

Faith-Based Organizations as Partners in Family Planning:

Working Together to Improve Family Well-being

Institute for Reproductive Health
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COVER PHOTO CREDITS

LEFT:
In rural Ethiopia, a male CBDA (community-based distribution agent), who is also a religious leader and village elder, finds out during a village meeting why there is such a high drop-out rate in his village. It turns out that one woman, who volunteered to be interviewed, was waiting for him to come to her house with the pills, at the same time that he was waiting for her to come to him! The interaction is being facilitated by Plan International's Family Planning Coordinator in the Awassa/Sheshemene region. ©2005 Virginia Lamprecht, Courtesy of Photoshare

MIDDLE:
A Christian pastor in Zambia leads a sermon. ©2005 Alexander Campbell, Courtesy of Photoshare

RIGHT:
A couple in India sit with their infant son. ©2009 Institute for Reproductive Health

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> Sometimes there is misconception in the secular world that the church does not support family planning. This is very misleading because if there is any institution that promotes the family unit, it is the church.
>
> –Christian (Protestant) FBO, Country-level

The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

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We also thank the participants in the April 2011 Consultation on Faith, Family Planning and Family Well-being held at Georgetown University. They expressed their views through panels, working groups, and general discussion and warmly embraced the opportunity to address challenging issues in a productive manner. The interviewees and the consultation participants are the true experts! We are pleased to be able to present—in their own words—their perspectives on this topic.

NOTES

Please note that we assured interviewees of anonymity and encouraged them to speak freely. This is why we do not name them as individuals nor their specific organizations when we quote them. At the same time, we felt it was important to identify the religious affiliation (e.g., Catholic, Protestant or Islamic) or other status (e.g., donor) and whether they represented local, regional or international entities. A list of respondents' organizations is found in Appendix 3.

Many of the individuals selected for this study were, in most cases, already working in the field of global health or maternal and child health and were thus familiar with the health benefits of family planning, particularly in low-resource settings. Consequently, the perspectives seen in this report are intentionally not those of individuals vehemently opposed to family planning. Although often the most vocal, we believe those individuals uniformly opposed to family planning are a minority among the larger community working to improve the health and well-being of families around the world. We are confident that the voices represented in this report reflect the key stakeholders in faith-based and secular organizations who have the true potential to further collaboration and improve access to family planning services and information.

Please also note that although it is widely used and commonly accepted, there is some debate about the term "faith sector" since it may suggest more unity than is the case. In this report, the use of this term does not imply uniformity of characteristics among the many kinds of groups that make up this large category. While there are many faith-based organizations that share overlapping aims and approaches, there are many whose aims and approaches differ. Nonetheless, the organizations within the "faith sector" are all motivated by their respective religious goals and principles, and in this sense the term is useful to distinguish them from secular groups who also work in health and development.

ACRONYMS

FBO	Faith-based Organization
HTSP	Healthy Timing and Spacing of Pregnancies
IRH	Institute for Reproductive Health
MDG	Millennium Development Goal
NGO	Non-governmental Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview

Faith-based organizations (FBOs) and religious leaders have significant potential to influence the achievement of key global health and development goals, such as Millennium Development Goals (MDG) 4 and 5 through their support for maternal and child health and family planning. Religious leaders and individual congregations are often important gatekeepers in disseminating reproductive health messages and influencing positive behavior change within communities. Many FBOs at the global and country level have a long history of engagement in family planning outreach, capacity-building, service delivery and advocacy. Some also have experience in working in partnership with secular groups.

Through a series of in-depth interviews, the Institute for Reproductive Health (IRH) at Georgetown University gathered the perspectives of over 100 stakeholders from both faith-based and secular organizations working in family planning and maternal and child health and from religious leaders. The resulting data set was studied using the qualitative data analysis software, ATLAS.ti, and key findings were extracted. These findings subsequently guided the development of a "Consultation on Faith, Family Planning and Family Well-being" held at Georgetown University in April of 2011. The interview findings and consultation discussion were then compiled to form the basis for this report. (See Appendix 1 for information on study methodology.)

This report reflects the interest among many diverse actors within the Christian and Muslim communities to expand access to family planning information and services as well as the interest of secular health organizations in partnering with faith groups to multiply each other's reach and influence. At the same time, the report also reveals barriers and potential issues to partnership between secular and faith-based organizations working to improve health through family planning.

FBOs and religious leaders contribute to global health and the health of their communities through their widespread influence; a committed constituency; credibility and trust; spiritual and holistic approaches culturally consonant with those whom they serve; extensive networks; and a deep desire to improve the health and well-being of individuals, couples, and families. As global health goals increasingly drive national health goals, these strengths are needed to meet the serious reproductive health challenges in every country. Indeed, achieving the reproductive health targets enumerated in the MDGs may well depend on establishing, expanding and improving partnerships between faith-based and secular organizations.

We use the term FBO to refer to religion-based groups or congregations, specialized religious institutions, and registered or unregistered non-profit institutions that have a faith-based character or mission. This inclusive definition of FBO is borrowed from UNFPA.[1] We use the term faith sector to refer to a broad and diverse range of organizations and individuals such as religious leaders, churches, faith-based networks and NGOs, and religious governing bodies that have in common a commitment to their religious faith. Figure 1 provides categories which help identify variations among these organizations.

Key findings

Family planning is accepted by many Christian and Muslim organizations and leaders. For faith-based respondents, meeting reproductive health needs is not necessarily viewed as an end unto itself, but rather one aspect of a larger effort to improve physical and spiritual health for the whole person and for the family.

Many FBOs are already engaged in activities related to family planning. The study revealed the extent to which many FBOs and religious leaders are already working in their communities to expand family planning programs, based on its positive links to improving maternal and child health and reducing poverty. These activities fall into four primary categories: 1) communication, education, and outreach; 2) service provision; 3) capacity-building and training; and 4) policy and advocacy.

Messages and language related to family planning are important. Six key themes related to family planning messaging that emerged from the interviews offer insight into acceptable communication approaches within the faith sector. In addition to framing messages and family planning language carefully, it is also important that those messages be delivered by a credible, accepted messenger.

Potential exists to expand partnership between secular and faith-based organizations in family planning. Our findings indicate that several factors are helpful in facilitating partnerships while others are barriers that should be addressed. As discussed by both interviewees and participants in the consultation, facilitating factors included recognition of mutual goals, clarification of partner roles and responsibilities from the beginning, respect of partner's philosophical differences, emphasis on mutual learning and capacity building, and inclusion of a broader faith sector voice in family planning strategies. Barriers to partnership included the perception that some groups within the secular sector use or exploit FBOs and religious leaders to accomplish their own goals; assumptions on behalf of both the secular and faith sector that partnership will entail compromising one's values in order to work together; disparities in the level of technical expertise; and the tendency to be informed by negative stereotypes rather than dialogue and cooperation. At the same time, both sectors appear willing to address these challenges in order to improve partnerships.

Introduction

While great strides have been made in recent decades to improve maternal and child health, significant needs remain. Millennium Development Goals (MDG) 4 and 5 are guiding global progress in this area with the aim of reducing by 2015 the mortality of under five-year-olds by two thirds, reducing maternal mortality by three fourths, and improving access to reproductive health. Studies have shown that meeting the unmet need for family planning is a critical component in achieving the MDGs[2] as it could reduce maternal deaths by approximately 35 percent, reduce abortion in developing countries by 70 percent, and reduce infant mortality by 10-20 percent (**Appendix 2: Improving Maternal & Child Health Through Family Planning**).[3] Meeting MDG 4 and 5 requires coordinated efforts – partnerships – among all actors engaged in global health, including faith-based organizations (FBOs)[◊] and religious leaders.

Meeting MDG 4 and 5 requires coordinated efforts – partnerships – among all actors engaged in global health, including faith-based organizations and religious leaders.

In this report we use the term "faith sector" to refer to a broad range of diverse faith-based organizations and their activities; Figure 1 provides categories that illustrate the variation among these organizations and their functions. Many faith-based actors are already important contributors to improved health around the world. For example, FBOs and faith-based health networks deliver a significant share of healthcare in developing countries while religious leaders offer guidance on health-related matters which can encourage healthy behaviors among their followers. Many different actors contribute with varying degrees of involvement, but all are integral. It is important to recognize this diversity when considering the impact of the faith sector in global health, in particular access to family planning.

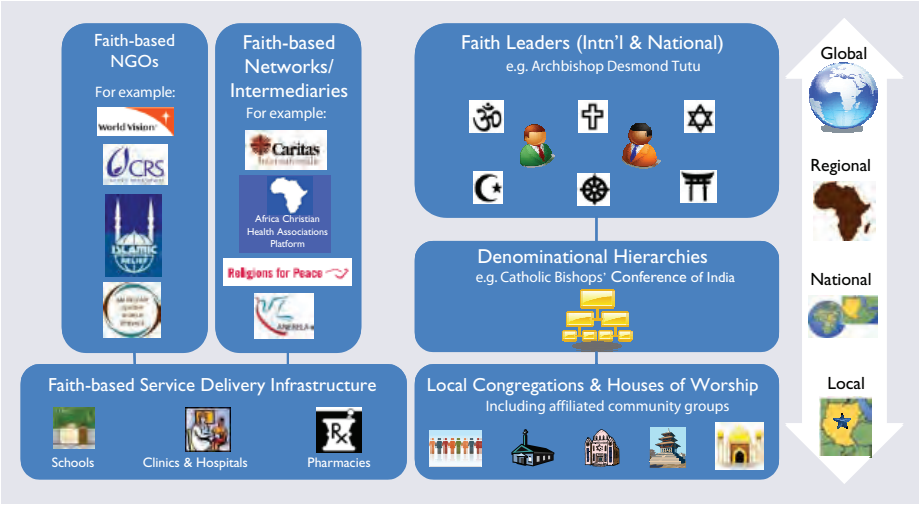
To explore these issues further, Georgetown University's Institute for Reproductive Health (IRH) undertook a study, conducted in 2010, of the role that the faith sector plays, and could play, in improving access to and acceptability of family planning. Supported by a grant from the United States Agency for International Development (USAID), the study included a review of existing research* and in-depth interviews with more than 100 religious leaders, representatives from global development and relief organizations affiliated with either the Christian or Muslim faith, and representatives from organizations considered part of the secular, professional development community (e.g., NGOs, government officials, donors, international aid agencies; see **Appendix 3: Organizations Interviewed** for a list of respondents.). IRH examined the range of perceptions related to family planning, the actual and potential role of FBOs in supporting and offering family planning, and the facilitating factors and challenges of partnerships between organizations from the secular and faith-based community. Subsequently, IRH convened the "Consultation on Faith, Family Planning and Family Well-being" in April, 2011 at Georgetown University in Washington, DC to foster dialogue around the findings (See **Appendix 4: Consultation Agenda** for the consultation agenda).

This report summarizes findings from the literature, insights provided by the interview respondents, and discussions at the consultation.

◊ FBOs are defined as religion-based groups or congregations, specialized religious institutions, and registered or unregistered non-profit institutions that have a faith-based character or mission. This inclusive definition of FBO is borrowed from UNFPA. See: **http://www.unfpa.org/culture/docs/fbo_engagement.pdf**

* See **Appendix 5: Resources** for a list of literature and programmatic resources related to faith-based planning.

Figure 1: Who makes up the faith sector?



Center for Interfaith Action (CIFA), "Many Faiths, Common Action: Increasing the Impact of the Faith Sector on Health and Development"

THE INFLUENCE OF FAITH ON GLOBAL HEALTH

The faith sector has long promoted the health and well-being of its followers and the broader community, often with special emphasis on reaching the most marginalized.[4,5] Motivated by the values of compassion, service to others, the dignity of the individual and respect for the family, the influence of the faith sector can be especially important in remote and impoverished settings where few social services exist. The actors that make up the faith sector are often anchors for communities, providing spiritual and moral support as well as education and health services.

FBO contributions to health exist throughout the world but are particularly strong in Africa. The World Health Organization (WHO) estimates that around 40 percent of health services in Sub-Saharan Africa[6] are delivered by the faith sector; within individual countries estimates range from 25-70 percent of services.[7] Deeply rooted in the communities they serve, FBOs reach large numbers of people with health messages that resonate with local beliefs and culture and provide health services through sustained networks of support.

Religious beliefs and values exert a powerful influence on the actions of individuals and communities around the world. Faith is an important determinant of value systems, at both the individual and community levels.[8] For example, a 2009 Pew Forum survey in Africa that highlights the significance of faith and religion on the continent, found that nearly nine in ten Africans identify themselves as either Christian or Muslim, and between 69 and 98 percent of the population in the countries surveyed describes religion as "very important" in their lives. While the level of influence religion has on individuals varies, large majorities of African respondents report attending weekly religious services and praying every day.[9] Religious beliefs often affect individuals' behaviors which impact health, including age at marriage, family structure, gender roles and preventive health practices like strategies couples use to achieve their preferred family size. FBOs and religious leaders have the power to increase significantly the demand for and use of health services. They often have a lasting and trusted presence in communities as compared to secular international aid agencies. This suggests great potential for offering family planning information and services, consistent with religious values, directly through FBOs or in partnership with secular organizations.

Deeply rooted in the communities they serve, FBOs reach large numbers of people with health messages that resonate with local beliefs and culture and provide health services through sustained networks of support

SEEKING COMMON GROUND ON FAMILY PLANNING

The importance of partnerships is increasingly appreciated by many FBOs as well as by secular health organizations and multilateral and

government agencies. However, actualizing these partnerships has sometimes revealed obstacles. Some secular organizations express concern that religious ideologies may overtake empirical evidence in delivering information and services. Some FBOs are concerned about finding a way to work with secular groups without compromising their core values. Nonetheless, this report reveals a wide variety of existing partnerships between FBOs and secular organizations who have found common ground working in family planning. These partnerships hold promise for expansion.

> While perceptions that FBOs lack capacity in monitoring, evaluation and project management may be valid in some instances, it is important to also note that FBOs have a sustainable presence in many communities where they are achieving results. They have been present for years before international aid agencies arrived and will continue to be present long after.

