

KNOW-HOW
3000

Good Practice *IN DETAIL*

Christian Advocacy for Family Planning in Africa (CAFPA) Project (2015-2017)



HORIZONT
3000

AUSTRIAN ORGANISATION
FOR DEVELOPMENT COOPERATION

Molly Karimi & Susanne Duff-MacKay
Ecumenical Pharmaceutical Network
2021



Table of Contents

Table of Contents	2
List of Abbreviations	2
1. General Information	3
2. Context of the Experience.....	3
3. Main Characteristics of the Experience.....	3
4. Stakeholders and Partners – Roles and Responsibilities.....	4
5. Resources.....	5
6. Impact of the Experience/ Practice	5
7. Lessons Learned and Recommendations.....	5
8. Challenges.....	5
9. Sustainability.....	6
10. Experience Sharing/ Up-scaling.....	6

List of Abbreviations

ADA	Austrian Development Agency
CAFPA	Christian Advocacy For Family Planning in Africa
CCIH	Christian Connections for International Health
CHAK	Christian Health Association of Kenya
CHAZ	Christian Health Association of Zambia
ECWA	Evangelical Church Winning All
EPN	Ecumenical Pharmaceutical Network
FBO	Faith Based Organisation
FP	Family Planning
MCH	Maternal and Child health
MDGs	Millennium Development Goals
NGO	Non-governmental organization

Imprint

Experience in Detail
“Christian Advocacy for Family
Planning in Africa (CAFPA)
Project (2015-2017)”

Released in

Vienna, April 2021

by

HORIZONT3000
www.horizont3000.at

Edited by

Ecumenical Pharmaceutical
Network (EPN)
and
HORIZONT3000

With the support of

the Austrian Development
Cooperation (ADC) and the
Member Organizations of
HORIZONT3000

Graphics by

HORIZONT3000
www.flaticon.com

Contact

Molly Karimi

EPN

[communications@
epnetwork.org](mailto:communications@epnetwork.org)

Susanne Duff-MacKay

EPN / HORIZONT3000

[susanne.duff-mackay@](mailto:susanne.duff-mackay@horizont3000.org)

horizont3000.org



1. General Information

Name, address and geographical region of the organisation or institution

Ecumenical Pharmaceutical Network (EPN) P. O. Box 749 - 00606, Nairobi, Kenya

Purpose of the institution and area of work

EPN is a global network organization based in Nairobi Kenya, committed to support churches and church health systems to provide just and compassionate quality pharmaceutical services for all, as a means to achieving global goals and targets on health and access to medicines.

Name of the experience

Christian Advocacy for Family Planning in Africa (CAFPA) Project (2015-2017)

When was this experience made?

2015-2017



Geographical range where the experience has been made/ the practice is applied

Nigeria, Plateau state, Advocacy training in the capital Jos.

Why is this experience relevant?

Family Planning can still be a sensitive topic for religious organisations. The influence of Church leaders on the population is high. Capacitating them with skills for advocacy of FP as they are held in high esteem in their communities and thus provide a strong voice in any public health campaign. The advocacy with the national government led to better collaboration and inclusion of the organisation in issues of family planning and led to the Establishment of a logistics management coordinating unit / state drug & distribution centre. The organisation is strengthened.

2. Context of the Experience

Reason for the experience/ practice to emerge; context (initial situation) and challenge(s)

A baseline study on contraceptive stock outs in faith-based health facilities in four countries as part of the FP 2020 initiative, showed good integration in FP initiatives in 2 countries, but revealed that FBOs in Nigeria had been left out

of this progress and were not incorporated into the government plans. EPN therefore decided to implement CAFPA project in Nigeria in collaboration with one of its member the Evangelical Church Winning All – ECWA.

