
Separate budget line created for FP and fund allocated	Budget line exists at the State level with fund allocated. Number of LGAs with budget line or code for FP Amount allocated on annual basis
Fund released for FP activities as at when due	% of release secured from the budget line Number of LGAs providing fund for FP
Religious, community and traditional leaders openly declaring support for FP	Number of these leaders openly speaking in support of FP
More health workers are employed and available to provide FP services	Number of additional Service Providers employed
Securing audience with critical decision makers to advance the course of FP	“Number of critical decision makers committing to advance the course of FP at the state and LGA levels”.
Increased acceptance and use of FP	CPR
Improved capacity of members to undertake advocacy	Number of members trained and have their capacity built

6.6. M&E Tools

The FPAWG will develop and use the following tools for monitoring and evaluating its activities and accomplishments:

- Results checklist for advocacy: a checklist to monitor and evaluate advocacy efforts; key results defined above will be updated periodically, based on new developments.
- FPAWG annual operational plan
- State FP Budget and Expenditure Monitoring and Tracking Checklist.

6.7. Means of Verification

FPAWG accomplishments, in terms of results of advocacy results, can be verified from the following sources:

- State Budget and progress report
- FP expenditure reports
- Newspaper reports/cutting -- news, features, stories, special reports, editorial comments
- Research/assessment reports -- national and state
- State Macro Social and Economic Development Plan
- Copies of legislation/laws passed
- FP or related policies formulated
- Advocacy Group Progress reports
- Interviews and discussions with stakeholders

6.8. Experience sharing/dissemination of results

The FPAWG will create and maintain a Facebook account, or other social media platform (e.g. blog), to enable information sharing on its activities, experiences, and results. In addition, the FPAWG will attend meetings, and/or any other relevant forum organized by the state (e.g. health summit, etc.) and partners, to share activity experiences and results. The state-produced news bulletin/newsletter and annual reports may also serve as an outlet to disseminate information on FP activities in the state and share FPAWG information, activities and accomplishments. Further, the FPAWG will monitor calls for papers (abstracts) for local and national conferences on FP and submit abstracts on any innovation and success recorded. Lastly, the FPAWG may also design and develop a 2-page advocacy briefing bulletin/leaflet, which it can use to share and disseminate experiences and lessons learned. The FPAWG will determine the frequency of such bulletin

Expected output/outcome:

- a) Package of tools for monitoring outcome/impact
- b) FPAWG news bulletin
- c) Monitoring plan
- d) Monitoring checklist
- e) Monitoring reports

Table 1: Indicator Matrix Table for Advocacy

Performance Indicators	Indicator Type	Data Source	Frequency	Responsible Person	Baseline	Target	Timeline
Contraceptive prevalence rate	Impact	NDHS/NARHS	Biennially	Group Secretary			
Budget line exists and fund allocated annually	Outcome	State budget document	Annually	Group Chairperson			
Percentage of budgeted funds for family planning activities released	Outcome	Vote of Charge for FP activities	Quarterly	Chairperson			
Percentage increase in number of family planning service providers in the state	Outcome	Family planning dashboard	Quarterly	FP coordinator, FPAWG			
Number of FPAWG meetings held.	Output	Minutes/ reports of meetings	Quarterly	FP coordinator, FPAWG			
Passage of enabling law for FP	Outcome	Copy of the bills		Chairperson			
Number of FP budget and Expenditure monitoring and tracking activities undertaken	Output	Reports of budget and expenditure tracking	Quarterly	FPAWG Chairperson			
Number of community/traditional /religious leaders openly speaking and canvassing in favour of family planning	Outcome	Reports/ media	Continuous	Group Secretary			
No of meetings held with law and policy makers on FP funding	Output	Progress reports	Continuous	Group Secretary			
No of training received and number of members trained	Input	Training/progress report	Continuous	Group Secretary			
No reached through various advocacy activities held	Output	Progress report	Continuous	Group Secretary			
Value of resources mobilized by the group through grants etc.	Outcome	Progress/financial report	Annually	Group Secretary			
Group operations complying with Constitution and operational guidelines	Output	Feedback from members	Continuous	Group Members			
No. of meetings held by the Group	Input	Minutes of meetings	Monthly	Secretary			

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February 2015

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United Nations Population Fund:

Programme of Action: Adopted at the International Conference on Population and Development,

5-13, 1994

FP ADVOCACY WORKING GROUP (FPAWG)

Applicant's
Passport
Photograph

Official Address:

Tel. Nos:

E-mails:

MEMBERSHIP REGISTRATION FORM

NOTE: Please send your completed Application Form to any of the e-mail addresses above

Member category applied for (Please select only one)				
Individual		Corporate		
Date of Application				
Title	Gender	Surname	Middle Name (Optional)	First Name

Postal Address/Office Address	Residential Address	LGA
		City/Town

Telephone/Mobile Lines	E-mail Addresses

Educational Qualification as applicable)			
	Bachelors	Institution/Year	
	Graduate	Institution/Year	
	Certificate/Diploma		
	Masters	Institution/Year	

	Doctorate	Institution/Year	
	Others, please specify		

Do you have experience in FP Advocacy activities?

YES		NO	
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How long have you worked in or been involved with Advocacy? (Please select only one)

	Less than two (2) years		Six (6) to Ten (10) years		Sixteen (16) to Twenty (20) years
	Two (2) to Five (5) years		Eleven (11) to Fifteen (15) Years		More than (20) years

Your Skills/expertise

	Management/Administration		Research
	Policy or Programme Development/Analysis		Teaching/Training
	Evaluation		
	Facilitation		
	Other (Specify)		

Declaration

I affirm that the information provided herein is TRUE to the best of my knowledge. If accepted as a member of FPAWG, I willingly accept to be bound by the Group's Constitution and its Code of Ethics.	
Signature	
Date	

IMPORTANT: Please attach copies of your Curriculum Vitae and Certificates

FOR OFFICIAL USE ONLY (By FPAWG Secretariat)				
Date Application Received				
Application accepted	YES		NO	
If "NO", reason for rejection				
Membership Number of successful application				
Receiving Officer (Name)				
Signature & Date				

