



Strengthening Family Planning within Faith-Based Organizations in Uganda

More than 200 million women in the developing world want to avoid pregnancy but currently are not using family planning. Family planning can contribute to reductions in maternal and child mortality and improve health and wellbeing. Christian hospitals, clinics, and health care programs have a unique role to play in providing family planning services in Africa. However, these facilities often lack the capacity to provide quality services, and donor funding for faith-based organizations (FBO) has historically been limited in scope and duration, making it difficult to achieve impact at scale. In spite of these challenges, the Uganda Catholic Medical Bureau (UCMB) and the Uganda Protestant Medical Bureau (UPMB) have shown commitment and great resourcefulness in advancing family planning within their networks.

PROJECT APPROACH

UCMB and UPMB, in collaboration with the Institute for Reproductive Health (IRH), used a systems approach to strengthen their family planning capacity (Figure 1). This systems approach targeted the fundamental building blocks of family planning programs: training, supervision, commodity availability, family planning promotion, data collection, and creating a supportive environment. Services were strengthened across 21 lead facilities around the country. Community-based provision of family planning was introduced across intervention sites for the first time. The method mix was expanded with the addition of modern, effective fertility awareness methods including: Standard Days Methods® with CycleBeads®, TwoDay Method®, and Lactational Amenorrhea Method. UCMB and UPMB reached out to religious leaders as part of their family planning strategy.

Partners:

Uganda Catholic Medical Bureau,
Uganda Protestant Medical Bureau,
Institute for Reproductive Health (IRH)
Georgetown University

Lead Health Facilities:

St John's, Ibanda Mission, Lulagala,
Makonge Community, Karin,
Boroboro, Azur, North Kigezi,
Rugarama, Kagando, Rwesande, St.
Paul, Kolonyi, Chrisco, Lubaga,
Virika, Kamuli Mission, Kalongo,
Angal, Nkozi, and Nyakibale

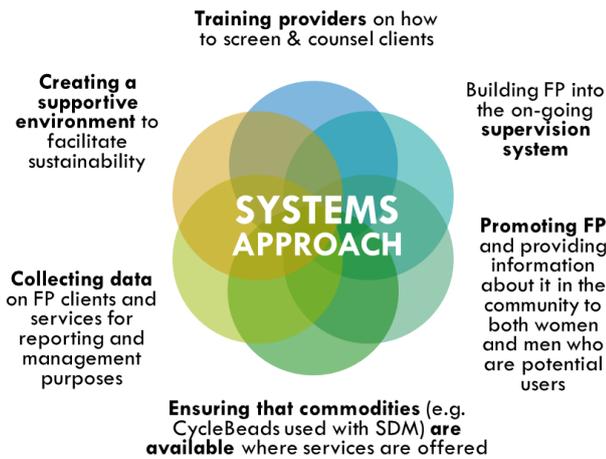
Project Duration:

2014-2015 Phase 1

2016-2018 Phase 2

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Templeton Foundation*

Figure 1. **SYSTEMS APPROACH**



In each facility catchment area, religious leaders were invited to participate in sensitization workshops designed to improve their knowledge and attitudes around family planning and equip them as champions in their communities. Providers and religious leaders raised awareness about the new services through health talks, use of educational materials, radio spots, and announcements at places of prayer. UCMB and UPMB participated in Uganda’s national strategy dialogue alongside other family planning partners, regularly up-dating policymakers about their activities and advocating with stakeholders for inclusion of their activities,

especially fertility awareness methods, into the national strategic plan.

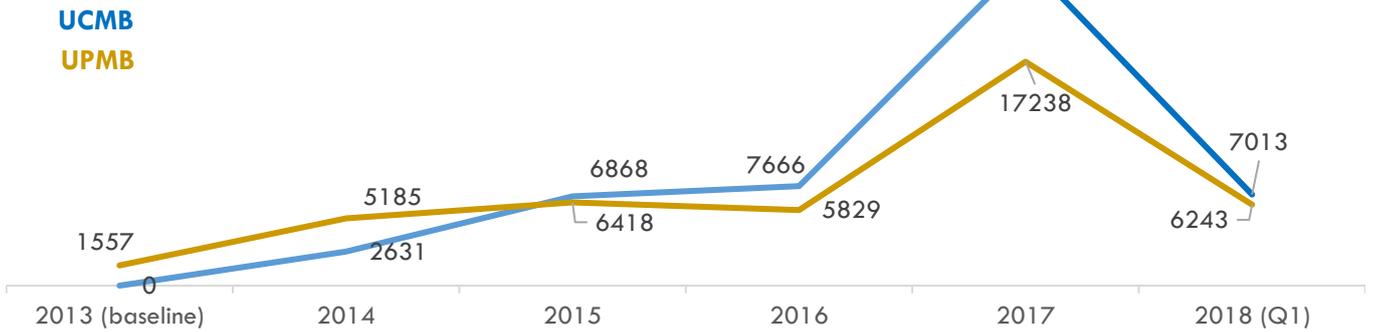
Service statistics from project sites were collected monthly, and sites submitted the data through the national health information system. UCMB and UPMB supervised the implementing sites and periodically strengthened providers’ counseling skills using a competency checklist. Qualitative interviews were conducted with religious leaders to understand the impact of the project on their attitudes and role in the community.

