

Faith Pre-Conference: The Role of Faith Communities in FP Advocacy & Services Towards Achieving the Sustainable Development Goals (SDGs),

Nusa Dua, Indonesia 23-25 January 2016



Delivering for family health and wellbeing

# List of Abbreviations

|         |  |
|---------|--|
| APC     | Advancing Partners and Community   |
| AIDS    | Acquired immunodeficiency Syndrome   |
| BKKBN   | Badan Koordinasi Keluarga Berencana Nasional / Indonesian Population and Family Information Network                                      |
| BMGF    | Bill and Melinda Gates Foundation  |
| C4RH    | Catholics for Reproductive Health  |
| CfG     | Capital for Good   |
| CCIH    | Christian Connections for International Health   |
| CHAZ    | Churches Health Association of Zambia  |
| CAPA    | Council of Anglican Provinces of Africa  |
| DRC     | Democratic Republic of Congo   |
| DSW     | Deutsche Stiftung Weltbevoelkerung   |
| EPN     | Ecumenical Pharmaceutical Network  |
| E2A     | Evidence to Action Project   |
| FAPSEDU | Forum Antar Umat Beragama Peduli Kependudukan dan Keluarga Sejahtera or Inter-Religious Forum Caring for Family Welfare and Population). |
| FOs     | Faith Organisations  |
| FBOs    | Faith Based Organisations  |
| HIV     | Human immunodeficiency Virus   |
| ICFP    | International Conference on Family Planning  |
| IRH     | Institute for Reproductive Health  |
| ISC     | International Steering Committee   |
| IICPSR  | International Islamic Center for Population Studies and Research   |
| MDGs    | Millennium Development Goals   |
| MSH     | Management Sciences for Health   |
| MNCH    | Maternal, Newborn and Child Health   |
| PAI     | Population Action International  |
| PMTCT   | Prevention of Mother To Child Transmission   |
| UNFPA   | United Nations Population Fund   |
| SDGs    | Sustainable Development Goals  |
| SRHR    | Sexual reproductive health and rights 2014   |
| STI     | Sexually Transmitted Infection   |
| UPMB    | Uganda Protestant Medical Bureau   |
| YONECO  | Council of Churches and Youth Net and Counselling  |

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# Acknowledgement

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The Core-Chairs thank the ICFP International Steering Committee (ISC) for accepting representatives of faith community (Rev. Canon Grace Clement Isabirye Kaiso, General Secretary, Council of Anglican Provinces of Africa (CAPA) and Chair – Faith to Action Network Steering Council; Prof. Dr. Ahmed Ragaa Abdel-Hamid Ragab Abu Zeid and Vice Chair - – Faith to Action Network Steering Council, Geertje van Mensvoort – Member – Faith to Action Network Steering Council, Dr. Douglas Huber – Member, Faith to Action Network Steering Council; Dr. Emma Rachmawati Tatang - Member, Faith to Action Network Steering Council; Prof. Gamal I. Serour – Faith to Action Network Advisory Council; Prof. Syafiq A. Mughni - Faith to Action Network Advisory Council) to the ISC. Their advocacy made it possible for Faith Preconference to be made part of ICFP.

The Core-Chairs salute members of the Faith Subcommittee: African Council of Religious Leaders (ACRL-RfP), Cordaid, Council of Anglican Provinces of Africa (CAPA), Ecumenical Pharmaceutical Network (EPN), Engender Health, Evidence to Action Project (E2A), International Islamic Center for Population Studies and Research (IICPSR) at Al Azhar University, Institute for Reproductive Health (IRH) at Georgetown University, Population Action International (PAI), United Nations Population Fund (UNFPA), Uganda Protestant Medical Bureau (UPMB), and World Vision. Their tireless efforts to pool resources, experiences, expertise and networks. We are grateful for the sponsorship of individual participants to the faith preconference.

Special thanks are extended to Ms. Jennifer Daves of the Bill and Melinda Gates Foundation (BMGF) for linking the Faith to Action Network with Capital for Good (CfG), a major boost to resource mobilization for the preconference.

Special thanks also go to Mr. Jose “Oying” Ramon II, Director, Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University Bloomberg School of Public Health. His believe in the ability of the faith community to organise the preconference made all the difference.

Special appreciation is extended to the participants for demonstrating stewardship and solidarity and attending the rescheduled ICFP in the face of the postponement of ICFP2015 occasioned by the volcanic eruption of Rinjani Mountain. More than anything else, this is commitment to family planning issues.

The faith preconference was made a reality by the generous and kind support of the Dutch Ministry of Foreign Affairs; Capital for Good (CfG); Deutsche Stiftung Weltbevoelkerung (DSW); Advancing Partners and Community (APC); and Badan Koordinasi Keluarga Berencana Nasional (in Bahasa) (BKKBN) ‘Indonesian Population and Family Information Network. Their resources supported a worthy effort and will forever remain imprinted in the memories of the participants, who attended the first ever faith preconference.

All those that provided crucial services to make the faith preconference memorable and enjoyable, receive our blessings.

# Executive Summary

Faith is an integral part of life for many people and communities. Religious Leaders are trusted and respected advisors and advocates on many issues, including health. What is an obvious but obscured fact is that globally, there are many religious leaders who steadfastly support and promote family planning because they know it protects the health of mothers and children, reduces the number of abortions, promotes family health and wellbeing and is consistent with their religious and moral beliefs.

Many religious institutions operate health facilities that provide family planning services often to marginalized and hard-to-reach populations. For the first time, 86 faith leaders and representatives of faith-based organizations met for a Faith Pre-Conference at ICFP 2016 to discuss how faith communities can leverage their power and resources to partner with other organisations and advocate with governments and partners for increased resources for health and specifically family planning. These faith and religious leaders were representatives from Buddhist, Christian, Confucian, Hindu, Jewish, and Muslim faiths from 26 countries. This participation of faith representatives was unprecedented in the history of the International Conference on Family Planning (ICFP).

Faith Pre-conference preceded the ICFP, held on January 25th-28th 2016 in Nusa Dua, Indonesia. The Faith pre-conference was held on January 23th-25th 2016. Its organisation was led by the Faith Subcommittee Co-Chaired by Faith to Action Network, Christian Connections for International Health (CCIH), and Muhammadiyah.

The subcommittee comprised of: African Council of Religious Leaders (RfP), Al-Azhar University, Cordaid, Council of Anglican Provinces of Africa (CAPA), Ecumenical Pharmaceutical Network (EPN), Engender Health, Evidence to Action Project (E2A), Institute for Reproductive Health at Georgetown University, Population Action International, The United Nations Population Fund (UNFPA), Uganda Protestant Medical Bureau (UPMB), and World Vision.

The participants based their discussions around Family Planning as essential in improving health, ending extreme poverty and achieving the Sustainable Development Goals, Voluntary family planning as consistent with faith values as it protects the lives and health of mothers and children. In addition to that, they discussed how they as Faith leaders could become influential advocates of voluntary family planning.

The main goal of the Faith and family planning preconference was to ***sensitise the participants for active participation in the implementation of the post-2015 Sustainable Development Goals (SDG) family planning agenda at national and international levels.***

## Faith preconference objectives:

- Encourage and develop relationships and partnerships among religious leaders, faith-based organizations, and secular organizations engaged in family planning.
- Increase understanding of the connection between faith values and family planning and priorities among the participants.
- Provide evidence and showcase best practices of faith-based involvement in family planning.
- Develop recommendations for the implementation of the post-2015 SDG agenda, specifically related to FP, within faith communities, including the need to contextualize strategies and solutions.
- Develop advocacy strategies:
  - To work with partners to influence governments to fund FP in their countries.
  - To advocate for FP services in their religious institutions (churches, mosques, health facilities, etc.) and communities.

