

Africa Christian Health Associations Platform (ACHAP) biennial meeting

Family Planning Pre-Conference Session

Faith-Based Leadership in Africa: An Integral Part of Improving Family Planning and Reproductive Health



Meeting Report

*February 23, 2015
Nairobi, Kenya*

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Executive Summary

Christian Connections for International Health (CCIH) (through the Advancing Partners & Communities Project), the USAID-funded Evidence to Action Project (E2A), and Georgetown University's Institute for Reproductive Health (IRH) joined to co-host a pre-conference session on family planning (FP) at ACHAP's biennial meeting, on February 23, 2015, that sought to empower participating organizations to improve the health of families in their communities through high-quality, accessible FP services. The three co-hosting organizations have all helped to develop the capacity of ACHAP members.

The pre-conference session, entitled "Faith-Based Leadership in Africa: An Integral Part of Improving Family Planning and Reproductive Health," allowed for robust discussions and shared learning on data-collection and dissemination tools, developing quality improvement teams and standards, and tools that can be applied to reach out to specific populations, such as religious leaders, men, and youth. Christian Health Associations (CHAs) in Ethiopia, Kenya, and Uganda shared lessons on how they have improved access to FP in their communities, including how they have engaged religious leaders. During a moderated discussion on opportunities and challenges for engaging religious leaders, religious leaders, and CHA and faith-based organization staff called attention to the need to train religious leaders in FP information to make sure the messages they are using are accurate; involve religious leaders in technical working groups and other forums that will allow them to give input into how FP programs are designed and how FP messages are conveyed; the importance of reaching men and youth with FP services, despite the significant challenges to doing so; documenting what religious leaders have been able to accomplish in terms of FP; and the potential for religious leaders to serve as FP champions.

During the roundtable on quality improvement, attendees discussed the merits of working in mixed quality improvement teams composed of religious leaders, program managers, and community- and facility-based providers; standards and job aides that can be used to improve the quality of services; how program data can be used to improve implementation; and lessons learned around improving sustainability and scaling up FP programs. The next roundtable on tools and resources identified tools related service delivery/counseling, data collection/reporting, supervision and training, sensitization/IEC, commodity logistics, and creating a supportive environment. Group members discussed the purpose of tools in a FP program across: training and supervision, service delivery and method counseling, sensitization and Information, Education, and Communication (IEC); creating a supportive environment; and data collection and reporting. During the last roundtable, CHA staff gave perspective on involving religious leaders, men, and youth in FP.

The pre-conference session ended with expressed commitments among CHAs and the cohosting organizations to concrete steps they will take to engage religious leaders and improve FP services, such as: supporting religious leaders and community health workers through regular updates and supervision; creating IEC materials; engaging governments; reaching youth with FP services and involving men in organized community meetings; collecting all tools mentioned during the roundtables and posting them online; continuing to promote the work of CHAs; and creating opportunities for religious leaders to share different perspectives; and replicating and scaling up good FP practices, among others.

Introduction

Faith-based communities provide up to 40 percent of health care in many African countries. With high rates of maternal and child mortality and unmet need for family planning (FP) across the continent, Christian hospitals, clinics, and health care programs have a unique role and responsibility to play in providing FP services to faith communities in Africa. Christian Connections for International Health (CCIH) (through the Advancing Partners & Communities Project), the USAID-funded Evidence to Action Project (E2A), and Georgetown University's Institute for Reproductive Health (IRH) joined to co-host a pre-conference session on FP at ACHAP's 2015 biennial meeting that sought to empower participating organizations to improve the health of families in their communities through high-quality, accessible family planning services. During the pre-conference session, Christian Health Associations (CHAs) in Ethiopia, Kenya, and Uganda shared lessons on how they have improved access to FP in their communities, including how they have engaged religious leaders. Participants learned about data-collection and dissemination tools, developing quality improvement teams and standards, and tools that can be applied to reach out to specific populations, such as religious leaders, men, and youth.

Background

All three cohosting organizations support ACHAP members and other faith-based health networks by building their capacity to offer family planning and reproductive health (FP/RH) services. E2A has awarded three small grants and technical assistance to ACHAP affiliate members: the Uganda Protestant Medical Bureau (UPMB), the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC), and the Christian Health Association of Kenya (CHAK). The grants focus on: demand generation for FP at the community level, improved quality of FP counseling and services at community and facility levels, strengthened supervision, referrals, M&E systems, and documenting process and results for the dissemination of successful, scalable approaches. Religious leaders are engaged to support the grantees in changing community behaviors around FP. CCIH primarily partners with ACHAP members on technical assistance and capacity building related to FP grants, and also, when possible, to help connect ACHAP members to resources from the US Government and other faith-based organizations that will enable them to expand, improve, begin, and/or sustain their programs. IRH provides technical assistance and financial support to select faith-based health networks to: increase awareness, availability, and uptake of FP; strengthen capacity of facility- and community-based FP providers; and expand the method mix through the introduction of fertility awareness-based methods.

