



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

February 23, 2015

- Country-Kenya
- Grantee name- CHAK

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Project Coordinator-CHAK



Goal and Objectives of grants

Goal

Reduced unmet need for family planning and improved maternal and child health outcomes

Objectives

- Enhance Quality Improvement strategy in the health facilities
- Increase demand, access, availability and utilization of integrated family planning products and services within the community by engaging the faith-based sector.
- Improve the capacity (knowledge, skills, and attitudes) and performance of service providers in the provision of family planning services.
- Expand the range of family planning choices for women of reproductive age in the project catchment area.
- Improve linkages and referral system



Dates of grant

1. CHAK-E2A FP Project (2yrs)
 - Project period: Sep 15th, 2014 to June 30th, 2016
 - Funder - USAIDs through Pathfinder –USA
 - Implemented by CHAK in its 8 affiliated health facilities in Nyanza and Eastern regions
2. CHAK-Packard FP Project
 - Project period- Jan 2013 - Dec 2015 (3yrs)
 - Funded by David and Lucile Packard Foundation
 - Implemented by two members of the Africa Christian Health Association's Platform; CHAK and UPMB with CHAK as the grantee.

The Christian Advocacy for Family Planning in Africa (CAFPA) project

Objective

Improve the policy and funding environment for FP through faith-based organizations in support of FP2020 strategies and goals.

PARTNERS-CCIH, CHAK, CHAZ and EPN

- Implemented in Kenya and Zambia

OUTCOME

- increased capacity of local faith-based organizations to advocate for improved FP policies and resources
- Develop a faith-based advocacy model for policy change and resource mobilization for use by other CHAs

DFID FP PROJECT

- Working with Futures group
- Service delivery

Catchment Area

1. CHAK/UPMB -Packard FP project Catchment Population – 25,000
2. CHAK-E2A FP Project- 101,618

Problem

- Unmet need for family planning in Kenya has stagnated at about 24 percent with the poorer women more disadvantaged. Unmet need in Nyanza is 32% & in Western its 26% . (KDHS, 2008).
- High population growth-In 1968 (pop. 10.9m), 2009 (38.6m),
- Projected that in 2030 – 71.5m.
- TFR- 4.6, CPR- 46%
- Variation in CPR- Central 67%, Nyanza 37%. Number 6/8
- MMR- around 400/100,000 births
- Kenyan population is youthful- more than half the population below 24 Yrs
- Poor quality of services
- Low community awareness on FP/RH
- One quarter of young women aged 15-19 Yrs. are either pregnant or already mothers. Nyanza Province has the highest rate of teenage child-bearing in Kenya at 27% of the girls aged 15-19 years.

