

ADVANCING PARTNERS & COMMUNITIES SUMMARY SERIES

Increasing Access to High-Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

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SPOTLIGHT on APC Uganda: Working with the faith-based community to increase access to high-quality family planning services



Christian Family Life Education (CFLE) training

Credit: Douglas Nsibambi/FHI 360

ACHIEVEMENTS AND PROGRESS IN PARTNERSHIP WITH THE FAITH-BASED COMMUNITY IN UGANDA:

- Faith and religious leaders report being more prepared to talk about voluntary FP to church leadership, colleagues, congregations, and government officials.
- 119 faith leaders trained to lead transformation of social norms that increase demand and use of modern contraceptives.
- 100% of faith leaders who attended sensitization meetings expressed strong commitment to voluntary FP.
- 222 adults trained on the Christian Life Education Curriculum now educate youth about reproductive health and HIV.
- Young faith leaders empowered with FP information and business skills.

Introduction

The U.S. Agency for International Development (USAID) Advancing Partners & Communities project (APC) in Uganda aims to ensure that all Ugandans have access to high-quality, voluntary family planning (FP) services. APC is led by JSI Research & Training Institute, Inc. and implemented by FHI 360 in Uganda. Over the last five years, APC Uganda's activities have increasingly focused on improving the capacity of Ugandan religious leaders to convey FP information to their congregations—including youth—and communities while ensuring that faith-based health facilities are equipped with FP products and knowledgeable staff. The results, highlighted in the box at right, indicated that the coordination and involvement of faith networks and organizations can increase awareness and uptake of FP.

Why faith-based communities are critical to increasing awareness of and access to FP

In Uganda, religion has a role in all aspects of people's lives. More than 84 percent of the population is Christian; the remaining 14 percent identify as Muslim. Ugandan faith leaders are highly respected and trusted by their congregations and communities, so are well-poised to change harmful attitudes

FAMILY PLANNING CHALLENGES IN UGANDA

Uganda's total fertility rate of 5.4 children per woman is among the top 10 highest rates in the world (UDHS 2016). Uganda also has one of the fastest population growth rates globally. More than half (54%) of women in Uganda begin childbearing by age 19, with 46% having at least one live birth. Women living in rural Uganda, on average, initiate sex at 16.9 years, marry at 19.3 years, initiate contraception at age 23.3, and will have had three children by the time they begin using contraceptives.



UPMB church leaders and health workers participating in the Busoga Diocese
-APC FP review meeting

Credit: Douglas Nsibambi/FHI 360

“Family planning is good. Though God told us to give birth and fill the world, it is good to plan. You need to have a family within your means. So, we support family planning as a church.”

-REVEREND CANON W. N. KABANDA, ST. STEPHENS
ARCHDIOCESE, CHURCH OF UGANDA

and social norms. Globally and within Uganda, religious leaders are recognizing that access to contraceptive services is essential to the ability of women to protect their own health and well-being and that of their families. A growing body of evidence shows that these leaders, along with faith-based organizations, can make critical contributions by providing contraceptive services, and raising awareness of and advocating for FP. Ugandan faith communities are also highly involved in health care delivery—more than 75 percent of private nonprofit health facilities are managed and coordinated under four faith-based umbrella organizations.

In Uganda, APC staff help youth focus groups to explore determinants of FP uptake, including challenges. APC applied the USAID Passages social norms exploration toolkit in June 2018 to identify the social norms and determinants of FP use at the community level in the project's operational area. One of the key findings was that religion/faith is critical in influencing young people's decisions about sexual and reproductive health choices and FP use.

Strengthening the capacity of the Uganda Protestant Medical Bureau (UPMB) to extend voluntary FP care

The UPMB is the coordinating body for a network of 294 health facilities ranging from low-level health centers to full-service hospitals. The UPMB is a member of the Christian Connections for International Health, a global network that supports Christian organizations active in international health. APC and these organizations have maintained partnerships that include religious leadership, local faith-based organizations, and health facility staff in four districts. APC's approach has included intensive awareness-raising and advocacy with faith leaders and focused capacity development of health care workers.

Integrating FP into existing church structures. With APC funding, UPMB is providing FP education and counseling services within the church structure, targeting dioceses, parishes, and church-based programs. UPMB works directly with pastors, mother's unions, leaders of youth and women's groups, as well as with leaders from the diocesan and the National Church of Uganda Health Office. UPMB ensures that religious leaders have accurate FP messages. Helping them overcome misperceptions is a crucial step in transforming program participants into advocates.