While collaboration between faith-based and secular organizations in the global health community is a work in progress, the results from this report show that many of these organizations share the ultimate goal of improving the well-being of families and communities. Specifically, recent surveys and case studies have confirmed the willingness of a number of Christian and Muslim FBOs to promote and provide family planning services as a strategy to improve the health of families and communities.[10,11] This has served as a catalyst for further exploration of shared goals and potential partnerships. The following findings convey those attitudes and perceptions related to faith-based engagement in family planning and highlight areas in which FBOs and secular organizations differ and agree. Understanding both is an essential step on the road to increased and improved collaboration across sectors and achieving greater impact. The section headings reflect key areas explored with respondents or discussed at the consultation.

What motivates individual and organizational engagement in health and family planning?

Individuals from faith-based and secular organizations interviewed in this study conveyed shared goals of improving the health and well-being of women and children through family planning. But while they may share similar goals, there are also important distinctions regarding core motivations, acceptable terminology, ways of disseminating information, and the types of services provided. Respondents from secular organizations observe that they are often driven by humanitarian ideals, including promoting equity and empowerment, whereas faith-based respondents viewed the obligation to care for others as a divine calling.[12] Religion and spirituality provide a deep sense of identity and a framework of values and beliefs that motivate FBO actions. This faith-based worldview was described as the motivation for reaching out to others and stimulated a strong sense of responsibility to care for others. Respondents' motivations and their organizational mandates proved to be important factors in understanding how family planning is perceived and approached. Differences were found between secular and FBO approaches regarding the role of marriage and family, acceptability of various forms of family planning, and how decisions relevant to health should be made within families. However, both the faith-based and secular respondents shared an interest in expanding access to health interventions which improved family well-being.

As reflected in the key findings of the study, perspectives within each sector are diverse, underscoring the importance of avoiding broad generalizations.

FAITH-BASED RESPONDENTS

Religious leaders and representatives from FBOs describe their health-related work as part of their long-term commitment to supporting the well-being of the people they serve, especially the most vulnerable, that includes a focus on rural or difficult-to-reach communities where the government health programs are weak or non-existent. Many referred to their engagement in family planning activities as simply one aspect of a broader goal of healthier families and communities. For faith-based respondents, meeting the reproductive health needs of people is not necessarily viewed as an end unto itself, but rather one aspect of a larger effort to improve physical and spiritual health for the whole person and for the family. Respondents described their health work as a way of supporting "integral human development" or as part of a "holistic approach" to addressing the needs of the community that include integrating health with education, economic development, and spiritual wholeness.

Islam

For the followers of Islam, motivation to support disadvantaged groups stems in part from the principle of charity as one of the five pillars of faith along with prayer, belief in God and the Prophet Mohammed, fasting during Ramadan, and pilgrimage to Mecca. In Islam, people are linked to each other through their obligations to God; feeding the hungry and caring for the sick. A charitable act is the building of community through faith and the building of faith through the deepening of community.

Islam considers the family the basic unit of society. The Koran, the primary source of Islamic law or Sharia, views marriage as sacred and identifies the husband and wife as the principals of family formation. The role of men in supporting the family includes the capacity to create and sustain family harmony and provide economic security. Family tranquility is an important purpose of family life and is achieved through marriage.

> *"The mandate of our organization is to help the Muslim community to understand the principles of family education according to the Koran, and the teachings of the Prophet Mohamed, especially concerning health. In a wise and honest manner, we inform the Muslim community how to educate their families, especially in health matters, and what Islam says concerning various projects that we undertake through our activities."* **–Muslim FBO, Country-level**

Also, while procreation is expected in marriage to maintain the human race, sexual relations in marriage need not always be for the purpose of having children. Within Islam, healthy spacing of pregnancies is explicitly described in the Koran, particularly to maintain the health of the mother. Limiting the number of children, on the other hand, was not generally condoned by Muslim respondents.

> *"Whether a Muslim is liberal or conservative, their core values come from the Koran and religious teaching. Islam supports the health of the mother. If we can show that the mother's health is improved by timing and spacing (of pregnancies), we can make the case. We talk to Muslims in our own language."* **–Muslim FBO, Global**

Christianity

Christianity generally emphasizes compassion; service to others, especially the most vulnerable such as children, widows and the poor; healing the sick; and supporting the physical, emotional and spiritual growth of individuals, families and communities. These are important spiritual mandates that motivate the engagement of Christian organizations in health and development.

> *"A lot of Christian organizations across the theological spectrum see health as very central to their expression of Christian faith. All you have to do is examine the life of Jesus to figure that one out. Jesus was very, very involved in health and healing in his ministry."* **–Christian (Protestant) FBO, Global**

> *"We embrace a personal and biblical response to God's call to end physical and spiritual hungers worldwide. This intentional walk with the poor mirrors God's walk with each of us. It is coming alongside, helping and equipping leaders to solve problems in their communities and churches to meet the physical and spiritual needs of their communities, families to meet the physical and spiritual needs in their family.* **–Christian (Protestant) FBO, Global**

While the family is also considered the basic unit of society, there are wide variations among Christians regarding family life, including the role of marriage and procreation. For most Christians, the Bible and the life of Christ provide the guidance for how they should live and respond to others. Views on the primary purpose of sexual activity and procreation are diverse among Christian traditions and influence their family planning perspectives. Similarly, views regarding family size may range from "as many as God gives," to the number a family believes they have the resources to care for sufficiently, sometimes expressed as stewardship of resources. There appeared to be general agreement among Christian respondents regarding the value in delaying the age of marriage and first pregnancy until girls are physically and emotionally mature in order to increase the likelihood of a healthy outcome for the mother and infant. Among Christian groups, views of family planning vary widely, and as with Islam, much of the rationale for one's stance depends on which scriptural references are embraced as the relevant guidance and on the broader cultural context.

Identifying Common and Uncommon Ground

According to the study findings, most Christians and Muslims are not categorically opposed to family planning. Especially in poor communities, family planning is viewed as a service faith-based groups can provide to support individuals, couples and families live physically healthy and spiritually fulfilling lives. Health is viewed as a divine gift to be cherished, and the well-being of the family as a responsibility. Both Christian and Muslim groups view the body as a divine creation that requires sound stewardship. These beliefs influence views regarding child spacing and family size consistent with the use of family planning.

A unifying theme among both Muslim and Christian respondents and shared by secular respondents as well is a deep desire to improve the welfare of women, children and families. This is solid ground on which to build collaboration among all three groups.

> *"The development of sermon guides have actually been the source of some of the greatest feedback about the dynamics of Muslim and Christian faith leaders interacting together, actually practicing their faith-specific sermons for one another and getting to hear how they would call upon Biblical or Koranic principles to teach the same health principle and so seeing how they're both able to draw upon scriptures that pertain to individual responsibility of people of faith to be stewards of God's creation. As Christians would say of God's children, our bodies are temples of the Holy Spirit,' Muslims would say, 'our bodies are God's creation and we have been given trust by God to care for His creation.' I think a lot of those over-arching principles would apply equally to child spacing and family planning when you're talking about not just issues of life and death, but quality of life and caring for the health that God has given us. We also use scriptures in both traditions that pertain to the husband's responsibility to care for his wife and his children. Both faiths have a lot of teachings about that."* **–Christian (Protestant) FBO, Global**

However, there were aspects related to family planning to which some FBOs exhibited reservations or opposition. Some respondents, both Christian and Muslim, expressed hesitation to distribution of condoms for family planning. This appeared to be related to the connotation that condoms promote or imply that individuals who use them engage in promiscuous or risky sexual behaviors. Additionally, some faith-based respondents expressed concerns about abortion being included in family planning services and the potential that some family planning methods may cause abortion.

> *"Of course not everything was easy. At the outset, the church was resistant to use of condoms because they used to associate condom use with promiscuity and could not view it from the family planning angle. Previously they used to focus more on pills only, and they were not encouraging the condom."* **–Secular NGO, Country-level**

The most common difference between faith-based and secular respondents was the audience for whom they felt family planning services were appropriate. FBOs overwhelmingly felt that family planning was meant for married couples, and providing it to unmarried individuals was sometimes seen as condoning sexual relationships outside of marriage. In particular, FBOs generally agreed that providing unmarried youth with family planning services was not permissible. However, several among them were favorable to ensuring youth had accurate education about family planning.

> *"The only sensitivity is about where does one begin - from what age can we make methods available? Churches generally are uncomfortable with offering methods to young, unmarried people. But once someone is pregnant, we generally agree that they should be given information and access to methods."* **–Christian (Protestant) FBO, Country-level**

> *"There are challenges. Because we would like a more aggressive approach in terms of providing information, especially to the youth. But churches might want a very slow and conscious approach. The churches might want to be in charge of the process through their own churches and systems, so that the information is given as they want it."* **–Secular NGO, Country-level**

SECULAR RESPONDENTS

Some secular respondents readily recognized and appreciated the important role that spiritual motivations play in the faith sector's engagement in health and the implications for partnerships with the faith sector. However, for the secular community engaged in the work of global health, institutional motivations can be quite different. Our findings revealed the motivations of secular organizations stem from humanitarian ideals and a desire to alleviate suffering and improve health. There tended to be an emphasis on empowerment and securing individual rights. It should be noted that there can be a wide diversity of motivations among individuals working in secular organizations, but, ultimately, donor priorities heavily influence

Because secular organizations may be bound to donor requirements that specify short-term results, they are less able to design and implement long-term programs as compared to faith-based groups that have deep roots and lasting relationships in the communities they serve.

organizational activities. In many cases, secular organizations expressed a desire to design more holistic and integrated programs if only funding were available, but funds are frequently dedicated to specific causes rather than to integrated approaches. Because secular organizations may be bound to donor requirements that specify short-term results, they are less able to design and implement long-term programs as compared to those faith-based groups who do not rely solely on donor funding and who have deep roots and lasting relationships in the communities they serve.

The mandates of secular NGOs and donors can also differ from those of faith-based groups in that they are nearly always driven by specific national and international health and development goals. Secular respondents were more likely to describe their organizational mandate as contributing to national maternal and child health, family planning and other reproductive health goals and strategies, whereas FBOs were more likely to see these issues first and foremost through the lens of their faith which tends to emphasize hard-to-measure aspects like the quality of relationships and improvement not only of families' physical but also spiritual well-being.

> *"Our mission is to empower women in the developing world to participate in development and to improve their families, their communities and their lives. And we do that through three general approaches: reproductive health, girls' education and youth development, and gender and governance. And overlaying all of that, our major approach is leadership and capacity-building."* **–Secular NGO, Global**

> *"In the context of how we advocate for family planning and within our own family planning strategy, the evidence that we have gathered shows that if the world is serious about achieving the Millennium Development Goals, especially the health component of the Millennium Development Goals, then the world really has to be serious about revitalizing the family planning agenda."* **–Donor, Global**

This study also found that some secular organizations do not fully understand the extent to which faith influences the communities they serve or the mandates of FBOs and how they influence FBO programs and partnerships. This is an area where tensions may result and can inhibit or limit engagement with each other. An international donor with experience working with FBO's provided the following insight.

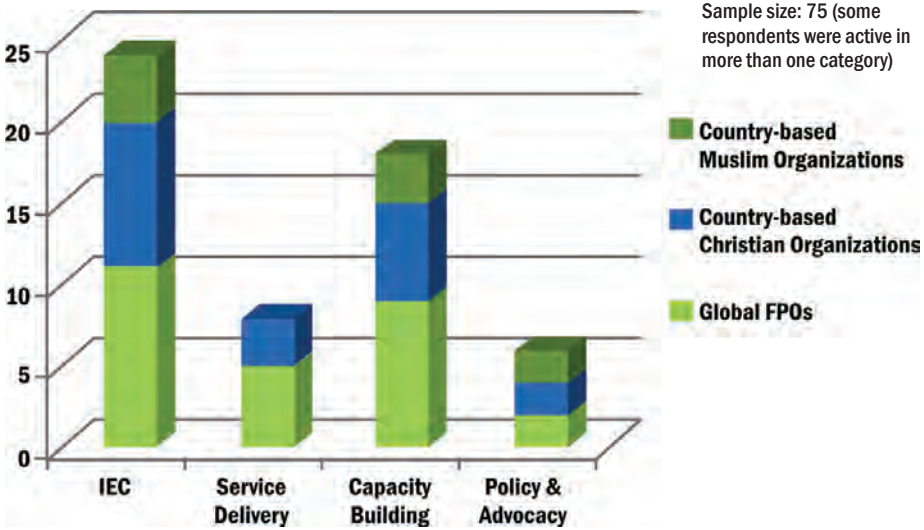
> *"FBOs are not another contractor as many like to believe. One runs a real risk of devaluing them in their strongest contribution by seeing them merely as "mini-contractors." They're not. They're not there for the same reasons. Their reasoning for doing [health work] is Christian social action or Islamic action. It is consistent with a faith tradition that says you treat your fellow humans in a certain way. Let's understand, these folks are coming out of a very different value system than the donor. And donors often don't appreciate the uniqueness of that culture or what that culture has to offer."* **–Donor, Global**

How is the faith sector engaged in family planning?

Some FBOs have a long history of working in family planning as part of broader health programs. Others are relatively new to this work, and still others are interested in and currently exploring how they might most effectively participate. The study revealed the extent to which many FBOs and religious leaders are already working in their communities to expand family planning programs, based primarily on its positive links to improving maternal and child health. Figure 2 and the following sections illustrate FBO engagement in four areas related to family planning:

1) Communication, education, and outreach;
2) Service provision;
3) Capacity-building and training; and
4) Policy and advocacy.

Figure 2: Number of respondents engaged in FP-related activities



Communication, Education and Outreach

While only some FBOs are engaged in direct service provision, many provide information, education and outreach related to family planning. This may include pre-marital counseling and development of health publications or the integration of family planning messages into sermons, community events, and visits with individuals, couples and families. Some FBOs that are either not equipped to provide direct services or who may have theological issues with direct family planning services focus instead on education and outreach around messages like responsible parenthood and the health benefits of birth spacing.

