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FAMILY PLANNING REALITIES AMONG
FAITH-BASED MEDICAL BUREAUS IN
UGANDA



Family Planning Realities Among Faith-Based Medical Bureaus in Uganda

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Christian Connections for International Health (CCIH) www.ccih.org

The mission of Christian Connections for International Health is to promote international health and wholeness from a Christian perspective. CCIH provides field-oriented information resources and a forum for discussion, networking, and fellowship to the spectrum of Christian organizations and individuals working in international health.

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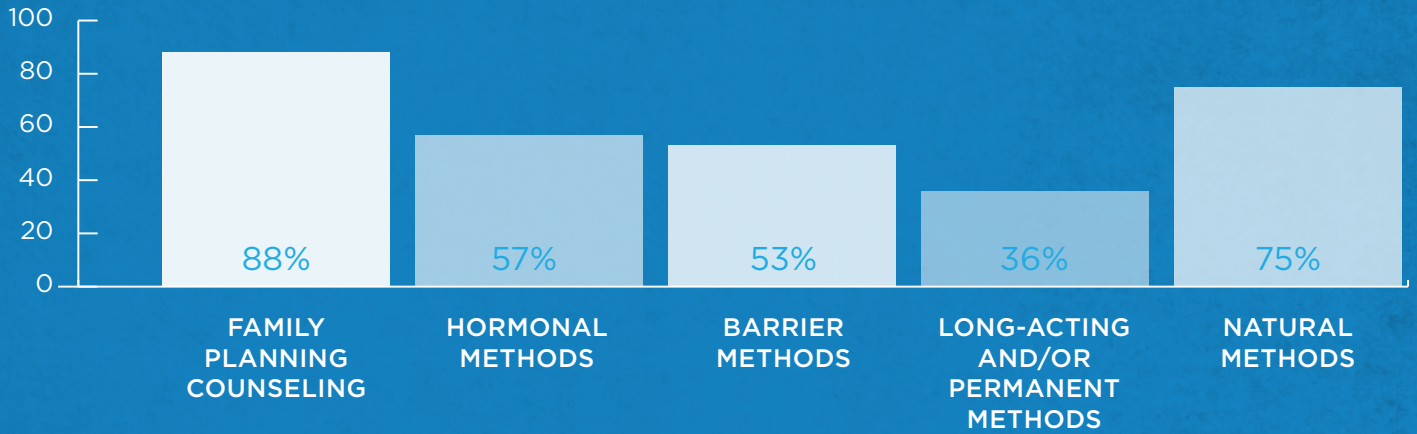


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Percentage of Facilities surveyed that provide...



94%

of faith-based facilities provide FP services including counseling

95%

INTERESTED IN FAMILY PLANNING COMMODITIES & SUPPLIES

95% of those surveyed were interested in receiving FP commodities and supplies if an alternative source could be found.

Do staff at facilities desire or need additional training to improve or expand FP services?

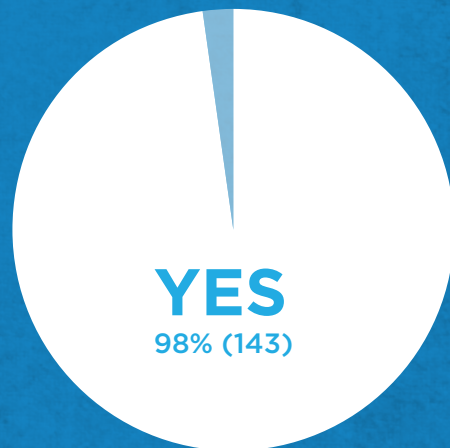


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LIST OF ACRONYMS

ANC Antenatal Care	NUHITES The Northern Uganda Health Integration for Enhanced Services
CCIH Christian Connections for International Health	PACE . . . Program for Accessible Health, Communication and Education
FB-PNFP Facility Based Private Not-for-Profit	PFP Private For-Profit
FBO Faith-Based Organization	RHU Reproductive Health Uganda
FLEP Family Life Education Program	STRIDES Strides for Family Health Project
FP Family Planning	UCMB . . . Uganda Catholic Medical Bureau
HC Health Center	UHMG . . . Uganda Health Marketing Group
IUD Intra-uterine Device	UMMB . . . Uganda Muslim Medical Bureau
JMS Joint Medical Stores	UNFPA . . . United Nations Population Fund
MCH Maternal and Child Health	UOMB . . . Uganda Orthodox Church Medical Bureau
MOH Ministry of Health	UPMB . . . Uganda Protestant Medical Bureau
NMS National Medical Stores	USAID . . . United States Agency for International Development
NGO Non-Government Organization	

EXECUTIVE SUMMARY

Christian Connections for International Health (CCIH), a U.S.-based nonprofit membership organization commissioned a Family Planning (FP) survey of faith-based facility-based private not-for-profit (FB-PNFP) health facilities in Uganda in 2013. Country-wide health facilities of the Uganda Orthodox Church Medical Bureau (UOMB), the Uganda Muslim Medical Bureau (UMMB), the Uganda Catholic Medical Bureau (UCMB), and the Uganda Protestant Medical Bureau (UPMB) were contacted by phone and interviewed with established questions related to family planning, contraceptive security, maternal and newborn health.

A total of 146 phone surveys were completed, representing 80 districts and nine regions of Uganda. The majority (94%) of faith-based facilities provide Family Planning services (including counseling).

A total of 146 phone surveys were completed, representing 80 districts and nine regions of Uganda. Results of the survey and interviews shed light on the family planning landscape

of faith-based health facilities in Uganda. The majority (94%) of these facilities provide FP services (including counseling). However, the survey revealed gaps in provision of counseling vs. provision of FP methods. Many of the facilities get supplies directly from the district government and government health facilities. A mere 18% of facilities get their supplies from Joint Medical Stores, which is co-operated and managed by the Protestant and Catholic Medical Bureaus. Joint Medical Stores is

limited in its capacity to carry contraceptives and only Moon Beads (Cycle Beads®) for Standard Days Method® (SDM)¹ are available. Though the majority of facilities are not in need of additional staff, further training in FP is needed, particularly in counseling, natural methods, management of side effects, and insertion of IUDs. The need for job aids to assist them with FP service delivery was expressed by the majority of respondents. Regarding maternal and newborn health, antenatal clinic attendance was fairly equally distributed among facilities, but a majority of facilities responding (63%) handle less than 20 deliveries per month.

The survey results contain critical information for the Ugandan Ministry of Health as well as for the Medical Bureaus and other institutions and organizations interested in working with the faith community to carry out family planning services, distribution of contraceptives, training, and job aids related to family planning. Christian Connections for International Health is committed to facilitating connections that will foster further collaborations that are necessary to address identified gaps.

The survey results contain critical information for the Ugandan Ministry of Health as well as for the Medical Bureaus and other institutions and organizations interested in working with the faith community to carry out family planning services, distribution of contraceptives, training, and job aids related to family planning.

