

MOMENTUM

Country and Global Leadership



■ Summary Report

STRENGTHENING FAITH ENGAGEMENT IN FAMILY PLANNING THROUGH HEALTH WORKER TRAINING AND RELIGIOUS LEADER OUTREACH:

Experiences from the Christian Health Association Sierra Leone

GOAL

Improve the uptake of voluntary family planning (FP) through engagement with faith-based health facilities, religious leaders, and their communities.

PROGRAM APPROACH, STRATEGIES, AND INTERVENTIONS

BACKGROUND

MOMENTUM Country and Global Leadership is part of a suite of innovative awards funded by the U.S. Agency for International Development (USAID) to holistically improve voluntary FP and maternal and child health in partner countries around the world. In Sierra Leone, the project began during the height of the COVID-19 pandemic in 2020 and aimed to support the government to maintain the continuity of essential, quality maternal and child health and FP services at the national, district, facility, and community levels.

Within the MOMENTUM Sierra Leone consortium, Jhpiego serves as the lead coordination agency with several implementing and technical partners, such as Save the Children International and Christian Connections for International Health, who serves as the Faith Engagement Team. The Christian Health Association Sierra Leone (CHASL) is a member of Christian Connections for International Health and was selected to support the local faith engagement components of this program. CHASL is a network association of 45 members (hospitals, clinics, and nongovernmental organizations) operating in 14 of 16 districts in Sierra Leone.

Country Program Quick Facts

Project Start Date: August 2020

Project End Date: December 2024

Geographic Focus: Sierra Leone: Western Area Urban, Western Area Rural, and Kailahun Districts

Project Scope: 10 faith-based health facilities supported



USAID
FROM THE AMERICAN PEOPLE



www.USAIDMomentum.org
X/TWITTER: @USAID_Momentum
FACEBOOK: USAID Momentum

FAITH ENGAGEMENT STRATEGY ONE: HEALTH WORKER TRAINING

CAPACITY-BUILDING ON FERTILITY AWARENESS METHODS OF FP FOR SERVICE PROVIDERS AT GOVERNMENT/PUBLIC AND FAITH-BASED FACILITIES

Fertility awareness methods (FAM) are evidence-based FP approaches that include the Standard Days Method (SDM), two-day method, and lactational amenorrhea method (LAM). FAM are widely accepted by faith communities and other communities, including those that do not accept hormonal and other methods of FP despite a high unmet need to limit and space pregnancies, given that FAM resonate with their religious beliefs. Other benefits of FAM are that they are convenient, cost-effective, and have no side effects.

The unmet need for FP for currently married women in Sierra Leone is at 25%, with the demand for FP by currently married women at 46% (Sierra Leone Demographic and Health Survey 2019). This high unmet need is due to limited accessibility of FP choices and provider bias, among other reasons. Since the initiation of this program, MOMENTUM has strengthened the capacity of health care providers to ensure the availability of as broad a range of FP contraceptive options as feasible.

In order to increase the demand for FP and reduce provider bias, it was necessary that more methods be made available to a critical mass of service providers, including both long-acting reversible contraception and FAM. The Sierra Leone Midwives Association was charged with providing training and mentorship on long-acting reversible contraception methods, with FAM also part of the training of trainers. Eventually, MOMENTUM decided to roll out FAM-specific training at all MOMENTUM-supported faith-based and public facilities. This approach was taken knowing that other FP methods were more commonly available across the MOMENTUM-supported facilities at baseline, but that choices were limited (including FAM choices).

In September 2021, MOMENTUM's Faith Engagement Team led the first FAM training, which included 20 health workers from the 10 faith-based health facilities (two participants per facility). CHASL staff and the Reproductive Health and Family Planning Program (RH/FP) from the Ministry of Health (MOH) were trained as trainers who continued to lead the cascade of FAM training.

In October 2022, CHASL led the first cohort of FAM training in coordination with the RH/FP trainers from the MOH. The training was conducted at the district level with two participants from each of the 53 MOMENTUM-targeted sites (both faith-based and public facilities).

Six months following the initial cascaded training, CHASL conducted a refresher training including a session focused on sharing experiences with FAM counseling and services. MOMENTUM produced and distributed relevant job aids and materials at every training.

In Sierra Leone, CycleBeads® used for SDM are not available since they are not included on the national list of FP commodities. To ensure the continuous use of the new knowledge gained, it was important for the service providers to have the necessary tools or job aids to facilitate service provision. The paper-based cycle beads and information about a mobile phone app were used as substitutes for the physical beads for all training conducted. CycleBeads job aids were given to participants after the training and they were encouraged to use them during their counseling sessions. The refresher workshop included a review of counseling using the job aids to teach couples or clients how to use FAM correctly.