## Main Preconference recommendations:

- Promote youth centered and friendly services and programmes targeting young people (in and out-of-school youth) on reproductive health through various mediums and forums including faith spaces.
- Support and participate in implementation of global initiatives such as the SDGs and FP2020.
- Promote an integrated, holistic and multi-disciplinary approach to FP including mainstreaming FP as part of day to day religious activities (that is empowering followers, building capacity of faith leaders and equipping faith-based institutions to provide necessary services)
- Orient medical personnel /medical service providers, media, governments and funding agencies on working with faith communities on areas of sensitivities of religion/culture, building trust/confidence, building viable partnerships, and shared responsibility in ensuring safety of products.
- Advocate for and recommend acceptable FP language, messaging and appropriate channels for delivery (which include faith spaces, media engagement, national, regional and international forums)
- Undertake research to build and document a body of evidence answering (what, why, and how) faith has contributed in FP and identify needs and interventions in that can scale-up faith programming on FP
- Promote partnerships and faith participation and inclusion policy, decision making and program formation and implementation including increasing financing support for faith-led FP programs.
- Promote and strengthen support for gender equality using transformational approaches that involve men and couple communication to help achieve gender equality so women and men have equal value and shared decision making in FP programming
- The faith and religious leaders made the following commitments:
  - To continue to inform and educate our communities on family planning especially youth and faith leaders, as is consistent with our faith values as it protects the lives and health of mothers and children and families.
  - To continue to provide and support quality family planning service delivery, referrals, and products to all communities. We therefore welcome our governments and the international community to partner with us in ensuring access to quality services.
  - To continue to advocate internally within our faith communities to mainstream family planning in our services. We will continue to advocate externally with our own national and local governments, NGOs, and welcome others to partner with faith communities.



We, the 85 faith representatives from 26 countries representing Buddhist, Christian, Confucian, Hindu, Jewish, and Muslim faiths, came together to strategize on advancing family planning from a faith perspective during the International Conference on Family Planning Faith Pre-Conference 2016. We, the faith community, believe in the sacredness of life and affirm our responsibility to the thriving of the human family. We recognize the importance of global initiatives such as the Sustainable Development Goals and FP2020, and commit to support their implementation for the holistic achievement of these goals. The faith community provides enormous opportunities for progress in meeting unmet need for family planning and we have made the following 3 commitments:

- We re-commit to continuing to inform and educate our communities on family planning especially youth and faith leaders, as is consistent with our faith values as it protects the lives and health of mothers and children and families.
- We re-commit to continuing to provide and support quality family planning service delivery, referrals, and products to all communities. We re-affirm our commitment and welcome our governments and the international community to partner with us in ensuring access to quality services.
- We re-commit to continuing to advocate internally within our faith communities to mainstream family planning in our services. We will continue to advocate externally with our own national and local governments, NGOs, and welcome others to partner with faith communities.

This is a joint commitment by us, the 85 faith representatives from 26 countries representing Buddhist, Christian, Confucian, Hindu, Jewish, and Muslim faiths. Thank you for this opportunity to share our commitments with you, our international partners in helping all our communities survive and thrive.

# Conference Day One

## Opening Session

Moderator, Faith and Family Planning Preconference: Prof. Dr. Henry Mosley, Professor Emeritus, Johns Hopkins University School of Public Health



Prof. Dr. Henry Mosley noted that the Faith Community's role in family planning had been recognized through the first ever faith preconference at the international conference family on planning. He recognized the diversity of religions present, gender and ages of participants. He also recognized the crucial issues that to be discussed, the experience and knowledge of the speakers, the diversity of participants and the importance of giving a clear message on the position of faith in family planning. He called on participants to identify and connect their work on family planning to their faith and the Sustainable Development Goals.

## Morning Prayer



Day 1 morning Prayer was led by Mr. Nyoman Udayana Sangging, Parisade Hindu Dharma Indonesia/ Hindu Dharma Council of Indonesia

## Welcome Remarks

Remarks by Rev. Canon Grace Kaiso, General Secretary, Council of Anglican Provinces of Africa and Chair, Faith to Action Network

The Journey of Common Purpose – to promote health and safety for women and children

Rev. Canon Kaiso's remarks were phrased as a story of a journey. He noted that:

In 2013 - during the 3rd ICFP, Faith to Action Network, World Vision, Institute for Reproductive Health (IRH) and Management Sciences for Health (MSH) held a preformed panel session titled Family planning for family health and well-being: Faith Organisations (FOs) and the Family Planning Language. One of the observations was the limited presence and role the faith community had at ICFP 2013. During the closing statement of the 2013 panel session, Rev. Kaiso promised that Faith to Action Network would hold a larger faith conference on health with a focus on family planning. Thus, the journey to the Faith Preconference had started.

In 2014 - October during the Faith to Action Network's three-in-one training for media, health personnel and religious leaders titled Building capacity for increased access and quality sexual reproductive health and rights (SRHR) services, a training held together with the Network's Steering Council meeting, Mr. Jose "Oying" Rimon had shared information on the venue for the 4th international conference on family planning (ICFP) would take place in Indonesia. This The news from Mr. Rimon was another step in our the journey to the faith preconference. Other steps include the decision to hold the Faith





to Action Network's Steering Council meeting in Indonesia to coincide with ICFP 2015. With initial resources from Dutch government, Faith to Action Network started to mobilise like-minded partners to hold a faith summit on family planning.

In 2015 – Seven members of the Faith to Action Network's Steering and Advisory Councils joined the International Steering Committee (ISC) organising the ICFP (Rev. Canon Grace Clement Isabirye Kaiso, General Secretary, Council of Anglican Provinces of Africa (CAPA) and Chair – Faith to Action Network Steering Council; Prof. Dr. Ahmed Ragaa Abdel-Hamid Ragab Abu Zeid and Vice Chair – Faith to Action Network Steering Council, Geertje van Mensvoort – Member – Faith to Action Network Steering Council, Dr. Douglas Huber – Member, Faith to Action Network

Steering Council; Dr. Emma Rachmawati Tatang - Member, Faith to Action Network Steering Council; Prof. Gamal I. Serour – Faith to Action Network Advisory Council; Prof. Syafiq A. Mughni - Faith to Action Network Advisory Council). The seven started to undertake internal advocacy with other ISC members to accept the proposed faith our summit to be part of ICFP. These voices were joined by others and the ISC dedicated the first ever faith stream in ICFP and established the first ever Faith Sub-Committee of ISC. The proposed summit was then baptized the Faith and Family planning preconference.

Rev. Canon Kaiso thanked the members of the Faith Sub-Committee for pooling together expertise, resources, personal and organisational resources and networks into making the faith pre-conference a reality. The Faith Subcommittee is led by Christian Connections for International Health (CCIH), Faith to Action Network, and Muhammadiyah. The subcommittee is also comprised of: Council of Anglican Provinces of Africa (CAPA), Ecumenical Pharmaceutical Network (EPN), Engender Health, Evidence to Action Project (E2A), International Islamic Center for Population Studies and Research at Al Azhar University Institute for Reproductive Health at Georgetown University, Population Action International (PAI), The United Nations Population Fund (UNFPA), Uganda Protestant Medical Bureau (UPMB), and World Vision. He also extended thanks to Ms. Jennifer Daves of the Bill and Melinda Gates Foundation (BMGF) for linking the Faith to Action Network with Capital for Good (CfG), a major boost to resource mobilization for the preconference.

In 2016 – it was the Together, we broke year of braking new records. Records of: partnership between faith and faith neutral organisations; trust by donors that the faith community can deliver its promises, albeit applying different strategies; opportunity to tell the world an obvious but obscured fact that the faith community is not against family planning. Rev. Canon Grace Kaiso thanked the partners - who have come with the Faith to Action Network and the Faith Sub-committee on the journey namely; Dutch Ministry of Foreign Affairs; Bill and Melinda Gates Foundation (BMGF); Capital for Good (CfG); Deutsche Stiftung Weltbevoelkerung (DSW); PAI; Advancing Partners and Community (APC); Badan Koordinasi Keluarga Berencana Nasional (in Bahasa) (BKKBN) 'Indonesian Population and Family Information Network' and UNFPA.