RESULTS

Since 2014, 330 UCMB health workers were equipped with knowledge and skills to offer modern fertility awareness methods and provide informed choice counseling on all methods. 206 UPMB health workers were trained to offer all family planning methods available in Uganda, including fertility awareness methods. Between January 2014 and March 2018, 90,145 couples adopted a family planning method at project sites (Figure 2). As a result of improved stakeholder collaboration, the Ministry of Health has integrated fertility awareness methods into Uganda’s family planning policy documents, and UPMB and UCMB are active members of the national family planning technical working group.



Figure 2. Family planning uptake at UCMB & UPMB project sites



UCMB and UPMB engaged 226 male and female religious leaders (Muslim, Catholic, Pentecostal, Anglican, etc.) in sensitization workshops. Interviews with religious leaders indicated they are active in sharing family planning information in their communities and highlighted the importance of coordinating the workshops through UPMB and UCMB, which are seen as credible conveners able to bring together interfaith participants while delivering accurate medical information about a taboo subject.

Respondents appreciated the clarification of family planning myths and rumors, the interfaith approach which allowed for sharing and coalition building, and the importance of involving couples in service delivery and decision making. Religious leaders explained they used the new information during special workshops with followers, preaching and teaching, and inviting healthcare workers to speak to their followers.



Religious leader trained in project workshop, Uganda Photo Credit: Lauren VanEnk

VOICES FROM THE FIELD

“My attitude towards family planning has improved greatly...I try to use whatever opportunity to share or even to encourage other people to speak about it so that they can learn and be able to appreciate.” – Hospital Administrator

“We got the chance to ask the doctors. So the doctors were answering our questions because for us we heard some rumors of which we didn’t mind to ask them.” - Male Muslim leader

“I did not know that the womb needs to rest. I had a belief that I had to produce until all the eggs are finished from my womb....I benefitted in a way that I used to be among the people that say family planning causes illness.” –Female Adventist leader

“Now when we started family planning, we started saving money due to the limited number of children...Now I’m paying money to acquire 8 acres of land at Goma and take a cow.” - Male family planning client

“[CycleBeads] has improved my communication between me and my husband, and it has improved my family. The children I have are enough. My body has got a chance to cure. My last born is now 3 years old. He is loved, he is happy. We are both healthy. My husband and I are communicating. We are all fine.” – Female family planning client

LESSONS LEARNED

Faith-based health facilities are well-positioned to expand access to family planning. These results show that UCMB and UPMB were able to dramatically increase the number of women and couples served with family planning. The selected sites were important access points for health services in those communities, and strengthening family planning enabled more couple's needs to be met.

Expanding the mix of methods with fertility awareness methods can provide a common ground approach for FBOs to contribute to family planning, but bias remains a challenge. Introducing fertility awareness methods in project sites brought renewed interest to family planning use. Expanding the method mix can boost contraceptive prevalence because more women and couples are finding the methods that work best for them. It also provided an appropriate way for Catholic health facilities to contribute to Uganda's family planning strategy. However, efforts to integrate fertility awareness methods into the national system are hindered by misconceptions that they are not modern or effective.

Invest in supportive supervision and mentorship for providers. Identify supervisors in each project site who will monitor the quality of family planning service delivery and equip them with the knowledge and skills to regularly mentor and coach providers.

In addition to problem-solving and assessing competency, offer periodic reflection meetings for providers to share successes and challenges and learn from each other.

Consider the procurement strategy for commodities, especially CycleBeads. Procurement of family planning commodities is essential to a successful program. Many service delivery outlets will already have an established supply chain for family planning commodities. If this is not the case, consider how commodities will be sourced during the planning stage. This may be through an arrangement with the government, partners, or through donations. In some settings, CycleBeads may not be available while other commodities are. In this case, it is important to plan ahead for procurement by forecasting the number of CycleBeads that will be needed and ordering the product.

Faith-based health networks are credible and trusted conveners when engaging religious leaders in family planning. Involving religious leaders as champions of family planning can be an important step in creating a supportive environment. UCMB and UPMB, being medical professionals and faith-based organizations, are uniquely qualified to bring religious leaders together and train them on the subject matter.

CONCLUSION

Improving access to family planning requires commitment from all sectors of society, including the faith sector. FBOs like UCMB and UPMB have longstanding health and development programs within which family planning can be integrated. Results of this project suggest that by strengthening their capacity, FBOs can meaningfully contribute to national and international family planning goals. More strategic engagement of FBOs by the donor community, backed by sufficient resources, could result in strong achievements towards universal access to family planning.

For more information, visit www.irh.org