> *"Basically what we offer here are different types of guidance and counseling such as marital counseling and other counseling like drug abuse, HIV/AIDS, parenting, etc. We also offer guidance and trainings on reproductive health and related issues."* **–Muslim FBO, Country-level**

> *"One of the pieces that we brought to that project was ensuring that religious leaders who are really listened to and followed by their communities become educated on the importance of maternal and newborn child health. We took, for both the Muslim and the Christian religious leaders, their religious tenets and pulled out the appropriate scriptural verses and showed how, in both Christian and Islamic teaching, there are clear guidelines in terms of taking care of your own body and taking responsibility for your family, which means your spouse and your children. We have used those to promote child spacing and not having children when the girl is very young."* **–Christian (Protestant) FBO, Global**

> *"In our church congregation, we provide spiritual education to groups of people who've reached legal age of marriage. The education includes pre-marriage issues and family planning matters."* **–Christian (Protestant) FBO, Country-level**

> *"We involve Sunday Schools and youth and women's associations, and*

we make use of peer educators. We have thousands of trained youth volunteers who are actively engaged as educators. The education is conducted at morning and evening sessions and the major area of education intervention is reproductive health." **–Christian (Protestant) FBO, Country-level**

"We worked with Muslim religious leaders and trained them in health messages like timing and spacing of pregnancies. The response was so positive that the national government asked us to expand the project nationally. Now we have handed the project over to the Ministry of Health to carry forward." **–Secular NGO, Global**

This area of communication, education and outreach around family planning was one of the strongest among FBOs. This is fitting as religious leaders and faith institutions are naturally looked to for guidance on applying ones beliefs to practice. Involving FBOs and religious leaders in further outreach around family planning messages could be a strong area for future collaboration.

Service Provision

Service provision refers to the actual delivery of family planning services through hospital and clinic systems or community-based programs. This may be done in collaboration with public or private sector efforts or independently through FBO service delivery modalities. Direct service provision is another area that often reflects wide variations in faith-based perspectives and activities. Some FBOs, such as church-based hospitals, provide a comprehensive range of family planning methods and reproductive health services. These FBOs tended to offer family planning in the context of broader maternal health programs. Other FBOs acknowledged that they were comfortable referring clients to other sources of family planning services if they did not provide the full spectrum of methods.

"For the most part we work in partnership with community volunteers in the area of reproductive health, especially providing access to quality family planning services and other components of reproductive health." **–Christian (Protestant) FBO, Country-level**

"We have always been supportive of reproductive health. For example, in our programs in the Congo, it is part of the package of primary healthcare services that we provide." **–Christian (Protestant) FBO, Global**

"What happens at the health facility level is that if a client asks for a certain service that the facility is unable to provide (certain family planning methods), then it is readily known that government facilities provide it. So we just refer them. What we cannot provide, we are allowed to refer mothers to areas where they can access the services." **–Christian (Catholic) FBO, Country-level**

Capacity-building and Training

Capacity-building and training is another focus of many FBOs that includes building skills in promoting and/or offering family planning. These capacity building activities range from sophisticated teaching hospital systems (schools of nursing, medicine, midwifery and pharmacy) to programs equipping community leaders for outreach, counseling and referral services. Some FBOs are able to sponsor religious leaders to attend conferences, workshops or country visits to observe how other programs are organized and how they might be adapted or scaled up.

"What we do is build capacity by doing trainings, that is, facilitate continuing professional development for health workers in the network through seminars, workshops and conferences -- reproductive health trainings, HIV/AIDS trainings, governance trainings." **–Christian (Protestant) FBO, Country-level**

"Family planning and related issues including HIV/AIDS information are delivered in training of trainers workshops targeting church stewards who are very much involved in education. Our church stewards at all levels have received such training and are engaged in delivering biblical-tailored education at the grassroots community level in rural areas." **–Christian (Protestant) FBO, Country-level**

[Describing a project initially developed with the Mennonite Church and then introduced to the Evangelical Church] "We designed theologically oriented and culturally acceptable teachings in the area of marriage, family planning, sex education and HIV-AIDS. And we did cascade trainings based on that manual. Firstly, we brought influential Church

leaders together and we presented that material and we discussed it. Once we got the green light to go ahead and teach at the lower level, we brought the regional leaders. Then we trained the trainers, and we provided training in three hundred congregations." **–Interfaith NGO, Country-level**

"In our experience of training trainers, we developed a tool that is projecting texts related to family planning on a screen. The trainees can see clearly the Koranic verses, with the references, the verse numbers, the name of the sourate with the chapter, etc. Also we talk about the texts of the Prophet, we send them to the great books, which are six in number and recognized by everyone. You invent nothing; you take everything from the Koran and the Hadiths of the Prophet. When you tell the religious leaders that you are not inventing anything, that it's not something dictated by the West, they are calm." **–Muslim FBO, Country-level**

Although family planning was one small component of the total breadth of training opportunities provided by FBOs, it was a well- received topic by those who had integrated it into their activities. Capacity building was identified as both a strength of FBOs when considering their influence and willingness to support their constituents and also an area which needed further improvement due to lack of funds and technical expertise.

Policy and Advocacy

Because FBOs have significant influence, they can often sway public and political opinion. Although the faith sector has certainly contributed to family planning resistance within the policy arena, our findings show that some FBOs are engaging in activities to create or modify policies that are more receptive to family planning. Some may focus on changing policies internal to their own organizations while others may work collaboratively to change a country policy or increase international funding. Among the four categories of family planning-related activities, policy and advocacy was the area where the most improvement could be made. Few FBOs were engaging in these activities, but there were several strong examples of both ecumenical and interfaith collaboration to strengthen the collective faith-based voice for family planning.

"We organized an advocacy event with policy makers where we were overwhelmed by the response. We were given a small room and so many individuals attended that we could not all fit. Some conservative policy makers were even in attendance. A Catholic colleague told us that the way we presented family planning was the first time that he's been in a meeting where family planning was presented in such a way that he thinks Catholics would be comfortable." **–Christian (Ecumenical) FBO, Global**

"We work with Christian Health Associations (CHAs) to help facilitate and provide some support for better documentation and better distribution and sharing. It's also part of advocacy, an important role for these CHAs is to advocate for the isolated rural health facilities that are supported mainly by the faith-based communities. Being able to advocate more effectively with government and with other donors to get their messages out is key." **–Christian (Protestant) FBO, Global**

"Our initiative is focused on advocacy with the U.S. government in order to increase international family planning funding because there are more and more studies that have come out showing that if a Mom and Dad can space their children it reduces maternal mortality and child mortality. Advocacy around family planning is the centerpiece to that initiative." **–Christian (Protestant) FBO, Global**

How important are family planning messages and language?

Survey respondents representing both secular and faith-based organizations were asked to describe the ways they communicate with their constituents about maternal and child health interventions, including family planning. In particular, what are the messages and terminology they use to communicate about family planning issues? Respondents were asked to identify specific language that might be interpreted in a negative way by constituents, including family planning terminology or imagery that might create cultural or religious discomfort. Understanding the key values that are central to communities of faith can be vital in selecting family planning messages and language that are most likely to be received positively.

FAMILY PLANNING MESSAGES: SIX THEMES

Faith sector respondents rarely talked about contraceptive prevalence, fertility rates or the importance of expanding contraceptive access and choice when describing family planning—all terms that are commonly used by secular organizations. They were more likely to highlight family planning's effects of protecting the health and well-being of mothers and children and supporting the development of positive relationships within the household and the community. Six key themes about family planning messages emerged from the interviews which warrant further analysis. They include:

1. Health
2. Definition of "family planning"
3. Family values
4. Male involvement
5. Economic responsibility
6. Women's rights

1. Health

The vast majority of both faith-based and secular respondents identified the importance of family planning as a means of improving the health of women, children, families and communities. Predominant themes include emotional, physical and (for FBOs) spiritual health as parts of a holistic view; good stewardship of health; and the links between health and family well-being. Respondents pointed out that the relationship between optimal timing and spacing of pregnancies and improved health of mothers and children is well documented, clearly understood, and easily linked to both religious doctrines and secular mandates. It is thus favorable to emphasize the connection between family planning and improved health in both secular and FBO communication strategies.

Respondents from the faith sector especially prioritized the links between family planning, maternal and child health and broader family health. This may well reflect the emphasis in both Muslim and Christian contexts on the family as the key unit of society.

> *"Our mandate is to promote health. The church work in the family is a very key component that we deal with. Secondly, we do recognize that the health of the mother and the health of the child literally reflect the health of the population. So we do have a lot of programs that focus on the health of the mother and the child."* **–Christian (Protestant) FBO, Country-level**

> *"I think that the priority of a healthy family is a healthy mother and healthy children. Those are the two vulnerable persons in the family. The father is the provider and he needs to be healthy so he can provide, but I think that the health of the family is mainly geared at the health of the mother and the health of the children….the concept of birth spacing is a period during which the mother can regain her health, prepared and able to take another pregnancy - psychologically and physically and*

everything. That is really what we mean." **–Muslim FBO, Country-level**

Several respondents noted that Christian and Islamic scripture support the promotion of health.

"According to Islam, a woman is required to continue breast feeding her children for two years after birth. Under Islam the importance of breast feeding is acknowledged as one method of spacing childbirth where she may have another pregnancy only after three years of the preceding childbirth. Breast feeding also helps to prevent mothers' physical exhaustion and poor health condition caused by unspaced childbirth. Unspaced childbirth can even harm the man because the woman will be forced to concentrate more on providing care of her children. In general, spacing childbirth is considered essential for the benefit of the woman, her children and the man." **–Muslim FBO, Country-level**

"And so I think a lot of those over-arching Biblical principles would apply equally to child spacing and family planning when you're talking about not just issues of life and death, but quality of life and caring for the health that God has given us." **–Christian (Protestant) FBO, Global**

Donors often understand this as well and recognize the importance of emphasizing the health benefits of family planning, particularly with the faith sector.

"The key message is that when you space children, you give them a better opportunity to grow up healthy. You give them a better opportunity to access education. So this is really the key message: that spacing has a direct impact on the health of the children and the health of the mother." **–Donor, Country-level**

"So when you are talking about spacing, I think the important message is about allowing the woman to rest, to recover her health, and to give more attention to the child. Thus, spacing is not done just for the sake of spacing; there are tremendous benefits when the mother is able to regain her health. She's better able to feed the baby without a lot of interruption. She can provide love and attention to that child. And spacing helps improve child survival because the child does not have competition. So the focus in messaging is that spacing allows the woman to recover, gain energy, and give more attention to the new baby. Furthermore, she can contribute to the family welfare and wealth because she's able to do other things. For example, she can go to the market, go shopping, go to the farm, or even join a woman's group to talk." **–Secular NGO, Country-level**

In analyzing responses, a health-related issue arose concerning the healthy timing of pregnancies. While most respondents were supportive of addressing the issue of too-early marriage and subsequent too-early pregnancies (i.e., first pregnancies when the girl is likely to be too physically immature to have a healthy pregnancy outcome for herself and her infant), this was not true among some conservative communities where arranged and early marriage followed by early pregnancy is still the norm. For these communities, economic opportunities for women are few, and young grils are sometimes at risk for abduction and/or rape. Therefore, early marriage is seen as a means of protecting girls. Subsequently, girls face cultural pressures to conceive soon after marriage, making decisions about family planning use difficult for this population of young women. While this is changing in some communities, early marriage still remains a common practice among many. This issue exemplifies how cultural and religious practices can negatively influence maternal and child health.

"But we also believe that some issues must be considered in local context. For example, in the area of early marriage we have some reservation when it comes to determining acceptable age of marriage. We feel the definition of acceptable age may vary from one particular local context to another. We find it difficult to determine a specific minimum age to qualify for marriage, because prohibiting a person from concluding marriage on the ground of specified age requirement may lead to promiscuity or unwanted pregnancy, which could result in destabilization of family and spiritual life. We are afraid that it may encourage sexually transmitted diseases including HIV/AIDS." **–Muslim FBO, Country-level**

"We met with the head of the church in that country. He very clearly said that he did not support child marriage, that he thinks girls should be at least 18 and abide by the law. But, when we got outside the city and met with the church official there, totally different. He felt it was cultural practice and we shouldn't interfere with it. " **–Christian FBO, Global**

A global NGO respondent suggested that many health practices are determined more by culture than by religion, and care must be taken to understand these nuances.

> *"Early marriage and related too-early pregnancy is a highly sensitive area and an important example of the need to more deeply understand the cultural context. Turning the culture around shouldn't be the goal but rather an outcome of taking the time needed to deeply understand the cultural context and to help people and families to achieve optimal health. These other things, such as movement away from support for early marriage and childbearing, then happen as part of that process rather than as a direct focus. No one likes to be told that their behaviors are either wrong or unacceptable because outsiders label them that way. We come to this work with compassion and a real desire to assist individuals, families and communities to achieve optimal health and well-being."* **–Secular NGO, Global**

Some religious leaders have expressed willingness to learn more about the health issues related to early marriage and how they might play a role in addressing them. Most were unfamiliar with the evidence regarding the added health risks of too early pregnancy for both the girl and her infant, including the fact that girls under the age of 18 are twice as likely to die of pregnancy related complications, and girls under the age of 15 are five times more likely to die of complications as compared to women 20-24 years of age.[13] This is another area where deeper dialogue is needed to identify more effective ways of addressing the issue. As part of achieving MDGs 4 and 5 there are substantial global advocacy efforts underway to address both the health risks of too early pregnancy and the gender issues that influence early marriage and pregnancy. In addition to increasing awareness of the issues, another important step in changing this practice is to expand dialogue within communities and to include religious leaders in health education opportunities so they are prepared to counsel couples and families on the risks of early pregnancies.

2. The Meaning of "Family Planning"

The term "family planning" elicited a variety of responses from the key informants. Although family planning refers to the prevention of pregnancy via various methods, some groups interpret the term as abortion, which is forbidden by most FBOs. These perceptions can create obstacles to promoting family planning by faith communities. Thus the words programs choose to use matter greatly.

> *"I think that there isn't too much ambivalence about the importance of child spacing. Some evangelical organizations have quite dynamic and successful programs. They often use the term the healthy timing and spacing of children or healthy timing and spacing of pregnancies. Public health people see the value of child spacing. The no part comes in some of the issues that family planning relates to, like abortion and permanent contraceptives and so forth. Some organizations are very skittish about using the term 'family planning' for these reasons."* **–Christian (Protestant) FBO, Global**

> *"The sensitivity comes around the abortion issue, and it is a polarizing issue in the denomination. We've had to be very careful and clear when we framed the family planning topic to say we're not talking about abortion. Otherwise, we would not get anywhere."* **–Christian (Protestant) FBO, Global**

On the other hand, some FBO's recognize that women turn to abortion when they lack access to or are unaware of ways to prevent pregnancy.

