



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

**Three project experiences from Uganda Protestant Medical Bureau**



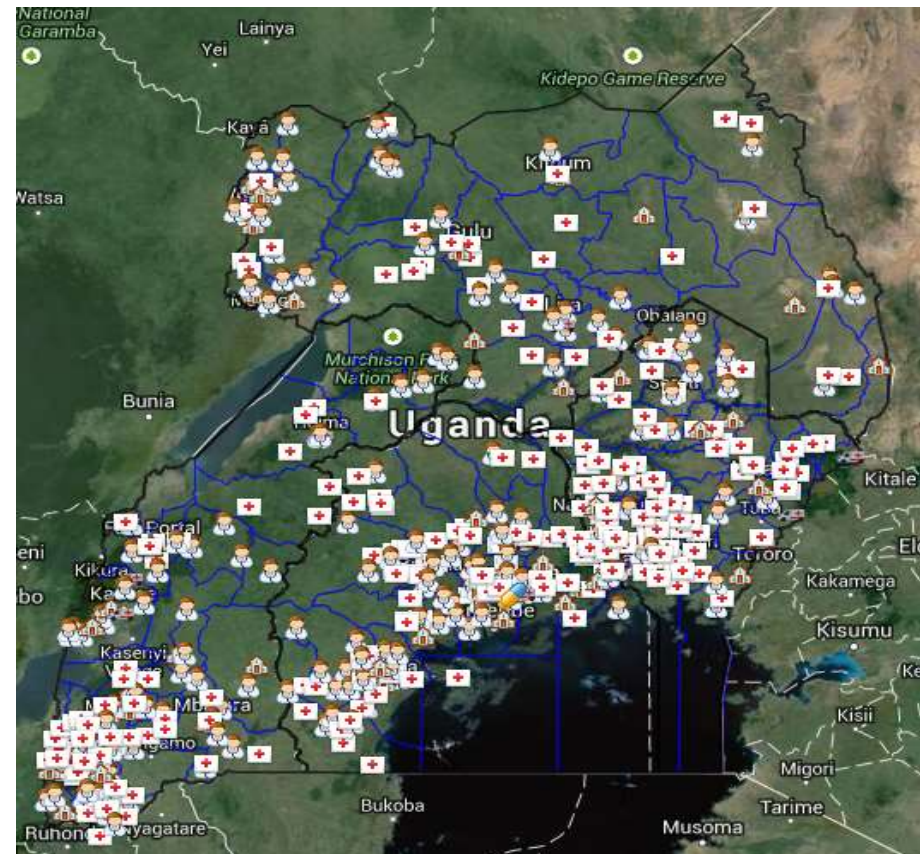
**ACHAP Pre-conference Workshop  
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# UPMB Background

- UPMB runs a network of 278 Health facilities, 35% of the private, not-for-profit sector in Uganda
- 90% of UPMB facilities serve rural populations
- Began focused investment in strengthening FP in 2013

Private, not-for-profit facilities across Uganda



# FP in Uganda

- Half of Uganda's population under 18 years and 57% of women have given birth or are **pregnant by age 19**
- High fertility (7 children per woman) and low CPR (30%)
- **34 % unmet need** for FP, particularly high in rural areas
- 25% of births occur with **suboptimal spacing** (<2 years after previous birth)

## Top reasons for non-use of FP:

- Fear of side effects or health concerns (32%)
- Belief that they can't get pregnant (correct or incorrect assessment of risk) (17%)
- Woman or husband opposed (15%)
- Infrequent sex (7%)



Photo Credit: Save the Children Uganda

# FP Projects

<b>Donor</b>	ACHAP (Packard Foundation)	E2A Project (USAID)	Institute for Reproductive Health (Gates Foundation)
<b>Dates</b>	2013-2015	2014-2016	2014-2015
<b>Coverage</b>	2 UPMB facilities + catchment area	9 UPMB facilities + catchment area	8 UPMB facilities + catchment area

## Shared objectives:

- To promote healthy timing and spacing of pregnancies through expanded access to family planning at the facility and community level
- To increase involvement of religious leaders in improving family planning awareness and uptake of modern methods

# Main Interventions | Packard Project

- Build capacity of facility- and community-based providers to offer FP.
- Sensitize religious leaders on FP and equip them as champions
- Raise awareness of FP through community outreaches
- Strengthen data collection, for facilities monitoring, and supportive supervision (Human resource support & provision of PCs to facilities)
- Carry out FP surgical camps for permanent methods .



