

WAC and community leaders entering
commitment to support FP Project



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Reflections from Ethiopia

**Faith-Based Communities in Africa: An
Integral Part of Improving Family
Planning and Reproductive Health**

February 23, 2015

Project

- **Central Synod Family Planning Project-EECMY- Ethiopia (April 2014-June 2016)**
- **Central Synod Development and Social Service Commission (CS – DASSC)**
By
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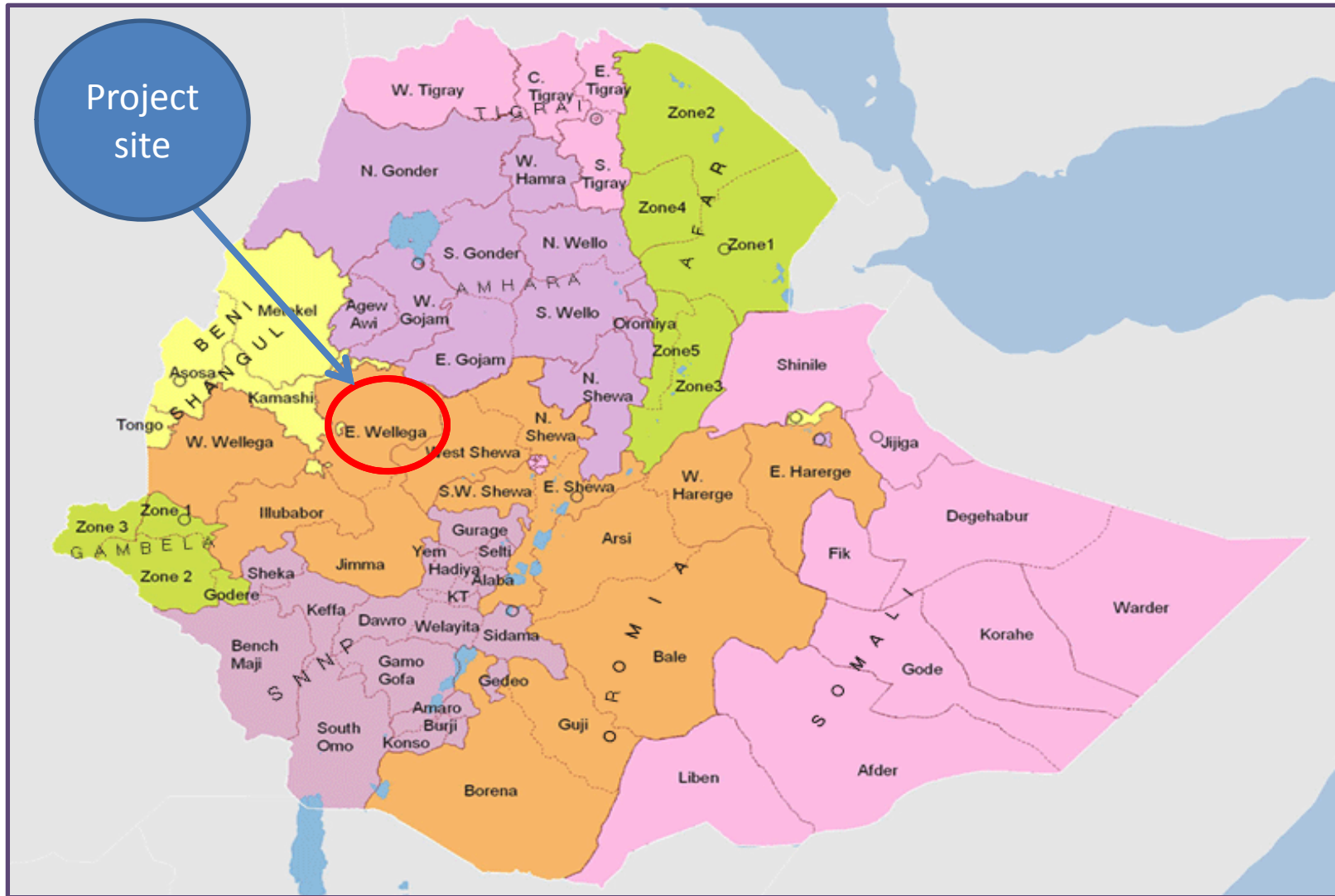
AFRICA



Project
Country
Ethiopia

Scale 1:51,400,000
Equal-Area Projection

ETHIOPIA



Objectives.