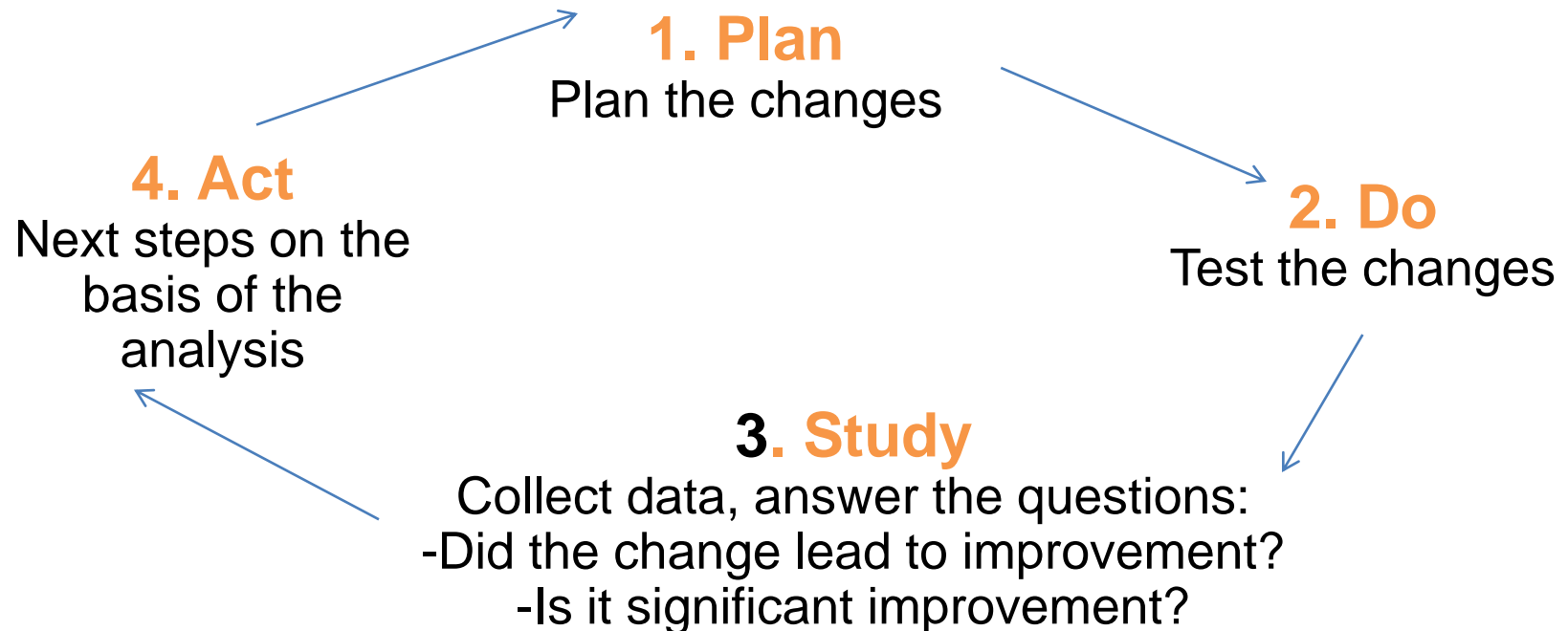
Progress to date

Major Achievement

CHAK-E2A FP Project

- Training on QI for Health workers, Religious leaders, CHVs, Stakeholders and Secretariat staff

PDSA Cycles



Progress cont.

- Identification and selection of QI teams-
 - ✓ Analyze systems/processes of care,
 - ✓ Measure indicators,
 - ✓ Test & implement changes -PDSA
- Identification of CHVs and religious leaders completed
- Developed training materials and reporting tools for religious leaders and CHVs
- Training of health workers on CTU
- CHVs and religious leaders sensitized on FP
- Baseline survey is underway

CHAK/UPMB Packard FP project

Major achievement

- Baseline survey done –benchmark
- Developed training materials
- Developed reporting tools for religious leaders and CHWs
- Recruitment of able religious leaders and CHWs
- Capacity building
- Exchange visits for learning best practices
- IEC materials
- Baseline surveys

Implementation team

- CHAK is implementing the grant through its MHUs
- In Kenya the GOK is a key player as they support with FP commodities and personnel (CHEWs & seconded staff)
- Trained personnel – CHWs (80), Religious leaders (80),
H/W 16
- Facility management team

Main interventions

- Delivery of FP services at community and facilities
- Commodity management
- Generate demand for FP services
 - Information dissemination (IEC materials, social media, community talks and barazas)
 - Community mobilization and engagement
 - Outreach activities

Key Project Activities

- Capacity building-Training of service providers, peer educators, religious leaders, CHWs, community members.
- Advocacy, policy engagement and influence
- Monitor, document and disseminate the project's achievements, lessons and best practices

Tools

- National FP guidelines
- MEC Wheel (medical eligibility criteria)
- Religious leaders reporting tools and referral forms
- CHWs reporting tools and referral forms
- Training manuals for CHW – MoH
- Training manual for religious leaders – adopted from WHO
- Supportive supervision check list

Special messages

Special messages the religious leaders are sharing with the community

- FP saves lives
- What is FP/ child spacing
- Importance of FP
- FP methods
- Dispelling myths and misconceptions about FP

