

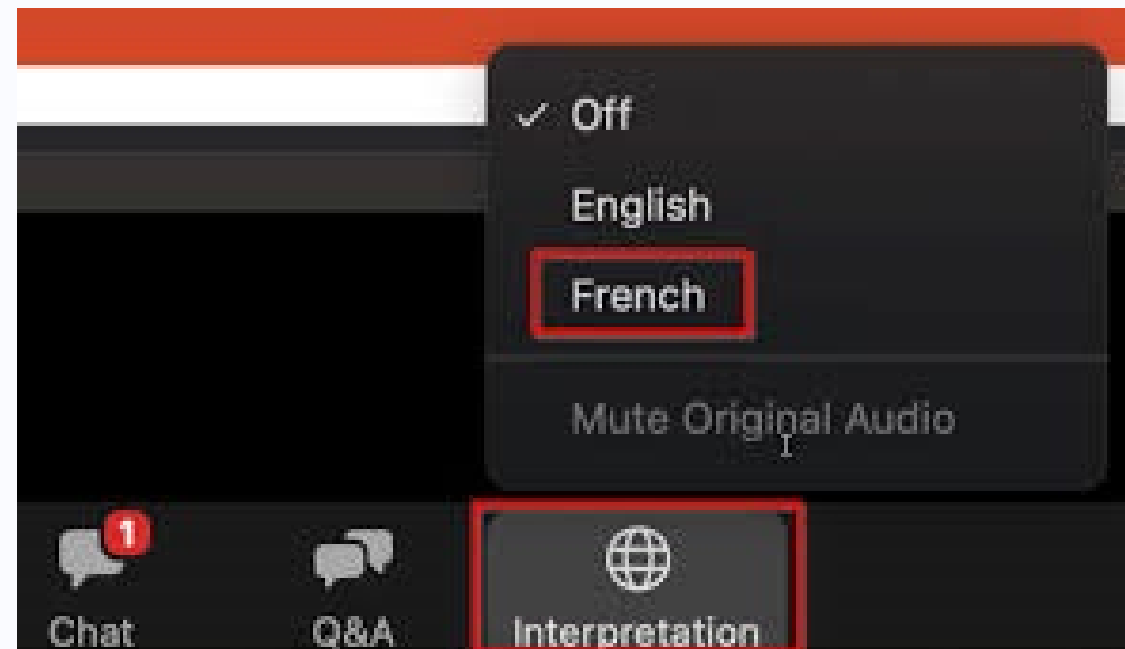
ترجمة / Traduction / Tradução / Traducción

في الجزء السفلي من الشاشة

En bas de l'écran

Na parte inferior da tela

En la parte inferior de la pantalla



Maria Carrasco

Originally from Ecuador, Maria is a behavioral scientist with 15 years of experience designing, implementing, and managing capacity building and public health programs. In her current role at USAID, she works on High Impact Practices (HIPs) in Family Planning (FP) and the Research for Scalable Solutions (R4S) project, which focuses on FP implementation sciences research. Maria is an Adjunct Assistant Professor at Johns Hopkins Bloomberg School of Public Health and has authored numerous peer-reviewed publications focusing on behavioral sciences insights to strengthen public health programs. She received her Master of Public Policy from Duke University and her MPH and PhD from the Johns Hopkins Bloomberg School of Public Health.



HIP

FAMILY

PLANNING

HIGH IMPACT

PRACTICES

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format. HIPs help programs focus resources for greatest impact.

Mona Bormet

Mona Bormet, MPH, CHES serves as Program Director for Christian Connections for International Health (CCIH). Mona directs a global portfolio of initiatives that improve timely access to quality health services in communities and facilities by working with faith-based partners and CCIH members around the world. Previously, Mona served as Advocacy Program Specialist for the Asian & Pacific Islander American Health Forum. She has an MPH from the University of Minnesota School of Public Health and a BS from Illinois State University. She received the American Public Health Association International Health Section Mid-Career Award in 2023.