Rev. Canon Grace Kaiso again welcomed participants to Bali Indonesia and to the first ever Faith Preconference on Family Planning. He also thanked the hosts – the Government of the Republic of Indonesia and Muhammadiyah.

Remarks by Mr. Jose “Oying” Ramon II, Director, Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University Bloomberg School of Public Health. He is senior scientist in the Department of Population, Family and Reproductive Health and served as chair of the steering committee for the International Conference on Family Planning in Nusa Dua, Indonesia.



In his remarks, Mr. Rimon noted that the family planning community had shown solidarity in the face of challenges following the postponement of ICFP 2015 that was caused by the volcanic eruption of Rinjani Mountain. He informed participants that even with the postponement, confirmations were 100% for panels, 95% for oral and 75% for poster presentations. He noted that in previous international family planning conferences held in Kampala-Uganda, Dakar-Senegal and Addis –Ethiopia, the presence of the faith community was not felt except in Addis where the Faith to Action Network held a side event.

Mr. Rimon noted that in the fourth ICFP, the ISC wanted the faith community to be more visible and more represented and that he had given the faith community a closing ceremony plenary slot to report back on the outcomes of the Faith and Family Planning preconference.

Mr. Rimon shared that from his personal experience, he had learnt important lessons that made him interested and a champion on faith and family planning. He recalled that years back in his career, he had led a Philippines delegation to Indonesia to learn about how the country’s family planning programme saved mothers and infant lives as well as moderated population growth. During the visit, he had met with Muhammadiyah, Nahdlatul Ulama, two of the largest Islamic organizations in the world, and other faith groups representing other religions. During the visit, he was with the Grand Mufti His name, and High Imam His name, both from and members of parliament and governors. What he noted during the visit was that the Grand Mufti and High Imam were speaking to other Islamic religious leaders in Indonesia, they were speaking in Arabic, all having been graduates of Al Azhar University. He said that after the delegation’s visit, the Grand Mufti of Philippines invited him to go and speak to the congregation during Friday prayers. He noted that he shied away from talking about family planning, the topic that had brought them together in the first place. However, after his talk, the Grand Mufti went on to tell the congregants that they should have fewer children, so that they could stay handsome and spouses stay youthful longer. He noted that the message of the Grand Mufti was well received and indeed, he went on to be referred to as “Imam Pogi”, a local slang for handsome.

Mr. Rimon noted that as Imam Pogi knew, faith does not have to be at odds with family planning – and it shouldn’t be if we want to improve global health, especially for women and children. He noted that around the world, 225 million women want to avoid pregnancy or manage their births but lack access to contraception. He noted that no matter the faith or orthodoxy one follows, research shows that family planning saves lives:

- Fewer unplanned pregnancies means fewer abortions and better health for moms and babies<sup>1</sup>
- Enabling women to space out children by about 3 years has been shown to improve health and reduce the number of women and children who die in childbirth<sup>2</sup>.
- Giving couples the tools to have fewer children can improve families’ educational and economic chances<sup>3</sup> and decrease the risk of women dying while pregnant or soon after childbirth<sup>4</sup>.

1 <https://www.guttmacher.org/article/2015/04/just-numbers-impact-us-international-family-planning-assistance>

2

3 <http://www.prb.org/Publications/Reports/2009/bangladeshfamilyplanning.aspx>

4 <http://www.ncbi.nlm.nih.gov/pubmed/22784531>

Mr. Rimon noted that few would argue that these life-changing benefits should not be enjoyed by people of all faiths. Yet even today, the perception exists in some quarters – and let’s face it, sometimes becomes a tragic reality – that religion clashes with family planning. In noted that findings of a 2008 survey of several dozen organizations that provide faith-based health services in developing countries that found, that religious opposition was perceived to be a greater obstacle to helping couples (from all religions) plan their families than were lack of contraceptive supplies or fear of contraceptive methods<sup>5</sup>. “Couples are expected to get as many children as God provides,” a respondent for one organization said.

He Mr. Rimon observed that perception has invited contentious debates over birth control in highly religious countries. But disagreement does not preclude progress. He gave the example of In the Philippines where, after almost a decade and a half of opposition by the Catholic Church, a landmark bill was passed in 2013 giving low-income women access to contraception provided through government resources<sup>6</sup>. Polls showed that Filipinos strongly supported the bill’s underlying philosophy – that the government should ensure access for all citizens, especially the poor.

Mr. Rimon noted that this type of national breakthrough is important for two reasons. One, it shows that the more choices people have, the more likely they will be to use some form of modern contraception. Second, it helps to normalize contraception for families<sup>7</sup>. Once a public health practice such as using modern contraception becomes a part of a society’s social norms, it will sustain itself.

Mr. Rimon said that “to help people reconcile their faith with family planning, we must show them that contraception is more in step with their religious beliefs than they may have thought”. He shared that in Jordan, where the Johns Hopkins Center for Communications Programs, at which Mr. Rimon worked before, advised the government on its family planning program, many people believed their religious leaders opposed birth control. That was a misperception disproven by a self-administered survey of religious leaders. The survey findings showed that It turned out that religious leaders were no different than the faithful, and more than 80 percent supported family planning<sup>8</sup>.

Mr. Rimon noted that, “people can be empowered to make family planning choices when ideology does not accommodate the realities of life”.

In conclusion, As such, Mr. Rimon noted that it was his hope that many more faith leaders will vocally support family planning and that many more people in communities of faith will talk openly about their family planning decisions. He observed that “When that happens, contraceptive choice – with its many benefits – will become a practiced, accepted part of life for people of all faiths”.

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5 <http://www.ccih.org/ccih-publications/166-international-family-planning-christian-actions-and-attitudes-a-survey-of-christian-connections-for-international-health-member-organizations-.html>

6 [http://www.nytimes.com/2012/12/18/world/asia/philippine-lawmakers-pass-reproductive-health-bill.html?\\_r=1](http://www.nytimes.com/2012/12/18/world/asia/philippine-lawmakers-pass-reproductive-health-bill.html?_r=1)

7 <http://www.ghspjournal.org/content/1/2/203.full>

8 <https://www.gutmacher.org/about/journals/ipsrh/2000/08/islamic-precepts-and-family-planning-perceptions-jordanian-religious>

## Introductions

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Prof. Mosley read out the countries present and requested the participants from that country to stand and be acknowledged by all other participants. The twenty six (26) countries represented were: **Afghanistan, Benin, Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Egypt, Ethiopia, Germany, Ghana, India, Indonesia, Kenya, Malawi, Netherlands, Niger, Nigeria, Philippines, Poland, Rwanda, Senegal, South Africa, Tanzania, Uganda, United Kingdom, United States of America, and Zambia.**

Linkages between FP and SDGs and faith Values, Prof. Dr. Henry Mosley, Professor Emeritus, Johns Hopkins University School of Public Health



Prof. Mosley shared the linkage between the Sustainable Development Goals (SDGs) and family planning and what faith organisations can contribute to achieve the SDGs. He noted that the SDGs were preceded by the Millennium Development Goals (MDGs)<sup>9</sup>.

Prof. Mosley then listed the 17 SDGs and pursued how extreme poverty is related to participants' work and the SDGs.

<sup>10</sup>It was noted that the definition of extreme poverty is one dollar and 90 cents per person per day. However, an observation was made that even three dollars per person per day would not lift people from extreme poverty. As such, it was suggested that eradication of extreme poverty should not be considered a developmental goal but a human right.

A further question was asked on what some of the faith organisations have done to eradicate poverty. The participants shared the following experiences:

Prof. Mosley concluded by noting that the timeline for the MDG goals was 2015. The international community had developed the 17 SDGs to guide development. He noted that what came out from the contributions by the participants were efforts that address various facets of SDGs. He thus called on the faith based organisations to implement more activities that promote FP as it improves family wellbeing.