UPMB has trained and supported 12 church leaders and eight health workers in the three dioceses of Mityana, Busoga, and Namirembe on comprehensive counseling on FP. Participants received low-literacy booklets in Luganda or Lusoga, two common local languages. Today, leaders share materials and information at routine church meetings, women's savings groups, funerals, weddings, community meetings, and home visits, and refer individuals to health facilities for counseling and access to a full range of FP methods.

Supporting health facility staff. To ensure the health facilities within the UPMB network are providing the latest and most accurate information on FP, health facility staff are trained in all aspects of FP as well as on forecasting and stock management to ensure stockouts of FP commodities do not occur.



Archdeacon of Humura during CFLE supportive supervision visit at at Kitalesa Church of Uganda.

Credit: Douglas Nsibambi/FHI 360

“When I trained as a CFLE educator and at the same time am a nurse, I did not realize that young people trust church leaders. Ever since I came close to my church and the training, I have seen people from church seeking my knowledge on sexual and reproductive health.”

-MONICA, CFLE EDUCATOR

Contributing to the evidence base. Follow-up monitoring and mentorship by UPMB and FHI 360 assures faith leaders’ capacity to engage community members in discussions on FP and refer them to health facilities. Ongoing supportive supervision is provided to answer any questions and help activities run smoothly. Faith and religious leaders report being more prepared to talk about voluntary FP to church leadership, colleagues, congregations, and government officials.

Updating and implementing the Christian Family Life Education (CFLE) Curriculum

In partnership with congregations and youth leaders selected by UPMB, FHI 360 introduced religious leaders in the Buyende and Kyegegwa Districts to the CFLE curriculum. Developed under the USAID-funded project YouthNet and updated by APC, the curriculum was field-tested extensively and reviewed by respected technical advisors and religious leaders. Created for faith-based institutions, the CFLE includes Bible passages to frame discussions in ways that are familiar to and comfortable for Christians.

APC is currently implementing the CFLE curriculum on Busoga and the Ruwenzori Dioceses and the Anglican Church. The intensive training is helping parents, youth leaders, church ministers, and laypersons learn how to communicate with youth on health and sexuality. To date, 220 leaders have become facilitators.

After completion of the CFLE course, participants become CFLE educators, which means they have knowledge about reproductive health and HIV prevention and are comfortable talking about and providing guidance on these topics with young people. Once CFLE

educators return to their churches, they are introduced to their congregations and select other youth group leaders to be trained in a six-session CFLE course.

Supporting local faith-based organizations to reach young people with FP

One way to fill this gap is to start with a community’s young people. Building their knowledge and skills related to FP and creating an environment conducive to voluntary use of modern contraception can improve the health and well-being of youth, the adults they will become, and the communities in which they live. After an intensive competitive and co-creation process, conducted with support from USAID Uganda’s senior learning advisor, five organizations were awarded six-month innovation grants. One, Western Uganda Faith Based Organization Networks (WUFBON), sought to improve the community’s access to FP services and dispel myths and misconceptions about FP. WUFBON’s project, Ensingato Nisobora (Youth are Able), provides information on livelihoods, life skills, and sexual and reproductive health during outreach meetings targeting young people, including married adolescents. Local faith leaders who are members of WUFBON’s networks are encourage to get their followers and peers to participate in the outreach activities and learn more about the benefits of FP.

WUFBON’s approach includes integrating FP messages into livelihood activities through business clubs. Members use their new skills and FP information to become advocates for sexual and reproductive health in their business group and church. This has empowered women to provide FP guidance and advice to their peers and younger girls.

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SUCCESS STORY FROM WUFBON'S INNOVATION GRANT

Rachael is a leader in an Ensingato Nisobara business club, where staff counsel members on FP methods and teach participants how to make shopping bags and paper envelopes that are sold in local shops throughout the district. The counseling helped Rachael decide that she wanted to use FP, determine which method was best for her, and manage its side effects. The livelihood skills have helped Rachael advance economically.

"I was able to buy two chickens, which have now multiplied to eight and one piglet," Rachael said. "I bought a mattress, a blanket, and a bed sheet. These have improved my life." The money she has earned has helped her care for her four sisters, ages 4, 6, 8, and 13 years, and she has taught the oldest about FP. When FP commodities are out of stock at the health centers, Rachael can afford to purchase a method from a private provider. Before she learned livelihood skills through WUFBON, "Life was hardening day by day, but now the situation has changed positively."

Rachael attributes her new-found economic success to her participation in the business club—and to her use of FP. Her success has prompted her to mentor 15 young mothers, seven of whom have started using modern FP methods. And now, parents in her community trust her enough to talk about their daughters about reproductive health.

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