Strengthening Partnership with Faith Actors in Family Planning

A High Impact Practice (HIP)
Strategic Planning Guide (SPG)
<https://tinyurl.com/FaithHIPSPG>

Mona Bormet
MOMENTUM Country and Global Leadership, Faith Engagement Team
Christian Connections for International Health, Program Director

December 12, 2023



USAID
FROM THE AMERICAN PEOPLE



Strengthening Partnership with Faith Actors in Family Planning: A Strategic Planning Guide

This guide is intended to lead program planners and decision-makers through a strategic process to engage and strengthen partnership with faith actors in family planning. The guide was developed through consultation with technical experts and builds on guidance from key resources noted in this guide.

Available in: Arabic, English, French, Portuguese, and Spanish

<https://www.fphighimpactpractices.org/guides/faith-actors-in-family-planning/>

This guide is intended to lead program planners and decision-makers through a strategic process to engage and strengthen partnership with faith actors in family planning. The guide was developed through consultation with technical experts* and builds on guidance from key resources noted in this guide.

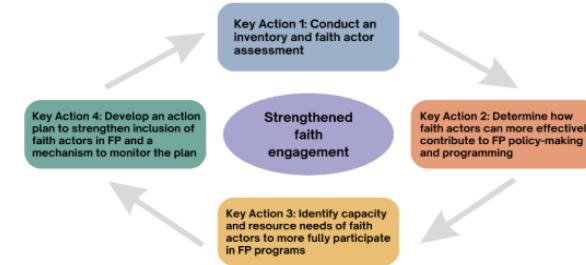
Faith actors is a broad term that includes both faith/religious leaders (e.g., pastors, imams) and faith-based organizations (FBOs), encompassing a range of organizations and institutions influenced by faith or who have a religious mission or defining quality.¹ The terms “faith leaders” and “religious leaders” are used interchangeably. Faith actors may be grassroots in rural settings with few if any public sector services and also increasingly in urban and humanitarian² settings with influential reach and established trust.^{3–7}

More than four-fifths of the world’s population is affiliated with a religious group,⁸ and the percentage of health care provided by faith actors in lower- and middle-income countries is significant and strategic but varies widely between countries.^{9,10} Below are key actions to consider when starting and maintaining a dialogue with the diversity of faith actors in family planning. Faith actors are very diverse within faith traditions (e.g., Christianity and Islam are not all the same nor are the various denominations and sects within these faith traditions) and within countries, regions, etc. Faith actors are diverse in their approaches to family planning, ranging from supportive, to hesitant, to oppositional, depending on actor, context, and family planning method. While some may not be, many faith actors are willing and open to working on family planning. Finding entry points where they exist for engagement and collaboration is crucial to ensure better health outcomes.

Key Actions

Undertaking the actions in this strategic planning guide will enable a variety of stakeholders, such as policymakers, program managers, civil society organizations, development partners, and faith actors to engage in a joint effort to identify and develop

approaches to collaborate more effectively, openly, and transparently on family planning, as best fits each partnership’s context. Sufficient finances and staff time will be needed to complete the actions in this guide.



Key Action 1: Know which faith actors are working in family planning in your geographic context: Conduct an inventory and faith actor assessment.

Form a team that assesses available data and evidence on the faith actors working in family planning in a particular context. If such data is lacking, conduct an inventory that includes faith actor family planning champions and utilize tools such as [Advancing SRH and Rights Through Faith-Based Approaches: A Mapping Study](#)¹¹ to determine and generate evidence on which faith actors, most likely FBOs, are working on family planning in your context. In such an inventory, collaborate, where possible, with other family planning organizations, academic institutions, or the public sector which might already have such information or an inventory that can be complemented. Engage in conversations with key faith actor stakeholders that allow you to understand the role of faith in the context of their communities and their priorities.⁵ These conversations also assist in promoting strong relationships among faith and secular actors for the long term.