1 http://irh.org/wp-content/uploads/2013/04/FAM_Project_SDM_Modern_Method_Brief_0.pdf

INTRODUCTION

In Uganda, the FB-PNFPs health facilities account for 41% of the hospitals and 22% of the lower level facilities complementing government health facilities, especially in rural areas.² Besides health facilities and hospitals, the FB-PNFPs facilities currently operate 70% of health training institutions. More than 75% of the FB-PNFPs facilities exist under four umbrella organizations:

- Uganda Catholic Medical Bureau (UCMB)
- Uganda Muslim Medical Bureau (UMMB)
- Uganda Orthodox Medical Bureau (UOMB)
- Uganda Protestant Medical Bureau (UPMB)³

The private sector contributes 50% of the health care outputs and deliveries in the country.⁴ The private for-profit (PFP) sector provides family planning services to those who can afford them, while the social marketing entities charge less for contraceptive supplies and services. Uganda is one of the poorest countries in the world⁵ and getting women access to family planning, regardless of the costs, presents its challenges.

Christian Connections for International Health (CCIH), a U.S. - based nonprofit membership organization, through funding from USAID, conducted a survey among faith-based health facilities on Family Planning and Maternal Health in May 2013. A rapid assessment of these health facilities was carried out to determine the current status of FP services provided, and their desire/need and readiness to provide additional family planning services including dispensing of contraceptives in the future. Please contact CCIH for a copy of the survey instrument.

2 Health Sector Strategic Plan III 2010/11-2014/15 http://www.health.go.ug/docs/HSSP_III_2010.pdf

3 Ibid

4 Ibid

5 <http://tinyurl.com/kwe9erg>

PURPOSE

The specific objectives included:

- Identify current family planning **services** provided by faith-based FB-PNFP health facilities
- Identify faith-based FB-PNFP **health facilities** that would potentially provide contraceptives to clients who need them
- Utilize survey results to develop a **strategy for ensuring access** to contraceptives by faith-based FB-PNFP health facilities

METHODOLOGY

A Kampala-based global health consultant was identified to lead the survey. Due to the available timeframe and resources, and the availability of cell phones among health facility staff, a phone-based survey was conducted. The consultant, with approval from CCIH, contacted the heads of the Catholic, Orthodox, Muslim, and Protestant Medical Bureaus directly to introduce the survey tool, seek permission to conduct the survey, and obtain the lists and contacts for those responsible for the facilities.

Full lists of facilities and contacts were provided by the respective bureaus to the consultant via email. According to these lists, there are 641 faith-based FB-PNFP health facilities (Table 1). In Uganda, the health system is organized with the structure described below, with the lowest level being the community health volunteers (Village Health Teams) and the highest level being the regional referral hospitals:

- Regional Referral Hospital
- District Hospital
- Health Center IV
- Health Center III
- Health Center II
- Village Health Teams

TABLE 1: Total Sample and Number of Facilities Surveyed, by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	TOTAL FACILITIES	SAMPLE SIZE:	SURVEYS CONDUCTED:
UCMB	281	77 (27%)	63 (22%)
UMMB	65	17 (26%)	14 (22%)
UOMB	18	15 (83%)	11 (61%)
UPMB	277	87 (31%)	58 (21%)
Total:	641	196	146

Random sampling was used to select approximately 30% of facilities (n=196) from each faith organization (Catholic n=77, Muslim n=17, Orthodox n=15, and Protestant n=87) (Table 2).

Table 2: Total Sample Selected, District Coverage and Level of Health Facility by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	DISTRICTS	HOSPITALS	HC IV	HC III	HC II	TOTAL SAMPLED
UCMB	37	11	2	45	19	77
UMMB	13	4	0	10	3	17
UOMB	14	1	0	3	11	15
UPMB	61	12	5	25	45	87
Total	80	28	7	83	78	196

A different sampling methodology was used with the Catholic facilities, due to the sensitive nature of a survey regarding family planning. The Organizational Capacity Advisor from UCMB selected eight Catholic archdioceses for participation and notified the Diocesan Health Coordinators about the study. Each of the eight Diocesan Health Coordinators was then asked to select 10 facilities per archdiocese for participation; they provided contacts for 77 health facility leaders to the consultant via email.

Two interns were trained in conducting the survey and provided with phone lines and airtime (termed as a call center). The consultant created an excel data-entry sheet for the survey. The consultant and interns then used the health facility contact list and printed structured questionnaire to carry out the survey in English with either the in-charge of the facility or midwife (if available), completing data entry electronically during the calls. The data was cleaned then analyzed using Excel.

The limitations of the study were the assumption of voluntary expression of interest, the availability of current contacts for the health facilities, and reliability of the phone network at the selected facility. Voluntary participation was done to ensure total respect for the faith and beliefs of the various health facilities leaders. It is only these leaders who were comfortable talking about family planning that were interviewed by the call center.

Voluntary participation was done to ensure total respect for the faith and beliefs of the various health facilities leaders.

RESULTS

Demographics

One hundred forty-six surveys were completed. A total of 80 districts and nine regions of Uganda were covered by the survey sample (Figure 2). This represents coverage of 100% of the nine Regions in Uganda as of May 2013, and 56% (n=65) of the 116 districts in Uganda.

Of the 146 facilities surveyed, 43% (n=63) were Catholic, 10% (n=14) were Muslim, 8% (n=11) were Orthodox, and 40% (n=58) were Protestant. (Figure 1). Of the total sample, 12% (n=17) were hospitals, 4% (n=6) were Health Center (HC) IV, 45% (n=65) were HC III and 40% (n=58) were HC II. The lower number of HC IV was due to a smaller number of HC IV existing among the 641 faith-based FB-PNFP facilities (Table 3)

