



# Strengthening the delivery of family planning services among faith-based organizations in Africa

**FACT SHEET**  
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A female religious leader in Kenya works with E2A grantee, Christian Health Association of Kenya, to encourage the use of contraceptive methods for family planning and health.

## African Christian Health Association Platform (ACHAP)

ACHAP, with 26 member organizations in 21 countries, is an advocacy and networking platform for Christian health associations and church health networks in sub-Saharan Africa. E2A leverages ACHAP to share learning from each grantee organization profiled in this fact sheet and to advocate for the increased use of the successful approaches and best practices applied.

## About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

[www.e2aproject.org](http://www.e2aproject.org)

## Introduction

Strengthening the reproductive health and family planning services offered by faith-based organizations in Africa—which deliver 40 percent of all health services on the continent—is an essential strategy for increasing the availability and uptake of contraceptives, curbing unintended pregnancies, and improving maternal and child health among the most underserved populations. The Evidence to Action Project (E2A) provides grants and technical assistance to faith-based organizations in Ethiopia, Kenya, and Uganda that are members of the African Christian Health Association Platform (ACHAP). The three grants support faith-based organizations to mobilize religious leaders in support of family planning, improve the quality of community- and facility-based family planning services and referral linkages between the two, and connect service providers with religious leaders and other stakeholders to accelerate the uptake of contraceptives. Work conducted under the grants focuses on areas where contraceptive prevalence is lower and total fertility is higher than national averages.

The approach applied by each grantee organization includes:

- Mobilization of religious leaders to increase awareness of and demand for family planning services.
- Capacity building of community-based service providers in the promotion and delivery of family planning counseling and services.
- Competency-based skills training for facility-based providers in provision of long-acting reversible contraceptive methods (intrauterine contraceptive devices (IUCDs) and implants) and refresher trainings on family planning counseling, with a focus on voluntary informed choice.
- Supportive supervision for all providers in the collection and use of data for decision making.
- The creation of stakeholder networks of community- and facility-based providers, government health officials, and religious leaders for improving service delivery and scaling up best practices.
- Sharing accomplishments, lessons learned, and challenges at ACHAP biennial meetings for advocacy and support for implementation and scale-up of the effective approaches and practices.

The grants support the three organizations for a period of two years.



**EXPANDNET**



## Ethiopia

In Ethiopia, E2A provides a grant to the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC). With the grant, EECMY-DASSC works in five *woredas* (districts) of East Wollega zone in Ethiopia's Oromia state to improve the delivery and increase the uptake of family planning services. The grant supports EECMY-DASSC to improve services at 15 public health facilities and 75 health posts. One family planning provider at each of the 15 health facilities participated in clinical trainings on insertion and removal of IUCDs and implants, offering clients access to these methods for the first time. Health Extension Workers (HEWs), Ethiopia's trained cadre of community-based providers who staff the 75 health posts, refer for these long-acting methods, and offer the range of short-acting methods, including injectable contraceptives. HEWs also benefit from the grant through supportive supervision from woreda health officials and capacity building in family planning counseling and service provision.

In each of the five *woredas*, EECMY-DASSC holds quarterly sensitization sessions with religious leaders of different faiths. EECMY-DASSC sensitized 15 religious leaders to promote family planning for the first time, who have reached more than 200 congregations, which include 154 additional religious leaders. Those religious leaders have reached 102,544 men and women with family planning messages in one year.

Strong stakeholder networks have been formed under the grant through existing structures called Woreda Advisory Committees. Within these committees, sub-committees formed and united all stakeholders involved in the delivery of family planning services including: representatives from three religious organizations (denominations) and the offices of woreda administration, health, education, agriculture and rural development, women and child affairs, youth and sport affairs, and social affairs.

With support from the grant, there has been a progressive increase in the number of new family planning acceptors, for a total of 15,605 new acceptors in one year. While there was an increase in the use of all methods, the significant increase in IUCD acceptors is particularly important since this method was not offered at all facilities before the grant was awarded, E2A procured implant and IUCD insertion kits, and providers participated in clinical training with EECMY-DASSC.

Acceptance of implants and injectable contraceptives has also increased. Almost half of new acceptors during the first year were women, ages 15-24, which reflects high acceptance of family planning among youth.

## Uganda

The Uganda Protestant Medical Bureau (UPMB) receives a grant from E2A. UPMB is working in post-conflict settings in the north of the country, with the urban poor in the Kampala area, and with rural populations in the east of the country.

With support from the grant, UPMB has sensitized 45 religious leaders who have reached more than 147,000 people with information on family planning and reproductive health in their communities. In addition, 167 community health workers (74 men and 93 women) have been trained to provide family planning counseling and services and 64 facility-based providers have participated in competency-based training for family planning counseling and services. E2A has procured IUCD and implant insertion kits for all participating health facilities. In one year, there were 3,915 new family planning acceptors, with condoms, injectable contraceptives, and oral pills being the most popular choices. Since initiation of the grant, there has also been a significant increase in the number of women (both repeat and new acceptors) choosing implants.


## Kenya

E2A awarded its newest grant to the Christian Health Association of Kenya (CHAK) in September 2014. The grant to CHAK supports the organization to work in eight CHAK facilities located in two regions: Nyanza and Upper Eastern. Nyanza is a rural region with a lower than national average contraceptive prevalence rate (37 percent), while Upper Eastern has a higher than average contraceptive prevalence rate (52 percent), yet a less robust community-based family planning program. Through the grant, CHAK is hoping to better understand this discrepancy and to apply learning from Upper Eastern in Nyanza.

CHAK has sensitized 30 religious leaders to raise awareness about and create demand for family planning services. Clients are being reached with family planning information during community dialogues held by religious leaders and community health volunteers. CHAK is also organizing community meetings that join community health volunteers, a focal point for family planning at each health facility, and the project coordinator to share information, challenges, and to chart a way forward. IUCD and implant kits have been delivered to participating health facilities. Additional results are forthcoming.

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### Evidence To Action Project

1201 Connecticut Ave NW, Suite 700  
Washington, DC 20036, USA  
T: 202-775-1977  
[www.e2aproject.org](http://www.e2aproject.org)  
 @E2AProject

### Pathfinder International

9 Galen Street, Suite 217  
Watertown, MA 02472, USA  
T: 617-924-7200  
[www.pathfinder.org](http://www.pathfinder.org)  
 @PathfinderInt