This inventory will also explain how the faith actors have worked, which faith traditions they represent, what population groups they serve, and what information and services they provide and which family planning methods they support. If data are

Timeline

Feb 2021 - started discussions

Apr 2021 - submitted concept note

July 2021- feedback received and concept note revised

Oct 2021 - resubmitted

Mar 2022 - notified to move forward

Apr 2022 - consultation of timeline with HIP team

May 2022 - revised draft based on consultation

June 2022 - Consultation with faith actors

July 2022- revised draft & share with stakeholders

Aug 2022 - revise draft based on stakeholder feedback

Sep-Oct 2022 - MCGL teams review and revisions made

Nov 2022 - HIP leadership review

Dec 2022 - revised, translated into Arabic (first time), French, Portuguese and Spanish for public comment period (first time)

Dec 2022 - Jan 2023 - public comment period

Feb 2023 - revisions based on public comment period

March - Aug 2023 - revisions based on discussions with HIP leadership

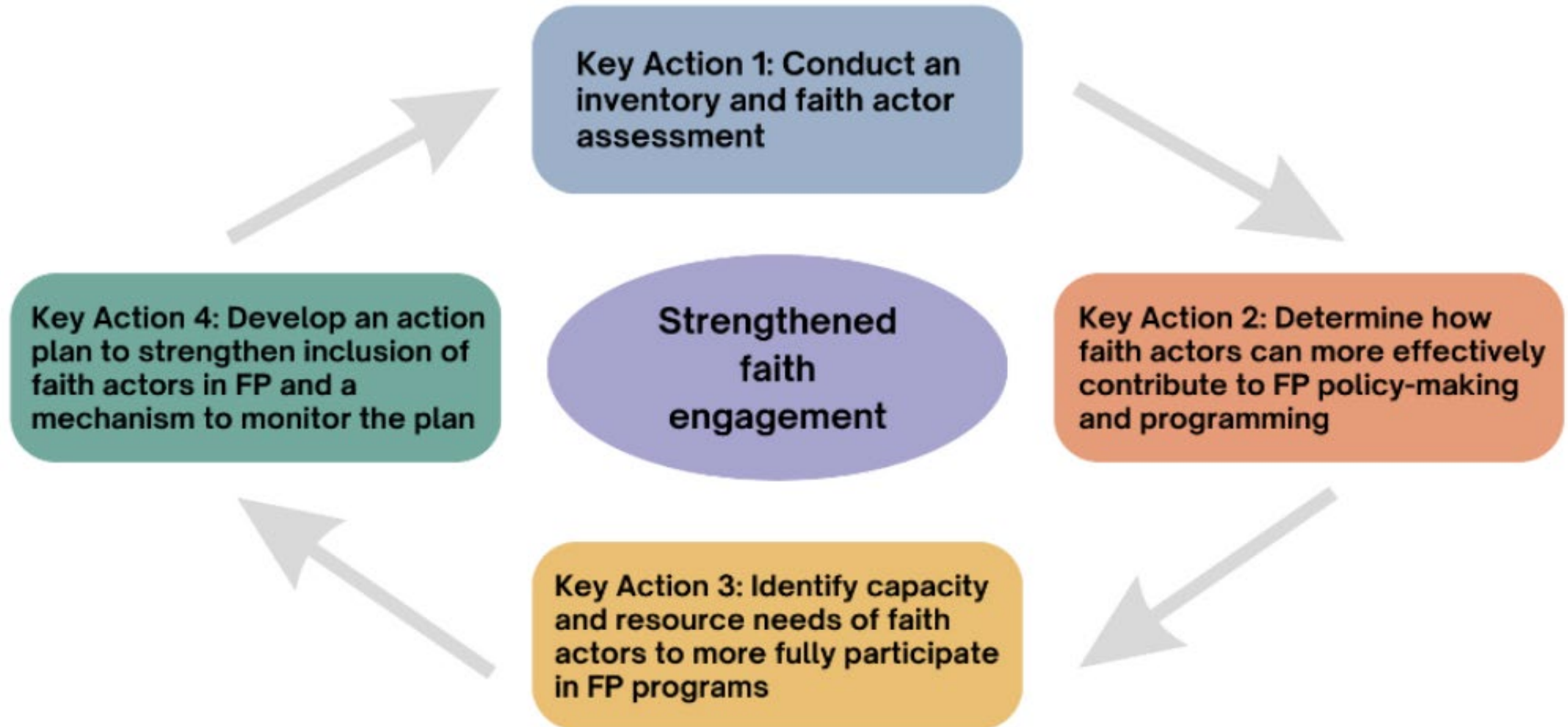
Sept 2023 - translation into Arabic, French, Portuguese and Spanish