9 <https://www.un.org/millennium-goals/>

10 <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>



Religions for Peace (90 countries) was involved in MDGs work with many chapters establishing initiatives such as small bank loans. It was observed that most such loans were accessed by women.

In South Africa, under MDGs, it was noted that in health, the focus was narrowed to three issues – ie HIV/AIDS, Tuberculosis (TB), and Malaria. Other health issues such as kwashiorkor, obesity, hunger, malnutrition, diabetes were ignored yet they are related to poverty. As an example, research done showed diabetes that between 2000-2012, diabetes cases rose from 1,600,000 to 6,800,000.

In South Africa, they also set up community programmes in rural areas to build skills for income generating activities – the example of Kwazulu Natal where the elderly were heading families since most young people aged 25-35 years had died was shared.



In Zambia, Churches Health Association of Zambia (CHAZ) modified the Grameen bank concept by establishing village banking as a livelihood activity to improve income at house hold level, which has been established by many faith organisations helping people access health services including FP. Their focus was on women savings schemes where they lend the money to members. This has seen increase in assets for the members, access to education and health services, property ownership by women.



Asia Interfaith Network has promoted food security through their members providing seeds for farmers to plant. Some FBOs have established self-help groups that market the goods produced by the members of the congregations they serve.



In Indonesia, Brahma Kumaris works with middle class families in Denpasar (predominantly Hindu) and Surabaya (predominantly Muslim) and teaches them that taking care of a child is a twenty years' commitment – before a child can gain an adequate level of physical and emotional level of development for independence. They also teach about quality versus quantity of people (people who have gained education, training and economic development) which is easy to accomplish in small families. The other issue they educate people on is gender equality – every woman can say no to sex and decide on number of children - based on faith values of the different religions.



World Vision establishes self-help groups where they teach group members healthy timing and spacing of pregnancy. Once educated, they are linked with social marketing agencies.



In Egypt, Al-Azhar University formed expert groups and examined the roots of MDGs in Islam. They looked at how to eradicate poverty in Islam. They proposed that Zakat should be given to institutions not individuals. This has helped institutions including hospitals improve services.



In Benin, the focus has been on managing the demographic dividend where fewer children would increase resources for education and training and general improvement of the quality of the population.

Other FBOs have related family planning as one strategy of addressing poverty as it gives families opportunity to invest on issues like education and health.



In the Democratic Republic of Congo (DRC) which has experienced successive wars since independence in 1960, the importance of peace and security were highlighted as key pillars in reducing poverty. The two pillars were noted to depend on policy and political system adopted a country. It was observed that policy and political system failures which compromise peace and security have affected women empowerment, child rights and efforts to reduce poverty. The other issue is accountability in implementing globalization. It was noted that multinational companies are in the middle of many things that go on in the African continent. Some are involved in exploitation of natural resources like minerals yet poverty levels of host communities continue to rise. As such, proper definition of policies and political system not only bring peace and stability but create an enabling environment for poverty reduction, realization of rights including access to family planning services. To achieve this environment, democracy and justice needs to be promoted as ideals in governance.



In Philippines, Catholics for Reproductive Health (C4RH) noted that there is opposition for modern contraceptives for women. The groups opposed to modern contraceptives promote natural family planning. C4RH advocates for diversity of methods as natural family planning only works for women with regular menstrual cycles as it cannot work for those with irregular menstrual periods or those in abusive relationships. There was observation that there have been cases where some faith based organisations initiate income generating activities in poor communities to help them expand their churches.



Progressio 75 has worked local faith based and organisations to educate the population on sexual reproductive health, gender mainstreaming in HIV/AIDS prevention among others. Progressio 75 partnered with organisations such as Zimbabwe Council of Churches and Youth Net and Counselling (YONECO) of Malawi. Through partnering with such organisations, they are able to address myths and misperceptions on sexual reproductive health as well as building capacity of religious leaders to address the sexual reproductive health.



In Nigeria, they have educated communities on early marriage as it leads to many births. It was noted that child mortality has reduced through improved health care while rural urban migration has been on the decline due to establishment of manufacturing and other type of companies in rural areas. Rising levels of education and awareness on benefits of family have also seen an increase in contraceptive use.



In Indonesia, among Buddhists, they teach the Buddhist point of view in economic management. For the middle class, they recommend 50% of savings for running a business, 25% for savings and 25% for enjoyment or use for anything they want to buy. For the poor, they give them a goat where they can use milk to improve family nutrition and sell some milk to make money. They also teach that boys and girls are equal thus discouraging getting more children while chasing a certain gender.



The Anglican Church in Africa has a programme called Church community mobilisation programme which focuses on church congregations where they train facilitators who help to identify and mobilise the resources within the communities, especially local resources, to address various challenges including poverty alleviation, family planning and economic empowerment.



*Baroness Verma, Parliamentary Under Secretary of State for International Development, addresses guests at the Faith Networking Reception at ICFP, as Steering Council members of the Faith to Action Network looks on.*

## Plenary Session I: Governments partnering with faith-based organizations – opportunities, lessons and way forward

Ambassador Lambert Grijns, Dutch Ministry of Foreign Affairs: Dutch government experiences partnering with faith-based organizations:

- Dutch students get little education on religion, but most of the world claims a religion. Without a better understanding of religion, we can't understand the world
- Ambassador was born in Indonesia, when moving to the Netherlands was surprised by lack of understanding of religion
- SHRH conversation is greatly impacted by religious values, most religious leaders are men and does the conversation change if religious leaders are women?
- Faith community needs to advocate more to be included in foreign policy
- The Netherlands is secular, focused on human rights, often overlooks religion
- Many examples of what governments can do



Key lessons learned by governments in partnering with faith-based organizations:

- Invest in knowledge – coordination platforms, improving faith community engagement, understand and speak faith language
- Working through FBOs is not always easy, might have to start at low level, don't just focus on the big organizations – look at who is offering services on the ground
- Know your opposition – SHRH opposed by certain faith networks (Catholic, Evangelical, Mormon – US based). Who are these networks accountable to?
- Language – need to understand each other, some explicit language is not used in faith communities, some language is being abused (especially around rights), more interfaith dialogue
- Focus on progressive religious leaders – who can make positive contributions, counter the vocal minority opposition
- Listen to people and their needs – listen and allow people to make personal choices
- Invest in knowledge - correlations between SDG's and religion
  - Biggest question is how to leverage potential of religious involvement
- Listen to people and their needs
  - Some people are worried that the line of separation of church and state is being crossed
  - Governments need to bridge gap of human rights and religion
  - There is no good or bad religions in SRHR, although there is sometimes abuse, e.g. Boko Haram, ISIS



Dr. Tri Hastuti Nur Rochimah, Aisyiyah Muhammadiyah:  
Indonesian Government support for provision of FP/RH services  
through FBOs: The experiences of Muhammadiyah.