It was clear that respondents' past experiences and context influenced greatly the connotations around the term family planning. Some faith sector respondents pointed out that the term "family planning" and the focus on "population" in some programs may be viewed as targeted birth control, i.e., a means to limit the populations of certain groups.

> *"Family planning has been demonized. I mean that it is thought of as an approach by other people to suppress the Africans. The term 'family planning' has been broadly used, and some people think they are giving us some medicine that will sterilize us and prevent us from giving birth. So the language and the phrases we use are: 'This is just awareness for how you can manage your family. Plan to have a family that you can educate, clothe and feed without any difficulty."* **–Christian (Protestant) FBO, Country-level**

Some faith-based respondents showed hesitation at first about accepting the term family planning because it included long-term and permanent

methods which could be used to limit family size. In the Muslim tradition, many respondents noted a strict prohibition to the concept of limiting family size. However, birth spacing was readily accepted.

> *"Spacing and limitation are not the same thing. Islam is against limitation. 'I would like to have one or two children' is unacceptable in Islam but `I would like to make a space between births' is permitted in Islam, especially to maintain the health of the mother and the child. That is why we say in our messages that a woman who is able to completely nurse her baby for a reasonable time will be in good health. We are against limitation, but we do education on spacing births."* **–Muslim FBO, Country-level**

> *"The words 'family planning' are a very sensitive issue among the Muslims, and therefore we prefer to use healthy timing and spacing of pregnancy instead. The concept in the religion is that limiting is not religiously acceptable but spacing is an element that the Koran has mentioned. Therefore, we are very sensitive in even mentioning family planning when we are addressing the religious leaders during the meetings. 'Child Spacing' is commonly used as opposed to 'family planning.' Using healthy timing and spacing of pregnacy messages as has provided a channel for addressing the family planning needs in the region. Religious leaders' endorsement on the use of certain family planning services has opened opportunities for potential clients."* **–Muslim FBO, Country-level**

> *"It is best to talk to people about spacing births and the harmful effects of having children too close together. They understand that language, but with 'family planning' they understand limiting birth, and that's a problem, because some people want to have lots of children, and our faith supports that."* **–Muslim FBO, Country-level**

> *"In the book of Genesis, God did not say multiply yourselves in numbers only, but in a progressive manner, valuing what you have. Otherwise, if it was a matter of numbers, God had the ability to fill the earth with humans that very day. But he wished to begin with two -- progressively, accordingly, respectably – to multiply themselves always taking into account the holistic aspect of development. There have been a lot of questions about limiting birth, because that is a theological debate. If you want to limit what God gives, that must be in exceptional cases and for valid reasons. Our position is not to preach limiting, but spacing, in view of the well-being of the child, the mother, and thus of the whole family. Limitation has its place only in exceptional and very serious cases where there is a risk of the death of the mother or the child."* **–Christian (Protestant) FBO, Country-level**

Views related to limiting fertility constitute one of the biggest differences between faith-based and secular respondents. Several secular respondents emphasized the importance of family planning being more than just spacing pregnancies and wondered where the "limiting" methods of family planning (long-term or permanent methods) fit within the healthy timing and spacing of pregnancies (HTSP) message. Some expressed concern that the term birth-spacing is not sufficient since it does not include a focus on helping families achieve the family size that is best for them; i.e. deciding to limit the number of pregnancies at some point through the use of long-term or permanent methods of family planning.

> *"The healthy timing and spacing pregnancies message is a very important one. It's a good message and perhaps more evidence-based than a simple 'birth spacing' message. It went from the 'three-to-five [years between births] saves lives' to this whole notion of healthy timing and spacing of pregnancies. But I'm struggling with this. Is it meant to replace the term 'family planning' in more conservative environments? Is there something about the term 'family planning' that isn't acceptable in those environments? Then how does one address the reproductive intention to limit? There is a huge unmet need among women who have completed their family size. I'm not sure if the idea of healthy timing and spacing conveys the notion about people who have completed their childbearing and who may want to limit."* **–Secular NGO, Global**

> *"If you are talking about family planning at the community level, the immediate understanding of it is very different amongst the people. So it is always good to find a term that best communicates that family planning does not necessarily mean that you stop birth completely. It is not even a question of spacing birth. We have used terminology like, 'The right family size for you. Can you support ten children? Can you support two children?' Things like that."* **–Secular NGO, Country-level**

It is important to note that among those interviewed, a number of

Christian FBOs were comfortable with both spacing and limiting of pregnancies. The issue that was frequently raised was that of voluntary choices and allowing individuals or couples to make decisions aligned with their understanding of their religion.

3. Family Values

Respondents from the faith sector were more likely than secular interviewees to connect the concept of family planning to family values, including spousal communication, male responsibility for children and family, life skills for youth, and "healthy family life." Faith-based respondents described the integration of family planning messages into their child survival programs, mothers' clubs, and youth education activities. Some respondents described how family planning fits into their efforts to promote a holistic approach to overall family, community and population health. Others described family planning as an opportunity to address the early marriage of girls and how best to support their health, education and spiritual development:

> *"Connecting to family values and putting family planning into the larger context of the family, rather than simply as the spacing of children, is very, very important. And the whole area of being able to help—hopefully, it's spouses but also others who are involved in sexual relationships—to communicate with each other about these values and not just see this as a mechanical action. I think that's very important and needs to be spoken about much more in the international community."* **–Christian (Catholic) FBO, Global**

> *"According to Islam no person should prevent childbirth for fear of inability to provide for the upbringing of the child. We believe it is only Allah that provides every one—the educated or the uneducated, the rich or the poor. Allah has already arranged everything to provide for every person. Thus according to our Sharia we are against preventing pregnancy for fear of being unable to provide for upbringing of children; however all Muslims accept family planning in view of providing improved livelihood and care of children. Thus, an appeal to improving family livelihood and welfare would not cause much resistance to family planning...* **–Muslim FBO, Country-level**

> *"Before their marriage, most Evangelical Churches do provide a six-month training for the engaged couples, and this includes the basics of Christian marriage, family planning and child rearing, sex education and HIV issues."* **–Christian (Protestant) FBO, Country-level**

> *"I think the best way to address this barrier of miscommunication among different groups and overcome it is by designing messages that increase responsible parenthood, particularly the close collaboration between the spouses in bringing up their children and providing these children with the attention they require from the parents in order to grow up as responsible citizens. Some of these key messages could revolve around improving spousal communication, enhancing the respect between the spouses and such."* **–Donor, Country-level**

> *"I think that trying to root family planning messages more within family life education, the sacredness of the family, responsibility of parents toward their children, responsible parenthood, are phrases and expressions that would have more echo within a Catholic setting than necessarily spacing of children."* **–Christian (Catholic) FBO, Global**

4. Male Involvement

Both secular and faith-based respondents recognized the importance of men's role in supporting the family, and both have participated in programs that encourage the involvement of men to support maternal and child health and family planning. Some expressed concern that men have often been targeted as part of the "problem" rather than a resource. Faith-based respondents feel that faith leaders and organizations are well positioned to reach out to boys and men around issues of family planning and maternal-child health, and many are already doing so. Activities include outreach and education with young men and pre-marital counseling:

> *"We do a lot of sensitization programs with different groups, including youth, both young girls and young boys. We take them through what marriage is all about. Because these are young people, they only see marriage on TV and they don't know the realities of life. So we take them through what the role of the husband is, what the responsibility of the husband is, and what the rights of a husband regarding the wife are said to be. We also take them through the role, responsibilities, and rights of the wife. And because we also do marital counseling when there*

are conflicts, let's say, 80% of the conflicts are a result of somebody not knowing his or her responsibilities." **–Muslim FBO, Country-level**

"It is rare to find a woman in a health center accompanied by her husband! It's the woman who comes, accompanied by her children. For a year now, we have been asking and talking to men about coming with their wives. Show the men that even the imams accompany their wives. We persuaded them that they should accompany their wives to the health centers for prenatal consultations, vaccinations. There are men who are not negative, they don't refuse family planning, but maybe they are not informed or not sensitized." **–Muslim FBO, Country-level**

"As an organization we focus on a holistic approach, where the member health units strive to offer comprehensive services which will take care of the whole family including the mother, father and child. What I mean is - family planning for example. We don't only talk about the mother, or the woman who is going to use the contraceptives, but even the men. Male involvement we know is very important. So, whatever we do, we involve the men. So, we strive to empower the families to live healthy lives." **–Christian (Protestant) FBO, Country-level**

"Everybody acknowledges that men are key in decisions and effective use of contraceptive methods. Therefore, religious leaders are particularly important for reaching men. Friday prayers are led by the mullah. It is a man's affair and every man in the community attends. To have religious leaders endorsing family planning and being knowledgeable with good and correct information about that and the health effects is the way to reach men." **–Secular NGO, Country-level**

Although the Catholic respondents were not involved in programs to expand access to a broad range of family planning methods, they described some of the most detailed and promising programs to engage men in health decisions. These respondents conveyed a strong desire to improve couple communication and restore a sense of mutual accountability and appreciation within families. This was significant as improving gender equity, particularly with regard to family planning, is an integral component to improving health.

"We have a program that is very much male involvement-focused, and we are working on trying to look at and increase active participation of men in the broader life of the family. The program encourages male participation around HIVAIDS-related issue and the support that the wives need." **–Christian (Catholic) FBO, Global**

"We have an innovative child survival grant that promotes the role of men in childcare. It's working with all aspects of society to enable men's and women's roles to lead to integral human development. Another child survival program in Kenya focused a great deal on helping men be supportive of women who were exclusively breast-feeding. Too often in global health circles the issues comes down to "Ah, these poor women…." The question should be "What is the role of men?" We can't just say they should behave in a certain way, but we must understand the barriers they have to go through and some of their fears of taking responsibility." **–Christian (Catholic) FBO, Global**

5. Economic Responsibility

Many faith-sector respondents described the importance of family planning and pregnancy spacing for the financial well-being of the household. Several religious leaders reported that they include messages about the necessity of financially supporting children in their pre-marital counseling programs. Others emphasized that the term 'planning' in family planning also includes financial planning for the well-being of children.

"Often many believe that Islam is against these activities [family planning] and such things. The Prophet (peace and health be upon Him) said: 'I will be proud of you, of your great number!' But he did not say it without conditions. He wants you to be numerous, but not numerous like a rainfall, not uselessly numerous. You must be effectively numerous. He also said that each one is responsible, like a shepherd." **–Muslim FBO, Country-level**

"The man is required to take care of his wife; thus the man needs to be economically capable to step into marriage. Prophet Mohammed said 'a man who feels capable to endure the challenge may marry.' This means that before concluding marriage, the man needs to be psychologically mature enough and have completed puberty and ensure economic capacity to provide for the well-being of his wife and appropriate administration of his family." **–Muslim FBO, Country-level**

Country-level respondents were more likely than respondents from global organizations to mention the usefulness of economic messages related to family planning, perhaps reflecting a greater appreciation of the impact of poverty in community settings and how family size directly impacts household financial status. For some Christian groups, an emphasis on the Biblical concept of stewardship has furthered thoughtful planning of the family size for which a couple can care.

> *"During premarital counseling, we encourage couples to do child spacing and not have a number of children that they cannot afford to maintain. We also do an exegesis of the Genesis story where God is telling man to go and fill the earth. It is filling the earth, not filling the house. Because if you are filling the house, it means you have many children in one house and cannot afford to maintain them. But if you are filling the earth, it means you plus other people—it is not solely your duty to fill it. So we encourage family planning."* **–Christian (Protestant) FBO, Country-level**

6. Women's Rights

Rights-based rationales for family planning emerged as an area of differing perspectives. Secular interviewees were more likely to mention women's reproductive rights as a reason for promoting family planning. They were also concerned that the right of couples to choose the number and spacing of their children—a right emphasized by the landmark International Conference on Population and Development in Cairo—was only partially represented by birth spacing messages. Others pointed out that the benefit of family planning for improving women's health and livelihoods directly advances women's rights even if the messages are not overtly rights-based.

> *'I think there are certain wings in the reproductive health community which are reluctant to engage with faith-based organizations. I think it's the abortion issues. Some of the women's right groups who believe that the right of women to have access to abortion is paramount, and therefore they don't want to compromise on that issue.'* **–Donor, Global**

> *"My interest in family planning has always been from a rights perspective. The health rationale is an important one, but there is also a rights rationale. I think that trying to place healthy timing and spacing of pregnancy within a broader context might be a place to start. But do we need that language? Why aren't we using 'family planning'? Are we going backwards by coming up with new language that is going to replace family planning? I'm not sure what the overall intent is. I don't know if it goes far enough."* **–Secular NGO, Global**

While secular respondents were quite comfortable using rights-based language when describing family planning, some respondents from FBOs felt that this language was not favorable. They felt that messages related to women's rights could be euphemisms for abortion or external efforts to limit the size and influence of their communities.

> *"Some of the language which is used on reproductive rights connotes, to some extent, abortion rights. That is not something religious people are comfortable with. Indeed, the national policy on reproductive health could not be disseminated in this country because of the promotion of reproductive rights, which religious people interpret to mean abortion rights."* **–Interfaith FBO, Country-level**

There were also fears among some respondents from the faith sector that rights-based language was an attempt to impose Western values in a culturally insensitive manner. Many faith-sector respondents acknowledged inequality for women in their countries and communities as a problem but did not necessarily approve of framing family planning as a woman's right. Even though faith-based respondents recognized the importance of individual and women's rights, strongly emphasizing these messages seemed to conflict with more important goals such as fostering mutual respect, accountability and harmony between couples. They felt promoting a rights-based approach might damage the integrity of the family unit or create excessive resentment toward women as it over emphasized a sense of individualism.

