From Faith to Action: Custodians of Faith and their Role in Family Planning

Dakar, November 2011
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Introduction

Adresss three main reasons for leveraging faith networks
1. The numbers
2. Health facilities and services
3. Influence on policy and funding

Feasibility study:
- Objectives, methodology, key findings, lessons learnt, recommendations and conclusions.
The numbers

Faith affiliations and %s followers...

- Christianity (33%)
  - including Catholic, Protestant, Eastern Orthodox, Pentecostal, Anglican, Monophysite, AICs, Latter-day Saints, Evangelical, SDAs, Jehovah's Witnesses, Quakers, AOG, nominal, etc.

- Islam (21%)
  - (Shiite, Sunni, etc.)

- Hinduism (16%)

- Buddhism (6%)

- Chinese traditional (6%)

- primal-indigenous (6%)
  - (incl. African Traditional/Diasporic)

- other

- Judaism (0.22%)

- Sikhism (0.36%)

- "Nonreligious" (6%)
  - (incl. agnostic, atheist, secular humanist, + people answering 'none' or no relig. preference. Half of this group is "theistic" but nonrelig.

NOTE: Total adds up to more than 100% due to rounding and because upper bound estimates were used for each group. © 2005 www.adherents.com
Over 5 billion people have affiliation to religions with estimates showing Christianity leading with 2.1bn, Islam: 1.5bn, Hinduism 900m, Chinese traditional religion: 394m, Buddhism: 376m (http://www.adherents.com).
Leveraging health facilities

• According to WHO, 30–70% of health care is provided by faith-based organizations (FBOs) in developing countries (www.who.int/mediacentre/news/.../index.html).

• FBO health services often reach the vulnerable and marginalised populations who are often outside mainstream public and private health services.
Religious leaders, religious institutions and faith-based organizations (FBOs), harness tremendous power to influence individual choices, public policy and funding for FP/RH.
Feasibility study
Objectives:

• Engage a broad group of world-wide allies and champions in thoughtful conversations about feasibility, strategy and practical considerations for working globally, across faiths, to advocate for better FP/RH funding and to identify shared parameters, values, global goals and common messages among leaders of different faiths

• Define conditions under which institutions can work together to advocate for RH/FP

• Gain rich, qualitative information about a variety of faith groups and how they think about family health, reproductive health, family planning, and advocacy
Methodology

- Planning October 2010 and February 2011
- Drafted questions to be asked (Jan-Feb 2011).
- Finalized list and decided Core Partner contact group or individual identified.
- Sent short questionnaire by E-mail (Mar-Apr 2011).
- Sent several hundred short questionnaires by E-mail including with permission members of UNFPA Interfaith Network (May 2011)
- Conducted interview-conversations (15 May – 20 June 2011): a questionnaire sent was followed by 30-60 minutes phone interview.
- Compiled all information and recommendations received by 20 June 2011.
- Presented summary of survey findings and preliminary interpretation in Nairobi Interfaith Meeting 28 June, 2011
Key Survey Findings

- There is strong support for interfaith advocacy in support of FP
- FP is practiced and acceptable to all
- Most FBOs have existing programmes related to FP
- The message and messenger represent the greatest opportunities and hindrances to interfaith advocacy on FP
- FP is seen as highly linked to development targets, betterment of humanity and attainment of MDGs
- The link between FP and health has most support among various faiths
Winning the faith base to support FP can have snowball effects in the policy and funding arena.

Family planning programs of governments have been running for decades. In Indonesia, no major conflict with the Buddhists, Hindus or Muslims.

Child spacing, early marriage, family health, family planning, healthy timing and spacing of pregnancies, infertility, natural family planning, pregnancy spacing, preventing of mother to child transmission of HIV have wide acceptance.

Terms most resisted are birth limitation, birth control, population dynamics to some extent, unwanted pregnancy. They can affect support for FP.
Diversity of faiths is a strength in support of FP/RH and thus support for interfaith advocacy.

There has been minimal investment in FBOs health services using public and private funds.

Interfaith advocacy platforms force articulation of the faith organization’s position on FP, internal FP advocacy, provision of services and experience sharing and learning.

In advocacy, focus on what is common among faiths, rather than starting with differences.
Reaching out to other stakeholders

- Center for Interfaith Action
- Institute for Reproductive Health, Georgetown University
- Pathfinder International
- Tony Blair Faith Foundation
- UNFPA Interfaith Network
Interfaith advocacy work must identify rallying issues that glue people together and elicits similar discontent to catalyze change.