Figure 1: Survey Response Rates

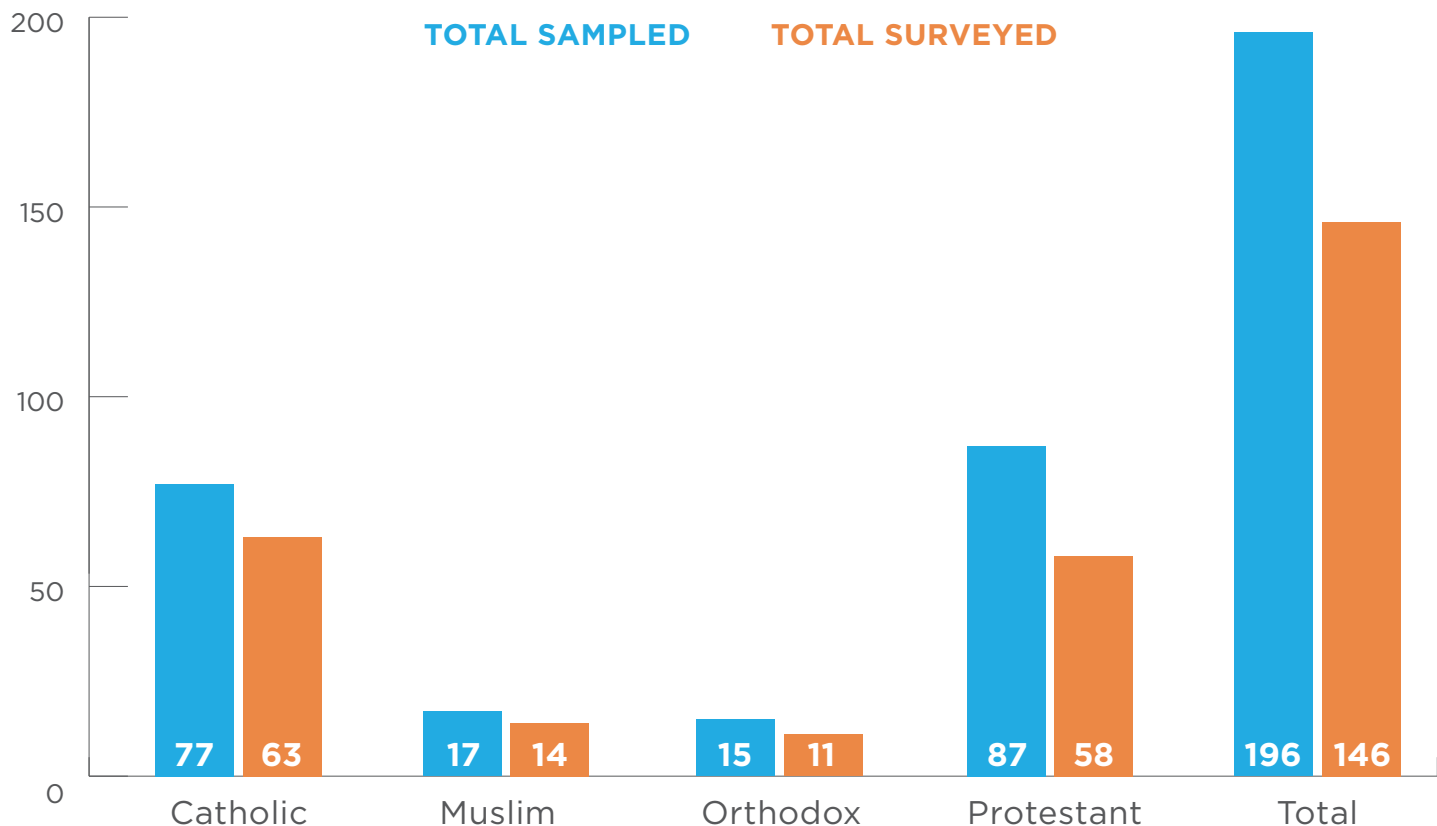


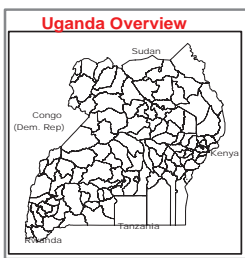
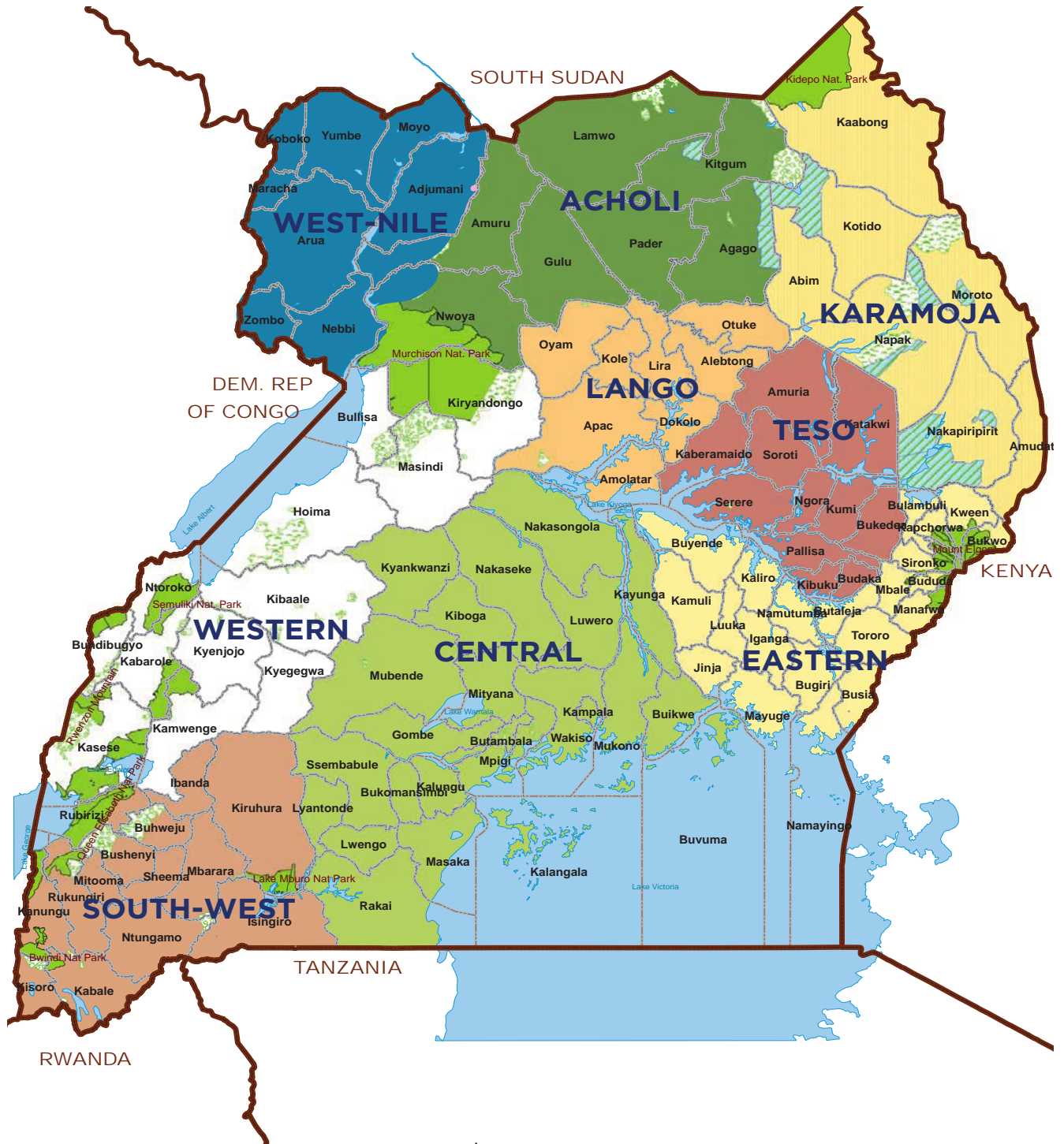
Table 3: Total Surveyed by Level of Facility

LEVEL OF HEALTH FACILITY	SURVEYS COMPLETED: NUMBER	SURVEYS COMPLETED: PERCENTAGE
Health Center II	58	(40%)
Health Center III	65	(45%)
Health Center IV	6	(4%)
Hospital	17	(12%)
Total	146	100%

A total of 80 districts from all nine regions were sampled, with 65 districts surveyed. Of the nine regions of Uganda, 7% (n = 10) of the sample came from Acholi Region, 38% (n=55) from Central Region, 20% (n=29) from Eastern Region, 2% (n=3) from Karamoja Region, 2% (n=3) from Lango Region, 8% (n=11) from South-West Region, 3% (n=4) from Teso Region, 7% from West Nile Region (n=10), and 14% from Western Region (n=21) (Table 4). This variation among regions is explained by higher proportion of FB-PNFP health facilities in the Central and Eastern regions of Uganda, lower number of health facilities located in the North and Northeastern regions of Karamoja, Teso, Lango and Acholi, and the fact that UCMB self-selected their dioceses for sampling, which only included one diocese in the Acholi region and none in the Teso, Lango, or Karamoja regions.