> *"An NGO clinic has on their entrance a sign that says 'Do you know about women's rights?' Ten things are mentioned under it including, 'It's women who determine when to have children and how often to have children. It's women who decide when to have sex.' And this contradicts the Biblical teaching. Many churches have difficulty because the Bible says in Corinthians that a wife's body belongs to the husband and his body belongs to her. I understand that in our society women are highly*

suppressed. We've gone to the extreme. The Church is trying to bring that to a certain acceptable level, but this teaching of reproductive rights is a bit far to the other extreme. I remember in one rural area a woman attended a training where she learned about women's rights. This woman, who used to wash her husband's feet, asked him to wash hers that night because she said, 'We're equal.' He was so outraged, and he boiled the water and poured it on her. She developed a serious burn and the whole community found out. Our teaching needs to consider the long-standing culture, and we need to plan projects which bring about an attitude and change over time. Not imposition. **–Christian (Protestant) FBO, Country-level**

"I think that there are lots of hurdles [to our engagement in family planning]. One is that there's a lot of prejudice against church-based and value-based programming. There's the whole area of the discourse around individual rights and rights-based approaches. For many donors and other governmental agencies, that often means, "I choose to do what I want to do," but it doesn't include a perspective around responsibility for others, especially in sexual relationships." **–Christian (Catholic) FBO, Global**

"Love is about caring for one another, rather than demanding one's rights. Singling out the concept of rights is difficult for the Church and the faith community to accept. There are certain issues related to equality at the family level. The secular teaching boasts of equal rights, especially the feminist movement. They're trying to empower women, and in many rural areas, these women have limited understanding. But they're told they have legal rights. Then they try to exercise those rights at home, and in some areas that's created serious problems." **–Christian (Protestant) FBO, Country-level**

Other respondents from FBOs described the rights-based approach as consistent with their focus on social justice and equality. Some Christian respondents felt that both the Old Testament description in Genesis of God creating a "helpmate" for Adam and the ways in which Jesus interacted with women in the New Testament support the view that women have equality with men and should be respected in that way. Some Muslim respondents also articulated women's equality with men as a fundamental element of the Koran's teaching.

"Under Islam every woman is entitled to what every man is entitled to. She has the right to education and decent upbringing and care from early childhood. Every female is entitled to full material and spiritual growth and development." **–Muslim FBO, Country-level**

"There is also a statement in our church teachings which is a long-standing resolution affirming the importance of women, the need to incorporate women in all levels of society, provide comprehensive healthcare, including reproductive health, all the good things that women are indeed entitled to are mentioned or addressed in that resolution." **–Christian (Protestant) FBO, Global**

The acceptability of rights-based language is clearly one area where there are wide differences. Even among FBOs, rights-based language differed and suggests an area for further research.

IMPORTANCE OF THE MESSENGER

Just as the language is important in communicating messages about sensitive topics like family planning, so is the messenger. Many respondents from the faith sector felt it was extremely important that local, community and religious leaders be involved in delivering messages about family planning rather than "outsiders." If messages were perceived by the community as coming from foreigners or from people of different religious traditions, they were more often met with suspicion than appreciation. Given the mistrust of outsiders, successful health and development projects have increasingly engaged peer educators or "champions"—highly respected local figures—to deliver actionable messages.

"The tendency is that if a Christian comes and talks to me about family planning, I will think that he is talking to me about his religion—and he's against my religion. That is really a big problem. So it is important who gives the information. The information should come from the right people—people who speak their language, who know their nature, who understand them, who can identify. The moment you come with somebody else, the response is, 'Hey, this guy is teaching about this religion. I'm not one.' Full stop. That door is closed." **–Muslim FBO, Country-level**

"When this project came in, the communities, particularly the religious leaders, were suspicious. They said that it was an American-funded project and the US government had an alternative motive. Even me, as a local leading the project, could not be initially trusted easily. Therefore, we had to engage the religious leaders to explain the mandate of this project before rolling out project activities." **–Secular NGO, Global**

"Because of our neutrality, we are able to bring together people of different faiths and different denominations who wouldn't necessarily normally be working together or talking together on these issues of common concern. When we began our partnership, we helped turn dialogue into common action around issues of common concern among our partners. It was a natural next step because they were already in conversation, in relationship with one another, and they were poised and ready to turn that conversation into action collectively." **–Interfaith NGO, Global**

How should partnerships between faith-based and secular organizations be approached?

FBOs, religious leaders, faith-based health networks, donors, secular aid agencies, and national governments all play an integral role in global health and development. Only through collaboration and partnership can we make progress on a global scale.

For partnerships to be most effective there must be a shared goal or vision, a common understanding of the problem to be addressed, trust, commitment, mutual accountability, power equity, effective communication, complementarity and strong participatory leadership. communities they serve.

Partnerships can be broadly defined as two or more organizations with complementary areas of expertise committing resources and working together to achieve a mutually beneficial outcome that would have been difficult for each to reach alone.[14] Partnerships between secular development organizations and FBOs are not new; however, the global commitment to achieving the health-related MDGs of reducing maternal and child mortality has catalyzed a stronger interest in partnerships that include family planning. During the "Consultation on Faith, Family Planning and Family Well-being," participants acknowledged that for partnerships to be most effective there must be a shared goal or vision, a common understanding of the problem to be addressed, trust, commitment, mutual accountability, power equity, effective communication, complementarity and strong participatory leadership. Four essential components to successful partnership are outlined in the sections below (mutual recognition of problem, design of a collaborative effort, implementation, and institutionalization and scale up).* Factors identified from the interviews that facilitate each of these components as well as those that present barriers are described in detail.

MUTUAL RECOGNITION OF PROBLEM

While much common ground exists among FBOs and secular groups regarding the health of women and children, there is significant diversity concerning how to approach the issue of family planning. The process of defining the health problem to be addressed can at times be either a barrier or a facilitating factor to partnerships between faith-based and secular organizations. The potential partners must agree on the extent to which diverse views can be accommodated within the partnership (e.g., providing a wide range of family planning methods vs. providing only selected methods; promoting family planning from an individual rights-based perspective vs. focusing on health and well-being of the family unit). If the potential partners feel they can collaborate in spite of some differences, it may be highly desirable that they meet together with a trusted neutral convener to articulate and work through these differences in a mutually supportive way.

Facilitating Factors:

Many of the respondents reported that mutual goals do exist between FBOs and secular organizations in maternal and child health which would allow for collaboration in family planning. This agreement to address critical issues opens the door for partnerships to be formed.

> *"If it's good for the people, it is definitely supported by faith. If you dig deep enough, you'll find the faith support for whatever's good and healthy. Therefore, regarding the issue of maternal child health, it's good to work with religious people and not to point fingers."* **–Interfaith NGO, Country-level**

* For more on principles of partnerships between faith-based and secular organizations, see the World Bank report, Development and Faith: Where Mind, Heart, and Soul Work Together by Katherine Marshall.

"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." **–Muslim religious leader, Country-level**

"In every one of these cultures, what you do have is a predisposition for health. Therefore, the crafting of the reproductive health message within the larger message of health is a really important hook. It's important to understand there are supportive teachings in Islam and in Christianity that enable a solid reproductive health message. There are issues of respect, dignity, and decency that are pervasive, things upon which I think you could build." **–Donor, Global**

During the consultation, participants recognized the existence of broad areas of overlap regarding issues that both FBOs and secular organizations sought to address like prevention of early marriage of adolescent girls, reducing maternal mortality, reducing abortions and improving gender equity. It was clear that misperceptions and unverified assumptions often prevented this common ground from being explored further. Participants strongly encouraged creating opportunities for dialogue where diverse organizations could discover areas of mutual concern. Some examples of this were the CORE group and other health-related working groups where diverse organizations are able to come together around a shared interest.

Barriers:

Different definitions of the "health problem" are a common barrier to partnership, especially where insufficient time and dialogue are invested to work through the differences. Occasionally faith-based and secular organizations identify different public health concerns as priorities. Secular organizations tended to feel an urgency about lack of access to family planning services regardless of age, marital status or parity and thus focused efforts on outcomes like increasing contraceptive prevalence and reducing fertility rates. FBOs, on the other hand, had strong –but different—feelings about the most effective and appropriate ways to respond to the unmet need for family planning. In some cases, faith-based respondents did not identify family planning access for unmarried youth or limiting the total number of births per woman as issues of concern. They also maintained a focus on the spiritual and relational aspects which are less easily measured. Furthermore, secular organizations sometimes assume a priori that religious leaders or FBOs will be a problem and thus do not involve them.

"The truly frustrating thing always is that everybody really focuses on what divides us, rather than where the common ground is. You get it on both sides. You either get it on the faith-based side, where they're interpreting family planning as only limiting birth instead of finding messages that talk about either the health of the mother or health of the children or health of families—talking about delay or talking about spacing. At the same time, within the health community, and particularly among players who are not faith-based, there is this whole attitude, 'I may cut you off because I don't want to deal with your faith values.' " **–Christian (Catholic) FBO, Global**

"Well, sure, you get people who have written FBOs off and who just make assumptions. And one of the things that we all deal with is pointing out where and how you can partner. But we've certainly had times when you have to get through to people that some of the assumptions they're making are just either false or they've overstated what the issues are going to be. That is a problem in the sense that you may not get invited into the dialogue in the first place. And particularly at times in which you may be one of the most effective vehicles to move something forward… I think that there is tremendous wherewithal of faith-based organizations to do more than sometimes they're given credit for." **–Christian (Catholic) FBO, Global**

"Early on, we had some problems. They (secular organizations) were talking about planning and limiting births, because on that policy only the advice of doctors and theorists had been sought. No religious leader was involved in the campaign, and that gave us enormous problems." **–Muslim FBO, Country-level**

Many participants at the consultation felt that above all mistrust and

suspicion inhibited partnerships between faith-based and secular organizations. This mistrust manifested itself in any number of ways from country-level FBOs' fear of being manipulated by Western organizations to secular NGOs' belief that FBOs use their funding primarily for proselytizing and are not able or willing to meet even minimal reporting requirements. These barriers may be insurmountable in some instances. Unfortunately, there are times when organizations that have the potential to work together decide to focus only on their organizational differences, and never get past them to recognize the areas of common ground.

DESIGN OF A COLLABORATIVE EFFORT

It is during the design phase that the most promising opportunities exist to establish an effective partnership, especially when there are underlying differences as is often the case when faith-based and secular organizations address an issue as nuanced as family planning. Taking time to share expectations and to identify each organization's capabilities, resources, needs and desired contributions to the program is crucial. Clarifying roles, especially if each organization's activities overlap, can pave the way toward positive, sustainable partnerships.

Facilitating Factors:

Both members of the partnership need to be involved in designing the activities in which they will collaborate, even if one is a subcontractor to the other. Each is aware of its own capabilities, resources and needs; each is concerned about its own institution's objectives and role. Occasionally, one organization may feel pressure to engage in activities outside the scope of their organizational mandate because roles were not clearly defined or there was insufficient dialogue between the partners. It is important that partners clearly articulate what activities they are comfortable engaging in and decide if a partnership strengthens the chance of improving health and well-being or hinders it. When partners recognize and respect the boundaries of the partnership, it is more likely that activities of mutual interest will remain the priority.

"Instead of challenging Church values, secular groups avoid possibly contentious areas. One of the basic principles we followed is that our work should be in line with the teachings of the Church. For example, there are differences between our principles and the Church's principles, so we do not promote condoms because it is not in line with the teaching of the Church. Instead of bringing up issues that the Church does not want, we can be more successful by maximizing what the Church has and wants. We can make a lot of changes working only on the issues we agree on." **–Secular NGO, Country-level**

"The partnership building and listening to our partners is extremely important. That dialogue informs us how to move forward. I know for myself, I always want things done yesterday so that temptation is always there to move faster but you have to keep reminding yourself not to because that discussion must take place. You must listen. A lot of it has to do with the fact that we've learned to listen a lot." **–Christian (Protestant) FBO, Global**

"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. They could come with their own achievements, but they could also come and let us know how they saw us being able to support them to strengthen the partnership and where they could themselves do better in their own national processes." **–Donor, Global**

Barriers:

In some cases where deep philosophical differences exist and there is leadership ambivalence to resolving attitudinal issues, the partnership may not succeed. Collaboratively designing a project is a time-consuming effort that requires commitment, flexibility, and an openness of dialogue which is not always present between groups that are inherently different. A lack of flexibility and understanding between partners can lead to resentment or prevent a partnership from ever

taking off. It is important for all parties to ask themselves if they have the ability and willingness to cooperate, share control, share credit and collaborate with the other organizations in the partnership.

> *"Sometimes there are challenges because a secular organization would like a more aggressive approach in terms of providing information, especially to the youth. However, churches might want a very slow and conscious approach. Churches might want to be in charge of the process through their own churches and systems, so that information is given as they want it."* **–Secular NGO, Country-level**

> *"Well, I think I could say with whom we might not partner very quickly: those organizations that are more focused on using artificial contraceptive means. Also those which are not really open to our value base. I think we have to be sure that if we start those kinds of partnerships we're not being manipulated and that we're not being seen as approving or affirming other contraceptive methods that would not be in keeping with our church's teaching."* **–Christian (Catholic) FBO, Global**

> *"The reproductive health spots shown on the TV channels are broadcast without including us or other NGO partners. It would be better if the government included us during the development of those messages. The traditionalists are out there, and it's important to take into account our cultural heritage, our traditions, and our faith -- Muslim or Christian. It's a question of coordination. The NGOs are here, and they are able to facilitate many things (but not everything). But does the Ministry of Health, which prepares the TV spots, come to those faith structures for consultations? I don't think so! It's work that should be coordinated."* – **Muslim FBO, Country-level**

Another barrier to successful partnership between faith-based and secular organizations expressed by many during the consultation in is the concern that FBOs and religious leaders are being used instrumentally in another agency's agenda. Since FBOs and religious leaders often have tremendous influence, reach and trust within communities, NGOs may want to harness that power for health interventions. However, when one agency's vision dominates a partnership, other partners may feel manipulated or excluded. Maintaining an equitable and collaborative partnership is critical in these circumstances.

It is important for all parties to ask themselves if they have the ability and willingness to cooperate, share control, share credit and collaborate with the other organizations in the partnership.communities they serve.

