

The Importance of Including Faith-Based Organizations

INTERNATIONAL CONFERENCE ON FAMILY PLANNING RECOMMENDATION PAPER

The ICFP forum brings us together to learn, share and find innovative ways to improve the quality and coverage of our family planning work in order to meet the reproductive health needs of the community. The COVID-19 pandemic has shown us how quickly our approaches and systems can be impacted and lead to negative results. The stock out of contraceptives and the rise in teenage pregnancies are only some of the negative effects. Another challenge that we will be facing includes the availability and distribution of the lifesaving COVID-19 vaccine that will enable us to lift many of the current restrictions, which will positively influence the quality and continuity of essential services including family planning.

THE ROLE OF FAITH-BASED ORGANIZATIONS

Faith communities and faith leaders play crucial gate keeping and influencing roles in the success of advancing health in developing countries.¹ Existing cultural and religious practices can also contribute to or further exasperate the issues that lead to poor health outcomes for the mother and child. Faith communities can even be the drivers of misinformation; thus, creating barriers that prohibit people from visiting clinics, receiving vaccinations, or using family planning methods. The influence of faith communities and faith leaders have been an essential component of efforts to address early marriage, combat harmful traditional practices, establish equitable treatment for women and girls, and overcome the stigma around male involvement in RMNCH.

Now, with the global COVID-19 pandemic, it is even more so important to engage faith leaders and faith communities as the effect of these important gatekeepers blocking messages, along with their promotion of harmful cultural/religious practices, could limit the effectiveness of the public health efforts from host-country governments and weaken donor investments in the global response to the pandemic.

OUR RECOMMENDATIONS TO LEVERAGE FAITH COMMUNITIES

- Global faith actors, multilateral organizations, and NGOs should advocate for family planning and safe and equitable global distribution of the vaccine—ensuring all countries have access to life-saving vaccines and family planning services for their vulnerable populations.
- National governments, global health actors, and humanitarian organizations should discuss with faith leaders how values, beliefs and practices support or conflict with family planning and vaccine planning processes and message development.
- National governments should partner with internal stakeholders to ensure a Barrier Analysis Survey highlights the key barriers and determinants driving family planning and vaccine-related actions and develop their national strategy and plan to respond to that information.
- Government health ministries and faith leaders should collaborate with each other and credible medical organizations and other stakeholders to ensure they have the most accurate, evidence-based information about vaccines and commit to sharing that information with their congregations and communities.
- Multilateral organizations should engage with global faith actors to ensure safe, clear, and accurate vaccine information that addresses faith-related barriers and develop and share messages that help in dispelling myths and rumors around vaccines and reduce vaccine hesitancy if any.
- Donors, NGOs, academic institutions, and governments should invest in research and interventions to help the sector understand, leverage, and more effectively partner with faith leaders and communities to promote life-saving behavior change.
- Multi-stakeholder national level advocacy should include a broad range of stakeholders, including local faith leaders, to ensure plans developed by the Ministry of Health consider contextually relevant determinants and barriers.

¹Jean F Duff, Warren W Buckingham III. Strengthening of partnerships between the public sector and faith-based groups. Lancet 2015; 386: 1786-94. Published Online July 7, 2015. [http://dx.doi.org/10.1016/S0140-6736\(15\)60250-1](http://dx.doi.org/10.1016/S0140-6736(15)60250-1)