Dec 2023 - public webinar

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- The content of this document was developed in consultation with Nagwa Botros, Mohammed Bun Bida, Luz Frances “Bicbic” Chua, Deirdre Church, Dr. Douglas Huber, Priya John, Jane Kishoyian, Sheikh Saliou Mbacke, Wilma Mui, Peter Munene, Mohammed Nasiruzzaman, Nancy Pendarvis Harris, Emma Rachmawati, Ahmed Ragab, Devina Shah, Catherine Tino, and Emilie Weiderud.
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4 Key Actions to Strengthening Partnership with Faith Actors in Family Planning



Key Action #1: Know which faith actors are working in family planning in your geographic context: Conduct an inventory and faith actor assessment

- Form a team that assesses available data and evidence on the faith actors working in family planning in a particular context (e.g. your country).
 - If such data is lacking, conduct an inventory that includes faith actor family planning champions
 - May need to also look at published literature
- Engage in conversations with key faith actor stakeholders that allow you to understand the role of faith in the context of their communities and their priorities. These conversations also assist in promoting strong relationships among faith and secular actors for the long term.

Key Action #2: Determine how faith actors can more effectively contribute to FP policymaking and programming

- Engage faith actors EARLY in partnership discussions and technical working groups
- Support faith actors to dialogue with each other to discuss questions and concerns, build scriptural and technical knowledge and address concerns and gaps
- Understand the role of faith actors in your country/context
- How are faith actors financed in your country?
- Treat faith actors as equal partners in this process

Key Action #3: Identify capacity and resource needs of faith actors to more fully participate in FP programs

- Planning and budgeting must include the needs of faith actors
- Budget for: consultations with faith actors; resources for faith actors to advocate and implement quality services; training health care workers; participating in technical working groups, sensitizing religious leaders; engaging faith actor champions in media/social behavior change campaigns
- Prioritize budget and funds to strengthen capacity building

Key Action #4: Develop an action plan to strengthen inclusion of faith actors in FP and a mechanism to monitor the plan

- Partners involved should agree on an action plan to strengthen engagement of faith actors in family planning, including the plan's components and the resources needed
- Each plan should be contextualized for the challenges you may face and how to address them
- Plan should be periodically reviewed
- FBOs should be part of national HMIS systems and national forecasting and quantification exercises

Social Media

LinkedIn Post:

More than four-fifths of the world's population is affiliated with a religious group, and the percentage of health care provided by faith actors in lower- and middle-income countries is significant and strategic but varies widely between countries. The recently published HIP Strategic Planning Guide, Strengthening Partnership with Faith Actors in #FamilyPlanning provides four key actions that can be taken by organizations to engage and strengthen partnerships with faith actors. Learn more about this new #HIPs4FP product here: <https://tinyurl.com/FaithHIPSPG>

The HIP Strategic Planning Guide: Strengthening Partnership with Faith Actors in #FamilyPlanning provides key actions to engage and strengthen partnership with faith actors
Learn more on #HIPs4FP.
<https://tinyurl.com/FaithHIPSPG>

THANK YOU

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Clemence Nkulikiyinka

Clemence Nkulikiyinka has 15 years experience in international development, church engagement, and faith-actors engagement in Christian majority contexts. She serves as the Country Director for World Relief Rwanda and is a World Relief Gender Focal Person for International Programs. Clemence has been at the heart of important initiatives in World Relief International programs, including development and implementation of Church Empowerment Zones and Outreach Groups Initiative. She supported seven country teams to develop their gender mainstreaming plans, integrating gender into their operations and programs.