The consultant, with approval from CCIH, contacted the heads of the Catholic, Orthodox, Muslim, and Protestant Medical Bureaus directly to introduce the survey tool, seek permission to conduct the survey, and obtain the lists and contacts for those responsible for the facilities.

Figure 2 Regions and Districts of Uganda⁶



Legend

- International Border:** Thick brown line
- District Border:** Thin grey line
- Water Bodies:** Blue area
- National Park:** Green area with small tree icons
- Forest Reserve:** Green area with small tree icons and a grid pattern
- Game Reserve:** Green area with small tree icons and a grid pattern
- Rangeland:** Green area with diagonal lines

Data Sources:
 Uganda Admin Boundaries - UBOS 2006/2010
 Land use type- NFA 2006
 Road Network- UBOS/FAO 2006

Map Disclaimer:
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United States Government.

0 30 60 120
 Kilometers

Map Prepare Date: June 10, 2013 (USAID/Uganda)
 File: UG-Planning Map_20_A3_Showing Districts and Regions-June2013.mxd

⁶ Courtesy of USAID Uganda

TABLE 4: Total Surveyed by District and Region

REGION OF UGANDA	DISTRICTS	NUMBER OF FACILITIES SURVEYED	PERCENTAGE
Acholi	5	10	7%
Central	16	55	38%
Eastern	14	29	20%
Karamoja	3	3	2%
Lango	2	3	2%
South-West	7	11	8%
Teso	4	4	3%
West Nile	6	10	7%
Western	8	21	14%
TOTAL	65	146	100%

Family Planning Services

Respondents were asked to indicate whether their facilities provide family planning services (including counseling or provision of FP methods). Overall, 94% (n=137) responded they provide some form of FP services, and only 6% of those surveyed (n=9) were not offering FP counseling or methods (Table 5).

TABLE 5: Provision of FP Services (Including Counseling on FP Methods) by Medical Bureau

FAITH-BASED MEDICAL BUREAU	TOTAL SURVEYED	CURRENT PROVISION OF FP COUNSELING OR SERVICES	
		YES	NO
UCMB	63	57 (90%)	6 (10%)
UMMB	14	13 (93%)	1 (7%)
UOMB	11	11 (100%)	0 (0%)
UPMB	58	56 (97%)	2 (3%)
Total	146	137 (94%)	9 (6%)

Of the 137 respondents who indicated they are providing FP services, 88% of facilities surveyed provide FP counseling, 57% provide hormonal methods, 53% provide barrier methods, 36% provide long-acting and permanent methods, and 75% provide natural methods (Table 6). Hormonal methods include pills, injectable contraceptives, emergency contraceptives; barrier methods include male and female condoms; long-term and permanent methods (Intrauterine device-IUD, implants, tubal ligation, vasectomy); natural methods include the Standard Days Method®, the Two-Day Method®, and lactational amenorrhea.

TABLE 6: Type of FP Services Provided at Facilities by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	COUNSELING	HORMONAL METHODS	BARRIER METHODS	LONG- ACTING AND/OR PERMANENT METHODS	NATURAL METHODS
UCMB (n=57)	42 (74%)	1 (2%)	1 (2%)	0 (0%)	52 (91%)
UMMB (n=13)	13 (100%)	13 (100%)	12 (92%)	8 (62%)	8 (62%)
UOMB (n=11)	11 (100%)	9 (82%)	8 (73%)	2 (18%)	10 (91%)
UPMB (n=56)	55 (98%)	55 (98%)	52 (93%)	40 (71%)	33 (59%)
Total (n=137)	121 (88%)	78 (57%)	73 (53%)	50 (36%)	103 (75%)

At the hospital level, 94% provide counseling, 53% provide hormonal methods, 53% provide barrier methods, 41% provide long-acting or permanent methods, and 76% provide natural methods. Table 7 indicates that generally, the lower the level of health facility, the less likely the facility is to provide long-acting and permanent methods.

TABLE 7: Type of FP Service by Level of Health Facility

LEVEL OF HEALTH FACILITY	COUNSELING	HORMONAL METHODS	BARRIER METHODS	LONG-ACTING AND/OR PERMANENT METHODS	NATURAL METHODS
HC II (n=54)	51 (94%)	39 (72%)	37 (69%)	20 (37%)	40 (74%)
HC III (n=60)	49 (82%)	26 (43%)	23 (38%)	19 (32%)	45 (75%)
HC IV (n=6)	5 (83%)	4 (67%)	4 (67%)	4 (67%)	5 (83%)
Hospital (n=17)	16 (94%)	9 (53%)	9 (53%)	7 (41%)	13 (76%)
Total (n=137)	121 (88%)	78 (57%)	73 (53%)	50 (36%)	103 (75%)

Interest in Providing FP Services

Six of the facilities which were currently not providing FP services were interested in doing so. Only three facilities were not interested in FP service provision at all. Table A in Appendix B depicts interest in provision of FP services by facility from those who currently do not provide services.

Reasons for Not Providing FP Services

Of the nine facilities not providing FP services, four indicated that their faith does not permit it (all were Catholic facilities), four indicated they lacked supplies or capacity to provide services (two Catholic, one Muslim and one Protestant facility), and one Protestant facility indicated other reasons: “cultural beliefs” and “people are very hostile towards family planning practices.”

Referrals

The majority of health facilities make referrals for FP services (87%). The average distance from the facility surveyed and the nearest referral point that offered FP services was 4.3 km away for Catholic facilities, 8 km for Muslim facilities, 8.7 for Orthodox facilities, and 14.6 km for Protestant facilities. The distances ranged from 0.1 km at the nearest distance, and 178 km at the farthest distance (Table 8). Referrals were made to government health centers, other faith-based FB-PNFP health facilities and other PNFP organizations such as Marie Stopes Uganda.

The majority of faith-based FB-PNFP health facilities make referrals for FP services (87%).