Providing quality FAM services, especially for SDM, involves detailed client counseling to ensure that the client understands the instructions for their correct and effective use and to reduce the failure rate. Facilities with a high caseload of clients normally face challenges in providing detailed counseling sessions due to time

constraints of attending to high numbers of clients and limited waiting time. During the FAM training, emphasis was placed on the importance of counseling sessions. Facility staff are regularly reminded to go through the entire process to ensure couples use the method effectively for a successful outcome.

As of August 2023, a total of 106 service providers had been trained on FAM. The providers included midwives, state-enrolled community health nurses, state-registered nurses, and



A FAM training of service providers in Pujehun District

maternal and child health assistants in both faith-based and public health facilities. These activities were conducted to ensure the availability of options and high-quality counseling so that clients would be able to make an informed choice regarding the contraceptive methods that would best meet their RH needs.

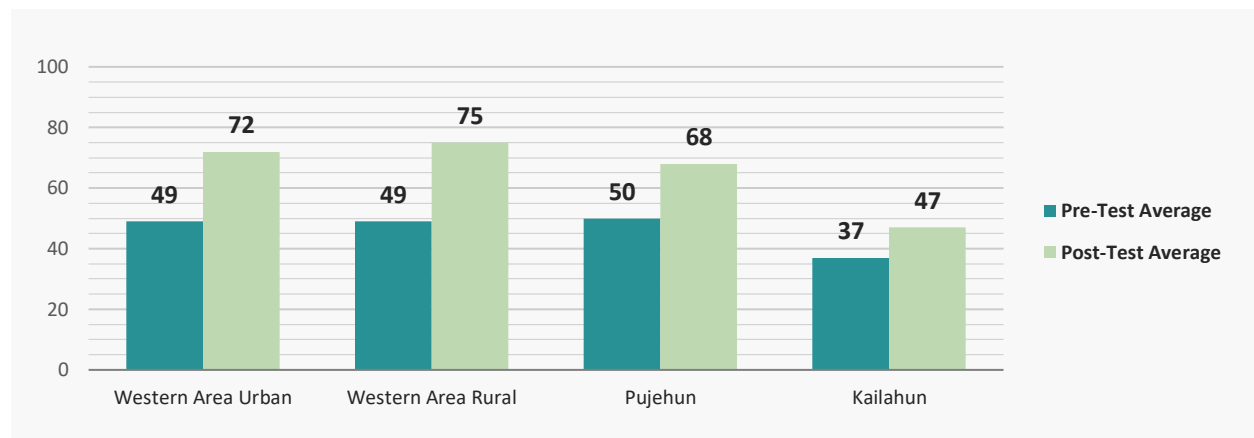
RESULTS AND FINDINGS FROM HEALTH WORKER TRAININGS

Health care workers completed pre- and post-tests to evaluate the effectiveness of the FAM trainings. The tests included 14 multiple choice questions assessing knowledge gained on the three types of FAM covered.

Figure 1 shows the pre- and post-evaluation score averages of the 106 health care workers who participated in the FAM training divided by district. Each district showed an increase from the average pre-test score to the post-test scores. The lower average scores in the pre- and post-test in Kailahun indicated that there is little knowledge about FAM and a steep learning curve. Out of the 13 MOMENTUM-supported facilities in Kailahun, only two, which are faith-based facilities, offered FAM prior to the training.

A service provider in the Pujehun District said, “I am happy that I am able to go through this training. In Pujehun, most of the populace are Muslims and it is difficult for them to accept hormonal FP methods. I am confident that with the new knowledge gained, I will be able to counsel my clients on FAM and other methods to increase FP uptake in my community.”

FIGURE 1: PRE- AND POST-EVALUATION AVERAGES OF THE 106 HEALTH CARE WORKERS IN THE FAM TRAININGS, BY DISTRICT



ADVOCACY WITH THE MOH RH/FP PROGRAM TO INCLUDE FAM IN ALL FP TRAINING

CHASL conducted a series of engagement meetings with staff at the MOH RH/FP Program who have a direct mandate to coordinate all FP activities in the country. Through CHASL's advocacy and the strategic inclusion of the MOH FP Coordinator and other MOH staff as of the first training in the country, the RH/FP Program Manager committed to integrating FAM in all FP training conducted nationally, and to have the national FP master trainer's capacity strengthened on FAM to support the cascade of knowledge to lower-level health facilities.