Agenda

The pre-conference session, held February 23, 2015, in Nairobi, Kenya—"Faith-Based Leadership in Africa: An Integral Part of Improving Family Planning and Reproductive Health"—focused on sharing lessons about how CHAs have improved access to FP in their communities. The meeting specifically sought to:

- Share and discuss the calls for action for religious leaders in FP and sexual and reproductive health.
- Contribute to advancing constructive dialogue on FP from a faith-based perspective.
- Share successes and challenges related to improving FP services among ACHAP members.
- Discuss improvements to the quality of FP services, using the experiences of three ACHAP members.
- Discuss the role of religious leaders in tackling challenges to improving demand for FP.
- Gain hands-on knowledge of tools, guidelines, and standards to improve FP services.
- Discuss the importance of data-collection tools and quality of data in decision making, documentation of successes and challenges, and advocacy for scaling up.

- Offer each participant an opportunity to share and affirm the commitments of their respective organizations to FP.

Meeting Sessions

Welcome Remarks

Dr. Tonny Tumwesigye, Executive Director of UPMB, focused on an overview of two Interfaith Declarations— *Interfaith Declaration to Improve Family Health and Well-Being* and *A Call to Action Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda*. He highlighted the importance of religious leaders' involvement, family health and well-being, and healthy timing and spacing of pregnancies (HTSP) as critical to women's survival. Dr. Tumwesigye emphasized the belief that health is a universal value and that we must respect choices based on each individual's faith. He reflected on the many organizations that have coalesced, post-Millennium Development Goals, and shared a call to action. Dr. Tumwesigye thanked organizations like E2A, CCIH, and IRH for helping to lead the scale-up of FP/RH services and making a difference in the world.

Technical Panel: Improving Access to FP Through Mobilizing Religious Leaders, Community, and Facilities

Panelists:

Ms. Judith Kiconco, Reproductive Health Officer, UPMB

Melesse Dessalegn Daguma, Grants Manager, EECMY

Mrs. Opota Janet Komagum, Program Manager at the Uganda Catholic Medical Bureau (UCMB)

Moderator: *Salwa Bitar, Senior Advisor for Scale-Up, E2A Project*

Moderator Salwa Bitar gave an introduction to quality improvement, noting the importance of: forming quality-improvement teams, using the same standards at community and facility levels, data collection and the use of consistent indicators, and the engagement of religious leaders who use consistent and accurate messaging about FP. Each of the panelists then focused on different quality-improvement interventions, addressing successes, progress sustained, and challenges.

The first panelist, Ms. Judith Kiconco, Reproductive Health Officer, UPMB, provided an overview of UPMB. UPMB has 278 health facilities across the country and makes up 35% of the private-not-for-profit sector, a space shared by other FBOs like Uganda Catholic Medical Bureau, Uganda Muslim Medical Bureau, and Uganda Orthodox Church Medical Bureau. She shared some general information about FP in Uganda, such as: half of Uganda's population is under 18 years of age; 57 percent of Ugandan women have given birth by the age of 19; and 25 percent of births occur with suboptimal spacing (<2 years after previous births). The primary reasons for not using FP are fear of side effects or health concerns and the belief by women and girls that they can't get pregnant.

UPMB is currently leading three FP pilot projects, exploring new ways to strengthen capacity and expand access. The first, funded by the Packard Foundation (2013-15), is implemented through two UPMB facilities and their catchment areas in the Eastern part of Uganda. Through the project, 60 community health workers known as village health teams (VHT) and 30 religious leaders have been trained in FP. There are two facility project officers and one country project officer who provide support. The objectives are to build capacity, sensitize religious leaders, and equip them as champions; raise awareness through community outreach; strengthen data collection for facilities; monitor and provide supportive supervision; and carry out FP surgical camps for permanent methods.

The second, through a grant from E2A (2014-2016), is implemented through nine UPMB facilities and their catchment areas; four are rural. This project is working with 45 religious leaders (five for each of

the nine facilities) and 54 VHTs with one project focal person. Quality improvement (QI) teams are working to ensure FP compliance regarding informed choice, improved data quality, and environmental compliance.

The third pilot project, with IRH (2014-2015), is implemented through eight UPMB facilities and their catchment areas (three in rural areas). Four master trainers, 32 facility-based providers, 120 VHTs, and 80 religious leaders were trained in FP, including introduction of fertility awareness-based methods (FAM). All three projects have shared objectives, yet unique perspectives: to promote HTSP through expanded access to FP at facility and community levels and to increase involvement of religious leaders in improving FP awareness and uptake of modern methods. Sufficient stocks of commodities, investment in capacity building, and use of FP data for programmatic decision making were highlighted as key areas to consider for scale-up and sustainability.