Addressing needs

How we are focusing on customer's needs and community needs

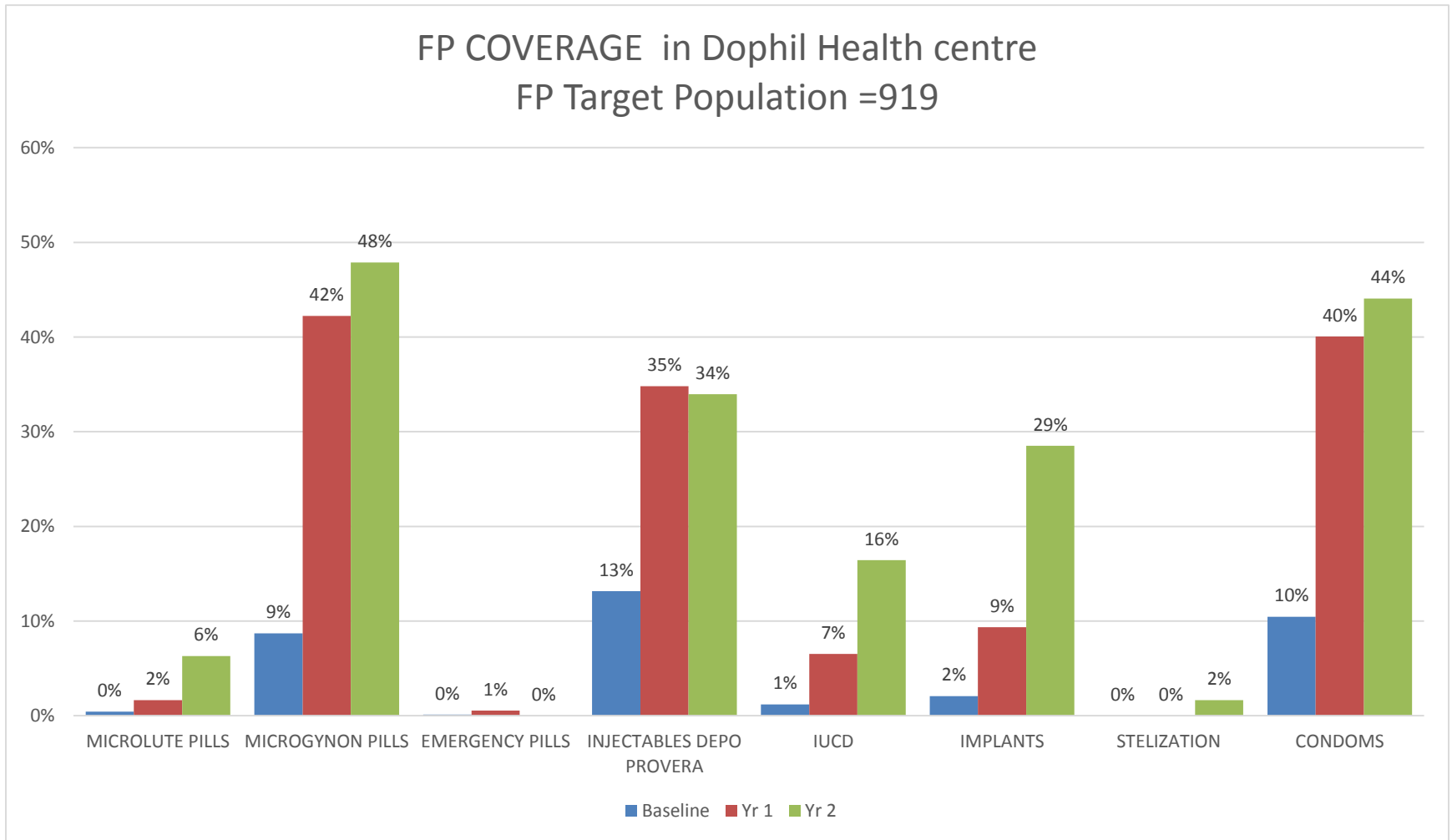
- Proper counselling – clients make informed choice
- Method mix
- Availability of FP methods
- Opening hours – from 8-5PM
- Outreaches
- Male involvement
- Community - distribution of pills and condoms
- Youth involvement – youth forums
- Male involvement