- Organization has been concerned about MNCH since its establishment in 1917, MNCH health center started in 1945-50
- Family planning is not about limiting children, is about how to build family resilience and welfare
- FP will lead to family management including pregnancy management – more communication between men and women about how many children, type of contraception. More equal roles for men and women
- “Sakinah” family – marriage based on mutual love, caring and respect
- Use Qur’an to educate around family planning concepts – parents are responsible to care for their children’s welfare
- Muhammadiyah has been cooperating with BKKBN since 1971.
- Working in hospitals and clinics, higher education, and sermons/community meetings
- Have done FP awareness campaign, FP curriculum, provide contraception at hospitals



Lessons learnt

- Religious leaders play a key role in community mobilization for FP and RH services
- Capacity building of religious leaders is very important to understand scientific approaches

Ms. Karen Sichinga, Africa Christian Health Associations Platform (ACHAP)  
and Churches Health Association of Zambia (CHAZ): How Christian Health  
Associations (CHAs) in Africa engage with governments on family planning

- Memorandum of Understanding (MOUs) with government – define obligation to Christian Health Associations, have to work within national framework, representation in all technical working groups
- Background on Christian Health Associations (CHAs) – provide comprehensive health including FP that is scientifically sound and guided by church doctrine
- 26 CHAs in Africa
- Family planning advocacy role – favorable policies and practices
- CHAs do FP services and advocacy, some only do natural FP, none provide abortion services
- Capacity building in Uganda – clergy, community and health providers engaged, led to increased male involvement, increased communication between couples, 7600 new contraception users



- CHAZ objectives include:–
  - Increase access to FP
  - Strengthen integration of FP into MNCH/STI/PMTCT/HIV/AIDS programs
  - Ongoing relationships with faith leaders
- CHAZ represents civil society overall, not just religious leaders – engage on policy at a high level
- Development partners assume churches are against family planning and lack technical know-how. Church has been left out of funding and decision making, a missed opportunity.
- Challenges in FP on demand side as well as service delivery and supply chain. Demand not just an issue of faith – bigger issue is culture and tradition.
- CHAs respect individual doctrines and practices
- In many traditional contexts children are viewed as social insurance for family. Education is important to change traditional practices that impede access to FP.

### Recommendations:

- Development partners need to engage with the faith community
- Church needs to document its work in FP

### Plenary reactions and responses

- Sheikh Lethome – there is need for religious leaders and technical people to work together as different efforts should complement each other.
- Prof. Ragab - women should consult gynecologists for the right FP method and not themselves just insisting on a method that may not be fit for them. Equally, vasectomy has been proven to be safe and should be promoted among Muslim communities.

### Lunch Prayer



Day 1 lunch Prayer was led by Grand Mufti, Sheikh Luaba Mangala, Grand Mufti – Democratic Republic of Congo (DRC) and President, Islamic Union Consuls of Central Eastern and Southern Africa (UMC).



*Sheikh Luaba Mangala, Grand Mufti, DRC and President, UMC / Islamic, Union Consuls of Central Eastern and Southern Africa leads prayer during the lunch break, Day one of the preconference.*

## Plenary Session II: Presenting research on faith-based involvement in family planning

Ms. Lauren VanEnk, Institute for Reproductive Health at Georgetown University: Faith-Based Organizations as Partners in Family Planning: Working Together to Improve Family Well-being



**LAUREN VAN ENK**, Institute for Reproductive Health at Georgetown University began by noting that over the past five years, there has been a growing interest in the global health community regarding involvement of the faith sector on FP. Observing that having a tract dedicated to faith in the ICFP has been a great achievement. However, there is need for continued advocacy to help global health community understand the value and role of faith sector with regards to FP. Further, there is need to better understand how faith community communicates and collaborates to get the advocacy done.

She explained that the study set out to explore the role of the faith sector in improving maternal and child health (MCH) through family planning; describe unique contributions of the faith sector in family planning, understand the current relationships between FBOs and secular organizations working in family planning and identify opportunities for increased collaboration and more effective partnerships.

Data was gathered through a series of in-depth interviews with stakeholders. The study was qualitative and in-depth and that country level interviews focusing Afghanistan, Mali, Ethiopia and Kenya were carried out. Representatives from, faith-based organizations, churches, non-governmental organizations, international aid agencies and governments were interviewed. In total 76 respondents were interviewed in person or over the phone. Faith representatives were Muslim, Protestant Christian, Orthodox, Catholic, and Interfaith.

Several key themes emerged such as motivations and actions. It emerged that for faith organisations, meeting the reproductive needs of persons was not necessarily viewed as an end to itself but one way of improving physical and spiritual wellbeing of one person. There were also resounding areas of common ground related to economic development for the poor and maternal and child health. From the faith community; strengthened marriages, family harmony and spiritual health were major area of focus while women's empowerment, human rights, and population and environment were the areas of main focus by nonreligious development sectors.

It also emerged that the term family planning has many connotations depending on the context. She noted that the FP term that suits both the faith and faith neutral development partners was 'healthy timing and spacing of pregnancies'.

Additionally, faith organisations focused more on:

- Family values
- Responsible parenthood
- Male involvement
- Couple communication

There were areas of discord on the Language. There were words and phrases of red flag when speaking to faith organization such as: population control, limiting births and abortion. There were terms that were more faith community friendly - like healthy timing and spacing of children and healthy living among others.

It was noted that there existed partnerships between faith and faith neutral organisations. This partnership had gained renewed interest with MDGs and FP2020. According to a participant, an aspect important in partnership is mutual recognition of each other's value as outlined in the quotes below;

"I think one of the issues is to look at the common ground where all faiths agree on certain principles. For example, everybody agrees on some family planning methods, including the Catholics. So that is one area. If we all agree on a common ground, it becomes easy for everybody, and everybody feels comfortable. Then also come up with best practices. Certain methods have successfully been accepted by the community and there is tangible research information to prove that it is something viable, it is practical and can bear fruit." - Country-based Muslim religious leader



*Sheikh Ibrahim Lethome Asmani, Shariah/Legal Consultant, Supreme Council of Kenya Muslims Kenya, makes a contribution during the discussions*

"Rather than construct ad-hoc partnerships with FBOs at the country level, we wanted to support and strengthen these country-level partnerships through regional cohesion. So we brought them together at the regional level. In an attempt to also be responsive to their needs, we responded to some of their very concrete demands and gave them the platform. We tried to facilitate the forum where they could themselves come with their own collation of the work they had done on sexual and reproductive health and population." –Donor, Global

"In Afghanistan under an international donor-funded project, contraceptive prevalence more than doubled in three rural areas in one year after collaborations with religious leaders were established. This is a solid example of the kind of partnership that can move healthy family issues forward. This model is now being scaled up through technical support to the central and provincial ministry of public health." –Donor, Global

It was learned from the research capacity building is a fundamental activity between partners and that all stakeholders need to be attentive to message development and who delivers the message and that safe spaces need to be fostered for continued dialogue such as the faith pre conference among others.

After the presentation, she posed some questions to the plenary regarding what they had learned about effective ways to communicate about family planning, focusing on (1) key messages – messengers and communication channels and (2) what circumstances have been keeping FBOs and religious leaders from being more involved programmatically in family planning.

## Plenary reactions and responses

Afghanistan - considerations. It's important to remember what is the key message and what is the local context when religious leaders are talking about FP. FP is limitation/control of birth. Planning connotes something you have control over. We need to change to terms that are more acceptable like family wellbeing. The messenger, must be an expert and should mean what they say – passionate. Look for understandable language and not use technical language.



*Dr. Naimatullah Akbari, Director General, Afghanistan Social Development and Health Organization-Afghanistan, expounds more on the case of Afghanistan during the plenary reactions*

## Plenary Session III: Identifying faith-based contributions to SDGs through family planning

### Group discussions, process and reports

Ten groups of varied sizes with religious and geographical diversity were established prior to the preconference. The groups included four groups of researchers, three of advocates, two of religious leaders (Africa and Indonesia) and one French speaking group. The Faith sub-committee identified a group leader and note taker per group and communicated with them to seek their acceptance of assigned responsibility.

All groups discussed the same issues with discussion questions for each small group developed by the Faith sub-committee. The questions were:

- When did you first get involved in family planning (for how long have you been involved)? Did someone influence you? What caused your participation? Why do you think it's important to be engaged in family planning efforts?
- If you are working in FP in your community or with your organization, how does what you are doing relate to the national policies in your country?
- Do you partner with any groups on family planning? If yes, please describe how your partnership works?
- What are your (FBOs, religious institutions) current commitments to FP in your communities? Each group will share 3 commitments. Each group should think of what this the preconference should share as the its commitments during the closing plenary.

