

Closing the Gap: the potential of Christian Health Associations in expanding access to family planning

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- UPMB Founded in 1957,
- National PNFP Coordinating body for Protestant health services in Uganda.
- Network of 290 Health Institutions in Uganda
- Approximately 80% of the member institutions are located in rural and poor communities across Uganda.
- PNFP Network covers about 40% of Hospital Beds in and 60% of Nursing Training in Uganda
- UPMB covers about 40% of the PNFP services

PNFP Facilities across Uganda

(DHIS2 – GIS – Over 70 facilities missing from this map)

NR Hospital

RR Hospital

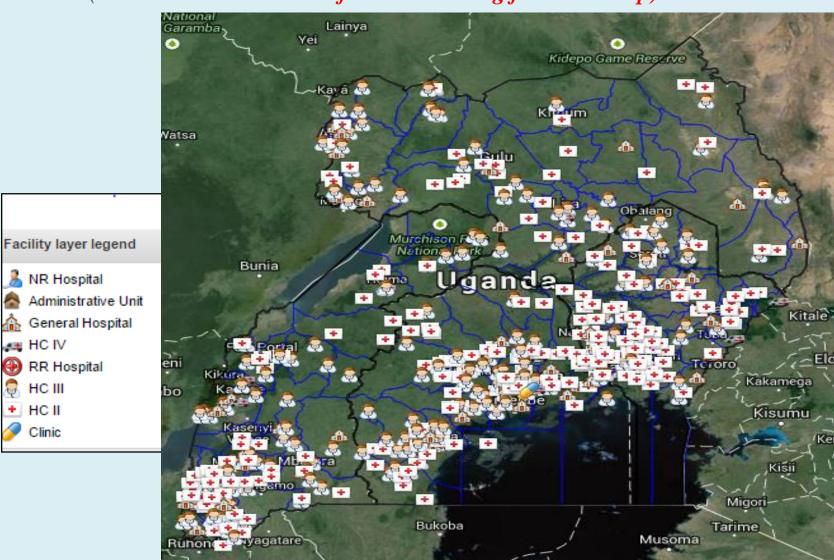
.amm HC IV

HC III

HC II

Clinic

General Hospital

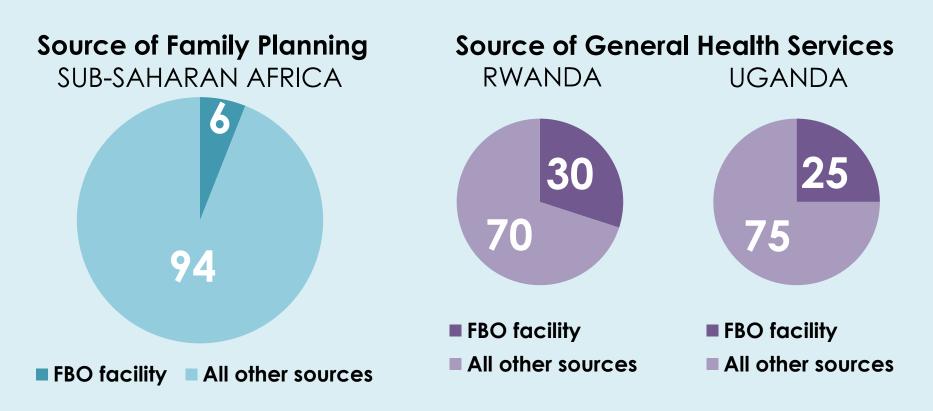


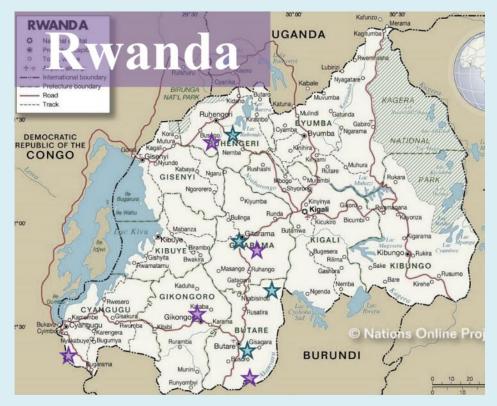


Objective 1

Strengthen the family planning programs of select FBOs in Rwanda and Uganda and expand their method mix through the introduction of effective, easy-to-use fertility awareness-based methods

Where are all the FBOs in family planning?











★ Uganda Protestant Medical Bureau (UPMB)

CRS & Uganda Catholic Medical Bureau (UCMB)









Stakeholder Collaboration

Training providers on how to screen & counsel clients

Creating a
supportive
environment to
facilitate
sustainability

on FP clients and services for reporting and management purposes



Building FP into the on-going supervision system

> Promoting FP and providing information about it in the community to both women and men who are potential users

Ensuring that commodities (e.g. CycleBeads used with SDM) are available where services are offered



Lesson 1:

✓ Involving FBOs in FP service delivery increases uptake.