Linking the issue of FP with other development targets such as MDGs and health is key for support.

Identification of clear advocacy objectives, goals and values.

Develop clear coordination structure at global, regional and local levels.

Respect across faiths and willingness to work together is a strength required for success.
Adopting flexible implementation strategies to meet changing contexts at national, regional and global levels is necessary

Coordinate tactics for “Asks” to realize popular support and critical mass for adequate pressure

Use of established structures to coordinate and continuously share feedback

Reframing the debate to drop controversial issues and throw the ball to opposition.

Provide inspiring vision as well as evidence on effects of an issue or situation

Proper timing: advocacy outcomes and impacts are about “advocacy moments”
Conclusions

- There is a lot of potential in investing in interfaith advocacy in support of FP/RH
- To date, over 120 FBO have endorsed the consensus statement/declaration in support of FP/RH
- The Core Partners will implement the recommendation of the study to establish a global interfaith advocacy network to among others coordinate a global advocacy campaign in support of FP/RH
Leveraging Faith Networks to Reposition FP
REVITALIZATION FP POLICIES & PROGRAM

FATWA on FP & Its Implementation
By Nahdlatul ‘Ulama (NU) Indonesia

(Ariza Agustina, PP Muslimat NU)
Background

- World population increase from 6 billions (1999) to 7 billions (Oct, 2011)
- Indonesia is the fourth world largest country on population with 240 millions people
- Within 46 years from 1961 (97 millions) to 2007 (224 millions) population number grew three times, with a reducing population growth rate (1.35%), which may jump to 2.6 to 3%/year within 10 years).
- FP is controversial and factual issues
- Supporting religious teachings may accelerate program acceptance by the people, as others used it as reasons to resist it.
- Once it is widely accepted for quite sometimes it is expected to be institutionalized, as the need
Nahdlatul ‘Ulama’s Contribution

- 1968, Syuriah Nahdlatul Ulama (NU) declared the support to FP policies
- 1969, NU promoted guides for FP implementation and delegated its women wing, Muslimat NU, to cope with FP issues
- 1973, Muslimat NU developed special unit to managed FP services.
1979, workshop Ulamas & Medical Experts produced guidelines for Population & FP programs, which elaborated to be applied to a few NU’s schools, especially Pesantrens (Islamic boarding schools) from elementary to senior high school level.

Various workshops and seminars conducted to propagate FP to Ulema's.
Nahdlatul ‘Ulama’s Contribution

- Various IEC materials has been distributed to NU’s and other institutions.
- Trainings for clinics management personnels and paramedics of NU’s health centers conducted
- NU prominent figures’ FP practices followed by the communities.
1989, on the 28th Congress of NU in Yogyakarta, NU declared that “birth spacing through any means are not permissible if reaching limit of absolutely extinguish the function of having offspring”.

1990, National Coordinating Board of FP (BKKBN) signed MOU accelerated dissemination FP issues to the grass root community.

Population growth reduced, less than 300 billions (as predicted without FP intervention program)
Diminution (1)

- Financial & Economic crisis
- Deprivation of communities’ economic condition
- Changed political regime (1999)
- Decentralization policy (2000)
Culture, preference to traditional health providers, rural health centers’ lack of capacity to serve surgery tended to institutionalized temporary method rather than long-term one

Deprivation of household economic condition changed the preference, FP was not a priority

Institutionalization process tended to be halted to rural & poor household;
At the same time, pattern of government changed as part of authority delegated to local government and national & local governments’ capacity to manage the continuation of the program nationwide reduced.
Revitalization

- FP program should be revitalized to achieve MDGs target, reducing population growth from 1.35% to 1.05% up to 2015 (MDGs target).
- Long-term method should be propagated to reduce the need for routine household expenditure.
- Men should be included as important recipients to the program rather than focused on women.
- Fatwa on FP should be republished nationwide.
Although women are dominant in controlling the birth rate, however, long term FP method is still low in percentage (about 3%).

Many rural women prefer to not showing their *aurat* (genitalia) to others, especially man medical personnel.

Traditionally the sight of genitalia is haraam (not allowed), however, religious teachings allowed this condition as it is required in the treatment and circumcision, as long as it is properly and not exaggerated.
The value of children in marriage is also influence woman’s decision to choose long term FP method.