The second panelist, Melesse Dessalegn Daguma, Grants Manager, EECMY, presented the Central Synod FP Project in Ethiopia, which uses a Woreda Advisory Committee (WAC) to advocate for RH and FP goals. EECMY has worked with a Pathfinder International-supported project previously, integrating religious leaders into the project. The project's target area has a population of 429,782, with 98,850 aged 15-49. There are three major religious denominations: Christian, Muslim, and traditionalists. The tools used are training guides, monthly/quarterly report forms, Ministry of Health (MOH) reporting forms, social gathering reporting forms, and religious groups reporting forms. Mr. Daguma highlighted three primary messages utilized: 1) Using FP is not a sin; 2) Children should not die because of lack of adequate care; and 3) Mothers should not die because of pregnancy and delivery.

The third panelist, Ms. Jane Kishoyian, FP Project Coordinator, CHAK, mentioned major achievements: developing training materials for religious leaders and community health volunteers, and reporting tools for religious leaders and CHWs. She also mentioned the value of holding exchange visits to learn about best practices as well as the use of Information, Education, and Communication materials, such as t-shirts, caps, and bags with FP messages to raise awareness.

The final panelist, Mrs. Opota Janet Komagum, Program Manager at the Uganda Catholic Medical Bureau (UCMB), presented on the Natural Plan Project executed in collaboration with Catholic Relief Services and IRH. The objectives of the project are to 1) ensure quality, couple-friendly fertility awareness-based methods (FAM) services are available to women and their partners and 2) improve couples' communication. Introducing FAM is expected to address diverse needs of the population and expand access to safe, low-cost FP methods.

She said UCMB coordinates and serves 32 hospitals (25 percent of all hospitals in Uganda and 57 percent of private-not-for-profit hospitals) and 251 lower-level units. The project implementation team includes three hospitals with 19 lower-level units, five faith-based and community-based organizations (FBOs/CBOs), and 40 expert couples trained in The Faithful House, a couple strengthening curriculum, and FAM service provision. Catholic Relief Services and IRH provide technical assistance. Providers are equipped to inform and counsel clients on FAM options at facility and community levels, and to provide referrals for additional medical support. The knowledge-improvement team provides onsite supervision, and monthly support meetings are held with providers. Couples' communication is improved through use of this tested curriculum.

The project uses many different techniques to raise awareness, such as home visits, group talks, radio spots and messages, and an IEC campaign focusing on couples' relationships that includes personalized voice and SMS feedback to potential and current FP users from providers. To date, 45 health care workers and 40 expert couples have been trained in FAM from three sites; 2,319 new FAM users were

recruited during year 1; and 14,000 people have been reached with FAM and HTSP messages. Planned future interventions include continuing to strengthen the capacity of FAM providers and Faithful House facilitators through supportive supervision, implementing a supportive supervision assessment called the Knowledge Improvement Tool, developing capacity of new FAM providers, conducting meetings to share project results with stakeholders, and continuing advocacy efforts for integration of FAM options across facilities in Uganda.

Religious Leaders: Opportunities and Challenges in Supporting Family Planning Programs

Panelists:

Dr. Tilahun Dafurso, Health and HIV/AIDS Program Director, EECMY-DASSC, Ethiopia

Mr. Peter Munene, International Programme Coordinator, Faith 2 Action Network

Pastor Sam Okina, Jesus Celebration Center, Siaya County, Kenya

Reverend Patrick Maina, Church of God, Vihiga County, Kenya

Dr. Tonny Tumwesigye, Executive Director, UPMB, Uganda

Ms. Cynthia Nyakwama, Program Officer-Health, World Vision Kenya

Moderator:

Ms. Mona Bormet, Program Director, CCIH

1. In your opinion, why is it important for religious leaders like pastors/imams, etc., to be active in discussions about family planning and healthy timing and spacing of pregnancies?

Reverend Patrick Maina pointed out that “women and men of the collar” have a responsibility to meet spiritual and human needs. People believe and trust religious leaders, so he said you cannot mislead them. He said religious leaders need to have the right information to positively propagate accurate messages. He emphasized the value of measuring your resources and planning before procreating, referencing Genesis 1:27-28. He said it important to talk to couples before and after marriage, to reach youth through youth groups, and to work with medical professionals to ensure that religious leaders have the right information.

Mr. Peter Munene said pastors/imams have lots of sway in how people act and react and that we need to harness their power. Children need to be loved, an education, and to be healthy—if you have too many children, too quickly, that will all be compromised.