ENGAGING FAITH LEADERS IN FAMILY PLANNING

Clemence Nkulikiyinka

Rwanda Country Director, World Relief



FAITH ENGAGEMENT THROUGH THE SCOPE PROJECT

SCOPE is a five-year USAID project working to ensure that women and caregivers of children adopt healthy behaviors and seek necessary care, and that quality and accessible community health services are available for all women of reproductive age and children under five.

***Goal:** Contribute to the reduction of preventable maternal and child morbidity and mortality in select Districts in Haiti, Kenya, Malawi and South Sudan.*

Key Objectives:

- Increase access to community-based RMNCH services
- Enhance quality of community-based RMNCH services
- Improve adoption of health-seeking behavior
- Strengthen community-facility linkages



HOW WORLD RELIEF MAPPED FAITH ACTORS

- World Relief started with secondary data to map out all faith actors in the areas of intervention.
- World Relief then dialogued with the Ministry of Health and other partners involved in health programming to learn more about faith actors who are currently engaged in family planning.
- Then World Relief contacted key leaders of faith institutions at the national, subnational, and local levels to complete the mapping process.
- After mapping, World Relief facilitated orientation meetings with key leaders and continued mapping at the community level, adding actors as we discovered them.

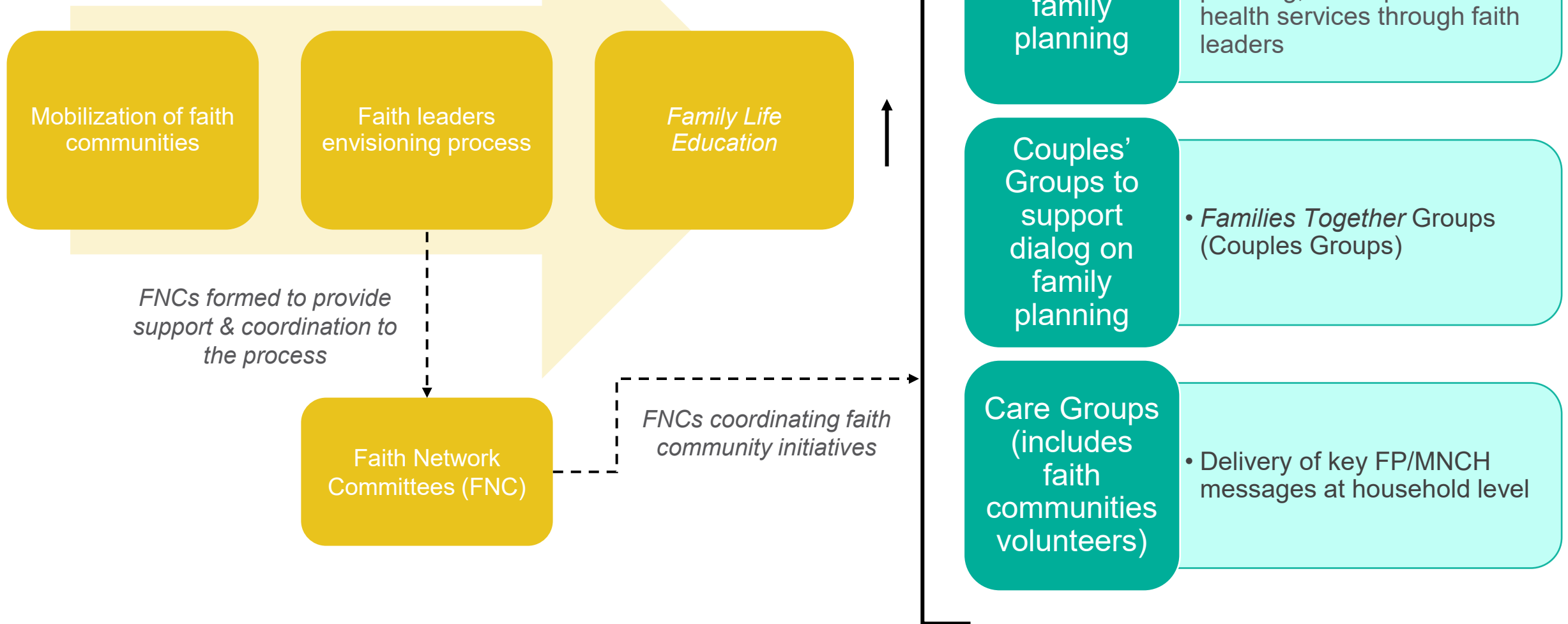




HOW SCOPE ENGAGED FAITH LEADERS

- SCOPE was based on lessons learned from World Relief's Church Empowerment Zones (CEZ), a community development model designed to mobilize sustainable community support for social and behavioral determinants of health and well-being.
- The SCOPE project mapped 2,825 faith institutions at national, sub-national, and local levels across 4 countries and engaged faith leaders from each of these congregations.
- USAID approved an adapted version of the faith-community mobilization tool from the World Relief CEZ model called *Making Our Communities Better*. The purpose of this tool is vision casting.
- **Faith Network Committees** created to provide support and coordination of efforts for family planning and other activities. Not all faith leaders were engaged in family planning initially, but the mobilization work helped them get started in advocacy, referrals, and SBCC.