The baseline study revealed the following:

- Nigeria has a low contraceptive prevalence rate CPR of 15% as at 2013
- Nigeria ran out of stock for most of the FP supplies within 3 months preceding the survey
- Main barriers to provision of FP services were misinformation (rumors and misconceptions about F.P), stock outs, and lack of F.P knowledge among the public
- Family decision makers (men) were identified as the major opposition to FP services
- FBOs in Nigeria have been left out of this progress and are not incorporated into the plans of the State and Federal government
- The biggest barrier to family planning service provision was client misinformation - (57%)
- The least supported country by Government. Nigeria's faith-based health facilities do not receive any aid in support supervision, registers and tools, outreaches and staff.

Were gender and/or HIV/Aids aspects part of the initial challenge? If yes, explain how they affected the situation.

Family planning is very much a gender issue, as the women are the ones most directly affected from poor FP. In many cases, men are opposed to Family planning.



3. Main Characteristics of the Experience

Where does the practice/ experience come from? How was it developed and by whom?

The good practice emerged from the assessment of the status of FP and to get a better understanding of the supply, demand and service bottlenecks. It was also meant to aid in prioritizing members based on needs. It was

developed by EPN in collaboration with the ECWA:

- To collect information on contraceptive stock outs in faith-based health facilities.
- To find out the operational roadblocks, the level of healthcare provider knowledge and skills including referral mechanisms.
- To find out the government policies and whether there are any support structures existing for faith-based health facilities.

How did this experience evolve (the process/history)? Describe the main steps and turning points! In which way was it a participatory process?

The project was meant to improve the policy and funding environment for family planning through faith-based organizations in support of Family Planning 2020 strategies and goals.

For the Baseline Study, EPN designed two questionnaires, one for health facilities and another for drug supply organizations (DSOs). The questionnaires were sent out (by email to 24 members in Ethiopia, DRC, Nigeria and Cameroon in May 2015. Some of the members were umbrella organizations and thus sent the questionnaire out to their members. In total 71 questionnaires were filled and returned (1 church health organization, 65 health facilities and 5 DSOs).

Overall it was noted that the four countries were progressing well with the FP2020 goals, objectives and commitments. However, it is imperative to note that FBOs Nigeria had been left out of this progress and were not incorporated into the government plans. It was thus imperative to partner with ECWA Central Pharmacy (EPN Member) as the implementing partner.

EPN and ECWA developed an advocacy plan for Nigeria that included the following steps:

- To improve the policy and funding environment for family planning through faith-based organizations in support of Family Planning 2020 strategies and goals.
- Ensure that FP remains a national priority for policymakers, and that the faith-based community becomes fully involved in the attainment of the FP2020 set goals. The Christian Advocacy for Family Planning in Africa (CAFPA) project worked towards

enhancing the capacity of CHAs and other Christian faith-based networks.

- Remove any operational roadblocks at national and local levels to allow expansion of family planning services by FBOs in the communities they serve.
- Utilization of results from CHAK, CHAZ and EPN as models for advocacy to be adopted by other CHAs and FBOs at local, national and global levels.

Purpose/ Objective: Describe the purpose of your experience in a few sentences

- To increase the capacity of EPN members in Nigeria to advocate for better family planning resources at faith-based organizations.
- To establish evidence driven faith-based advocacy model for family planning policy change and resource mobilization in Nigeria.
- Increased commitment by Ministries of Health and other government organizations to work with faith-based organizations in advancing family planning goals.
- Increased championing in support of family planning by Christian religious leaders in Nigeria

Methodology: Which tools, instruments/methods and/or methodology are used in order to implement the experience and address the challenges?

- Baseline Questionnaires
- End line Questionnaires
- Training of Church leaders
- Advocacy meeting with the government
- Presentation slides, cycle beads, Family planning books, videos and handouts.
- Bible study discussion guide adopted from the CCIH recourse center.
- Presentations

4. Stakeholders and Partners – Roles and Responsibilities



Beneficiaries: Who are the main beneficiaries of the experience/ practice?

- Faith-based Healthcare facilities in Nigeria and their patients
- Church leaders and their congregations

Which parties/ institutions and groups of people are mainly involved in the implementation of the experience?