2. Tell us about your experience supporting family planning within your work/church/mosque/community.

Dr. Tilahun Secular said the world has the misconception that churches are not for FP, but, in actuality, they are. He highlighted the importance of pre-marital counseling and integrating FP into sermons as well as the benefits of birth spacing. Too often, he said FP can be misconstrued as the promotion of condoms/sex, and sin, making it difficult to initiate conversations on these topics.

Pastor Sam Okina recalled that after being trained by CHAK through a Packard grant, he has helped encourage couples to come together to talk about FP. He spoke about the importance of involving men. Since offering couples counseling, he said he has seen more men coming to church. He acknowledged the myths and misconceptions related to FP, such as the association with promiscuity or causing permanent barrenness. He said stigma inhibits some people from talking openly about their experiences. He addressed the economic benefits of FP, noting that men often leave families, placing the burden to women. He said less children means less financial issues. He pointed out that older pastors are uneasy about addressing FP because they have lots of children.

3. *What has been your experience involving/speaking with men about family planning? What has worked and why? What is most challenging? How about youth?*

Dr. Tonny Tumwesigye said that when speaking with men, they may think FP is a female issue. They may think that pills cause infertility or may be ashamed of talking about FP because it relates to sex. Men are decision makers related to sex and childbearing, so they need to be engaged. When engaging men, he said he uses studies/statistics. Because religious leaders are trusted, he said it is important for them to disseminate accurate information and ensure they are trained and know how to counsel/refer. He mentioned that when dealing with youth, in particular, who may be afraid to talk to parents or ask parents about FP, it is important to respect their confidentiality.

Mr. Peter Munene said that if FP facilities are run by women, men won't want to seek those services. He said available methods do not favor men, so FP seems like a women's issue. Condoms have been stigmatized, he said, and cultural norms dictate that men behave "manly." Cultural role models are mostly men, and there are not many high-ranking women in religion. Youth, too, have a hard time accessing services, because the messages we hear are "only have sex when married." Youth don't feel they have the right to access services. To reach youth, he emphasized the importance of reaching out to religious leaders with training on facts such as the prevalence of young people and their ages of sexual debut and the complications from early pregnancy, early marriage, etc. In response, one attendee mentioned other ways to reach youth such as with programs that encourage the delay of marriage, early education, and investments in girls. Pastor Sam Okina said it was important to address youth in ways they will identify with and to reach them in places they frequent.

4. *What are three promising practices you would recommend to the group about how religious leaders can be involved in supporting family planning?*

Ms. Cynthia Nyakwama recommended providing a forum for religious leaders to be educated and decrease judgment; having religious leaders convey the health benefits of FP to all parts of the family, and include HTSP as a component; and ensuring religious leaders are a part of technical working groups so that they can give input about what services women should receive at health facilities.

Dr. Tonny Tumwesigye recommended detailed trainings for religious leaders, including statistics on how early sex can affect young women's health, and cervical cancer; documenting what religious leaders have been able to do in terms of FP; and educating religious leaders on a variety of issues.

In comments to the question, it was mentioned that religious leaders need to be champions and key trainers; girls need to be educated; and that development workers need to respect religious leaders, and acknowledge that belief systems have something to offer and have been around for thousands of years.

5. *What would you need to have that you are currently lacking in order to improve or expand your work supporting family planning?*

Dr. Tonny Tumwesigye said access to services and commodities, different forums to engage religious leaders, and respect for religious differences that would enable the religious community to work together toward national scale-up.

Pastor Sam Okina said distance and transportation to health facilities need to be addressed, data collection and monitoring need to include the work being done by pastors, more training needs to be relevant to pastors' messages, and support for FP through radio and SMS messaging needs to be further explored.

6. What biblical or Qu’ran passages do you use? What overall messages do you use? What messages do you share with your community about family planning and what God says about family planning?

Reverend Patrick Maina mentioned the book of John, or Paul’s writings in Timothy, in Titus, and how they address young adults; and God as a good planner and the example of Abraham’s life—God provided him a wife and after years a whole nation, and how they went through hardship and then multiplied before inheriting the land of promise

Ms. Cynthia Nyakwama mentioned the following biblical passages: Genesis 1:26-31 Creation; Matthew 5:13-16 Light & Salt; 1 Corinthians 12:12-27 One body in Christ; 1 Corinthians 13:4-7 Love one another; Men taking care of family. From the Our’an, a key message is to continue breastfeeding until two years to promote health of mother and child. From the Channels of Hope, she mentioned the 10 guiding principles.

Roundtables

The roundtables were focused on sharing standards and data for QI; tools for engaging religious leaders, youth, and others; and messages religious leaders use. Add a general note about roundtables?