TABLE 8: Provision of Referrals for FP Services at Facilities by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	YES	%	NO	%	TOTAL	DISTANCE TO REFERRAL POINT		
						SHORTEST DISTANCE (KM)	LONGEST DISTANCE (KM)	AVERAGE (MEAN) DISTANCE (KM)
UCMB	62	98%	1	2%	63	0.1	25	4.3
UMMB	11	79%	3	21%	14	0.5	27	8.0
UOMB	11	100%	0	0%	11	0.5	50	8.7
UPMB	43	74%	15	26%	58	0.25	178	14.6
Total	127	87%	19	13%	146			8.9

Distribution of Contraceptives

Only 53% (n=78) of all facilities surveyed indicated that they distribute contraceptives. However, of the 83 non-Catholic facilities, 93% (n=77) do distribute contraceptives (Table 9). One Catholic facility indicated they distribute contraceptives, which was unexpected since the majority of Catholic facilities do not provide “artificial” methods to clients, per the church beliefs.⁷ Table 10 provides information on sources of contraceptives by faith-based medical bureau.

TABLE 9: Distribution of Contraceptives at Facilities by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	DISTRIBUTION OF CONTRACEPTIVES					
	YES	%	NO	%	TOTAL	%
UCMB	1	2%	62	98%	63	100%
UMMB	13	93%	1	7%	14	100%
UOMB	9	82%	2	18%	11	100%
UPMB	55	95%	3	5%	58	100%
Total	78	53%	68	47%	146	100%

TABLE 10: Source of Contraceptives for Facilities by Faith-Based Medical Bureau

FAITH-BASED MEDICAL BUREAU	NMS	JMS	UHMG	PRIVATE PHARMACY	DONATION	OTHER	TOTAL
UCMB	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
UMMB	0 (0%)	3 (19%)	2 (13%)	4 (25%)	0 (0%)	7 (44%)	16 (100%)
UOMB	1 (7%)	3 (20%)	0 (0%)	3 (20%)	0 (0%)	8 (53%)	15 (100%)
UPMB	1 (2%)	10 (15%)	5 (8%)	10 (15%)	0 (0%)	39 (60%)	65 (100%)
Total	2 (2%)	17 (18%)	7 (7%)	17 (18%)	0 (0%)	54 (56%)	97 (100%)

Among the other sources mentioned by the health facilities surveyed, the majority (n=21) indicated they get their supplies directly from the affiliated medical bureau.

⁷ <http://www.usccb.org/beliefs-and-teachings/what-we-believe/love-and-sexuality/index.cfm>

Interest in Receiving FP Commodities

Ninety-five percent (95%) of those surveyed were interested in receiving FP commodities and supplies if an alternative source could be found. Only 5% (n=7) out of the 146 responding were not interested at all in receiving supplies. These were all Catholic facilities. Table 11 demonstrates interest in commodities by facilities of each medical bureau.

Ninety-five percent (95%) of those surveyed were interested in receiving FP commodities and supplies if an alternative source could be found.

TABLE 11: Facilities of Medical Bureaus Interested in Receiving Supplies by Commodity

COMMODITY	NUMBER AND PERCENTAGE OF FACILITIES BY MEDICAL BUREAUS WHO WOULD LIKE TO RECEIVE CONTRACEPTIVES/SUPPLIES							
	UCMB (N=63)	%	UMMB (N=14)	%	UOMB (N=11)	%	UPMB (N=58)	%
Moon Beads (CycleBeads®)	57	90%	11	79%	9	82%	43	74%
Hormonal pills	2	3%	12	86%	10	91%	51	88%
Emergency contraception	3	5%	12	86%	10	91%	53	91%
Injectable contraception	1	2%	13	93%	10	91%	54	93%
Implants	1	2%	12	86%	8	73%	44	76%
IUDs	1	2%	9	64%	8	73%	39	67%
Male condoms	3	5%	10	71%	10	91%	51	88%
Female condoms	3	5%	3	21%	9	82%	37	64%
Equipment/supplies for sterilization	2	3%	6	43%	10	91%	30	52%

Variations in interest can be caused by a number of factors, including the stock on hand at the time of the survey, the level of the facility (for example, HC II facilities do not perform sterilizations, thus would not need equipment/supplies for sterilization), the lack of staff trained in the method (for example many are not familiar with Moon Beads (CycleBeads®) or female condoms), or faith belief (for example Catholic facilities typically do not offer “artificial” methods).

Readiness to Receive Supplies

Of the 139 facilities who indicated they were ready to receive supplies, 79% wanted them immediately, 9% after one month, 3% after two months and 9% were not sure. Table B in Appendix A depicts readiness of facilities to receive supplies by faith-based medical bureau.

Capacity to Provide FP Services

When asked if staff at facilities desire or need additional training to improve or expand FP services, a majority of respondents 98% (n=143) answered yes. Respondents were further probed about the type of training needed, and asked to express their need/interest when a list of training options was read to them; as well as give other types of training needed that were not listed (Table 12).

TABLE 12: Training Needed for Facility Staff by Faith-Based Medical Bureau

TRAINING TYPE	UCMB	UMMB	UOMB	UPMB	TOTAL	%
Counseling on all methods	60	11	11	53	135	92%
Management of side effects	47	9	11	54	121	83%
Administration of injectables	31	11	11	40	93	64%
Insertion of implants	33	12	11	54	110	75%
Insertion of IUDs	32	12	11	53	108	74%
Permanent/surgical methods	26	7	11	42	86	59%
Male involvement in FP	38	7	11	43	99	68%
Other	40	2	6	16	64	44%

Job Aids

Health facilities were asked to determine whether they had family planning job aids. Only 54% of the total facilities surveyed currently had job aids. Among the Catholic facilities, access was lowest, at 33%, with Muslim facilities indicating highest access at 91% (Table 13). Table 14 indicates job aids needed by medical bureau.

TABLE 13: Availability of Job Aids at Facilities by Faith-Based Medical Bureau

JOB AIDS AVAILABLE	UCMB	UMMB	UOMB	UPMB	TOTAL
Yes	21 (33%)	8 (57%)	10 (91%)	40 (69%)	79 (54%)
No	42 (67%)	6 (43%)	1 (9%)	18 (31%)	67 (46%)
Total	63 (100%)	14 (100%)	11 (100%)	58 (100%)	146 (100%)

TABLE 14: Job Aids Needed at Facilities by Medical Bureau

TRAINING TYPE	UCMB (N=60)	UMMB (N=14)	UOMB (N=11)	UPMB (N=54)	TOTAL (N=139)
Counseling cards	57 (95%)	13 (93%)	11(100%)	43 (80%)	124 (89%)
FP reference manual	47 (78%)	13 (93%)	11 (100%)	42 (78%)	113 (81%)
FP flipchart	52 (87%)	12 (86%)	11 (100%)	44 (81%)	119 (86%)
Posters	52 (87%)	12 (86%)	10 (91%)	43 (80%)	117 (84%)
Calendars	49 (82%)	11 (79%)	11 (100%)	43 (80%)	114 (82%)
FP registers	41 (68%)	9 (64%)	9 (82%)	39 (72%)	98 (71%)
Referral forms	52 (87%)	10 (71%)	11 (100%)	52 (96%)	125 (90%)
Other	31 (52%)	3 (21%)	5 (45%)	13 (24%)	52 (37%)

* One Catholic respondent indicated they needed job aids but did not specify the type.