IMPLEMENTATION

Facilitating Factors:

Effective implementation of activities requires coordination and communication among partners. A good implementation plan will be clearly defined and include a timeline and appropriate allocation of responsibilities which draw upon the strengths of each partner. Capacity-building activities can further strengthen a partnership. The opportunity for an organization participating in the partnership to build up a particular capacity or learn a new one is a strong attraction. Capacity-building activities should also include opportunities to gain a deeper understanding and appreciation of the perspective of each partner – both secular and FBO members. These activities can be an important sustaining factor as well. The faith sector is diverse, and capacity-building strategies must be designed specifically to engage and strengthen each particular partner (e.g. international FBOs, local FBOs, churches, mosques, women's groups, etc.). Religious leaders are important community stakeholders and influencers—awareness-raising and capacity-building for them is a particularly important approach.

Finding ways for partners to communicate in productive, efficient and timely ways is crucial. Furthermore, ensuring that community involvement is part of the communication process can foster a deep sense of trust. Since FBOs and religious leaders often have a lasting presence in communities and are trusted representatives, their involvement is critical. In order to move things forward, it is important that all partners are part of the decision-making process.

> *"In our understanding of Islam, a Muslim must recognize all the religions.*

That's why right here there is inter-religious dialogue. This building is also the office of the Alliance of Muslim and Christian Religious Leaders against AIDS. That means there is already a dialogue, and not just a dialogue, but we work together. If there is a meeting with a partner, we go together. If an activity is planned, we plan together, a Muslim section and a Christian section, and afterwards we get back together to do the synthesis -- how a Muslim should understand what Christianity says about family planning, and how the Christian should understand what Islam says about it. But each one has his own documents, his tools, and at the end you plan to do the synthesis so that each side can understand the other. It doesn't mean meeting, each one saying what he thinks, then parting—No! Rather, we have dialogue between us." **–Muslim FBO, Country-level**

"I think of our advocacy and the partnership with the Ministry of Health as a success. We are getting MOH staff seconded to our mission facilities and drug kits to the facilities. Initially there was a very high staff turnover. Staff were leaving the faith- based facilities to go to the Ministry of Health. So after that advocacy, they're now employed by the Ministry of Health but remain in the mission facilities. To me that is something that has worked very well." **–Christian (Protestant) FBO, Country-level**

"We have a strong partnership with the Ministry of Public Health and Sanitation, especially the Department of Reproductive Health, the Department of Child Health, and the Department of Health Promotion. We work very, very closely with these three departments, and we sit in their committees like the Child Inter-Agency Coordinating Committee where all those things are discussed." **–Inter-faith Secular NGO, Country-level**

A clear facilitating factor mentioned during the consultation was the use of approaches which focused on integration of health services as opposed to isolated interventions. Participants from FBOs repeatedly acknowledged that their view of health and well-being was holistic and addressed all aspects of an individual's health and furthermore the health of the family. Implementing family planning activities through this lens appeals to a wide variety of partners and often to the community itself.

Barriers:

A particular challenge for partnerships between secular development organizations and FBOs is the perception that FBOs are weak in key areas of global health implementation, especially program management, monitoring and evaluation. In some instances, this barrier may be more a result of fundamentally different approaches to solving similar issues rather than weaknesses on behalf of one organization or the other.

"FBOs lack organizational structures; the fact is that they do not have clear understanding of coordination and management. They need to have institutional structures that will work closely with partners. They have their working relationship internally because most of them are either religious leaders who are educated in madrassas or mosques or imams of the mosque. Unless it's a community social issue, they don't normally come together. Other times they do not have the capacity to come and talk about social issues, engaging and working with other partners." **–Secular NGO, Country-level**

"We also know and experience that sometimes being faith-based works against us because the assumption is you are faith-based so you are not technically savvy. FBOs are notorious in not documenting what they do, and we've been pushing that quite a bit but it's an uphill challenge. But, I think there are some stories and messages and lessons out there. It's always an issue of getting people to spend the time to write it up and then share it." **–Christian (Protestant) FBO, Global**

"I think the weaknesses of why high-level, WHO people or Global Fund people or UNICEF or the U.S. government--whether the USAID or the CDC people--didn't want to work with faith- based groups were sometimes bias; but sometimes very legitimate--no monitoring and evaluation capacity." **–Christian (Catholic) FBO, Global**

"Management skills is probably the number one technical skill we are lacking that's needed in the field." **–Christian (Protestant) FBO, Global**

While perceptions that FBOs lack capacity in monitoring, evaluation and project management may be valid in some instances, it is important to also note that FBOs have a sustainable presence in many communities where they are achieving results. They have been present

for years before international aid agencies arrived and will continue to be present long after. Many FBOs acknowledged that they have areas of weakness, but are open to partnerships where they could benefit from mutual learning and capacity-building.

> *"We are generally accompanied by doctors. I myself am a pastor. I have my theology, but I am a layman (non-professional) in the area of medicine. It's very dangerous to interfere in a domain where you are a stranger. That's why we generally stick with the religious, social, and ethical aspects."* **–Christian religious leader, Country-level**

> *"Making referrals is not our [religious leaders'] work. When I addressed the National Assembly, they asked me the same question. I answered that I am not a doctor, but I know that all the methods which do not damage the health of the woman are permitted by Islam. Often we ask the midwives to accompany us to explain more to the women, in order to avoid rumors concerning the different methods. If I have the chance to take some training, that is one more plus. I am an imam, but that doesn't prevent me from knowing about injections, etc. Anything more I can learn, that is not contrary to religion, is welcome."* **–Muslim religious leader, Country-level**

Suspicion and misperceptions are some of the biggest barriers preventing fruitful partnerships, dialogue and respectful listening. Allowing for sufficient time to build understanding and trust are key ingredients of success. Changing attitudes takes time. Areas that often arouse suspicion or are misunderstood by FBOs include: perception of family planning as a western suppression of developing country populations, contraceptive side effects and whether they induce abortion, and the notion that secular organizations exploit FBOs. A barrier for secular organizations is the perception that FBOs have a primary goal of proselytizing or that they support inequitable gender roles. Furthermore, some secular NGOs are not willing to respect religious commitments and motivations.

> *"The beginning wasn't easy, because some people didn't understand. There was murmuring and a lot of rumors, but we simply acted by our convictions. People said, 'The pastor shouldn't go outside the church and get interested is such things. He is there to be a pastor. You shouldn't leave your faithful members and busy yourself with people that have AIDS and other things like that.' But I said to myself, 'In my own duties as pastor, it is the whole human being, not just the spiritual side, but also the physical. Even the Gospel writings concern humans in a holistic way, not just the spiritual dimension.' In any case, today, thanks be to God, things have now evolved."* **–Christian (Protestant) FBO, Country-level**

> *"At the beginning, and even now, certain groups are reticent (about family planning). Because, for them, these are Western traps to diminish us, that is to reduce our population. But often after a debate among intellectuals, well informed by the Koran and the Hadiths, some people change their mind. On the other hand, others still remain frozen. They hold to their position of forbidding birth spacing, especially when they see you with UNFPA agents. Even during our sermons in Friday prayers, the imams don't talk about it. Once I talked about family planning, and one of the faithful said to me, 'So you too -- they are paying you to talk about that thing!' I asked him to consult the Koran. I even gave him the reference of the verses that talk about it. I said, 'Before the West, the Koran spoke to us of other subjects like sexuality, the family, relations between man and wife. Now it's the West that moved us forward in talking about it, because we didn't do that.' "* **–Muslim FBO, Country-level**

INSTITUTIONALIZATION & SCALE UP

Another great strength of FBOs is their capacity to accelerate scale up of successful pilot activities given their strong roots in communities and their commitments to long-term presence in them. Because FBOs' credibility is the key to winning the hearts and minds of their constituents, secular organizations that have been unable to expand family planning activities to a wider sphere would do well to seek FBO support in doing so. Because FBOs and religious leaders may be able to influence country leaders, including government ministries, in ways that other groups cannot, it is important to consider their views and look for strategies to include them. On the other hand, there are numerous documented instances of FBOs and religious leaders speaking out quite strongly

against family planning, contributing to suspicion and controversy.

Facilitating Factors:

The capacity of FBOs to disseminate information about the benefits of family planning to their constituents can positively affect the expansion of access to and acceptance of family planning in many countries. Religious leaders who have had the opportunity to increase their own understanding of and engagement in family planning activities have in turn expanded opportunities for their communities to receive information, counseling and referral for services in a broader way. In some settings, the inclusion of FBOs in sector-wide meetings as well as in policy and advocacy planning has led to the emergence of some FBOs as leaders of implementation and scale up. FBO participation can enhance the likelihood of institutionalization, so that family planning becomes part of existing maternal and child health services, materials, training and staff evaluations.

> *"We were going to provide the Muslim religious leaders with a refresher training in 22 districts. Now the Ministry of Population wants us to go beyond those 22 districts and work with a larger group of religious leaders so that we have more of a national coverage."* **–Secular NGO, Global**

> *"In Afghanistan under an international donor-funded project 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 than 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**

During the April consultation, participants spoke of the importance to engage faith-based health networks who often play a critical role in national health systems, particularly in sub-Saharan Africa. Governments and donors should invite these faith-based networks into the decision making process. In order for health interventions like family planning to achieve sustainable scale up, faith-based health networks must "own" the strategy for themselves and integrate the intervention into their services at all levels (e.g. policy, training, HMIS, commodity procurement, etc.).

Barriers:

Overall funding levels as well as the allocation of funds will influence how partnerships are formed and managed. If all parties can be as transparent as possible regarding funding issues, but conflicts may be resolved. If funds for the FBO scope of work are modest, some FBOs may feel that their share of the funding does not reflect the value they bring to the work. In contrast, some secular partners may be reluctant to allocate significant funding to an FBO partner because they feel that FBOs do not manage their funds effectively, or they assume FBOs do not have the capacity to implement activities on a large scale.

> *"There are plans to expand the program with the sermon guide. The only limiting factor is money."* **–Secular NGO, Country-level**

> *"Why are we not doing this? It's just because of the resources. We have people who are able to partner with us. We have the human resource capacity needed to reach such issues on reproductive health. We have quite a number of members who are health workers and we're blessed. It is only that our organization is not financially capable to undertake these initiatives. And we don't like to undertake initiatives that we are unable to support."* **–Muslim FBO, Country-level**

> *"Funding and time constraints are the biggest issues in this work. The short time frames of many of the donor-funded projects doesn't really allow the time needed to build strong relationships and trust."* **–Secular NGO, Global**

As reflected in the examples cited by respondents as well as contributions made by participants during the consultation, partnerships acceptable to both faith-based and secular organizations are those that are able to address issues of common concern, integrating both the best scientific evidence available with respect for cultural and religious preferences.

Recommendations

With the evidence from this study and technical consultation, several practical steps and insights have been identified to 1) facilitate FBO engagement in family planning by joining forces with other FBOs and secular organizations who have expertise in this area and 2) expand and improve partnerships with FBOs that are already doing this important work.

The following recommendations are based on feedback from the survey and consultation participants:

- Establish "safe spaces" in which both secular and faith-based groups can discuss areas of mutual interest, respectfully correct misperceptions on both sides, build trust and identify common ground. If diverse perspectives cannot be blended into a partnership, explore the possibility of individual groups working in parallel.
- Ensure that effective FBOs are included in the design, implementation and evaluation of government- or donor-funded maternal and child health and family planning programs with clear roles and responsibilities. For example:
  - The role of national governments should be to convene all stakeholders including FBOs so that priorities and activities can be established collaboratively. It is important for governments to be more facilitative than prescriptive. Flexibility is necessary to unite a diverse group of people behind a global goal.
  - International agencies could encourage effective public-private and FBO-secular partnerships and provide funding for such activities.
- Develop collaborative yet practical roles between partners which include a set of complementary activities based on jointly developed workplans, timelines, monitoring and evaluation processes, documentation and mutual accountability. Partners must be willing to invest time for building relationships and resolving conflicts; make it part of the workplan and timeline.
- Build the capacity of faith-based groups in areas where they seek strengthening such as management, documentation, and monitoring and evaluation. Seek funding for capacity-building; too often lack of or insufficient funding has hampered FBO efforts to build capacity in these areas. For example:
  - Support opportunities for FBOs to document and disseminate their successes to enrich the evidence base for the larger global health community. Consolidate data in a central repository to better disseminate FBO success stories and their impact on global health/family planning.
  - Identify ways in which outcomes that are important to FBOs but may not be easily measured, such as family well-being, marital harmony, etc., are incorporated into monitoring and evaluation plans.
  - Support and expand advocacy efforts of FBOs especially in the areas of family planning and maternal and child health. Engage champions—highly respected religious leaders—to advocate to other religious leaders and to the government for increased funding and institutionalization.
- Involve communities in the development and review of materials on family planning and strategies to increase family planning access.
- Integrate issues of gender equity into FBO programs, including strategies to decrease early marriage and violence against women. This is an area where there is great potential for religious leaders to make a positive impact.

Appendices

APPENDIX 1: STUDY OBJECTIVES & METHODOLOGY

This report summarizes findings from a qualitative study with stakeholders in the global health field. The sample population included religious leaders and representatives from Christian and Muslim FBOs, representatives from secular non-governmental organizations and donors who fund global health programs. The respondents represented organizations that work at the international level and within four specific countries – Kenya, Mali, Ethiopia, and Afghanistan. With the exception of Afghanistan, the geographical focus was limited to Africa. The interviews were conducted to better understand the faith sector's engagement in and perceptions of family planning activities as a strategy to improve maternal and child health, the factors that influence FBO engagement and the extent to which FBOs feel included in program planning and implementation. The study also examined the nature of partnerships between the secular global health community and the faith sector including examples of partnerships already completed or in progress. The study is part of a larger initiative to explore how the secular health community and the faith sector can establish or strengthen partnerships in family planning in order to improve maternal and child health and family well-being. Through this report, IRH hopes to highlight the strengths that the faith sector brings to the field of maternal and child health, challenges that have impeded FBO's and religious leaders from making a greater contribution to maternal and child health through family planning and opportunities yet untapped to strengthen family planning programs. The four objectives of the study were:

- To explore the role of the faith sector in improving maternal and child health through family planning;
- To describe unique contributions of the faith sector in maternal and child health and family well-being;
- To understand the current relationships between FBOs and secular organizations working in maternal and child health and family planning; and
- To identify areas and opportunities for increased and more effective partnerships in family planning.