## Group reports:

22

On general questions 1-4, the following emerged from the groups:

### **Involvement in family planning and duration, reasons and importance of FP**

- Meeting with women's group, later got involved in advocacy for FP and budget advocacy
- Learned about high rates of maternal death while working on various projects
- First got involved in FP in practical way, after married, had to learn about methods (later got involved in public health)
- Kenya 1970s – national campaign in support of FP, songs on the radio every single day, still remembers the lyrics
- One's academic background especially those trained in Public Health background
- Organisational policy on reproductive health where one component touched on family planning and addressing HIV/AIDS stigma within churches (World Vision)
- Family planning is important because it is aligned to their mission and they want mothers and children to be healthy.
- Learnt from a 1970's comic book about family planning – from Muhammadiyah. , it was the first time she learnt how important it is to manage family.
- Became involved in family planning programmes and realized it is important to ensure women have rights to decide.
- From research on family planning and fundamentalism.
- After the first child, a joint decision between the couples to use contraceptives for child spacing

### **Relation of organizational FP programs with national policies**

- Zambia – national budget, sit on strategic committee (policy committee), lead org representing civil society/NGOs working on health. For example, concerns about supply chain as it relates to FP commodities – bring this problem to the policy committee
- Al Azhar University - FBO paves the way for others (sensitization, publish materials, etc)
- Work with members of parliament, MoH, Ministry of Finance, to pass the FP budget in parliament. Also work with religious mother bodies and religious leaders as FP champions at community level



*Participants contribute to the plenary discussions*

## On partnerships, their importance and challenges

- Faith based organisations have different partnerships in different levels either internal to their religion and denomination or interreligious. Sometimes partnerships are with governments and also with faith neutral organisations. Some partnerships are issue based or sectorial. Partnerships have been very effective (JCM partners with CHAM, HPP) both at national level to pass FP budget/change policies (e.g. child marriage law). Partnership with international organizations
- Programs in Egypt are very vertical, more recently started to work together (National Population Policy 2016-2020), often not the right people talking to each other (someone represents the ministry at coordinating meeting who doesn't actually have power to make changes). Idea is good, implementation is bad
- Partnership between RL with medical providers/experts
- International partnerships – cross-fertilization of ideas, avoiding making the same mistakes. CHAs don't have many FP partners in their country, so crucial to find partnership with other CHAs. Try to reach out to other organizations but it is hard because of misconceptions since they are a Christian group
- Criteria for good partnership – both sides need to be equal to ensure good, sustainable partnership
- Building coalition is not happening – resources are limited, people tend to use partnerships for their own gain, not a true partnership, can get competitive, no chance to build up small players
- A lot of duplication of services/efforts because of lack of partnership
- Who/how you can partner with is shaped by donors – each organization is chasing numbers to report to donor
- Need conditions for partnership – division of responsibilities, clear expectations

## What Faith organisations should commit in terms of FP and SDGs

- Health benefits of FP are so obvious (e.g. maternal mortality, child mortality) – FP is valuable for health, beyond just limiting births
- Clearing up misconceptions, religious texts that support FP
- Support our governments in their efforts to increase uptake of FP (work within national frameworks)
- Advocacy
- FBOs are always a “by the way,” or an afterthought. If we didn't have this preconference, we'd be forgotten. Are always fighting for our space. Need space in main conference, need to be taken seriously for contribution we make in health sector – To achieve the SDGs, we cannot afford to sideline FBOs. We cannot achieve the SDGs without FBOs. Also need space at the UN
  - Supportive of SDGs and its achievement, need support/to be included
- Commit to FP2020 vision – not everyone is clear about FP2020 goals/commitments
- Commitment to forging new partnerships, bridging the gap between religious community and broader CSO community, meeting them halfway (understanding that this is a two way street, takes them coming to us, including us, taking us seriously)
- Faith community knows there are issues with youth and SRHR, but are shy to actually act on those issues
  - Zambia – 14,000 girls became pregnant and had to drop out of school in 2014 – admit that we have failed – have to challenge the status quo
  - Commitment to educating RL around youth and SRH
  - Train religious leaders
- Discussing human dignity is better than talking about rights, especially in Bahasa Indonesia.
- Targeting media to make them understand that fundamentalists are only few while the rest supports family planning

- Being bold because the supporters of family planning have been rather quiet while those who oppose it have been loud.
- Gathering evidence and documentation to support our family planning commitments
- Providing family planning information rooted in scriptures

## Reporting on group commitments

### Research/Program -Group 1

- FBOs are committed to and support education and awareness creation on FP
- FBOs are committed to provide service delivery
- FBOs are committed to research and advocacy on FP issues

### Research/Program -Group 2

- FBOs are committed to bring an integrated, holistic and multi-disciplinary approach to FP rather than a fragmented one. This includes holistic language and diverse partnerships
- Strengthen support for gender equality using transformational approaches that involve men and couple communication to help achieve gender equality so women and men have equal value and shared decision making in FP programming
- Mainstream and strengthen their approach and work with youth within faith communities to address misconceptions by addressing the reasons/root causes and not merely stop SRH and FP interventions while improving information sharing for greater transparency around religious teachings on SRH and FP

### Research/Program -Group 3

- Change approach and focus on benefits of FP, spacing children over time through discussing use of FP that includes natural and modern methods
- Have continuous dialogues among FBOs, faith leaders, health actors and other actors in development including youth, farmers, teachers, among others to help change their mindsets
- Act – advocate for FP, through coalitions, networks, religious groups, faith congregations, interreligious groups, and be proactive to encourage governments to engage religious groups on FP methods, including cycle beads. Adopt approaches and lessons learnt during the response on HIV/AIDS.

### Research/Program -Group 4

#### Three commitments as a group:

- Continue and expand the already ongoing Faith work on family planning
- Undertake research to build and document a body of evidence answering (what, why, and how) faith has done in FP and identify needs and interventions in family planning
- Build a common language for greater acceptability and support on FP by religious groups acknowledging there are some that accept FP and others still have conflict with FP.

### Religious Leaders - Africa - Group 5

- Mainstreaming FP as part of day to day religious activities (that is empowering followers, building capacity of faith leaders and equipping faith-based institutions to provide necessary services)
- Developing appropriate language, messaging and appropriate channels for delivery (which include faith spaces, media engagement)



- Orientation of medical personnel /medical service providers and funding agencies on working with faith communities on areas of sensitivities of religion/culture, building trust/confidence, building viable partnerships, shared responsibility in ensuring safety of products.

### Advocates -Group 6 & 7 (combined)

- Focus on youth centered and friendly services and programmes targeting young people (in and out of school) specifically on comprehensive reproductive health and sexuality education
- Focus on inclusiveness in advocacy (involving different levels and sectors, men engagement, vulnerable groups). Taking advocacy beyond policy and legislation to include implementation
- Ensuring religious leaders make FP their mandate (resources and capacity building) in line with their values, principles and doctrines (belief in God, use of holy scriptures and working with religious leaders and within their structures)

### Advocates - Group 8

- The faith community is committed to forging partnerships and is willing to find common ground with new partners and the faith community calls upon other partners to be inclusive of the faith community in policy, decision making and program formation and implementation including increasing financing support for faith-directed programs.
- The faith community is committed to training religious leaders on needs of youth and building their capacity to educate and provide services for young people.
- The faith community recognizes the importance of global initiatives such as the SDGs and FP2020, and commits to support their implementation for the holistic achievement of these goals.

### French Speaking Group - Group 9

- Continue the advocacy process to support FP
- Create a network for communication and exchange of different experiences
- Convince governments to involve religions when they are doing national programs on FP



*A section of french speaking participants during the group discussions*

## Religious Leaders - Indonesia Group 10

- Make networking that consists of the 8 major faith organisations (JANNUR, PHDI, LKKNU, YAYASAN BRAHMA KUMARIS, FORUM SILATURRAHMI MASJID SERANTAU, WANITA TERAVADA INDONESIA and MATAKIN) and partnership with government
- Explore contextual religious understanding between 8 major faith organisations so we can answer challenges and questions on FP
- Communication, information and education about FP will be shared with children from an early age through family education and through formal and informal education institutions. The education should be simple, contextual and regularly updated.



