Family Planning High Impact Practice Strategic Planning Guide:

Strengthening Engagement of Faith Actors in Family Planning

Introduction

This Strategic Planning Guide (SPG) is intended to lead program managers, planners, national policy makers, and other stakeholders through a strategic process to strengthen engagement of faith actors in family planning. The guide was developed through consultation with technical experts* and builds on guidance from key resources noted in this guide.

Interfaith Declaration on Family Health and Wellbeing

In 2011 an Interfaith Declaration on Family Health and Wellbeing endorsed "that the decision to plan a family must be consistent with one's faith….[and that]… there is fundamental agreement that all women and men have the right to information and contraceptive options and the right to decide for themselves based on their faith and conscience." The endorsees, more than 250 to date, "commit to leveraging our networks to support family health by providing education and services that enable families to plan the timing and spacing of their pregnancies consistent with their faith. We call on others to support this initiative to influence government and donor policies and funding." Faith to Action Network.

More than four-fifths of the world's population is affiliated with a religious group (The Pew Research Center, 2012), and the percentage of health care provided by faith entities in lower and middle income countries is significant, but varies widely from country to country. Faith entities are a critically important component of the overall health system in many countries (Olivier et al., 2015). Faith traditions largely support the concept of healthy timing and spacing of pregnancy (HTSP) (Institute for Reproductive Health, 2011; Faith Community at ICFP, 2022). Evidence from a diverse range of countries demonstrates the potential of FBOs to increase demand for family planning, service provision, and contraceptive uptake (Faith to Action Network, 2014; Ruark et al., 2017; Adedini et al., 2018; Mir and Shaikha, 2013, VanEnk 2017). Faith actors are often grassroots – based in rural areas with few if any public sector services, they have close connections with communities, and are respected leaders with influential reach and established trust (Bormet et al., 2021; Hoehn, 2019; Marshall, 2015; UPMB, 2017; IRH and Center for Child and Human Development, 2021). With increasing urbanization, FBOs are also active in increasingly urban settings and among migrants, refugees and displaced persons in humanitarian crisis settings (Act Alliance, 2016). Furthermore, FBOs see many women and children at postnatal care visits and for childhood immunizations where FP should be offered [link to FP Immunization brief].

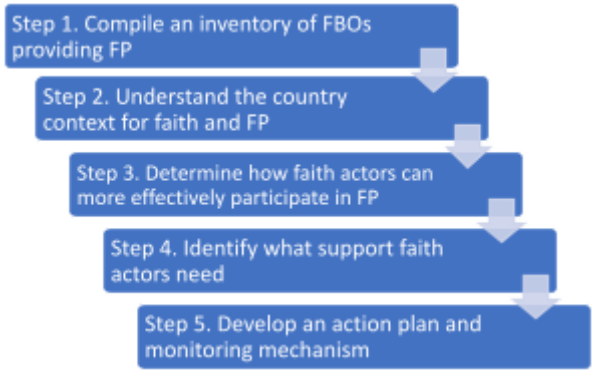
More fully achieving the potential of faith actors inclusion in family planning policies and programs will require bridging common misunderstandings between secular and faith actors, as well as recognition of the shared goal of promoting well-being and finding entry points where they exist for engagement and collaboration. Faith actors, which include both faith leaders and FBOs encompassing a range of organizations influenced by faith or who have a religious mission (Greenaway and Lux, 2007), do not fully recognize and appreciate the common interests they share with secular groups in serving the health and well-being of the community as it relates to FP services. Similarly, secular actors do not fully realize the important role faith leaders and FBOs play in their communities and the scope of support for FP or even wider sexual reproductive health and rights (SRHR) among faith actors.

Secular groups may expect faith groups to support all aspects of family planning – not realizing, or not respecting, that different faiths/denominations need to stay true to their own views, e.g. on contraceptive methods, or use of contraception among young people. FBOs underestimate the breadth of family planning services that actually already align with their religious beliefs/views. The voice of FBOs tends to be muted when they are grouped with secular civil society organizations (CSOs) for representation in coordination mechanisms, such as family planning technical working

groups [TWG]. Thus, faith actors, including interfaith groups, are underutilized in advocacy/policy creation and application. Furthermore, FBOs tend not to receive the resources, training, and commodities they need to provide high-quality family planning services as part of sub-national or national programs. While the interplay between faith and family planning is complex, engaging faith actors is strategic to expand access and create demand for healthy reproductive behaviors and family planning services (World Vision, 2017; Faith to Action Network, 2014; Duff and Buckingham, 2015). Aligning with faith actors at scale has promise for overcoming demand-side barriers to family planning. Religion is an integral aspect of the social determinants of health (Blas and Kurup, 2010), and to reach the furthest behind, engaging all stakeholders is critical for promoting health and well-being. Expanding and strengthening the role of faith actors can contribute to the full range of service delivery, enabling environment and social behavior change (SBC) HIPs [*link to HIP list*].