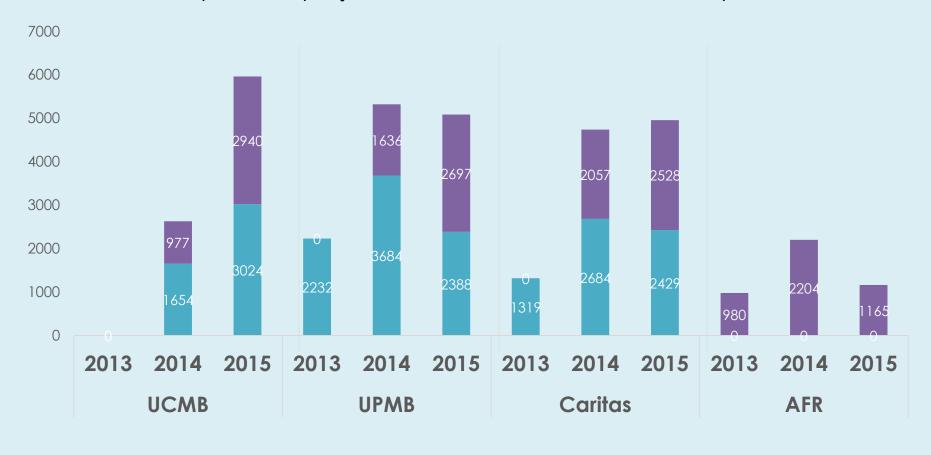


Lesson 2:

✓ Offering FP services at the community level increases uptake.

Comparing services offered: community & facility

FP uptake in project sites between Jan. 2013 – Sept. 2015



Lesson 3:

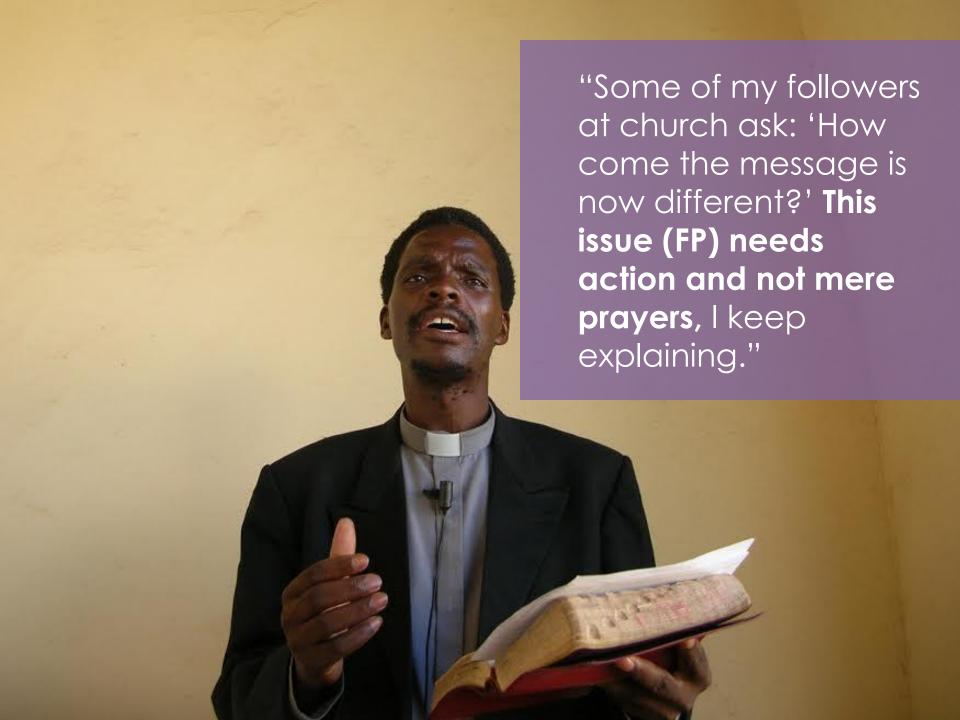
FBOs can meaningfully engage men in FP services.

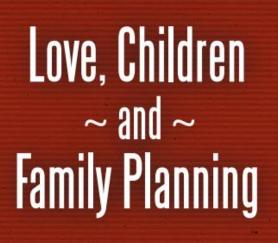


"We used to have problems spacing children. When we got the chance to use CycleBeads, we thought many more people out there need this. What is lacking is the information. Being Christians, we're always encouraged to give and help where we can afford it. Since we are users, we became providers as a couple. Now we carry out awareness together."

Lesson 4:

✓ Religious leaders are willing and able to support FP.





Seven discussion guides for Christian small groups

Institute for Reproductive Health

Christian Connections for International Health

Revised January 2013



Lesson 5:

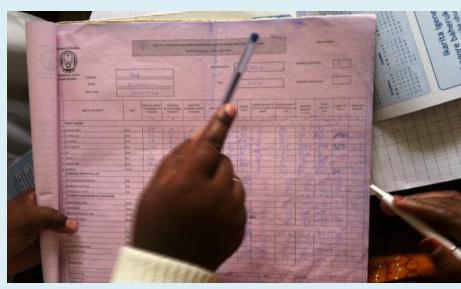
FBOs can work successfully with MOH & other FP partners.



- ✓ MOH request to develop FAM module in national training curriculum
- ✓ MOH providers trained by FBOs
- ✓ ASSIST Project request to train providers on FAM

Ghallenges

- Ensuring FBO integration into national level program
- Maintaining sensitivity to FBO approaches, esp. language
- ✓ Countering ongoing bias against FAM options





Future Directions





- √ Expand activities to new sites
- ✓ Strengthen collaboration with religious leaders and FP stakeholders
- ✓ Improve integration of Catholic facilities into wider FP system

Q: How can we use these findings?

- ✓ Implement this model with additional Christian Health Associations
- ✓ Invest in research investigating the connection between religion and social norms
- ✓ Develop a "Family Planning Hub" to share information more widely