Methodology

Between April and November 2010, the Institute for Reproductive Health generated a list of more than 100 organizations and leaders to be considered for interviews. Eighty-one in-depth interviews were conducted with stakeholders among the following four categories: 1) religious leaders and FBO representatives at the country level, 2) secular NGO and donor staff at the country level, 3) representatives from international Christian and Muslim FBOs; and 4) international secular NGO and donor staff. Table 1 provides data on the religious landscape of the four focus countries, Afghanistan, Ethiopia, Kenya and Mali, which were chosen because they represented an appropriate mix of Christian and Muslim populations where religion has historically played a significant role. Additionally, all but Afghanistan are priority countries under the new U.S. Global Health Initiative and have some of the highest infant and maternal mortality rates in the world.

The approach to selecting the sample of key informants was largely a snow-ball technique. An initial review was conducted of reports, grey literature and organizational websites to identify those organizations engaged in research or programmatic activities in

maternal and child health. After an initial list of organizations had been compiled, it was circulated for review to individuals familiar with the fields of reproductive health and faith-based global development. Recommendations for additional respondents were sought from these individuals as well as the key informants themselves. Most of the secular organizations included in the study had worked with FBOs to some extent.

Interviews were conducted either in-person or over the phone by IRH staff or consultants. Interviews followed a semi-structured interview guide covering topics like organizational mandate and guiding principles, programmatic experience related to family planning, and understanding and perceptions of family planning-related messaging. In most cases, interviews were tape-recorded, transcribed and translated into English where necessary. If respondents declined to have their interview recorded, detailed notes were taken during those interviews. All transcribed interviews were sent to respondents for their review and approval. Any edits made to the interview transcripts by the respondents were included in the final analysis. All local researchers forwarded transcripts to the Institute for Reproductive Health for central analysis.

Transcripts were grouped by location (Global, Afghanistan, Mali, Kenya, Ethiopia), religious-affiliation (Christian, Muslim, secular), and respondent's role (i.e., donor, secular NGO, FBO, religious leader). The data was organized and coded using the qualitative data analysis program ATLAS.ti. A set of initial codes was established based on the study objectives, and additional codes were identified during the coding process according to the general topics that informants discussed (e.g. early marriage, partnerships, scriptural support for family planning, etc.). We studied informants' responses regarding the motivations of faith-based and secular organizations towards health and development work, the types of family planning activities in which faith-based and secular organizations engage, the languages and messages used to communicate about family planning, and the relationship between the faith and secular sectors working in family planning. We identified emerging themes by categorizing and counting key informant quotations and further compared these themes across informant groups to synthesize our findings.

Religious Landscape of the Focus Countries[15]	
Afghanistan	Islam is the predominant religion, with up to 80% of the population belonging to the Sunni sect, 15-20% percent to the Shiite sect and 1% affiliated with other religions. There are 19 distinct ethnic groups in Afghanistan, each with their own language.
Ethiopia	The Ethiopian Orthodox Church (Christian) and Islam are the two dominant religions. Some estimates claim Orthodox Christianity as the majority religion, while other estimates suggest that the Muslims are in the majority. Protestant Christians total just under 20 percent.
Kenya	Christianity is the predominant religion in Kenya. The population is 45 percent Protestant and 33 percent Roman Catholic. 10 percent are Muslim while another 10 percent follow traditional religious beliefs, and 2 percent follow other or no religions.
Mali	Muslims comprise an estimated 90 percent of the population; the vast majority of Muslims are Sunni. Approximately 1 percent of the population is Christian, and the remaining 9 percent practice traditional religious beliefs or no religion.

Consultation

In April 2011, the Institute for Reproductive Health convened a *Consultation on Faith, Family Planning and Family Well-being* at Georgetown University. The consultation was designed to address issues resulting from the study findings, and many respondents from the study were in attendance at the consultation. During this meeting, participants from over 30 global health organizations were able to find

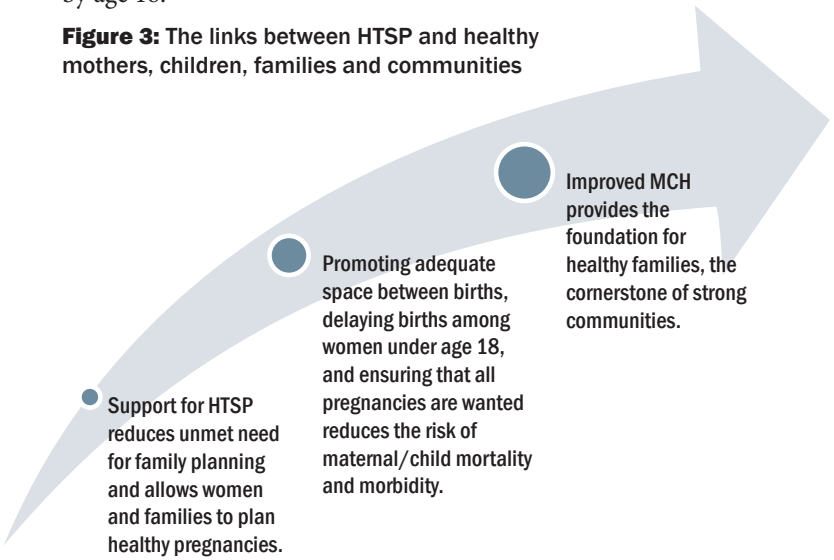
common ground on the role of faith, family planning and gender roles in global health. Numerous examples were shared about successful partnerships between secular and faith-based organizations as well as interfaith collaboration resulting in improved access to family planning information and services. Discussion topics and recommendations from the consultation have been integrated into this report to further depict the landscape of faith-based involvement in family planning.

APPENDIX 2: IMPROVING MATERNAL & CHILD HEALTH THROUGH FAMILY PLANNING

Healthy mothers and children are the foundation for strong families and, ultimately, strong communities. The health of a mother and the health of her children are intricately linked, and the greatest health risks for both occur during pregnancy, childbirth and the post-partum period. Research reveals that every day approximately 1,000 women die from pregnancy-related complications and 99 percent of those women live in developing countries. In addition, each year, 15 to 20 million women who survive pregnancy and childbirth suffer serious pregnancy-related illness and disability.[16]

Pregnancy is the leading cause of death for young women ages 15 to 19 worldwide. Compared to women in their twenties, girls aged 15 to 19 are twice as likely and girls under 15 are five times as likely to die in childbirth. Most girls under 18, especially in poor countries, are physically immature and undernourished, which increases their risk of obstetric complications and death. Early childbearing is particularly common in South Asia and also in sub-Saharan Africa where surveys show that 28 percent of women currently ages 20 to 24 had given birth by age 18.

Figure 3: The links between HTSP and healthy mothers, children, families and communities



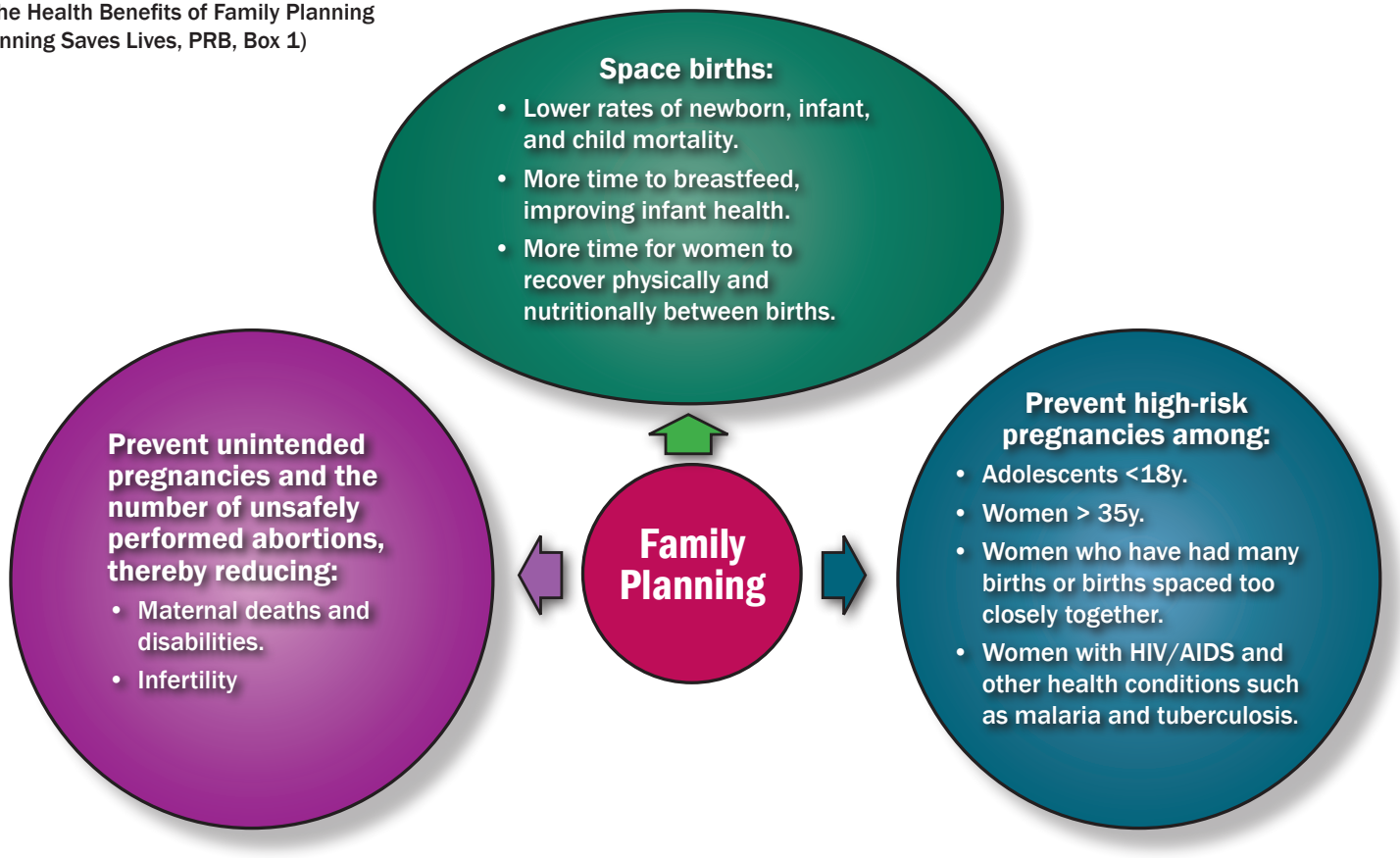
Furthermore, 90 percent of children whose mothers die from pregnancy-related causes will themselves die before the age of one.[17] The mortality rates are also higher for infants born to very young mothers.[18] Babies born to young mothers under age 18 are more likely to be premature, have low birth weights, and suffer from complications of delivery; their risk of dying is much greater than children born of physically mature mothers.

Close spacing of births increases the risks: Babies born less than two years after a sibling are twice as likely to die in the first year of life compared to those born three years after a sibling.[19] The use of family planning for the healthy timing and spacing of pregnancy (HTSP) can dramatically improve the health and survival of both women and children (see Figures 3 and 4). According to research, the use of family planning to space births could save the lives of more than two million infants and children annually and can significantly reduce maternal mortality and morbidity.

By preventing unwanted pregnancies, family planning also saves over 100,000 women's lives annually by significantly reducing the incidence of unsafe abortions. However, at least 200 million women and their partners around the world who would like to avoid pregnancy are not currently using a method of family planning, and nearly 40 percent of the 210 million pregnancies that occur each year are unintended.[20] This unmet need for family planning occurs for a variety of reasons: services and supplies may not be available, individuals may fear partner opposition or social disapproval or they may worry about side effects and other health concerns. Some lack knowledge about contraceptive options and their use; while still others may have used family planning but dicontinued because they did not receive adequate instructions on how to use their method, were not properly prepared for possible side effects, could not find a method suited to their particular needs or, because services were not easily accessible, and they ran out of supplies.[21] All these obstacles can be overcome by expanding the reach

of family planning services, maintaining adequate family planning methods, and training health workers to provide sound information and counseling. Brief and understandable messages about the benefits of family planning are essential (see chart below).

Figure 4: The Health Benefits of Family Planning (Family Planning Saves Lives, PRB, Box 1)



APPENDIX 3: ORGANIZATIONS INTERVIEWED

	Global	Kenya	Mali	Ethiopia	Afghanistan
Secular	Extending Services Delivery (ESD) Project CORE Group MCHIP Futures Group Population Action International (PAI) CEDPA Family Health International (FHI) Engender Health Gates Foundation World Bank WHO USAID UNFPA Center for Inter-Faith Action (CIFA) Institute for Youth Development	GTZ Pathfinder/APHIA2 Marie Stopes Kenya Inter-Religious Council of Kenya USAID National Coordinating Agency for Population and Development (NCAPD) UNICEF UNFPA	Malian Parliament ATN + Project Health Policy Initiative Association for Support of Population Activity Development (ASDAP) Malian Association for the Promotion and Protection of the Family (AMPPF), IPPF affiliate	UNFPA Packard Foundation USAID Pathfinder Engender Health Ipas Marie Stopes Ethiopia Integrated Family Health Planning Consortium of Reproductive Health Associations Ethiopian Interfaith Forum for Development Dialogue & Action Family Guidance Association of Ethiopia DKT	MSH MCHIP
Christian	Christian Connections for International Health (CCIH) Adventist Development and Relief Agency (ADRA) CARITAS Catholic Medical Mission board (CMMB) Catholic Relief Services (CRS) IMA World Health Tearfund United Methodist Church - General Board of Church & Society (GBCS) Food for the Hungry World Vision	Christian Health Association of Kenya (CHAK) Kenya Episcopal Conference (KEC) Catholic Diocese of Nairobi Presbyterian Church of East Africa (PCEA)	Christian & Muslim Alliance of Mali	Ethiopian Orthodox Church – Development and Inter-Church Aid Commission ADRA-Ethiopia Christian Relief and Development Association Ethiopian Evangelical Church Mekane Yesus – Development and Social Services Commission Meserete Kristos Church Relief and Development Association CRS-Ethiopia	
Muslim	Islamic Relief [Muhammadiyah	Muslim Charitable Society SUPKEM, Islamic Society, Family Resource Center	Islamic Network for Population Development (RIPOD) RISE, Haut Conseil Islamique Federation of Muslim Women in Mali (UNAFEM) UNMEM (Union national des écoles merdersas du mali)	Islamic Affairs Supreme Council – Ethiopian Muslims Development Agency	