Steps

Carrying out the steps in this SPG will enable countries, policymakers, program managers, civil society organizations, development partners, and faith actors to engage in a joint effort to identify and develop approaches to collaborate more effectively on family planning, as best fits each country's context. Note that these steps can also be undertaken within organizations to develop action plans for strengthened partnership with faith actors. Illustrative resources, intended as examples related to the step, are mentioned for each step.



Step 1: Prepare an inventory of local FBOs providing family planning information and services in health facilities and in the community, and capacity assessment.

Illustrative examples of resources for Step 1

- Availability of FP Services and Quality of Counseling by FBOs, 2017
- Faith and International FP, various materials, 2014-2018
- Islam and FP: changing perceptions of health care providers and medical faculty, 2013

This inventory will identify the range of faith groups involved in family planning and explain how they have worked, which faith groups they represent, what population groups they serve, and what information and services they provide. If data are available, the inventory could include available statistics on their services, e.g., how many facilities they have or women of childbearing age they reach.

Step 1 should look at the whole health system to understand the role of faith-based organizations among the other types of service providers (e.g. public sector, private commercial, private not for profit [also called non-governmental]). This will show how FBOs complement, but are different from, other service providers.

The inventory in Step 1 should include discussion of the strengths and capacity of the faith community in family planning (e.g., FBOs bring not only their faith or religious beliefs; they also bring technical/medical skills to serve the community). The inventory in Step 1 can highlight the challenges/barriers that FBOs face in FBO service delivery, and identify potential linkages among the provider types (e.g., public-private partnerships involving FBOs and public governments). While focusing on current programming, the inventory can include information on earlier successful programming that was not sustained, with an examination of what worked and what did not work (USAID, 2019; Rosales and Dolegui, 2020; Cadres des Religieux pour la Santé et le Développement and Word Faiths Development Dialogue, 2017).

Step 2: Conduct an assessment of the specific context for faith and family planning in the partner country.

This assessment includes reviewing literature and engaging in conversations with faith actors and establishing relationships for the long term to understand their role in the community context as well as their areas of focus related to development and health (Marshall, 2015). Topics for the assessment include: a) the role faith plays in people's lives and health decisions, and b) how religious leaders of different faith traditions influence health beliefs and accessing health services, including family planning. The literature review should focus, to the extent possible, on country-specific literature, and on existing assessments that are relevant, supplemented by faith doctrine materials and global literature, as appropriate. Stakeholders should be asked to read the review, based on their perspective (e.g., government, CSO, development partner, faith actor), and to engage in dialogue about the findings and implications for family planning and stronger faith engagement.

Illustrative examples of resources for Step 2

- How Gender and Religion Impact Uptake of FP, 2019
- 'Children are a Blessing From God', 2020
- Understanding Religious Influences on FP Findings from Monitoring and Evaluation, 2017

Step 2 will provide an understanding of the importance of religion and culture, and, to an extent, politics and the complex interwoven nature of those factors and how they influence family planning acceptance, both positively and negatively, within the specific context (Duff and Buckingham, 2015). Step 2 will help illuminate the many social determinants and norms, including gender norms, that positively or negatively affect access to and uptake of family planning services, and the role of faith actors in shaping and shifting mindsets and attitudes among community members (Khalaf-Elledge, 2021). The output from the landscaping in Step 1 could be a literature review or annotated bibliography with a summary.

Step 3: Determine how faith actors can more effectively participate in country-level FP policy-making and planning, advocacy, programming, and resource provision.