Of the respondents, 41 of 146 facilities (28%) indicated that they needed additional staff to deliver FP services. See Table 15 for the breakdown of staff needed by faith-based medical bureau.

When asked if staff at facilities desire or need additional training to improve or expand FP services, a majority of respondents 98% (n=143) answered yes.

TABLE 15: Number and Type of Facility Staff Needed to Deliver FP Services by Medical Bureau

TYPE OF STAFF NEEDED	UCMB (N=17)	UMMB (N=4)	UOMB (N=4)	UPMB (N=16)	TOTAL (N=41)
Midwife	19	3	5	16	43
Comprehensive nurse	2	2	0	6	10
Enrolled nurse	0	2	1	4	7
Enrolled midwife	4	0	0	2	6
Health providers	0	4	0	0	4
Clinical officer	2	0	0	0	2
Medical officer	0	0	0	2	2
Nurse	0	0	1	1	2
Nursing assistant	1	0	0	1	2
Registered midwife	1	0	0	1	2
Counselor	1	0	0	0	1
Total	30	11	7	33	81

**Respondents were permitted to use their own terminology for the type of staff needed. Many of these cadre of health professionals may actually be considered the same or similar (e.g. midwives and nurses)*

Maternal and Newborn Health Statistics

ANC ATTENDANCE Facilities were surveyed to determine the level of antenatal care (ANC) attendance and deliveries. Of the total surveyed, 24% had less than 20 ANC attendees per month, 31.5% had between 21-50 attendees, 25.3% had from 51-100 attendees per month, 9.6% had between 101-200 attendees, and only 9.6% had more than 200 ANC attendees. When looking at variations among health center level, 29% of hospitals handled more than 200 ANC attendees per month, whereas only 3% of Health Center II facilities did so (Table 16).

DELIVERIES The faith-based hospitals surveyed are handling fewer deliveries as compared to ANC attendees. Sixty-three percent of the total facilities surveyed reported having less than 20 deliveries per month, 23% reported having between 21-50 deliveries per month, and only 15% had more than 51 deliveries per month (Table 17).

TABLE 16: ANC Attendance by Level of Health Facility

NUMBER OF ANC ATTENDEES	HOSPITAL	HC IV	HC III	HC II	TOTAL
Less Than 20	1 (6%)	0 (0%)	15 (23%)	19 (33%)	35 (24%)
Between 21 and 50	1 (6%)	1 (16.7%)	18 (28%)	26 (45%)	46 (31.5%)
Between 51 and 100	6 (35%)	3 (50%)	17 (26%)	11 (19%)	37 (25.3%)
Between 101 and 200	4 (24%)	1 (16.7%)	9 (14%)	0 (0%)	14 (9.6%)
More than 200	5 (29%)	1 (16.7%)	6 (9%)	2 (3%)	14 (9.6%)
Total	17 (100%)	6 (100%)	65 (100%)	58 (100%)	146 (100%)

TABLE 17: Deliveries by Level of Health Facility

NUMBER OF DELIVERIES	HOSPITAL	HC IV	HC III	HC II	TOTAL
Less Than 20	2 (12%)	1 (17%)	36 (55%)	53 (91%)	92 (63%)
21 - 50	6 (35%)	2 (33%)	20 (31%)	5 (9%)	33 (22.6%)
51 - 100	5 (29%)	1 (17%)	8 (12%)	0 (0%)	14 (9.6%)
101 - 200	2 (12%)	2 (33%)	0 (0%)	0 (0%)	4 (2.7%)
More than 200	1 (6%)	0 (0%)	1 (2%)	0 (0%)	2 (1.4%)
No response	1 (6%)	0 (0%)	0 (0%)	0 (0%)	1 (0.7%)
Total	17 (100%)	6 (100%)	65 (100%)	58 (100%)	146 (100%)

COMMENTS & QUESTIONS

Participants were asked at the end of the survey whether they had any questions or comments for the interviewers. Their feedback is summarized below by Medical Bureau.

Respondent Comments and Questions on UCMB Facilities:

- While it's a Catholic facility, they offer all the FP information and then refer.
- Facility needs job aids specifically for natural methods, i.e. Moon Beads and ovulation.
- There needs to be more cooperation between husband and wife in order for natural family planning to work. Women would like to stop having children.
- Need more staff and personnel; more training.
- Token of appreciation to help his community.
- Want to know more about Christian Connections for International Health.
- Would love to have more knowledge on other family planning methods.
- Only training and job aids on natural methods needed.
- Do you have any supplies for normal deliveries?
- They are open to other “artificial” methods and would love to be trained regardless of the faith belief.
- They don't offer delivery.
- Would be grateful if the issue of staffing is addressed.
- They have few antenatal and deliveries because they are near the government facilities. They prefer them because they are free.
- We would appreciate if “artificial” methods of family planning are encouraged.
- Need transport facilitation for FP outreaches.
- Crying for natural methods, and training on them.
- They need thermometers for measuring basal body temperature. This is relevant and grateful for concern.
- Request for a labor bed they are badly in need.
- When will their family planning services be implemented?
- Most staff need training in FP as they are new from school, training in counseling and communication skills.
- They attend the district trainings on “artificial” methods including some training in natural family planning. Need job aids for natural methods.

Respondent Comments and Questions on UMMB Facilities

- There are no midwives. That is why antenatal services are on hold in the meantime.
- Their communities need family planning and they are grateful for the survey.
- When are the contraceptives going to be available?
- How soon is training?

Respondent Comments and Questions on UOMB Facilities

- The health center partnered with Kiwoko hospital which comes once a month to offer all FP services. The facility is interested in getting its own supplies and training.
- Facility doesn't offer long-acting and permanent methods due to limited resources.
- Due to religious beliefs, facility only offers counseling and information on FP and then refers.