Male participation in FP is about 1.3%.

Vasectomy for men, show progress. In Malang, three hospital offers free vasectomy surgery with a guarantee for free recanalization when they want a baby. The target (25 men) is achieved.

Religious teachings propagated by NU religious leaders made vasectomy record in Situbondo, so impressive, that about 2000 men participated.
THANK YOU
Integration of Family Planning services with health and development programmes:

The perspective of Christian Health Association of Kenya

By Dr Samuel Mwenda
General Secretary, CHAK
CHAK Background information

- CHAK is a national network of Protestant Churches’ Health facilities & programs from all over Kenya with a diverse membership of 528.
- CHAK was established in 1946 by the National Council of Churches of Kenya with the core mandate of facilitating the churches’ role in health.
- Core mandate include advocacy with Government, capacity building, networking and health systems strengthening.
Christian Health Association of Kenya

Membership 528

1. 21 Hospitals
2. 51 Health Centers
3. 364 Dispensaries
4. 58 Churches/church organizations
5. 24 CBHC programmes
6. 10 Nursing Training Colleges

www.chak.or.ke
**Vision**

All member health units providing efficient and high quality health care that is accessible, equitable, affordable and sustainable, as a witness to the healing ministry of Christ

**Mission**

To facilitate member health units in their provision of quality healthcare services through advocacy, health systems strengthening, networking and innovative health programmes

**Goal**

Promote access to quality health care
Africa CHAs Platform

- A networking & advocacy forum for Christian Health Associations & Networks from Sub-Saharan Africa established in 2007
- Platform Secretariat is hosted by CHAK in Nairobi

www.africachap.org

“Promoting Access to quality healthcare”
Organizational Members of the Africa Christian Health Association Platform

March 2010

“Promoting Access to quality healthcare”
Contribution of Christian Health Networks to the National Health Sector in Select African Countries

Facilities

Liberia Ghana DR Congo South Sudan Kenya Uganda Tanzania Malawi Zambia Zimbabwe Lesotho

FBO MoH
/** ACHAP Vision & Mission **/

**Vision**

- Every person is a precious child of God.....Our Vision;

"**Health and Healing for all in Africa**"

**Mission**

"Inspired by Christ’s healing ministry, ACHAP supports Church related health associations and organizations to work and advocate for health for all in Africa, guided by equity, justice and human dignity".

"Promoting Access to quality healthcare"
Objectives

- To facilitate networking and communication among Christian Health Associations and other Church Health Networks in Africa.
- To facilitate joint advocacy with and for the Christian Health Associations and Church Health Networks in Africa on matters of health development.
- To support the capacity development of Christian Health Associations and Church Health Networks to provide quality health care.
- To establish and maintain partnerships with other institutions and organisations in support of health development in Africa.
ACHAP 5th Biennial Conference, Feb 2011, Ghana

Africa Christian Health Associations’ 5th Biennial Conference
5ème Conférence Bisannuel des Associations Chrétienne de la Santé de l’Afrique

Date: February 20 – 24, 2011
“Improving Women and Children’s Health in Africa: FBO response towards attainment of MDG targets”
Venue: GIMPA Executive Conference Center Achimota Accra.

“Promoting Access to quality healthcare”
Church obligation in health services

- The Church has a strong Biblical foundation for involvement in health promotion and service delivery.
- The Church in Africa is strategically placed both at the institutional level and community level to significantly contribute to curative services, disease prevention and health promotion.
Church health assets

• The Church has various health assets some of which are not fully exploited for health;
  – Health infrastructure – Churches are responsible for **20-50% health service delivery** in various countries of Africa
  – Training colleges for Nurses, Doctors and paramedical staff
  – Drug Supply Agencies
  – Faith, Prayer, compassion, preaching, fellowship, Sacrament, counseling etc
  – Extensive community networks
Health services delivery at a Mission Hospital – comprehensive, integrated, wholistic approach
Dependable supply system for quality Essential Drugs & Medical Supplies in Kenya, Uganda, Zambia, Nigeria

Mission For Essential Drugs & Supplies

www.meds.or.ke

“Promoting Access to quality healthcare”
Church mobilizes Leaders and volunteer Community Health Workers