Linked with Step 2, identify faith actors to engage in early consultation and technical working groups, with discussion and dialogues led by faith actors/FBOs with other faith actors. This can include space for faith actors/FBOs to discuss questions and concerns and build scriptural and technical knowledge on family planning, and address knowledge gaps and misunderstandings among stakeholders. Treat them as equal actors in this process with the aim to create trust among stakeholders, a safe place to establish a shared vision for the benefits of stronger inclusion of faith actors in family planning.

Illustrative examples of resources for Step 3:

- Faith and FP: Working Together to Drive Progress Post-2020 and meeting report, 2019
- FBOs as Partners in FP: Working Together to Improve Family Well-being, 2011.
- Islamic Argumentation on Birth Spacing. FP within Islam, 2015.
- FP Advocacy through Religious Leaders: A Guide for Faith Communities, 2017

Knowledge of the role of FBOs and their inclusion in family planning differs by country with some ministries of health more familiar than others with the role of FBOs and their capabilities. Relationships between secular civil society organizations and FBOs also differ by country. Create space for representation of secular and faith-based organizations in the family planning program so that the perspectives of both are adequately reflected in the program.

Through collective dialogues among family planning programming stakeholders, this step will help identify areas of agreement among faith groups and secular groups and help to determine how faith actors could more effectively participate in country-FP policy-making and planning (e.g., in developing and implementing Family Planning Costed Implementation Plans and through inclusion in national and subnational family planning/reproductive health technical working groups), in programming (e.g., demand generation and service delivery), and resource provision (e.g., receiving funding and commodities). Step 3 should also focus on improvements needed in service delivery (among all sources of services, including faith-based).

These collective dialogues will facilitate common understanding and build relationships among stakeholders, including strengthening understanding of the roles different stakeholders can meaningfully and synergistically play in expanding access to family planning and promoting wellbeing. The dialogues can promote development group messages and strategies to promote FP and wellbeing, and create ways to integrate these into FBO activities, while acknowledging challenging issues or barriers.

Step 4: **Determine what support faith actors need to enable them to promote and advocate to expand access to high quality, equitable FP information and services – for all clients, and to improve services in FBO facilities**.

Illustrative examples of resources for Step 4:

- Closing the Gap: the Potential for Christian Health Associations in Expanding Access to FP, 2017.
- Engaging FBOs in the Response to Maternal Mortality, 2011
- Increasing FP Access in Kenya Through Engagement of Faith-Based Health Actors, 2017
- Advancing SRHR through faith-based approaches-a mapping study, 2014

Step 4 will also identify the resources needed to ensure FBO integration into the whole family planning program (e.g., a total market approach), including FBO contribution to generating demand/social behavior change, providing services, and improving the enabling environment for family planning.

Step 4 can identify means of strengthening capacity of FBOs and address gaps in program management, administration, technical, and financial management, compliance, reporting, and communications as well as capacity to provide FP services and FP sensitization in their own communities (e.g., organization capacity assessment process). Step 4 can also identify the resources and other capacity that the faith actors have which they can use or offer. Funding will be an important issue to address in Step 4, e.g., what resources do faith actors need to provide services and to ensure quality in service delivery and how family planning and FBO inclusion are financed, whether it's by national Insurance, donors, out of pocket, etc. Identifying funding sources to strengthen faith engagement will be important.

Step 5. Develop an action plan and mechanism to monitor the strengthened inclusion of Faith Actors in family planning.

Illustrative examples of resources for Step 5:

- Faith-Based Leadership in Africa: An Integral Part of Improving FP and RH, 2015
- Faith Pre-Conference: The Role of Faith Communities in FP Advocacy & Services Towards Achieving the SDGs, 2016

Building on Steps 1-4, the partners involved should agree on an action plan to strengthen engagement of faith actors in family planning in the country, including the plans' components and the resources needed. For example, the plan may include components related to public-FBO partnerships; strengthening relationships between secular and FBOs,

plans for FBO representation in planning and coordination mechanisms (e.g., family planning technical working groups [TWG]) (Bormet et al., 2021), joint activities (e.g., addressing norms such as age at marriage and women's empowerment); and resource mobilization.
Develop a plan to periodically (e.g., annually) review progress on the action plan using available tools (e.g., After Action Review of the coordinating efforts between secular and faith actor partners) and make course corrections, as needed. As part of the plan, encourage efforts to measure the impact of the work and impact of FBOs in family planning, as well as integrating FBOs into the national health information system.

Acknowledgements

*The list of technical experts to be added here.

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