*A section of participants from Indonesia, holds their group discussions*

### Process in Coming-up with 3 Faith Preconference Commitments for Presentation at ICFP Closing Plenary.

It was clarified that the communication received from ICFP organizers was that the plenary closing ceremony will operationalise the conference theme, from Global Commitments to Local Actions. As such, the closing ceremony will focus on global commitments and the faith presentation at the plenary should be on its commitments from the preconference. To facilitate the process, a small group made up of one representative from each religion who were joined by the Faith Subcommittee Co-Chairs – Dr. Emma Rachmawati – Muhammadiyah, Mona Bormet – CCIH and Peter K. Munene – Faith to Action Network was constituted. The mandate of the group was to consolidate the **27** small group commitments into **3** major ones for the faith preconference. The other mandate of the small group was to nominate **one** religious leader to present the commitments at the plenary.

Some discussions ensued and the suggestions below were made:

- Request ICFP organisers to consider at least 3 religious leaders each present one commitment.
- Have one religious leader present the commitments and all faith preconference participants stand in solidarity.
- Have representatives of the different religions accompany and stand on both sides of the one religious leader reading the commitments.
- Ensure the small group has a youth and a woman.

The following representatives were nominated as members of the small group to create the commitments:

| <b>Nominee</b>   | <b>Religion</b>  |
|--|------------------|
| <b>Dr. Sim Mettasari Ishak</b> , Wanita Theravada (Buddhist Women) - <i>Indonesia</i>  | <b>Buddhist</b>  |
| <b>Mr. Uung Sendana Linggaraja</b> , General Chairman, Matakina - <i>Indonesia</i>   | <b>Confucius</b> |
| <b>Mr. Mohammed Bun Bida</b> , Faith-Based Advocate, Muslim Family Counselling Services, <i>Ghana</i>  | <b>Islam</b>     |
| <b>Mrs. Karen Sichinga</b> , Executive Director, Churches Health Association of Zambia (CHAZ) - <i>Zambia</i>  | <b>Christian</b> |
| <b>Reverend Andrew Kayiranga</b> , Diocesan Development Coordinator, Anglican Church/Kigali Diocese - <i>Rwanda</i>  | <b>Christian</b> |
| <b>Mr. Nyoman Udayana Sangging</b> , Chairman of Education and Culture, Parisade Hindu Dharma Indonesia/Hindu Dharma Council of Indonesia - <i>Indonesia</i> | <b>Hindu</b>     |
| <b>Mrs. Padigail (Paddy) Meskin</b> , President, Religions for Peace South Africa and Chair of Global Women of Faith Network - <i>South Africa</i>           | <b>Jew</b>       |
| <b>Dr. Asavari Herwadkar</b> , Medical Doctor, Ojus Medical Institute - <i>India</i>   | <b>Hindu</b>     |



### Day 1 Evening Prayer

Day 1 evening prayer was led by Dr. Sim Mettasari Ishak, Wanita Theravada (Buddhist Women) - *Indonesia*



*Dr. Sim Mettasari Ishak, leads the evening prayer*

# Conference Day 2

The moderator welcomed participants to day 2 of the preconference.

## Day 2 Morning Prayer



Day 2 morning Prayer was led by Mr. Ung Sendana Linggaraja, General Chairman, Matakin /Confucious, Indonesia

Providing faith-based input to the SDGs: Working session to share the 'statement' created after Sunday's small group session and receive feedback

## Presentation and plenary discussions on the draft statements

The 3 draft commitments were presented to the plenary by Ms. Mona Bormet. After presentation of the commitments, there was much discussion and wordsmithing of the language of the statement.

Some people wanted to add a passage which read "We, the faith community, believe in the sanctity of life and affirm our responsibility to the thriving of the human family". Much discussion arose from this term with many arguing "sanctity of life" is considered anti-abortion and may be mis-interpreted as anti-modern contraception. It was noted that the faith community is out to demonstrate to the larger family planning community that it supports "the healthy spacing and timing of births" including modern contraception. Alternative wording was proposed and participants adopted to use "the sacredness of life".



*"Ms. Mona Bormet, Program Director, Christian Connections for International Health (CCIH), leads the participants in developing their collective commitments.*

After constructive discussions, the commitments were collectively agreed-upon by all participants.

*NB: The commitments are annexed to the report and are also included here <http://faithtoactionnetwork.org/resource/statements/>.*

## Plenary Session IV; Improving access to family planning via faith based organisations and religious leaders.

Dr. Ahmed Ragab, Al Azhar University: The caravan experience: How Al Azhar is influencing views of Muslim leaders.

- He gave the background and foundation of the Caravan experience and Al Azhar University.
- The International Islamic Center for Population Studies and Research (IICPSR) was founded at Al Azhar University in 1975 in collaboration with UNFPA.
- It conducted several studies and came to a conclusion that networking and partnership with religious leaders gives the sense of ownership and ensures more sustainable programs.
- In order to enhance a dialogue among Muslim Scholars, the IICPSR developed a wide range of materials and programs with theological and scientific experts.



### Summary of activities

- Training and development of advocacy materials
- Study tours-delegations from Nigeria, Iran, Afghanistan, Burkina Faso, Syria, Jordan, Indonesia and Yemen.
- Engaging Civil Society and media(sensitization seminars)
- Travelling Seminar/Caravans(Indonesia, Somalia, Morocco, Yemen, Senegal, Gambia, Kyrgyzstan, Nigeria, Darfur refugee camps, Turkey, Afghanistan, Kenya and Djibouti)

### Summary of areas of interventions

- Promotion of Family Planning
- Promotion of breastfeeding
- Eradication of human trafficking
- Promotion of immunization
- Reduction of gender based violence
- Promotion of reproductive health for adolescents

### Lessons learnt and recommendations

- Clarifying in a scientific way and supported by evidence with concerns and questions of the religious leaders addressed is needed.

- The exchange of views between experts in theology and experts from SRHR disciplines is very important
- Making available materials that address reproductive health, gender and sexuality issues from both medical and theological experts is needed.
- Conducting training and raising awareness of the local religious leaders regarding reproductive health issues is of value
- Many of the religious leaders' views are compatible with advocates for reproductive and sexual health. They need to be encouraged and empowered to speak out.

### Ms. Cynthia Nyakwama, World Vision Kenya: Channels of Hope in Kenya.

Through channels of hope strategy, created demand as part of the health care system demand and the following were achieved;

- Participation of faith leaders in citizen voice and action groups to identify gaps in the health system at the county level and engage decision makers
- Promotion of FP in communities which was initially a taboo.
- Increased demand for Family planning
- Faith leaders understand the value of family planning

#### Lessons learnt

- Faith leaders can stimulate the use of family planning in communities through effective outreach once religious leaders are equipped with information through capacity building.
- Family planning programming is easy if aligned to organizational mission.
- Family planning is a challenging subject to educate students even at university level.



*A section of participants in their religious and cultural attire*

## Ms. Geertje Mensvoort, Cordaid: Providing SRH services in fragile states: experiences, lessons and future considerations.

In collaboration with the inter-faith religious leaders, the following were achieved;

- Developed a SRHR manual for young people.
- Youth friendly health services: youth corners, health professionals trained in youth friendly health services
- Comprehensive sexuality education: in-out of school, peer educators, youth organizations, teachers
- Access and availability of FP: better supply chain management, social franchises healthy entrepreneurs
- Reduction in Sexual Gender Based Violence / Gender
- Increased male involvement
- 10-14 years / menstruation management/ hygiene pads.