Roundtable 1: Quality Improvement

Facilitator: Salwa Bitar

QI is essential to improving FP services and demand for those services. Participants received hands-on training in the essential elements of QI for FP programs at the facility and community levels including: working in teams, applying approved and similar standards of care, improving data quality and use for decision making, applying robust supervision systems, and emphasizing community- and client-focused interventions. ACHAP members (CHAK, UPMB, and EECMY) shared experiences building QI capacity in multi-sectoral teams of religious leaders, CHWs, facility providers, and community stakeholders to improve the utilization of FP—a proven best practice that reduces maternal and neonatal death.

Participants exchanged experiences about QI approaches and how to address common challenges facing FP programs. They also discussed challenges and lessons learned related to sustainability and scaling up FP programs.

What is the added value of working in mixed teams (facility, community health workers, and religious leaders) to improve quality of FP information and services?

- Consistency in messaging at all levels of care
- Adherence levels increase when QI standards are applied
- Better design of the program as we have inputs from different levels of providers, religious leaders, communities, and Village Health Teams
- Quantitative and qualitative information can be obtained and used for decision making
- Different experiences lead to stronger decisions
- Feeling of involvement and ownership leading to success
- Able to reach more people
- Able to better identify and provide what the community really needs
- Acceptance is higher
- Sharing ideas, lessons learned from professionals to clients becomes easier

What type of standards/job aids are you using to improve quality of FP services, counseling and messages given by religious leaders, community workers, and FP service providers?

- Uganda: flip charts for CHWs; EECMY: cue cards for CHWs; both countries use MOH guidelines and standardized job aids from MOH and partners
- Adapted World Health Organization tool for CHW counseling
- Counseling guide for providers
- Medical Eligibility Criteria
- Protocols
- Guidelines
- Manuals for training and counseling
- Standard Operating Procedures
- Data tools

How important is involving the community and clients in designing and implementing your program?

- Allows implementers to reach out to community and address its priorities
- Allows implementers to receive recommendations from community
- Religious leaders and Woreda Advisory Committee in Ethiopia can serve as community members and bridge to community
- Promotes sustainability and ownership
- Tailors program to community needs
- Influences decision makers and opinion leaders in the community

Q4: Have you used your program data to improve your program implementation?

- Use of baseline data for planning reviews and feedback and evaluation
- Use of data to monitor commodity consumption and supply
- Use of data to monitor which methods are being given, and if there is informed choice or just focus on one method
- Use of data to identify gaps and improve strategy
- Need to realign program data tools to capture all the information needed
- Use of data to measure impact
- Use of data to develop more proposals
- Use of data for advocacy and communication
- Use of data for evidence-based reporting

What are some lessons learned to improve sustainability and scaling up of your FP program?

Lessons learned:

- Open up more units for service delivery
- Engagement of religious leaders has increased use of FP
- Integration of FP into other programs would produce better results

Sustainability:

- Logistical support for religious leaders is essential for sustainability
- Outreach is important; government should find way to pay Village Health Teams and CHWs
- Community resource persons are important to involve
- Working closely with government improves sustainability potential
- Use of existing structures (e.g., health facilities) is important
- Exit strategy should cater for sustainability

- Pre-service training on FP

Roundtable II: FP Tools and Resources: How to Make Decisions About Development, Adaptation, and Use

Facilitator: *Lauren VanEnk*

Well-developed tools are an important aspect of FP programs. They help provide standardization to a program. They can make the difference between success and failure if the tools are not developed or adapted for the intended audience. In this session, participants looked at how tools affect the various essential elements of FP programs and how program managers make critical decisions about tools that take into account factors like cost, simplicity, cultural appropriateness, and audience. They discussed tools related to the following essential elements of FP programs: service delivery/counseling, data collection/reporting, supervision and training, sensitization/IEC, commodity logistics, and creating a supportive environment.

Group members discussed the purpose of tools in a FP program across various essential elements: training and supervision, service delivery and method counseling, sensitization and IEC, creating a supportive environment, and data collection and reporting.

Key messages:

- Most FBOs use MOH tools in their FP programs. Where these tools are lacking is often in relation to working with religious leaders, IEC materials for the community, and advocacy for increased recognition of FBOs in FP.
- In addition to working with religious leaders, FBOs should reach out to traditional leaders in charge of maintaining “rites of passage” ceremonies for girls and boys. These gatekeepers play an important role in forming cultural and social norms around femininity and masculinity which impacts reproductive health.
- With multiple projects funded by donors, FBOs often experience a plethora of different implementation and reporting tools. This leads to duplication of work which could be solved through streamlining tools so they accommodate requirements across projects but most importantly allow for organizations to make data-driven decisions about their programs.