KEY PROCESS OF EQUIPPING FAITH COMMUNITIES TO ENGAGE THE COMMUNITY



IMPLEMENTING *MAKING OUR COMMUNITIES BETTER*

- Global orientation to key project staff provided capacity-building and mentoring/coaching to facilitation teams to equip the roll-out of curricula in the communities.
- Onsite training observations held in field locations to practice facilitation skills.
- A three-day training for faith leaders.
- Onsite supportive supervision and monitoring to facilitation team during the implementation.
- Post training follow up/monitoring tool used by staff to ensure commitments and learning action implemented by faith leaders.



MAKING OUR COMMUNITIES BETTER CONVERSATION GUIDE AND CONTENT

- Lesson 1: What Can I Do to Make My Community Better?
- Lesson 2: The Role of Faith Communities in Community Development
- Lesson 3: Developing the Whole Person
- Lesson 4: Understanding Transformational Development
- Lesson 5: Unity for Change: The Power of Working Together
- Lesson 6: Mobilizing the Whole Community for Change



	HAITI	KENYA	MALAWI	SOUTH SUDAN	TOTAL
Faith institutions mapped and engaged	113	278	2,333	101	2,825



KEY LEARNINGS

- There is a lot of emphasis on social mobilization to create lasting change. Mobilizing faith leaders in areas where participation in congregations and faith activities is common is critical to achieving results.
- Sensitive topics like family planning can be approached and addressed best by faith communities when we let faith leaders explore how their values and beliefs support the dignity of human life and the empowerment of people. This shifts faith leaders from being obstacles or bottlenecks to being the best allies and partners on the ground.

RESOURCES/LINKS

Making Our Communities Better – Helping faith leaders and faith communities understand their role in community development and to envision how improving the health of families, especially mothers and their children, will benefit their communities

- [Trainer's Guide](#)

Family Life Education – Equipping Faith Leaders to Communicate about Sexual and Reproductive Health

- [Trainer's Guide](#)
- [Participant Handbook](#)

Materials are open-source, and English versions available for download online at <https://worldrelief.org/scopefaithengagement/>

For local language versions, please email InfoInternational@wr.org.