Respondent Comments and Questions on UPMB Facilities

- Just started maternity services in some of the lower level facilities (HC IIIs and HC IIs). Dependent on the district, this is not reliable, for all FP supplies. Want a sustainable supply of contraceptives and want to know how long would it last?
- Deliveries not conducted in many of the lower level facilities (HC IIIs and HC IIs) because they have little equipment. They usually refer to HC IV. They need delivery equipment.
- When are the supplies going to be ready?
- When will the FP materials be ready?
- Urgent need for training on FP practices.
- Only do emergency deliveries. Can you supply mama kits and delivery kits?
- Need equipment for removal of IUD and Implanon and speculum for IUD insertion.
- Appreciates the interaction.
- Only provide male condoms and don't offer permanent methods.
- They would appreciate if family planning training is conducted.
- They do not know how to use other methods except injectable contraceptives—training required.
- Family planning health providers need to be paid well to motivate them.
- Thankful for including her facilities.
- The staff are not equipped with family planning knowledge.
- Want interviewer's email to share additional job aids after consulting with the midwives.
- Male condoms only provided; 50-100 mothers for first visit, fourth visit: 5-10 in a month. Had previously been supported by Pathfinder. Currently their facility is lacking commodities for FP. They are a FB-PNFP hospital, and they charge a small fee for ANC and deliveries. Fewer come for 4th visit, usually many at first visit. Free treatment voucher was introduced from Interact; ended in March. Now they are back to same issue.
- Natural methods are not popular.
- The facility does not need family planning supplies because of partners they have now.
- When can they get the pelvic models for insertion and removal?
- They need more IUD insertion kits, ultrasounds machine, and sterilization equipment for IUD insertion. (Only have one in the unit).

DISCUSSION OF FINDINGS & RECOMMENDATIONS

PROVISION OF FAMILY PLANNING METHODS

We found that most of the faith-based facilities do provide FP services (including counseling). While a majority of facilities provided counseling (88%) only 57% provided hormonal methods, 53% provided barrier methods, 36% provided long-acting or permanent methods, and 75% provide natural methods. This could be due to the level of health facility (lower level facilities do not typically provide long-term or permanent methods) or due to religious beliefs (Catholic facilities do not typically provide “artificial” methods). The majority of non-Catholic facilities offered a wider method mix.

We found that the majority of faith-based facilities do provide FP services (including counseling).

Only nine facilities were not providing FP services, and of these, four Catholic facilities indicated that their faith does not permit it, four facilities indicated they lacked supplies or capacity to provide services, and one Protestant facility indicated other reasons for not providing services. Among the nine facilities, six were interested in providing services in the future.

Recommendation: Encourage the Ugandan MOH to collaborate with these faith-based medical bureaus to identify specific contraceptives that are not currently procured but desired in an effort to increase the variety and availability of methods.

SOURCES OF CONTRACEPTIVES

Only 18% of facilities get their contraceptive supplies from JMS. Many of the facilities get supplies directly from the district government (n=13) and government health facilities (n=12). Support is also provided through other organizations and projects such as PACE, Marie Stopes, STRIDES, NUHITES, UNFPA, Pathfinder, FLEP and other church organizations/NGOs (total n=28). The Protestant Medical Bureau (UPMB) actually obtains their supplies of “artificial” methods through Uganda Health Marketing Group (UHMG) and National Medical Stores (NMS). The Orthodox Medical Bureau purchased their stocks from JMS, but they are limited by funding, and the Muslim Medical Bureau (UMMB) purchases methods from UHMG or obtains them from NMS.

Recommendation: Link the faith-based facilities with the Alternative Commodities Distribution Mechanism under UHMG, where they can obtain free FP commodities which have been purchased by USAID.

CAPACITY

The survey revealed that 72% of the facilities feel that additional staff is not needed. However among the staffing needs identified, the staff needed included midwives (53%) and nurses (23%). The fact that 72% of faith-based facilities have adequate staff may be due to the following: private non-profit facilities charge a fee for service that is used to support the operation of the facility, including staff salaries. These facilities may not experience the same attrition rates as government facilities and have more stable funding sources. More study/discussion with the medical bureaus would be needed to determine the reason for this.

In terms of additional training needs for current staff, an overwhelming majority of respondents indicated need for further training in FP, particularly in counseling, natural methods, management of side effects, and insertion of IUDs (Table 12). Many Catholic facilities that did not currently offer methods other than Fertility Awareness-Based Methods (FAM) indicated they would be receptive of training on other methods, in the interest of knowing more about management of side effects, in case a client came in who was using an “artificial” method, or in order to be better able to refer clients to other facilities for their method of choice

The majority of respondents indicated a need for job aids to assist them with FP service delivery. Only 54% of facilities surveyed indicated they had job aids for FP. Ninety-six percent of respondents indicated a need for additional job aids.

Recommendation: MOH to collaborate with faith-based medical bureaus, their facilities and other training providers to ensure that faith-based FB-PNFP facilities are able to access training for staff. Advocate for source of funding to train staff on FP. Link these facilities with resources to obtain job aids and other health education resources to help improve the quality of FP services.

MATERNAL AND NEWBORN HEALTH

ANC attendance appears to be spread equally among all faith-based facilities surveyed, however, the findings indicate that the number of ANC attendees goes down as you move to the lower level health facilities which may be due to the HC II facilities not being equipped with staff or supplies to provide adequate ANC or deliver babies (Table 17).

A majority of facilities responding (63%) handle less than 20 deliveries per month. Some respondents mentioned preference of women to deliver in nearby government health facilities, but it is hard to say why (whether due to free services, better services, etc.).

Recommendations: Advocate for the integration of FP services into outpatient departments or create FP units in the health facilities in order to reach more men and women with services.

CONCLUSION

Faith-based facility-based health facilities in Uganda are **well positioned** to take on additional family planning service provision, including both counseling and provision of FP methods. This study revealed both strengths and weaknesses of these faith-based facilities in Uganda, and can be used by the respective medical bureaus and the Ministry of Health to **identify solutions** and additional opportunities that require more long term planning and execution. These efforts can **strengthen FP service delivery** in Uganda.

DATA TABLES

TABLE A: Facility Interest in Provision of FP Services Among Faith-Based Medical Bureaus Who Currently Do Not Provide Services

FAITH-BASED FB-PNFP	YES	%	NO	%	TOTAL	%
UCMB	1	2%	62	98%	63	100%
UMMB	13	93%	1	7%	14	100%
UOMB	9	82%	2	18%	11	100%
UPMB	55	95%	3	5%	58	100%
Total	78	53%	68	47%	146	100%

TABLE B: Facility Readiness to Receive Supplies by Faith-Based Medical Bureau

SUPPLY TIMEFRAME	READINESS TO RECEIVE SUPPLIES					
	UCMB	UMMB	UOMB	UPMB	TOTAL	%
Immediately	47	11	9	43	110	79%
After one month	2	2	1	7	12	9%
After two months	1	0	0	3	4	3%
Not sure	7	1	0	5	13	9%
Total	57	14	10	58	139	100%

TABLE C: Other Types of Training Needed at Facilities by Faith-Based Medical Bureau

TRAINING TYPE (OTHER MENTIONED)	UCMB	UMMB	UOMB	UPMB	TOTAL	%
Natural Methods (includes Moon Beads/CycleBeads®)	37	0	3	5	45	67%
IUD/Implant insertion and/or removal	1	1	2	3	7	10%
Further studies on FP/new updates	0	0	0	3	3	4%
Female condoms	0	0	1	1	2	3%
HIV counseling/HIV integration	1	0	0	1	2	3%
Cervical cancer screening	0	0	0	1	1	1%
Child spacing	1	0	0	0	1	1%
Client eligibility for the methods	0	1	0	0	1	1%
Community mobilization	0	0	0	1	1	1%
Emergency contraceptives	0	0	0	1	1	1%
Midwifery	1	0	0	0	1	1%
Myths and misconceptions on FP	0	0	0	1	1	1%
Training Village Health Teams (VHTs) in FP	0	0	0	1	1	1%
Total	41	2	6	18	67	100%