Top recommendations:

- Create a library of the tools used by all the programs so that they can be shared and adapted by partners.
- For many tools related to counseling, data collection, and training, FBOs use those developed by the MOH. However, there are situations in which adaptations must be made or additional information is required. In these cases, it is important to create simple, tested tools that do not “recreate the wheel” or overburden the FBO. Especially for reporting forms, donors should work together to streamline reporting forms to reduce duplication.
- Tools are needed for religious leaders to aid them in discussing FP. They should include information about the benefits of FP, where to receive services, and the methods available. If possible, they should also include information about myths and misconceptions and specific messages for youth, men, and other target audiences.
- Reach out to traditional leaders in charge of maintaining “rites of passage” ceremonies for girls and boys. If they are receptive, consider developing appropriate tools to assist them in adapting ceremonies to address current social realities (FP/RH messages, healthy relationships, etc.).

Roundtable III: Involving Religious Leaders, Men, and Youth in FP: Lessons for and from Christian Health Associations

Facilitator: Douglas Huber

Discussion questions to the group:

- **What approaches have you used to involve religious leaders, men, or youth?**
- **What messages have been successful with religious leaders, men, or youth?**
 - *In particular, what messages could religious leaders—as FP champions—share with men and youth?*
- **What have been the successes and challenges?**

Participant perspectives - religious leaders and men:

- Religious leaders are better able to meet men and to address them directly.
- Use forums, such as public meeting places and religious meetings to give basic information on FP and spacing, using a faith-based approach.
- Ensure that a mix of methods is presented and discussed, including natural methods.
- Integrate information on the family: include broader areas that are important to the man, such as economic well-being of the family, the importance of children and the responsibility to take good care of their upbringing
- In messages from religious leaders, emphasize the benefits of health for mothers and children and include the role of FP.
- Affirm religious leaders in their messages—i.e., need to give them confidence and appreciation for their messages on FP/birth spacing, etc. (messages should focus on the benefits for educating children, mother's health and increased couple communication).
- Religious leaders can address gender issues and bring couples together for messaging, similar to the role of religious leaders in addressing HIV stigma, which led to increased voluntary testing and counseling (especially for couples).
- Messages from religious leaders should include lessons/text from the Bible and Q'uran (e.g., 1 Timothy 5, 8; *he who does not provide for his own (family) is worse than an unbeliever*).
- Messages that can work: the value of children; importance of planning and spacing; value of FP; responsible parenthood (also a recent direct message from Pope Francis); value of statistics, using such data on early marriage, frequency of early pregnancy, data on education and maternal mortality.
- Religious leaders preach that FP is not sin.
- God is a planner—example given that God created all that was good (Genesis) before creating man and woman, so they would have what they need. (He did not create them to be put in a place where they could not be sustained. We should do the same with our families, echoing the theme of responsible parenthood).
- Search other verses from the Bible that can be used for making points (The [IRH/CCIH booklet on love, children and FP](#), among others has resources).
- Religious leaders can emphasize counseling couples (this can include natural FP and materials from Faithful House for engaging couples, communication and male engagement).
- Religious leaders can advise on natural FP (e.g., emphasize birth spacing—there is a right time for everything—“a time to space and a time to be born,” consistent with scripture).
- Redefine men's role to get involved: in antenatal care, postpartum care, and in FP provision.
- Use different terms for FP: “birth spacing” and “HTSP.”

- Train religious leaders.
- FP can be seen as a socio-economic issue (for the family).
- Seek and create specific opportunities to discuss FP issues—meetings for FP (with men).
- Use existing structures to ensure adoption (of FP) by the institution (e.g., men's, women's groups and their leaders in churches).

Participant perspectives - youth

- Youth are concerned about confidentiality.
- Youth are also concerned about the age of service providers (and relate much better to those who are closer to their age).
- Youth are concerned about the venue where services are provided.
- Design youth-friendly materials with involvement of church leaders.
- Peer educators should share experience on unplanned pregnancy (including their own experience) (“Peer” seemed to include those who were a bit older than the youth but those with whom they could relate and respect).
- The church encourages abstinence—purity before marriage. A message that can work is the need to protect themselves (many fear HIV/AIDS more than pregnancy, though incorporating both is appropriate).
- Extracurricular activities (these are needed to help youth stay engaged in activities other than high-risk behaviors)
- Message that works: importance of staying in school (hence, avoid unintended pregnancy).
- Give positive messages to youth (too often messaging from religious leaders is negative and shaming or scolding).
- Provide services that are youth-friendly.
- Focus on “improved discipleship:” provide one-on-one sessions on the importance of keeping sex for marriage.
- Use youthful pastors as community role models (presumably could also include youthful lay leaders as role models).
- Hold youth forums and engage youth leaders (seen as a way forward).
- Include youth at the program/project design stage.