“Promoting Access to quality healthcare”
## Health indicators in Kenya

<table>
<thead>
<tr>
<th>Health indicator</th>
<th>2003 DHS result</th>
<th>2008/9 DHS result</th>
</tr>
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<tbody>
<tr>
<td>Infant Mortality Rate /1000</td>
<td>77</td>
<td>52</td>
</tr>
<tr>
<td>Under Five Mortality Rate/1000</td>
<td>115</td>
<td>74</td>
</tr>
<tr>
<td>Newborn Mortality Rate/1000</td>
<td>33</td>
<td>31</td>
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<tr>
<td>Delivery in a Health Facility</td>
<td>40%</td>
<td>43%</td>
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<tr>
<td>FP Contraceptive Prevalence Rate</td>
<td>39%</td>
<td>46%</td>
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<tr>
<td>Unmet FP need</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Maternal Mortality Ratio/100,000</td>
<td>414</td>
<td>410</td>
</tr>
</tbody>
</table>
In sub-Saharan Africa, unmet need exceeds current use of contraception!
RH Policy priorities - Kenya

- Safe motherhood
- Maternal and Neonatal Health
- Family Planning
- Adolescent & Youth sexual and reproductive health
- Gender issues including sexual and reproductive rights
Some shared views on Family Planning

• Understanding of FP – “Having the right number of children that a couple can support, with right timing and right spacing”

• Different Churches may differ in the approaches they employ to support FP
  – Some support the whole range of FP methods
  – Some support methods that do not interfere with implantation once fertilization has occurred
  – Some support only natural methods of family planning

• Churches have difficulty in promoting FP to youth & adolescents
Challenges facing family planning services

• Inadequate funding – there has been major decline of funding to RH services from the mid 90’s
• Lack of security for contraceptive commodities
• Lack of sustained demand creation for family planning services
• Inadequate family planning training for service providers
• Shortage of health workers
• Low level of integration of family planning with HIV&AIDS and other health services
• Relatively low community and private sector participation
FP promotes health of mother & child

Christian Health Association of Kenya

“Promoting Access to quality healthcare”
Opportunities for FP/RH scale up

- Maternal health is a critical MDG – the call to Action by the UN Strategy on Women’s and Children’s Health
- Established health infrastructure & networks
- FP/RH training opportunities within the Nursing and Medical Training Colleges
- In service capacity building/skills building in FP/RH through partnerships with MOH & NGOs
- Outreach services to the communities using established FBO & CBO networks
- Extensive reach of religious institutions and trust by communities they serve
- Integration with HIV/AIDS & Malaria prevention services
Opportunities for FP/RH scale up

• The sense of failure of the existing strategies in achieving universal coverage and the MDG targets creates the urgency to try new approaches.

• The success recorded and lessons learnt from HIV&AIDS prevention, care and treatment programs that have engaged the PHC model.

• Extensive networks of Faith Based Health Institutions that continue to engage PHC principles & elements.

• Formalized partnership between Christian Health Associations and MOH.

• Decentralization of health services planning and implementation in several countries that are already engaging community participation.
Strategies to increase Family Planning services uptake

- Advocacy and mobilization for FP at community, national, regional and international level
- Increased funding towards FP from national budgets and Development Partners
- Increase investment in community mobilization to create sustained demand for contraceptives
- Guarantee contraceptive commodity security through adequate & consistent supplies and efficient logistical systems
- Promote public-private-partnerships for a multi-sectoral approach to Reproductive Health/FP services
- Promote increased involvement of men in FP
Strategies to increase Family Planning services uptake

- Increase Health Workers providing RH services and regularly update their FP skills
- Review and update pre-service and in-service RH/FP training curricula
- Strengthening of health systems for Reproductive Health and FP services
- **Promote integration of FP services in planning, implementation and M&E** – promote integrated Family Centered Health Care services
- Scale up communication and social marketing of FP to increase demand and use of contraceptives
Opportunities for integration

- HIV prevention, treatment, care and support programmes
- VCT and PMCT services at facility and community level
- Malaria prevention initiatives including bed nets distribution
- Antenatal and post natal care services
- Child health services
- Community outreach health services
- Community health promotion and education programmes
- Economic empowerment programmes
- Women’s and Men’s Groups by Churches
Counseling ANC mothers
FBOs Health services promote the health of the family – father, mother & child

Family planning is an important strategy

We need dedicated funding, guaranteed commodities, capacity building and community mobilization

Thank you, Asante
The Caravan: a strategy to educate faith based leaders and communities on FP, International Islamic Center for Population Studies and Research, Al-Azhar University Experience

