



## KEY REFLECTIONS ON THE CHURCHES WORK IN FP

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## CHAZ PROFILE

- Formed in 1970.
- Interdenominational (Catholic and Protestant) umbrella organization for 152 Church Health Institutions
- The second largest provider of health services in Zambia.
- One of the two Principal Recipients for the Global Fund Mechanism in Zambia for HIV/AIDS (including ART), Malaria & TB GF inception in 2002.
- CHAZ has successfully managed a grant value of over \$160 million in the last 8 years.
- Lead NGO/SCO in health



## FP OVERALL OBJECTIVES

- Collaborate with government and work within Zambia's FP 2020 Commitment
- Integration of facility level activities into the District health management teams (DHMT) for sustainability
- Partnerships
  - Consideration and respect of each of the 16 denomination's doctrine/policy (Catholic and Protestant)
- Demand Creation-
  - Use of a combination of Communication Channels: Interpersonal & Mass Media Channels and community, regional (district) and central levels.



## FP = INTEGRAL COMPONENT OF BOTH THE HEALTH PROGRAMS AND ADVOCACY UNITS

- FP is implemented in all the church health facilities and integrated into the District health management teams
- Protestant health facilities promote and offer both Natural and modern methods
- Catholic health facilities promote the natural Family Planning method.
  - However, "If Clients request for Modern FP Methods, we provide Comprehensive FP Counseling, and refer them to government Health Facilities or Community Based Distributors (CBDs) for the services" Beatrice Mulenga, Chilonga Catholic Mission Hospital (2014)
- None offers Abortion as option



### CHAZ FP ACTIVITIES

#### Central Level Activities:

- Training of Church Leaders in FP
- Established dialogue between church leaders and Government on FP.
- Participation in FP national TWG
- Engaged in Policy meetings to represent the church and other SCO working in health
- Budget tracking at central and district level

#### Outcomes

- Joint Advocacy Goals developed
- Clergy FP Champions identified and engaged.
- CHD & Injectables
- # Media Engagements ?
- FP Budget now established in national budget (2015, 2016) ?

### LESSONS LEARNT

- While family planning has suffered from inadequate investments, the church health system has been most affected because the development partners have assumed that Churches:
  - are "anti-Family Planning",
  - have one stand on Family Planning
  - do not have the technical knowhow to effectively contribute to improving Family Planning outcomes.
- Because of this perception the church has been left out in the allocation of family planning resources and in the decision making space- a missed opportunity

### COMMUNITY LEVEL

#### ○ **Whose volunteer is it?**

- The church's volunteer model has been negatively affected and will require resetting.
- Focus on competence building (developing key competences for living in a world of HIV and other health issues).
- Engage critical indigenous self propagating institutions in a reflection to ensure locally driven changes in socialisation institutions.

### INSTITUTIONAL LEVEL

- There is a need to support church leaders, and clergy who take the risk of being forerunners.
- Engaging the church requires an institution wide engagement (clergy, clergy leaders, believers and believer leaders) before the full potential of the church can be unleashed on a problem.

## INSTITUTIONAL LEVEL 2

- The need to localise the epidemic (key populations).
- We need to guard against politicising interventions. (use of labels such as progressive and non progressive for people who agree or don't agree with a point of view)
- The increasing need for the skilled believer. ( the critical balance between capacity building for the unskilled believer and appropriate placement of all believers).
- The church has demonstrated capacity



## THANK YOU