Commitment Exercise

To conclude the day, participants expressed commitments on behalf of their organizations to FP. These commitments were written and then presented to the entire group. The commitments are as follows:

1. CCIH:
 - a. Working with co-organizers to write up notes and share them with attendees.
 - b. Sharing information, re: funding opportunities, conference opportunities, etc., with attendees.
2. CHAK:
 - a. Prompt reporting.
 - b. Supporting religious leaders and community health workers through regular updates and supervision.
 - c. Creating more IEC materials – flyers, brochures.
 - d. Doing more outreach to fellow religious leaders with the right messages.
 - e. Engaging county governments for more support, especially for commodities and staff.

- f. Strengthening youth services (e.g., have youth corners at facilities).
 - g. Involving men through organized community and church meetings.
 - h. Using multiple platforms to disseminate key messages.
 - i. Utilizing mass media (e.g., community radio stations on FM).
 - j. Conducting exchange visits for lesson learning and experience sharing.
 - k. Disseminating behavior change communication to males and religious leaders.
- 3. Faith to Action Network
 - a. Creating opportunities for religious leaders to share different perspectives, practices on FP for replication and scale-up.
- 4. UCMB:
 - a. Increasing demand for FAM options in health facilities and communities.
- 5. The Council of Protestant Churches of Cameroon:
 - a. Launching new FP program, with necessary support.
- 6. Christian Health Association of Nigeria (CHAN):
 - a. Linking up with UCMB to replicate good practices in Uganda to reach Catholics in Nigeria.
 - b. Sustaining advocacy for FP activities.
- 7. Churches Health Association of Zambia (CHAZ)
 - a. Raising the profile of FP in member units and on the Zambian policy agenda.
- 8. IRH at Georgetown University
 - a. Collecting all tools mentioned during roundtables and sharing them online.
- 9. E2A:
 - a. Working with E2A partners to submit abstracts for International Federation of Gynecology and Obstetrics conference and funding presenters if abstracts are accepted.
 - b. Working with grantees to create submissions for the International Conference on Family Planning and funding presenters if abstracts are accepted.
- 10. UPMB:
 - a. Engaging youth during a traditional retreat organized by traditional leaders.
 - b. Improving on timely reporting and financial accountability.
 - c. Documenting and sharing stories and experiences from our work.
 - d. Contacting CHAK for a training manual for religious leaders.

Annex I: Agenda

Monday, February 23, 2015

| | |
|--------------------|---|
| 8:30 – 9:00 am | Check In |
| 9:00 – 9:10 am | Welcome and Meeting Overview Dr. Salwa Bitar, Evidence to Action Project |
| 9:10 – 9:30 am | Opening Remarks and Call to Action Dr. Tonny Tumwesigye, Executive Director, Uganda Protestant Medical Bureau (UPMB) |
| 9:30 – 11:00 am | Technical Panel – Improving access to family planning through mobilizing religious leaders, community, and facilities Ms. Judith Kicono, Reproductive Health Officer, UPMB Mr. Melesse Dessalegn, Grants Manager, Ethiopian Evangelical Church Mekane Yesus (EECMY) Ms. Jane Kishoyian, FP Project Coordinator, Christian Health Association of Kenya (CHAK) Ms. Janet Komagum, Program Manager for the Natural Plan Project, Uganda Catholic Medical Bureau (UCMB) |
| 11:00 – 11:30 am | Break |
| 11:30 am – 1:00 pm | Religious Leaders: Opportunities and challenges in supporting FP programs Dr. Tilahun Dafurso, Health and HIV/AIDS Program Director, EECMY Mr. Peter Munene, International Programme Coordinator, Faith to Action Pastor Sam Okinda, Jesus Celebration Center, Siaya County, Kenya Rev. Patrick Maina, Church of God, Vihiga County, Kenya Dr. Tonny Tumwesigye, Executive Director, UPMB Ms. Cynthia Nyakwama, Program Officer – Health, World Vision Kenya |
| 1:00 – 2:00 pm | Lunch and Networking |
| 2:00 – 3:30 pm | Roundtables Table 1: Quality Improvement (led by Dr. Salwa Bitar, E2A) Table 2: Family Planning Tools and Resources: How to make decisions about development, adaptation, and use (led by Ms. Lauren VanEnk, IRH) Table 3: Involving religious leaders, men, and youth in family planning: Lessons for and from Christian Health Associations (led by Dr. Douglas Huber, MD, MSc, CCIH) |
| 3:30 – 4:00 pm | Commitment Exercise |
| 4:00 – 4:25 pm | Commitment Declaration Circle |
| 4:25 – 4:30 pm | Evaluation and Closing |