- The goal is to contribute for the improved family planning services availability and accessibility at five Woredas/ districts in East Wollega Zone, Oromia Regional State through community based services provision, **mobilizing religious leaders**, and by establishing a functioning proper referral linkages between the community based intervention and facility based services.

Goals

Specific objectives:

- 1. To improve the access for appropriate FP/RH information and counseling to 94,200 clients to help them make voluntary informed decision about their FP/RH choice.
- 2. To improve the access for FP/RH services particularly short acting FP methods and serve 11,304 clients through community based distribution
- 3. Provide injectable FP methods for 22,608 clients at the health post by the HEWs and refer 34,540 clients to the health centers/hospitals.
- 4. To capitalize on Religious Leaders support and linkages with community and facility to improve FP services

Background

1. A Woreda Advisory Committee is a committee that advocates for Reproductive Health and Family Planning Goals. It creates the climate for success in the woreda so that the planned goals can be reached.
2. EECMY will utilize its experience and lessons learned from implementing a community based reproductive health program from the past years
3. Religious leaders are still respected, heard and influential at the community and policy level. We will utilize this respect and our knowledge for the community and country to advocate for behavior change .We can address religious and social misconceptions around FP during worship ceremonies and community social gatherings.
4. Our church has accepted FP services in its proclamations

Population

- The proposed impact woredas have a population of 429,782.
- The reproductive age population (15-49) is estimated to be 98,850.

The served community is categorized in three major religious denominations:

- Christian(Orthodox, protestants,...)
- Muslim
- Traditionalists

Problems

1. Statistics

- CPR is <50%
- LAPM is <25%
- MMR 650/100000

2. Religious Perspective

- The bible says “be fruitful multiply and replenish the earth and subdue it Gen 1:28”

3. Misconceptions

- Pills are accumulated in the uterus,
- Loops(IUD) goes to the brain
- Can not do any hard work with implanol inserted

Current fertility rate (EDHS 2014)

Age group	Urban	Rural	Total
15-19	37	72	65
20-24	101	187	168
25-29	118	222	205
30-34	90	176	163
35-39	65	137	127
40-44	27	88	78
45-49	0	28	23
TFR(15-49)	2.2	4.5	4.1

1. All women

Age	Any method	Any modern method	VSC(F)	pills	IUD	Injection	Male condom	All others	No current using
15-19	9.3	9.2	0	1	0.3	7.1	0.7	0.3	90.7
20-24	30	29.3	0	2.2	0.9	21.2	4.9	1.4	70
25-29	39.2	37.6	0	2.5	0.6	28.9	4.6	3.6	60.8
30-34	40.5	39.3	0	2	0.7	29.2	6.5	2.9	59.5
35-39	38.7	36.9	0.7	1.7	1	29.8	3	3.5	61.3
40-44	27.5	26.7	0.1	1	2.5	20.5	2.7	1.6	72.5
45-49	16.7	16.1	0.9	1.8	0.1	12.6	0.4	1.1	83.3
Total	28.8	27.9	0.1	1.8	0.8	21.3	3.4	2	71.2