APPENDIX 4: CONSULTATION AGENDA

Consultation on Faith, Family Planning and Family Well-being

Location: Georgetown University Hotel and Conference Center, Washington, DC

Desired outcomes:

- Recognition of the faith sector's strengths and contributions to global maternal and child health (MCH), as well as understanding issues that remain to be addressed in increasing partnerships
- Recognition of the importance of family planning and the variety of approaches as strategies to improving MCH and the well-being of families
- Commitment to support family planning and engage in effective partnerships that lead to improved MCH

DAY 1: MONDAY, APRIL 11, 2011	
TIME	**SESSIONS**
9:00 am	**Welcome** Carol Lancaster, Dean, Edmund A. Walsh School of Foreign Service, Georgetown University Rajiv Shah, Administrator, U.S. Agency for International Development (USAID) Imam Yahya Hendi, Muslim Chaplaincy Director, Georgetown University & Father Philip Boroughs, Vice President Mission & Ministry, Georgetown University
10:00 am	**Panel A: Faith Approaches to MCH** Katherine Marshall, Berkley Center, Georgetown University (Moderator) Afeefa Syeed, USAID Najat El Hamri, Islamic Relief Veena O'Sullivan, Tearfund Jed Hoffman, World Vision
11:00 am	**Break**
11:15 am	**Healthy Timing and Spacing of Pregnancies: A Critical Strategy to Improve MCH** May Post, Extending Service Delivery (ESD) Project
11:45 am	**Panel B: Models for Faith-based Partnerships in Family Planning (Asia-Near East)** Azza Karam, United Nations Population Fund (UNFPA) (Moderator) Tauseef Ahmed, ESD Project Pakistan Vijay Edward, World Vision India Hamouda Hanafi, ESD Project Yemen Syafiq A. Mughni, Muhammadiyah Indonesia
1:00 pm	**Lunch**

2:00 pm	**Introduction of Research Findings** Victoria Jennings, Institute for Reproductive Health, Georgetown University		
2:30 pm	**Panel C: Models for Faith-based Partnerships in Family Planning (Africa)** Ann Hendrix-Jenkins, CORE Group (Moderator) Rose Amolo, The Center for Development and Population Activities (CEDPA) Sarla Chand, IMA World Health Sonya Funna, Adventist Development and Relief Agency (ADRA) Stanley Kiplangat, Christian Health Association of Kenya		
3:30 pm	**Break**		
4:00 pm	**Discussion 1a:** Gender and women of faith as leaders in family planning and MCH	**Discussion 1b:** Male involvement in "planning families"	**Discussion 1c:** Supporting and protecting girls through healthy timing of pregnancy
4:45 pm	**Report Back from Breakouts**		
5:30 pm	**Presentation: Gender and Adolescent Girls** Sarah Day & Jana Spacek, Center for Interfaith Action on Global Poverty		

DAY 2: TUESDAY, APRIL 12, 2011		
TIME	**SESSIONS**	
8:30 am	**Gallery Walk: Exhibit and Resources Display**	
10:30 AM	**Discussion 2a:** Managing partnerships in family planning and MCH	**Discussion 2b:** Roles and responsibilities for achieving greater success in MCH and family planning
11:30 AM	**Report Back from Breakouts**	
12:30 PM	**Lunch**	
1:45 PM	**Panel D: The Way Forward** Tom Merrick, World Bank (Moderator) Jean Duff, Center for Interfaith Action on Global Poverty Azza Karam, UNFPA Kimberly Konkel, Office of Global Health Affairs, Department of Health & Human Services Katherine Marshall, Berkley Center, Georgetown University Quentin Wodon, World Bank	
3:15 PM	**Closing Remarks** Scott Radloff, Director, Office of Population and Reproductive Health, Bureau for Global Health, USAID	

APPENDIX 5: RESOURCES

Sermon Guides, IEC Materials & Toolkits for Faith Sector

Sermon Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders

IMA World Health, USAID ACCESS Project. May, 2009

Muslim

http://www.accesstohealth.org/toolres/pdfs/Muslim **Khutbah Sermon Guide.pdf**

Christian

http://www.accesstohealth.org/toolres/pdfs/ChristianSermonGuide.pdf

Developmental Bible

Ethiopian Orthodox Church, Population Council, UNFPA. 2010.

Ethiopian Orthodox Church has launched two volumes of a book entitled "Developmental Bible." The book, which was published in collaboration with UNFPA and the Population Council, covers messages for 365 days and 52 Sunday readings.

Faith for Life

Inter-Religious Council of Kenya, Ministry of Public Health and Sanitation in Kenya, UNICEF

Contact person: Jimmy Obuya, jobuya@interreligiouscouncil.or.ke

Under the Faith For Life Initiative, religious leaders in Kenya have worked with religious scholars to develop communication material and a Handbook for faith communities comprising a series of verses from the holy books that are used to support breastfeeding, safe hygiene and sanitation, all of which contribute to child survival.

Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual

USAID Health Policy Initiative. October 2009.

This manual has been designed to guide trainers in conducting workshops for religious leaders and women leaders of faith on GBV and HIV. It was created specifically for heads of religious organizations, such as inter-religious councils and women's religious organizations. The overall objective of the training is to raise awareness of religious leaders and women leaders of faith about GBV as it relates to HIV and motivate action planning to address the issues in their own organizations or communities.

Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community Level: A Training Manual

Intrahealth. 2009.

This 5-day training curriculum is designed to equip Muslim Religious Leaders with the necessary information and skills to better understand, accept, and support the provision of maternal and child health, reproductive health.

Be Fruitful and Multiply: Bible studies on responsible parenthood

Eglise du Christ au Congo

In Kinshasa, DR Congo, a church-based family planning team, in their own weekly Bible studies, examined passages about sex, children and families. Then they asked a number of pastors and theologians to comment on those passages. Finally they submitted the Bible passages to public discussion, both in churches and in health centers. Their perceptive and colorful comments became a discussion booklet titled Be Fruitful and Multiply: Bible studies on responsible parenthood.

Policies and Frameworks for Working with the Faith Sector

ESD Model: Mobilizing Muslim Imams and Religious Leaders as "Champions" of Reproductive Health and Family Planning

Extending Services Delivery Project

This paper depicts ESD's model for engaging religious leaders as "champions" of reproductive health and family planning. This model has been applied in Bangladesh, Nigeria, Pakistan and Yemen.

Reproductive Health Policy
Islamic Relief

This document outlines the Reproductive Health Policy of Islamic Relief, an international relief and development charity which envisages a caring world where people unite to respond to the suffering of others, empowering them to fulfill their potential. The majority of Islamic Relief's reproductive health concentrates on meeting and advocating for the needs of women and girls. Their focus is on providing comprehensive information on reproductive health, supporting the provision of health care facilities and advocating against unsafe beliefs and practices.

Case Studies & Programmatic Experiences

Voices from the Global South (5 documents)
Christian Connections for International Health

The members of Christian Connections for International Health span the globe. They have long-term working relationships with numerous faith groups, health systems and governments. They are uniquely placed to hear and voice the concerns of both health professionals and ordinary citizens. Here CCIH has gathered statements about family planning, its history, and its current strengths and weaknesses in several countries of the Global South.

Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: A Best Practice
Extending Services Delivery Project

The paper shows how ESD partnered with the Basic Health Services Project in Yemen to engage Muslim religious leaders as champions of reproductive health and family planning, and partners in fostering social change and development.

Lessons Learned in Programming and Implementing the Religious Leaders Reproductive Health/Family Planning Program
Extending Services Delivery Project

Presents lessons learned from engaging religious leaders' in promoting health behaviors in reproductive health and family planning services in Dadaab refugee camp in Northern Kenya. Special attention is given to the challenges of applying a community-level training and outreach approach in a refugee setting.

Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations
Pathfinder International

This report provides information on the process of building relationships; partnering with FBOs for community-based care; and institutional capacity building and improving clinic-based care.

Partnerships with Faith-Based Organizations to Expand Access to Family Planning
Georgetown University Institute for Reproductive Health

This brief describes a variety of partnerships between IRH and Christian and Muslim organizations seeking to improve the health of their communities through expanding access to family planning.

Culture Matters: Working with Communities and Faith-based Organizations
UNFPA

This publication maps partnerships between UNFPA and faith-based organizations in the areas of population and development, including human rights, reproductive health, women's empowerment, adolescents and youth, humanitarian assistance, and HIV and AIDS. It provides an analysis of best practices and lessons learned in faith-based partnerships around the world, and in addition, suggests key resources on faith-based engagement and organizations.

Reports on Faith Sector Engagement In Family Planning

International Family Planning: Christian Actions and Attitudes—A Survey of CCIH Member Organizations
Christian Connections for International Health, Georgetown University Institute for Reproductive Health

This study of 92 member organizations of CCIH reports the size and scope of their programs in family planning and reproductive

health, as well as their definitions and use of key terms. It shows why some organizations (while not opposed to family planning) were not interested in increasing their activities in this area, and it details Christian and interfaith collaborative efforts to deliver FP/RH services. The report contains information on what Christian organizations need in order to continue or scale-up their programs and ends with some recommendations, both for CCIH and for international organizations who want to partner with FBOs.

Faith-Based Models for Improving Maternal & Newborn Health

IMA World Health, USAID. 2007

This document explores some FBO health networks and facility-based services in Uganda and Tanzania. A pilot project in the Kasese District of Uganda illustrates how protestant, catholic and muslim health care providers and communities can work together from household-to-hospital levels to improve health outcomes.

Islam and Family Planning

Population Reference Bureau 2004

Governments around the world—including many in the Islamic world—support family planning programs to enable individuals and couples to choose the number and timing of their children. The development of modern contraceptives, organized family planning programs, and international agreements on family planning have given new impetus to old debates: Are Muslim individuals and couples permitted to use family planning? Can governments be involved in providing family planning information and services?

Endnotes

1. United Nations Population Fund. "Culture Matters: Lessons from a Legacy of Engaging Faith-based Organizations." http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/Culture_Matter_II.pdf

2. W. Cates, Q. Karim, W. El-Sadre, et al. "Family Planning and the Millennium Development Goals." Science. 329, September 2010.

3. United Nations Population Division, World Contraceptive Use (New York: Department of Economic and Social Affairs, 2009), http://www.un.org/esa/population/publications/WCU2009/ Metadata/UMN.html; sources for statistics: J. Cleland et al., "Family Planning: The Unfinished Agenda," Lancet Special Series no. 368 (2006), pp. 1810–27; K. Gill et al., Women Deliver for Development (Washington, DC: International Center for Research on Women, 2007), pp. 37–41; Susheela Singh et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal Newborn Health, Guttmacher Institute and UNFPA, 2010, http://www.guttmacher.org/pubs/AddingItUp2009.pdf

4. Schmid B, Thomas E, Olivier J and Cochrane JR. 2008. "The contribution of religious entities to health in sub-Saharan Africa." Study funded by Bill & Melinda Gates Foundation. Unpublished report. ARHA. http://www.arhap.uct.ac.za/publications.php

5. Faith Sector" as defined by the Center for Interfaith Action on Global Poverty (CIFA) in their publication: "Many Faiths Common Action: Increasing the Impact of the Faith Sector on Health and Development. A Strategic Framework for Action." 2010. http://www.cifa.org/images/stories/GIFHD/strategic-framework-report.pdf

6. *Appreciating Assets: The Contribution of Religion to Universal Access in Africa*, African Religious Health Assets Programme (AHRAP), Cape Town, South Africa, 2006:8, www.arhap.uct.ac.za/publications.php

   "Building From Common Foundations: the World Health Organization and faith-based organizations in primary healthcare." World Health Organization. 2008. http://www.ccih.org/bulletin/0608files/BuildingFromCommonFoundations_WHO_and_FBOs.pdf

7. Schmid B, Thomas E, Olivier J and Cochrane JR. 2008."The contribution of religious entities to health in sub-Saharan Africa." Study funded by Bill & Melinda Gates Foundation. Unpublished report. ARHA. http://www.arhap.uct.ac.za/publications.php

8. United Nations Population Fund. "Culture Matters: Lessons from a Legacy of Engaging Faith-based Organizations." http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/Culture_Matter_II.pdf

9. Pew Research Center Forum on Religious Life and Public Life. "Tolerance and Tension: Islam and Christianity in Sub-Saharan Africa." 2009. http://pewforum.org/executive-summary-islam-and-christianity-in-sub-saharan-africa.aspx

10. Huber, Douglas and Brown, Judith. "International Family Planning: Christian Actions and Attitudes A Survey of Christian Connections for International Health Member Organizations." Christian Connections for International Health. 2008.

11. Burket, Mary. "Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations." Pathfinder International. 2006.

12. WHO, Building From Common Foundations: The WHO and Faith-Based Organizations in Primary Healthcare. 2008. http://www.who.int

13. Population Reference Bureau. Family Planning Saves Lives, 4th edition, 2009. www.prb.org/reports

14. Wilma Gormley, "Selecting Partners: Practical Considerations for Forming Partnerships." Tips and Tools Series. Series #2. Training Resources Group, Inc. May 9, 2000

15. CIA Factbook. Central Intelligence Agency. United States Government. https://www.cia.gov/library/publications/the-world-factbook/fields/2122.html?countryName=Ethiopia&countryCode=et&regionCode=af&#et

16. WHO Maternal Mortality Fact Sheet No 348, November 2010. http://www.who.org

17. Lori Ashford, Donna Clifton, and Toshika Kaneda, "The World's Youth." Washington DC Population Reference Bureau, 2006

18. Population Reference Bureau. Family Planning Saves Lives, 4th edition, 2009. **www.prb.org/reports**

19. Population Action International (PAI). "How Family Planning Protects the Health of Women and Children," PAI Fact Sheet, May 2006. **http://www.populationaction.org**

20. Population Reference Bureau. Family Planning Saves Lives, 4th edition, 2009. **www.prb.org/reports**

21. Population Reference Bureau. Family Planning Saves Lives, 4th edition, 2009. **www.prb.org/reports**