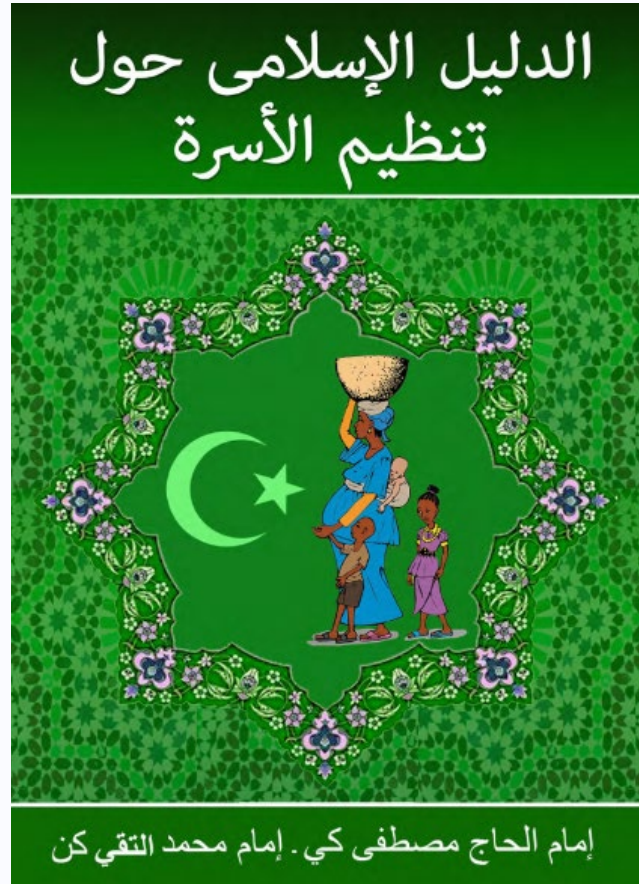


Sheikh Saliou Mbacké

Sheikh Saliou Mbacké is President of CRSD (Cadre des Religieux pour la Santé et le Développement) a Senegalese organization, and an international consultant. He is an advisor to the World Faiths Development Dialogue (WFDD) for a family health project in Senegal. He is a spiritual leader of the Mouride family, which is a core institution of Senegalese Sufi Islam. Sheikh Mbacké worked as a journalist in Spain and a collaborator and translator for Amnesty International in Tunisia. He has collaborated with the UN on Religious Defamation and Climate Change.



Islamic Argumentation on Birth Spacing



This document sheds light specifically on Islamic thought regarding the diverse methods of family planning. Initiated by Senegalese religious leaders seeking a contemporary and comprehensive resource, the text is co-authored by two of Senegal's foremost scholars on Islam and family planning. The Islamic Argumentation on Birth Spacing presents the Islamic justifications for birth spacing through a careful examination of the teachings of the Qur'an, the hadiths, and leading scholars on Islam.

Available at:

<https://berkleycenter.georgetown.edu/publications/islamic-argumentation-on-birth-spacing>

Yoram Siame

Yoram Siame, MPH, MSc serves as Director of Advocacy Planning and Development at the Churches Health Association of Zambia (CHAZ). Before joining CHAZ, Yoram co-founded Youth Alive Zambia in which he managed HIV and AIDS programs. He works with religious leaders, training them to advocate for family planning in their communities and to their governments. Yoram is an engaging speaker and did a TED Talk on “Undoing Our Violent Inclinations.”





High Impact Practice (HIP)

The Case of Working to Further FP Outcomes Through Religious Engagement in Zambia