FAITH ENGAGEMENT STRATEGY TWO: RELIGIOUS LEADER OUTREACH

ENGAGING FAITH LEADERS ON HEALTHY TIMING AND SPACING OF PREGNANCIES (HTSP)

In Sierra Leone, religious beliefs play a crucial role in shaping contraceptive behaviors. Studies conducted in the country show varied opinions both across and within religious affiliations. Although both Christian and Muslim leaders largely supported FAM for birth spacing, apprehensions surrounding hormonal methods prevailed. The knowledge level of religious leaders concerning FP mirrored that of Sierra Leone's general populace (Bash-Taqi R et al. *Report on Religious Leaders' Perspectives on Family Planning in Sierra Leone: Bridging Traditional Beliefs and Modern Contraceptives Use*). It is within this context that MOMENTUM conducted workshops to engage religious leaders within the four targeted districts to build their capacity on HTSP. The aim of this approach was to ensure their understanding, buy-in, and support of FP, acting as ambassadors, creating demand for use of FP, and supporting health facilities within their communities.

HTSP is a term that resonates with values and doctrines of religious bodies and often is more acceptable than the term "FP," which may hold negative connotations to religious leaders.

Four training workshops for Muslim and Christian religious leaders on HTSP were held at the district level, targeting 25 participants in each of the four districts. CHASL led the sessions with religious leaders, provided a safe environment to share doubts and concerns, facilitate trust and confidence for the religious leaders to serve as ambassadors in creating demand for FP uptake in their communities and support the respective health facilities.

Passages from the Quran and Bible that support HTSP were reviewed and discussed. In addition, discussions around how contraceptives work to prevent pregnancy helped to dispel initial concerns of religious leaders on the use of FP. Some of the misinformation discussed included: women who have never given birth can become infertile if given an intrauterine device, hormonal methods are abortive, and the use of pills causes fibroids in women. Allowing time for religious leaders to ask question and discuss any concerns was a key part of the time together.

Many of the religious leaders advocate for abstinence before marriage and are committed to ensuring that a marriage/union does not occur before 18 years of age. Addressing RH concerns throughout the life stages, including the adolescent stage, was part of the discussions during the FAM training. Religious leaders had the opportunity to ask questions about how contraceptives work, what FP means, and how they can refer people to health facilities in their communities for more information and services. This discussion allowed the training team, made up of the CHASL team, MOH RH/FP Program staff, and the District Health Management Team representatives, to dispel FP misinformation among religious leaders.

RESULTS AND FINDINGS FROM THE RELIGIOUS LEADER OUTREACH

Utilizing the HTSP concept in outreach with religious leaders, CHASL has been able to better connect and work collaboratively with identified faith actors to promote FP in their communities.

A short pulse poll was conducted, which included questions such as how satisfied the religious leaders were with the training, if the components of HTSP made sense, and if advocating for HTSP was a priority for them. Findings from the poll and feedback indicate better understanding, changed perceptions, and acceptance of FP.

Through the open-ended questions, feedback of religious leaders included suggestions on how to add to future trainings or provide more information on how to teach school children effectively or provide relevant information to schools to teach children, training other young people to talk to those in their age groups, using social media in promoting HTSP, and to spend more time in deliberating on HTSP in group settings, as well as discuss how to actively involve church groups in the future.

Religious leaders developed action plans with commitments on how they would support health facilities and increase demand for utilization of FP. CHASL continues to follow up with the religious leaders and monitor their action plans on a monthly basis. According to these action plans, the majority of the 100 Christian and Muslim religious leaders who participated in the four training workshops said that they have been using the messages on HTSP backed by scripture in their gatherings. One religious leader reported that, since the training on HTSP, “we have been raising awareness on FP methods through our congregational activities in the various churches and with church heads.”



A religious leader from the first outreach workshop

KEY RECOMMENDATIONS

- The MOH RH/FP programs should include CycleBeads on the essential FP commodity list to support successful implementation of FAM at service delivery points and include FAM in the FP national training curriculum and as an addendum to the newly launched comprehensive sexuality curriculum.
- The MOH RH/FP Program and national FP Technical Working Group should include indicators on FAM in the next revision of Health Management Information Systems tools to ensure continued recording and provision of comprehensive FP services at the facility level.
- MOH and its partners in the FP space should work with and support religious leaders to create the necessary demand for increased utilization of FP services.
- MOH and its partners in the FP space should ensure the availability of FP commodities and skilled staff at service delivery points, providing holistic FP services to meet demand at the community level.

CONCLUSION

FAM are valuable methods of FP in Sierra Leone because of their widespread acceptance in faith communities, convenience, cost effectiveness, and absence of side effects. Religious leaders, especially those with health or educational affinity, are very influential as change agents for their peers and are willing to champion the FP agenda when they are well-informed and capacitated. The MOH RH/FP Program recognizes that buy-in from religious leaders, which creates FP demand and supports health facilities to ensure increased use of FP services coupled with the critical mass of service providers trained on FAM will increase options for clients and improve the FP and RH goals in the country.

MOMENTUM

USAIDMomentum.org

X/TWITTER: @USAIDMomentum

FACEBOOK: USAID Momentum



USAID
FROM THE AMERICAN PEOPLE



This brief is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by Jhpiego and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.