2. Current married women

Age	Any method	Any modern method	VSC(F)	pills	IUD	Injection	Male condom	All others	No current using
15-19	41	40.7	0	4.6	0.7	32.7	2.6	0.8	59
20-24	46.2	45.1	0	3.4	1.3	32.9	7.6	2.2	53.8
25-29	45.5	43.6	0	3.1	0.7	33.4	5.4	4.9	54.5
30-34	45.1	43.8	0	2.2	0.8	32.7	7	3.6	54.9
35-39	44.2	42.1	0.8	1.8	1.2	34	3.6	4.9	55.8
40-44	32.3	31.3	0.1	1.2	3	24	3	1.9	67.7
45-49	20	19.3	0	2.3	0.1	16.3	0.5	1.5	80
Total	41.8	40.4	0.1	2.6	1.1	31	5	3.4	58.2

Role of Religious Leaders

- Our religious leaders are still respected,
- Heard and influential at the community and policy level
- We will utilize this respect and our knowledge to advocate for behavior change at community and policy level.
- We can address religious and social misconceptions around FP during worship ceremonies and community social activities.
- Conducive government policies
- **Connect Religious Leaders with Community, CHWS and the facilities and unify proper knowledge of FP**

Tools

1. WAC training guides
2. Monthly and quarterly report formats
3. MOH reporting formats
4. Social gathering reporting formats
5. Religious groups reporting formats.

Messages utilized

- Using family planning is not sin
- children should not die because of lack of adequate care
- Mothers should not die because of pregnancy and delivery

Results

- Implemented grant activities in five woredas (districts) of East Wellegga zone of Oromia regional government.
- Mobilized workers in 15 health centers, 74 health posts and 174 Health Extension Workers (HEWs) with the goal of serving a total population of 352941 including 76285 Women of Reproductive Age
- Established regular Woredas quarterly meetings with the Woreda advisory committee (WAC) composed of 11 heads of different ministerial offices and civic society leaders including religious leaders. WAC meetings evaluate the grants plan and accomplishments and discuss challenges and solutions using their multi-sectoral representation.
- Mobilized the Women Development Army (WDA) that supports the project at the grass-root level by identifying family planning users and non-users, pregnant and non-pregnant mothers in their respective catchment area (kebele) and communicate the information to the HEWs for follow up and counseling.

Results

- Conducted monthly review and supervision meetings with HEWs and HEWs supervisors in each of the five Woredas with a total of 18 meetings attended by 204 participants.
- Conducted 65 social gatherings and church meetings organized by kebele and community leaders in which FP/RH issues are discussed. Those gatherings reached a total of 6696 men (2313) and women 4383 with FP/RH message
- Collected and distributed 335 copies of different IEC/BCC materials on FP counseling including leaflets, brochures, posters and booklets. IEC materials was obtained from PI/Ethiopia and distributed to the HEWs and health centers
- Conducted a community based awareness on all FP methods and reached 55235 clients which is more than double the planned number of clients to be reached this quarter (planned 26100; reached 55235)

Results

1. Muslim ladies are permitted to enter in mosque with Implanol in their arms
2. All women got freedom to use modern FP officially
3. In this quarter (Oct – Dec 2014) it is observed that a lot of people have been reached through health education and counseling for FP methods. The number of clients has also increased, the number of IUCD insertion at all the health centers was also started. VSC was also achieved from a very far and remote area. This all indicates that FP Project is deep rooting in the community

Results(Oct-Dec 2014)

Contraceptive Method	New Acceptors	Repeat Acceptors	Total
Oral contraceptives	795	1219	2014
Injections	1875	3300	5175
Implants	1094	977	2071
IUCD	162	98	260
VSC	5	N/A	5
Others	58	94	152
Total	3989	5688	9677

Challenges + Solutions

Challenges

- Misconception of modern FP methods
- Misconception of religious interpretation
- Male chauvinism

Solutions

- Continuous awareness creation at different levels
- Model satisfied client witnesses
- Religious leaders speaking about modern FP methods
- Couple counseling

Interventions ahead

- Creating more availability for long acting methods
- Increase messages from satisfied clients
- Additional qualified providers for LPFM

Scaling-up

- Based on the experience gained, expand to other sites
- Integrate into the government system

As a result of scaling-up:

- Decrease MMR and IMR
- Contribute to the millennium development goal

Thank you!

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