### Lessons learnt

- Results based financing/performance based financing is a best practice to increase access to quality FP/RH services.
- Family planning is important to reduce mortality especially in fragile states.
- There is need for increased advocacy to increase access to services

## Mr. Pak Cholil Nafis, Chairman FAPSEDU - (Forum Antar Umat Beragama Peduli Kependudukan dan Keluarga Sejahtera or Inter-Religious Forum Caring for Family Welfare and Population). : Improving Access to Family Planning: Contributions of faith community in Indonesia.

FAPSEDU is a national faith network supported by Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), the National Family Planning Coordinating Board in Indonesia. FAPSEDU has:

- Adopted family planning based on Muhammadiyah-Aishiyah concept
- Family planning leads to family management
- Equal relation among men and women in family management

FAPSEDU has also partnered with Muhammadiyah and BKKBN and through the enormous structures of Muhammadiyah (hospitals, schools and higher institutions of learning congregations, the following were accomplished;

- Development of curriculum and materials on FP
- Family planning campaign, education and awareness
- Referrals and linkages for access of contraceptives
- Capacity building of religious leaders and medical personnel





Day 2 Tea Break Prayer was led by Mrs. Padigail (Paddy) Meskin, President - Religions for Peace - South Africa & Chair of Global Women of Faith Network.

## Advocacy strategy working session - Thinking beyond ICFP 2016: Developing and implementing Advocacy strategies.



The session was facilitated by Mr. Yoram Siame, Advocacy Manager, Church Health Association of Zambia (CHAZ) the Advanced Family Planning SMART approach. The approach emphasizes advocacy and what can be quick wins (reach the right decision maker, with the right message at the right time). The emphasis of the session was how faith leaders can be involved, what countries have FP2020 commitments or not (handouts to each participant based on their country), and directions to each participant to create an advocacy goal/objectives based on AFP SMART framework.

### Three phases critical for success of advocacy agenda

- Build consensus
- Focus efforts
- Achieve change

### Quick wins definition

- A quick win is a discrete, critical policy or funding decision that must occur in the near term to achieve a broader goal.
- A quick win must have a credible link to the intended result to be effective
- It requires exploiting *opportunities for action* that have the *highest potential for impact* in the *near term*

### Types of Quick wins

- Policy
- Funding
- Visibility

### Secret To Quick wins

- Reach the right decision maker with the right message at the right time
- Opportunities for Action that have the right and highest potential for impact in short term and contribute to the long term result.

### Individual working session

After the AFP Smart presentation, participants went into individual working sessions where each organization/religious leader took time to work on their own action plan while at the meeting.

Each participant was asked to use the three preconference statements and undertake the following:



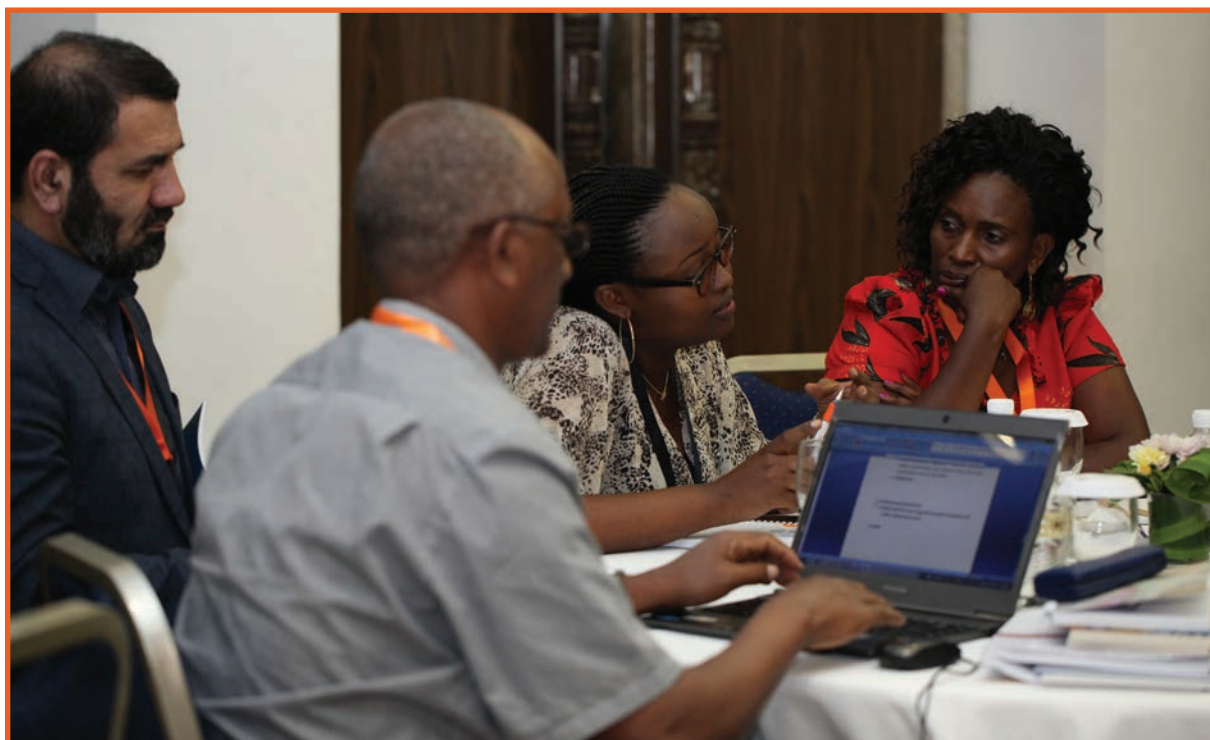
- Identify a key problem to address at organizational or national level (change desired) with regards to family planning and the faith community
- Identify the overall goal to be achieved (desired outcome)
- Identify smart objectives to achieve the goal
- Identify your SMART activities to achieve the objectives

Each participant was given cards to fill out and return to the secretariat. This session was conducted simultaneously with the preconference evaluation. A survey monkey questionnaire / form was developed and sent to participants to enable those who missed submitting their contributions to complete them online.

Link for individual evaluation: <https://www.surveymonkey.com/r/6RMLBL5><https://www.surveymonkey.com/r/6RMLBL5>

Link for individual objectives and actions: <https://www.surveymonkey.com/r/JZRWFQM><https://www.surveymonkey.com/r/JZRWFQM>

*The report on both individual working session with personal objectives and the faith pre-conference evaluation report are annexed to this report.*



*A section of the participants in a group as they work on their individual action plans*

## Media coverage

The participants were reminded to continue tweeting on the faith conference and follow media reports following various interviews done with religious leaders and other preconference participants.

***The list of available media coverage is annexed and information is also included here:*** <http://ccih.org/family-planning-a-reproductive-health/656-icfp-2016-faith-involvement.html>.

## Preconference closing

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The conference was closed thanking everyone for their participation and encouraging everyone to continue the momentum of working with faith communities for the health and well-being of families everywhere. The participants were encouraged to keep in touch and represent faith communities in ICFP and other forums at national and regional levels.



*Peter Munene, International Programme Coordinator, Faith to Action Network, makes his closing remarks.*



Day 2 Lunch Prayer was led by Reverend Andrew Kayiranga, Diocesan Development Coordinator, Anglican Church/Kigali Diocese - Rwanda



# Organisers & Sponsors



The background is a solid light yellow color. In the lower right quadrant, there is a large, abstract graphic composed of several overlapping shapes. These include a large orange circle at the top right, a blue circle to its left, a large blue 'C' shape below the blue circle, and a large orange 'C' shape to the right of the blue 'C'. There are also smaller blue circles at the bottom left and bottom center. The overall composition is modern and minimalist.

Faith to Action Network  
Hatheru Court (Lavington)  
Hatheru Road, Off Gitanga Road,  
P.O Box 2438-00202 Nairobi-Kenya  
Tel: +254 736 616 491/ 20 35723002  
[www.faithtoactionnetwork.org](http://www.faithtoactionnetwork.org)