SCALING UP
FAMILY PLANNING SERVICES
IN AFRICA

THROUGH
CHRISTIAN HEALTH SYSTEMS

Challenges & opportunities

Samuel Mwenda MD – Africa Christian Health Associations Platform/CHAK
Presentation outline

- Introduction to Africa CHA Platform
- CHA's Health service coverage
- MDG and Family Planning status
- Challenges facing Family Planning services
- Opportunities for FP/RH service scale up
- Strategies for increasing FP service uptake
- Conclusion – what is needed? Our dream!
The “good old days” in Family Planning (80s & 90s)

- Policy, funding, strategies and services were focused on information, individual choice of FP options, easy access and family centered care.
- Services to families and women of reproductive age were made easily accessible through trained community health workers, community outreach programs and a functional referral system.
- Family Planning commodities were always available.
- USAID was a major funding partner.
Contribution of Christian Health Networks to the National Health Sector in Select African Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Facilities</th>
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<tbody>
<tr>
<td>Liberia</td>
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<tr>
<td>Ghana</td>
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<tr>
<td>DR Congo</td>
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<tr>
<td>South Sudan</td>
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<tr>
<td>Kenya</td>
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<td>Uganda</td>
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<td>Tanzania</td>
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<td>Malawi</td>
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<td>Zambia</td>
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<td>Zimbabwe</td>
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<td>Lesotho</td>
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Legend:
- FBO
- MoH
Extensive country network of Health Facilities

Strength in rural areas coverage.

Recognition by Governments and trust by communities served
CHAK Health Facilities 527

1. 22 Hospitals
2. 53 Health Centers
3. 363 Dispensaries
4. 56 Churches/church organizations
5. 23 CBHC programmes
6. 10 Nursing Training Colleges

www.chak.or.ke
Church Hospitals in Tanzania
CHAM Health Facilities network in Malawi

"Promoting Access to quality healthcare"
Dependable supply system for quality Essential Drugs & Medical Supplies in Kenya, Uganda, Zambia, Nigeria

Mission For Essential Drugs & Supplies
www.meds.or.ke

"Promoting Access to quality healthcare"
## Health indicators in Kenya

<table>
<thead>
<tr>
<th>Health indicator</th>
<th>2003 DHS result</th>
<th>2008/9 DHS result</th>
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<tbody>
<tr>
<td>Infant Mortality Rate /1000</td>
<td>77</td>
<td>52</td>
</tr>
<tr>
<td>Under Five Mortality Rate/1000</td>
<td>115</td>
<td>74</td>
</tr>
<tr>
<td>Newborn Mortality Rate/1000</td>
<td>33</td>
<td>31</td>
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<tr>
<td>Delivery in a Health Facility</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>FP Contraceptive Prevalence Rate</td>
<td>39%</td>
<td>46%</td>
</tr>
<tr>
<td>Unmet FP need</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Maternal Mortality Ratio/100,000</td>
<td>414</td>
<td>410</td>
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</table>

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Sub-Saharan Africa with 10% of the global population contributes 51% of global MATERNAL Deaths: (2005 Data)

- Total global deaths = 536,000

6% (28,000)

Asia 43% (232,000)

Africa 51% (276,000)

Source: UNICEF global database 2009

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In sub-Saharan Africa, unmet need exceeds current use of contraception!
Contraception prevents abortion*

*Data from 18 countries in Central Asia and Eastern Europe plus the US

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Summary of Family Planning challenges

- Kenya National Reproductive Health Policy of 2007 summarizes Family Planning challenges as "the impact of HIV&AIDS pandemic; general shift of focus for international assistance from population to HIV&AIDS; disparities in health resource allocation; and lack of interventions targeting the resources to the poor and the "hard to reach" populations."
Result

“The result of inadequate funding has been a weak health system, inefficient integration and poor quality of service delivery, contributing to negative trend in Reproductive Health related indicators as revealed by Demographic & Health Survey (DHS)”

Christian Health Association of Kenya

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General challenges facing Family Planning services

- **Inadequate funding** – there has been major decline of funding to RH services from the mid 90’s
- Lack of **funding to subsidize FP/RH services** and support outreach activities
- Lack of **security for contraceptive commodities** leading to irregular supply to the service delivery points
- **Lack of sustained demand creation** for family planning services
- **Inadequate family planning training** for service providers
- **Shortage of health workers** and frequent migration
- **Low level of integration** of family planning with HIV&AIDS and other health services
- Relatively **low community** and **private sector** participation
Reproductive Health Policy priorities for Kenya

1. Safe motherhood
2. Maternal and Neonatal Health
3. Family Planning
4. Adolescent & Youth sexual and reproductive health
5. Gender issues including sexual and reproductive rights
Counseling ANC mothers for FP
Opportunities for scaling up FP services

• The sense of failure in our progress towards achieving the MDG targets creates urgency for better action
• The success recorded and lessons learnt from HIV&AIDS prevention, care and treatment programs that have engaged the Primary Health Care model
• Extensive networks of Faith Based Health Institutions to every community and the trust they command
• Formalized partnership between FBOs and MOH/Govt
• Decentralization of health services planning and implementation in several countries that are already engaging community participation
• Appreciation of the value addition by service integration
Expanding services through Community outreach & service integration

- Community VCT
- MCH Clinics
- Community eye care
- Home visit for treatment adherence support

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Family Centered Care - FP promotes health of the mother & child
FBO capacity to mobilize Leaders and volunteer Community Health Workers
Strategies to increase Family Planning services uptake

- **Advocacy and mobilization** for FP at community, national, regional and international level
- **Increased funding** towards FP from national budgets and Development Partners
- Programs for community mobilization to **create sustained demand** for contraception
- **Guarantee contraceptive commodity security** through adequate & consistent supplies and efficient logistical systems
- Review and **update pre-service and in-service RH/FP training curricula**
Community education on family centered health

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Strategies to increase Family Planning services uptake

• Support **community based education, FP methods distribution** through outreach services and community health workers

• Promote **public-private-partnerships** for a multi-sectoral approach to Reproductive Health/FP services

• Promote increased **involvement of men** in FP

• Ensure that **adolescents and youth** have access to adequate and appropriate reproductive health information and services
What is needed?

- Identify and **scale up best practices** in FP services
- **Building of partnerships** – with technical & funding partners, MOH and communities
- **Funding** to subsidize cost of FP/RH services
- Funding for community outreach services and community based distribution system of FP methods
- Assurance of **steady flow of FP commodities**
- **HR support** including training and incentives for community health workers
- Updated **Policy guidelines** on FP integration
- **Sensitivity in building synergy with FBOs** in the implementation of components of FP/RH that are not in conflict with their values. Build on common ground
Our dream!

- That Family Planning education and options will become easily accessible through a community based distribution system.
- That FP will cease to be restricted to hospitals where it is offered as medical treatment but instead will be transformed into an opportunity for Family Centered Health Care
- That FP will become a right for every woman and family
- That we shall reclaim the gains of the 80s & 90s in FP mobilization and access
We appeal to the US Government to help Africa improve the health of the Mother & Child through improving FP services

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Christian Health Networks are ready to scale up Family Planning services.

What is needed is support in funding, commodities & capacity building.

Thank you, Asante