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

Dr. Tonny Tumwesigye
EXECUTIVE DIRECTOR
• 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)
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?

Sources of Family Planning
- Sub-Saharan Africa
  - 6 FBO facility
  - 94 All other sources

Sources of General Health Services
- Rwanda
  - 30 FBO facility
  - 70 All other sources
- Uganda
  - 25 FBO facility
  - 75 All other sources
Training providers on how to screen & counsel clients

Creating a supportive environment to facilitate sustainability

Building FP into the on-going supervision system

Collecting data on FP clients and services for reporting and management purposes

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.
<table>
<thead>
<tr>
<th></th>
<th>Q1 Year 1</th>
<th>Q2 Year 1</th>
<th>Q3 Year 1</th>
<th>Q4 Year 1</th>
<th>Q1 Year 2</th>
<th>Q2 Year 2</th>
<th>Q3 Year 2</th>
<th>Q4 Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caritas</td>
<td>484</td>
<td>603</td>
<td>1758</td>
<td>1895</td>
<td>1700</td>
<td>1597</td>
<td>1681</td>
<td>1145</td>
</tr>
<tr>
<td>UPMB</td>
<td>520</td>
<td>960</td>
<td>2054</td>
<td>1786</td>
<td>1610</td>
<td>1700</td>
<td>1775</td>
<td>1409</td>
</tr>
<tr>
<td>UCMB</td>
<td>0</td>
<td>254</td>
<td>1223</td>
<td>1154</td>
<td>1802</td>
<td>2443</td>
<td>1719</td>
<td>904</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCMB</td>
<td>1654</td>
<td>3024</td>
<td>2940</td>
</tr>
<tr>
<td>UPMB</td>
<td>1223</td>
<td>2232</td>
<td>1636</td>
</tr>
<tr>
<td>Caritas</td>
<td>1319</td>
<td>2388</td>
<td>2697</td>
</tr>
<tr>
<td>AFR</td>
<td>2057</td>
<td>2528</td>
<td>2204</td>
</tr>
</tbody>
</table>

Legend: Facility - blue, Community - purple
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.
“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.”
Love, Children ~ and ~ Family Planning

Seven discussion guides for Christian small groups

Institute for Reproductive Health
Christian Connections for International Health
Revised January 2013

Valeurs du mariage et planification familiale
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
Challenges
✓ 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