Yoram Siame



CHAZ MAP



MISSION HOSPITALS AND TRAINING SCHOOLS IN ZAMBIA



47 Hospitals



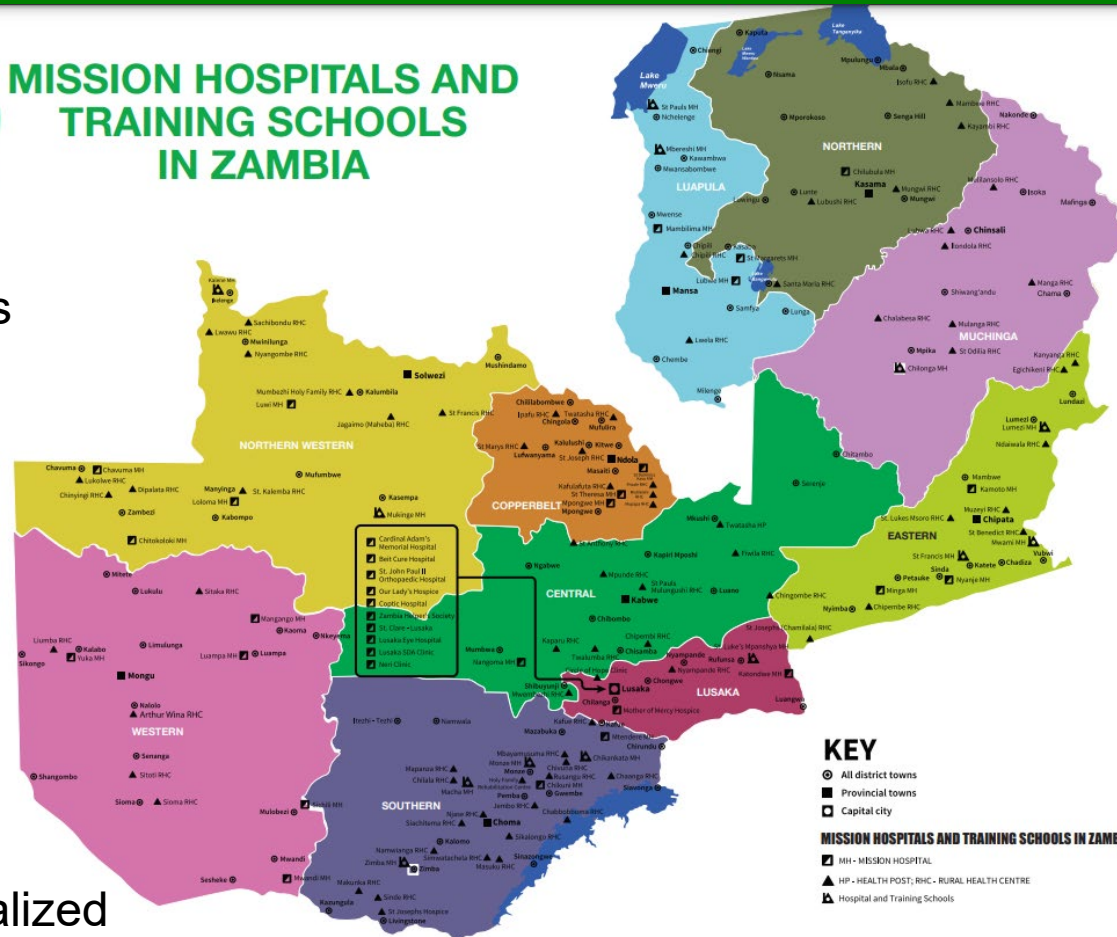
75 RHC's



16 Training Schools



6 Specialized Hospitals



18 CBO's

"He sent them to preach the Kingdom of God and heal the sick" Luke 9:2

Key Action 3: Identify capacity and resource needs of faith actors to more fully participate in family planning programs.

Resource and Capacity Needs Identified during our work with Religious Leaders

1. There was a disconnect between what the church members understood to be the church's position on FP and the actual position.
2. The position of the church was unclear and varied within the clergy and church members.
3. Some churches had a well-articulated position but lacked programmes to support church members in knowing and adhering to their FP doctrine.
4. The Faith Leaders had information gaps on the National Policy on FP.

What do we want the Church Leaders to do?

1. To have accurate and up-to-date information on FP.
2. To support people in achieving their FP goals.
3. To disseminate accurate information on FP.
4. To advocate for policies, funding and services that support the FP choices of their members.

What institutional hurdles do the Religious Leaders have to navigate?

- Not having answers. Followers look to Faith Leaders for answers. The health sector just assumes they should have the correct information without taking the time to educate them. Everyone assumes that they know.
- They can only engage in public discourse or advocacy after securing “permission” from their Church. The FP community does not appreciate the resources required for this.
- Faith Leaders have FP needs and find themselves in situations where they are unable to seek services for fear of being misunderstood. Example of Church Leader buying condoms.

Key Action 4: Develop an action plan to strengthen inclusion of Faith Actors in family planning and a mechanism to monitor the plan.

Key Interventions Implemented

- Training of Faith Leaders in FP and FP policies.
- Supporting Churches who have doctrine gaps develop a position on FP.
- Building Faith Leaders' FP advocacy capacities.
- Securing platforms for Faith Leaders to **Educate** (Radio, TV, Online, Community Meetings), **Advocate** (TWG, Policy Meetings, Radio TV, Online) and **Share Experiences** (RL Trainings, Radio, TV, Online, and Publications).

Thank you!

*Special Thanks to Christian Connections for
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