Indicators

CHAK-E2A FP Project

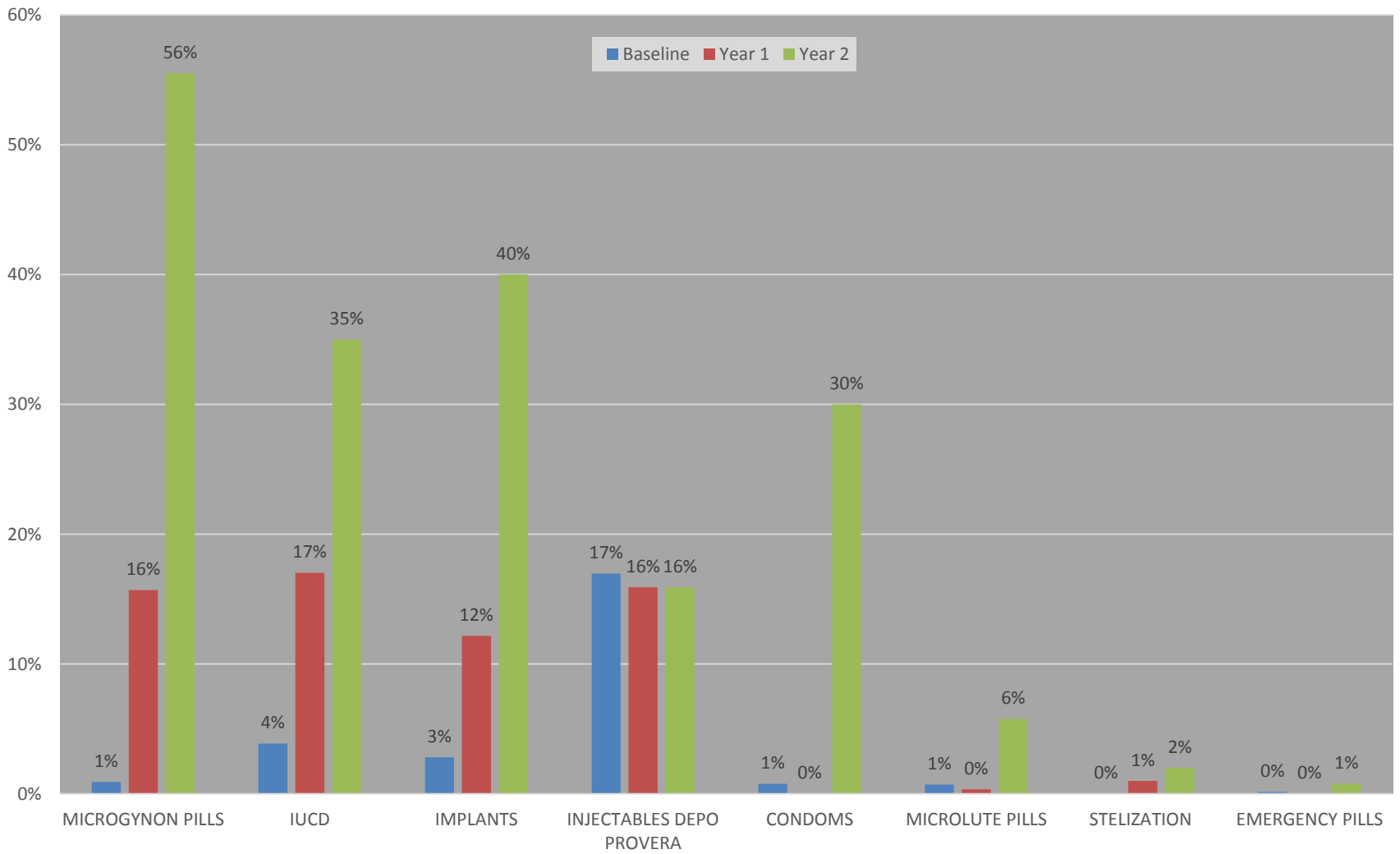
- QI training for 42 participants from the facilities and secretariat
- Family planning technology update done for 16 health worker
- 80 CHWs and 80 Religious leaders identified and trained
- Baseline survey underway

Indicators



FP COVERAGE in Namasoli Dispensary

FP Target Population =1421



Challenges

- Staff turnover – on job training for new staff
- Devolution - Erratic supply of FP commodities from the counties – working closely with the county government and involving the Health county team.
- Inadequate skilled personnel at facilities – training on LAM
- Myths and misconception –continue educating the community

Lessons learned

-Most of the faith based health facilities needs to be supported to offer FP services – capacity building, FP commodities

-the religious leaders are very key in FP advocacy and they are willing to participate

Interventions ahead

- On job training for health workers on skills acquisition for long term methods
- Involve the youth in and out of school in reproductive health issues
- Implement effective referral mechanisms for clients who have chosen BTL, Vasectomy, Implants from facilities with limited range of methods to one with wide range of methods
- Ensure availability of FP commodities – method mix

Scaling-up

- Due to the strides made to increase the FP uptake realized in the Packard FP project, CHAK and UPMB has scaled-up FP services in other 8 health facilities through the E2A project.
- Documentation and dissemination: Sharing of best practices and model undertaken by CHAK/UPMB to other CHAs will enhance replication in in other CHAs.
- Sustainability is achievable through integration of FP in other services and use of community resource persons. The MoH supports the facilities with FP commodities and seconded staff



Figure 1: on-the-job training of staff at Dophil facility-Kenya

Thank you!

For additional information, please contact:

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