Prof. Dr. Gamal I. Serour; *Prof. Dr. Ahmed Ragaa A. Ragab**

**Professor of Obstetric and Gynecology and Director of the International Islamic Center for Population Studies and Research, Al-Azhar University

*Professor of Reproductive Health, IICPSR, Al-Azhar University
Preface:

- Religious Leaders are the gate keepers for many social and cultural issues. The role of Religious Leaders is not restricted on calling for prayer, fasting, almsgiving, pilgrimage and other religious commandments and juristic regulations; but this role extends to include inviting people for various medical, social, cultural and religious fields of life.
Preface:

In a belief of the role of religious leaders, bringing them to the fields of Population Policies, Family Planning, Reproductive Health and GBV and networking with them, the efforts would be more successful.
This role was taken by the International Islamic Centre for Population Studies and Research was founded at Al-Azhar University, since its establishment in co-operation with the UNFPA in 1975.
The objectives of the IICPSR are:

- conducting population and reproductive health studies and research in the Muslim World.
- To add credibility to the population/reproductive health information obtained before its dissemination in Muslim countries.
- To dispel misconceptions about Islam and certain population/reproductive health policies that can be adopted in the Muslim World.
The Centre does not limit its activities to Egypt but extended them to the other institutions all over the Islamic World, interested in developing and promoting awareness of population/reproductive health issues.
The Centre has a wide range of activities related to population/reproductive health and gender issues in the context of Islam.
In order to widen the base of the informed theologians and researchers, the Centre has developed a unique approach. This approach is called ‘Carvan\Travelling Seminars". These seminars are given by experts in the fields of Theology, Demography, Reproductive health, Public Health and Gynaecology. These groups are selected from the different faculties of Al-Azhar University.
The Caravan\'travelling Seminars discuss and clarify the population, gender, reproductive health, family planning, and HIV/AIDS issues from the Islamic point of view. Local Travelling Seminars In addition to the International Travelling Seminars the Centre designed and implemented local travelling seminars that covered most of Egyptian Governorates. The aim of these travelling seminars is to introduce these issues to a wider group of theologians.
Other creative activities designed and implemented by the Centre are the expert group meetings. Experts in the field of population/reproductive health from different Islamic countries are selected and invited to discuss and interact together on debatable issues in order to reach a consensus.
All these activities gave the centre the foundations and the excellent reputation that allowed the centre to carry on its activities as self sustained and attracted many other International Organization to work with the Centre.
Evolving of the Caravan Strategy

Earlier traveling seminars were organized in a way that individual experts in different fields gave their opinion about an issue, which was mainly family planning. Later the center developed manuals that deals with issues, among them: Children care and development; MDGs; Harmful Traditions; Population Policies, Reproductive Health, and Gender Issues and recently adolescents reproductive health.
IICPSR realized that, there is a need to widen the utilization of the caravan strategy, consequently, it developed a new module, that training of trainers. In this approach, groups of selected best local theologians are trained to train other theologians and to conduct local seminars.
El-Nour Mosque Training Program for Religious Leaders in Collaboration with Ministry of Wakf
El-Nour Mosque Training Program for Religious Leaders in Collaboration with Ministry of Wakf
Sustainability:

- The Caravan Strategy became institutionalized in the activities of the center. TOT courses are carried regularly and step down seminars that are evaluated by the center are conducted at local level.

- Recently a Caravan on Protection of Children was carried successfully in Afghanistan in collaboration with UNICEF.
Challenges:

- The current conflicts/wars in many of the region’s countries with foreign interference created a sense of hostility and suspicion regarding all what is believed to be western among a wide group of the community, including RLs.

- Due to the confusion that resulted from mixing the political directions which might be influenced by some western powers and the humanitarian role of UN, some took a negative stand regarding UN and its all its agencies and partners.
Challenges:

- Due to the nature of Islam Religion and the flexibility of the interpretations of issues other than those which were mentioned in the primary sources of Shari’ah, there is no consensus on issues like FGM and age at marriage.

- The increasing conservatism in the region, harms efforts in family planning, gender and reproductive health issues.
Lessons Learnt:

- Providing the RIs with the scientific and authentic facts will help much in formulating positive opinions/Fatwas.
- The combination a team of experts that include both RIs and experts from other disciplines is of utmost importance in order to exchange the experience.
- Partnership and networking with RLs, as the community gate keepers, give them the sense of ownership and hence ensure acceptability and sustainability.
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