Annex 2: Survey Results

Survey questions (rated on a scale from 1 (poorly) to 4 (very well)):

1. I understand the global commitments to improving family planning and reproductive health within the faith community.
2. I understand different approaches that ACHAP members are using to strengthen their family planning programs.
3. I understand the approach to quality improvement of family planning programs presented today.
4. I feel prepared to involve religious leaders in my organization's family planning work.
5. I feel prepared to involve men in my organization's family planning work.
6. I feel prepared to involve youth in my organization's family planning work.
7. I am aware of new family planning tools I can use in my program.
8. I feel prepared to follow through on the commitment(s) I made for my organization with regard to family planning.
9. Instructors presented the information simply and clearly.
10. Content was relevant to the workshop objectives.
11. The teaching methods used helped me learn.
12. Level of vocabulary was appropriate.
13. Handout materials were useful.
14. The use of flipchart was helpful during the sessions.
15. The physical environment was helpful for learning.
16. I will be able to use the information in my regular work activities.

Summary of survey results:

Responses to all questions resulted in an average rating of 3 or greater, indicating that participants had a solid understanding of the topics covered during the preconference session and that they were satisfied with the format and content of the discussions.

Participants most valued the following:

- There were a variety of sessions which included technical presentations as well as opportunities for group discussion.
- Topics were relevant to their work such as involving men, youth, and religious leaders in family planning.
- Discussions and presentations on quality improvement were particularly valuable.
- There is a need for tools to help FBOs in this field. They appreciated the discussion and sharing of ideas related to tools.

Suggestions for future workshops included:

- Add the topic of commodities and supply chains.
- Reserve more time after presentations for discussion.
- Provide hard copies of materials and presentations to the participants.

Annex 3: Attendance List

| | Family Planning Pre-conference Workshop | | 2015 ACHAP Conference Nairobi, Kenya | | |
|----|---|--|--|------------------------------|----------|
| | Last Name/First Name | Email | Org. | Position | Country |
| 1 | Okinda Samson | pst.osam@yahoo.com | CHAK | Pastor | Kenya |
| 2 | Douglas Huber | douglashuber777@yahoo.com | CCIH | Chair of FP/RH working group | USA |
| 3 | Leonard Onana Mbanga | Leonardonanombanga@yahoo.com | CEPCA | Technical Assistant | Cameroon |
| 4 | Daniel Gobgab | dgobgab@channigeria.org | CHAN | Executive Secretary | Nigeria |
| 5 | Cynthia Nyakwama | cynthia_nyakwama@wvi.org | World Vision | Program Officer | Kenya |
| 6 | Jane Kishoyian | jkishoyian@chak.or.ke | CHAK | Project coordinator | Kenya |
| 7 | Yoram Siame | yoram.siame@chaz.org.za | CHAZ | Advocacy Manager | Zambia |
| 8 | Allison Amongin | allisonotim@gmail.com | UPMB | RH | Uganda |
| 9 | Tonny Tumwesigye | ttumwesigye@upmb.co.ug | UPMB | Executive Secretary | Uganda |
| 10 | Melesse Dessalegn | mallasaa@yahoo.com | EECMY | Project Manager | Ethiopia |
| 11 | Tilahun Dafurso | tilahundafurso@yahoo.com | EECMY | Director, Health & HIV | Ethiopia |
| 12 | Namuunda Mutombo | nmutombo@aphrc.org | APHR C | Evaluation Advisor | Kenya |
| 13 | Anne Kanyi | kanyi@chak.or.ke | CHAK | Communications Officer | Kenya |
| 14 | Patrick Musungu | | CHAK | Pastor | Kenya |
| 15 | Janet Komogum | jkomagum@ucmb.co.ug | UCMB | NPP Coordinator | Uganda |
| 16 | Angela Mutegi | angelamutegi@gmail.com | Faith to Action | Communications Officer | Kenya |

| | | | | | |
|-----------|-----------------|--|-----------------------|--------------------------------|--------|
| 17 | Judith Kiconco | jkiconco@upmb.co.ug | UPMB | RH Officer | Uganda |
| 18 | Michael Puglisi | michael.puglisi@accenture.com | accent ure | AMREF mobile training | Kenya |
| 19 | Peter Munene | peter.munene@dsw-brussels.org | Faith to Action | International Coordinator | Kenya |
| 20 | Salwa Bitar | sbitar@e2aproject.org | E2A | Senior Advisor for Scale-Up | USA |
| 21 | Mona Bormet | Ona.bormet@ccih.org | CCIH | Program Director | USA |
| 22 | Lauren VanEnk | Lauren.VanEnk@georgetown.edu | IRH | Program Officer | USA |



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for Strengthened Reproductive Health



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Christian Connections
for International Health



**Institute for
Reproductive Health**
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