## Team

- 2 Health Centers
- 1 Country project officer
- 2 Facility Project officers
- 60 CHWS
- 30 Religious leaders

# Indicators & Results | Packard Project

	Baseline	Aug 2013- Sept 2014
Number of facility-based providers trained to offer FP	2	12
Number of CHW providers trained to offer FP	15	60
Number of acceptors new to modern FP use	301	5850
Number of religious leaders sensitized to FP	0	30
Number of clients who report hearing FP messages from their pastors	0	47,303
Documentation, reporting and sharing of lessons learned nationally, regionally and globally	0	10 success stories shared in reports

# Main Interventions | E2A Project

- Quality Improvement(QI) teams composed of facility based providers, CHWs and religious leaders.
- Ensure improved data quality for decision making and client focused interventions.
- FP compliance involving informed choice for clients with no coercion and no targets for the provider



Team

9 Health Centers  
45 Religious Leaders  
54 CHWs  
Project focal person

# Indicators & Results | E2A Project

Indicators	Baseline July 2013- June 2014	July-Dec 2014
Number of FP acceptors	3,933	838
Number of people religious leaders sensitized to FP services	0	3,879
No. of health workers trained in contraceptive/commodity supply chain management	0	17
Number of providers trained(17 HWs,54 CHWs and 45 religious leaders)	0	116



# Main Interventions | A3 Project

- Build capacity of facility- and community-based providers to offer FP
- Expand FP method mix by introducing fertility awareness-based methods (FAM)
- Sensitize religious leaders on FP and equip them as champions
- Raise awareness of FP through community outreach and radio
- Strengthen data collection, monitoring, and supportive supervision
- Advocate with MOH for increased investment in FP, including FAM



Team

8 Health Centers  
4 Master Trainers  
32 Facility-based Providers  
120 VHTs  
80 Religious Leaders

# Indicators & Results | A3 Project

Indicators	Baseline (Jan.–Dec. 2013)	Year I (Jan.-Dec. 2014)
Facility-based providers trained in FP, including FAM	0	16
VHTs trained in FP, including FAM	0	104
Religious leaders sensitized on FP	0	80
Awareness raising events conducted on FP	--	3,284
Community members reached with FP messages	--	43,459
New FP users (community-based)	0	2815

\*Providers were trained in barrier, hormonal, and permanent methods but not FAM | -- No baseline figures available

# Tools

## VHT Training Manual



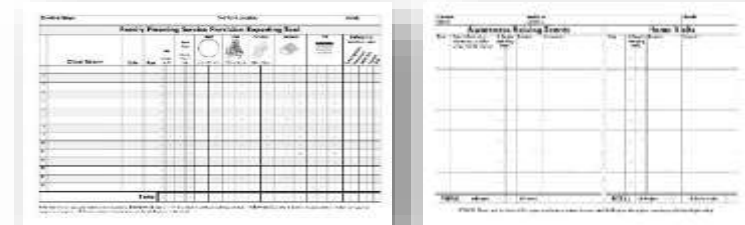
## WHO FP Counseling Flipchart for CHWs



## FAM client materials



## VHT Reporting forms



## Discussion Guide for Religious Leaders



# Lessons Learned: Successes

- Some myths and misconceptions have been cleared through trainings and routine interactions with health workers.
- Personal testimonies from permanent method users (tubal ligation and vasectomy)
- Religious leaders create platforms for sensitizations on FP/RH for health workers in their houses of worship.
- Peer education among religious leaders
- Had opportunities to work with other faiths (Catholic, Protestant, Muslim)--FAM options create entry point for discussion of challenging interfaith issues



# Lessons Learned: Challenges

- Community members and VHTs still hold some myths and misconceptions.
- VHTs have high expectations in terms of monthly facilitation and allowances which makes sustainability hard.
- Need for routine refresher trainings for providers to keep abreast of new developments in RH
- High unmet need for permanent methods in areas of project implementation.
- Strong supportive supervision is needed for accurate data collection and reporting at all levels

# Special messages

- MEN:-Male involvement in RH and partner support
- YOUTH:- Delay the first pregnancy until 18yrs
- WOMEN:-Wait until after two years to get pregnant again
- COMMUNITY: -Healthy timing and spacing of pregnancies promotes better health.

# Voices from the field

“People in my community are excited that for once the health facility is introducing a family planning that their church endorses.” - VHT

“I can now confidently talk to anyone about family planning. I wish the government would also use us when reaching out to the communities. If I pass on a messages to a congregation of 120 worshippers, everyone will believe me without doubt.” - Imam

“Initially, I preached messages against use of modern FP methods, but this has changed with the ACHAP family planning project training for religious leaders.” -SDA Pastor

Some of my followers at church ask: “How come the message is now different?” This issue (FP) needs action and not mere prayers, I keep explaining.” Pastor

# Interventions ahead

- Routine reviews and mentorships for VHTs by family planning focal persons at facility level
- Refresher trainings for FP providers
- Strengthen collaborations with public sector (District and national level)
- Continue engaging religious leaders as champions in FP



VHT Training in family planning



# Scale-up & Sustainability: What's needed

- Sufficient stock of FP commodities, including adding CycleBeads to national procurement tables
- Investment in capacity building for facility- and community-based providers
- Use of FP data for programmatic decision-making at the facility and central level



# Thank you!

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For additional information, please contact:

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