Bill & Melinda Gates foundation and CCIH provided funding that provided an opportunity for FBOs to engage and contribute to the FP2020 global initiative.

ECWA: Implementing partner EPN: Help with project implementation because of the vast network and having MCH as a focus program area.



5. Resources

What kinds of resources are needed to carry out/ implement the experience? How much of every resource is needed?

Human, material resources as well as time, finance, knowledge, and methodology were needed. A future intervention will have to be planned based on the baseline study in the targeted region. It will depend on the need and the kind of project. For this project, the plan was developed utilizing the knowledge of other organizations in the network, which have better FP systems.



6. Impact of the Experience/ Practice

What has been the impact of this experience on the beneficiaries' (both men and women) livelihoods? What has improved through the presented experience on the level of individuals, and on the organizational level?

ECWA Central Pharmacy was able to work with 5 different denominations across the country. The program was of great impact and got the PathFinders interested with the same due to its success. The National government of the state was also interested in ECWA's activities and now ECWA is part of the Family Planning team of the state. They accrue this to the project that brought them into limelight.

Did the experience contribute to an innovation in the livelihoods of men and women? If yes, describe in which way!

No, family planning is not an innovation, but with good FP the livelihoods of families can improve significantly. The Children can access more resources and get better education.



7. Lessons Learned and Recommendations

What are the key messages and lessons learned from the experience?

First, the verbal commitment and written commitment to supply FBOs with FP commodities and create a budget line for Family planning by the Plateau State government marked the highest gain/result in this project.

Secondly, religious leaders first got the approval from their church authorities and can now fearlessly advocate for better family planning in their churches and beyond because of the capacity building training they attended.

Thirdly, the CAFPA led radio shows has placed the faith-based community at the heart of Family planning awareness and access discussions, which has initiated relationships that will potentially lead to further support from the Government. This is in line with the initial goals to increase commitment by Ministries of Health and other government organizations to work with FBOs in advancing family planning.

What would you suggest to someone in a similar situation?

Sustained outreach campaigns within the church and radio education programs contribute to achievements in such a project. In addition, socio-cultural and religious acceptability are important determinants for increased family planning uptake especially in a society that is as religious as Nigeria. Family planning uptake is a shared responsibility and needs both complimentary efforts from the government and FBOs who provide complimentary services to the government in health.



8. Challenges

What are the main challenges encountered by men and women in applying the experience?

Despite the formal commitment from the government, it yet was to be realized few weeks after the project. Family planning being a sensitive topic within the church made it a difficult subject to talk about. Beliefs, cultures and the 'taboo' nature of the subject made it difficult: While the government officials are positive about an idea, they are also cautious of their political reputation and balancing other competing interests. This factor has meant that our advocacy was very slow and unpredictable especially with limited resources.

How have these challenges been addressed so far?

The government's commitment was realized later and enrolled ECWA in the Family Planning team of the state. The strategy taken by ECWA and EPN was to build capacity among the clergy, who in turn would advocate for access to family planning commodity to the government at the same time building demand among their members for the family planning commodities. This led to positive but unintended outcomes where religious leaders can now openly integrate family planning awareness activities within the church existing system.



9. Sustainability

What are the elements that need to be put into place for the practice to be institutionally, socially, economically and environmentally sustainable?

Family



planning uptake is a shared responsibility and needs both complimentary efforts from the government and FBOs, who provide complimentary services to the government in health.



10. Experience Sharing/ Up-scaling

What are the conditions (institutional, economic, social and environmental) that need to be in place for the practice to be replicated?

Identification of viable gaps in family planning; Being part of a strong network like EPN is helpful to implement such a project.

Did you already share your experience with other organisations or institutions?

The PathFinders took an interest in the project and planned to carry out similar ones.

Do you know any other institutions which have similar experiences or which have implemented similar practices?

No

Which other group(s), institution(s) or organisation(s) could be interested in this experience/ practice? For whom do you think this experience could serve as a reference?

- Organisations addressing women's rights
- Religious organisations
- Health organisations