TABLE D: Need for Job Aids at Facilities by Faith-Based Medical Bureau

NEED FOR JOB AIDS	UCMB	UMMB	UOMB	UPMB	TOTAL
Yes	61 (97%)	14 (100%)	11 (100%)	54 (93%)	140 (96%)
No	2 (3%)	0 (0%)	0 (0%)	4 (7%)	6 (4%)
Total	63 (100%)	14 (100%)	11 (100%)	58 (100%)	146 (100%)

TABLE E: Other Types of Job Aids Needed at Facilities by Faith-Based Medical Bureau

OTHER JOB AIDS MENTIONED	UCMB	UMMB	UOMB	UPMB	TOTAL	%
Autoclave/sterilizers	0	2	0	0	2	4%
FP charts	0	0	0	1	1	2%
FP commodities/drugs	1	0	0	1	2	4%
IEC materials	1	0	0	1	2	4%
Markers	0	0	1	0	1	2%
Medical cards	1	0	0	1	2	4%
Medical instruments	0	0	0	1	1	2%
Menstrual charts	1	0	0	0	1	2%
Modern method job aid	1	0	0	0	1	2%
Moon Beads (Cycle Beads®)	14	0	0	0	14	25%
Natural method job aid	18	0	0	0	18	32%
Pregnancy test kits	0	0	0	2	2	4%
Reproductive organ models	0	0	4	4	8	14%
Training modules	0	1	0	0	1	2%
Total	37	3	5	11	56	100%

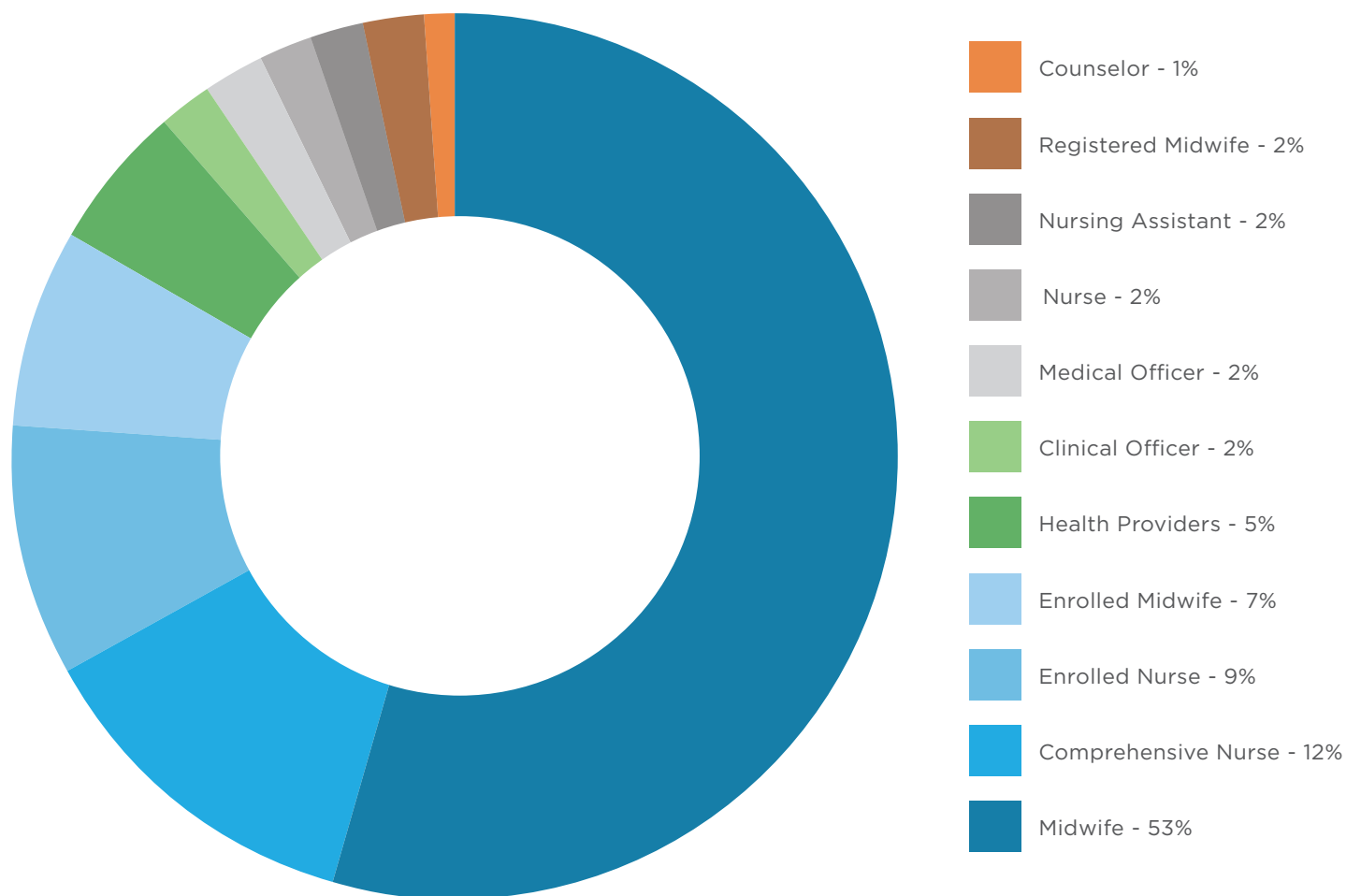
TABLE F: Adequacy of Facility Staff to Carry Out FP by Faith-Based Medical Bureau

STAFF ADEQUATE	UCMB	%	UMMB	%	UOMB	%	UPMB	%	TOTAL	%
Yes	44	70%	10	71%	7	64%	44	76%	105	72%
No	19	30%	4	29%	4	36%	14	24%	41	28%
Total	63	100%	14	100%	11	100%	58	100%	146	100%

TABLE G: Facility ANC Attendance by Faith-Based Medical Bureau

NUMBER OF ANC ATTENDEES	UCMB	%	UMMB	%	UOMB	%	UPMB	%	TOTAL	%
Less Than 20	7	11%	7	50%	3	27%	18	31%	35	24%
Between 21 and 50	21	33%	4	29%	4	36%	17	29%	46	32%
Between 51 and 100	18	29%	2	14%	2	18%	15	26%	37	25%
Between 101 and 200	8	13%	1	7%	0	0%	5	9%	14	10%
More than 200	9	14%	0	0%	2	18%	3	5%	14	10%
Total	63	100%	14	100%	11	100%	58	100%	146	100%

FIGURE A: Type of Staff Needed at Faith-Based FB-PNFP Health Facilities (Total)





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