

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

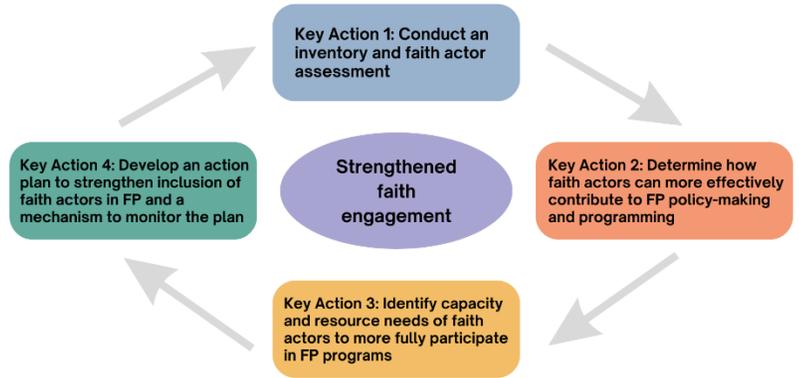
Faith actors is a broad term that includes both faith/religious leaders (e.g., pastors, imams) and faith-based organizations (FBOs), encompassing a range of organizations and institutions influenced by faith or who have a religious mission or defining quality.¹ The terms “faith leaders” and “religious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

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

Key Actions

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

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



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

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

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

available, the inventory could include available statistics on their services (e.g., how many facilities they have or women of childbearing age they reach).

In developing the inventory:

- Look at FBOs in the context of the whole health system to understand their role among the other types of service providers (e.g., public sector, private commercial, private not-for-profit [also called nongovernmental]), and pharmacies).
- Include discussion of the strengths and capacity of faith actors in family planning (e.g., they bring not only their faith or religious beliefs; they also bring technical/medical skills to serve the community).
- Identify the terms that individual faith communities use to describe family planning (e.g., birth spacing, child spacing, healthy timing and spacing of pregnancy, etc.).
- Identify and acknowledge bias, differences, common interests, and context:
 - Faith traditions (e.g., Buddhism, Christianity [Catholic and Protestant], Hinduism, Islam, and indigenous faiths) largely support the concept of healthy timing and spacing of pregnancy,^{12,13} in line with their holy books. Evidence from a diverse range of countries demonstrates the potential of FBOs to increase demand for family planning, service provision, and contraceptive uptake.^{14–16} Keep in mind that not all faith traditions embrace all methods, which requires community and facility-based programs to be tailored.^{11, 14–17}
 - The following tools have been created by Christian and Islamic groups to help faith actors talk about family planning: [Islamic Argumentation on Birth Spacing: Family Planning Within Islam](#),¹⁸ [Family Planning Sermon and Messaging Guide](#),¹⁹ and [Family Life Education: Equipping Faith Leaders to Communicate About Sexual and Reproductive Health From Christian and Muslim Perspectives](#).²⁰
 - Faith actors may underestimate the breadth of family planning services that already align with their religious

beliefs/views.²¹ Faith actors often do not fully recognize and appreciate the common interests and differences they share with other organizations in serving the health and well-being of the community.¹²

- Expanding faith actor 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, such as advocacy/policy creation and program planning.
- Identify the value-add of faith actors, such as offering quality services, in rural or humanitarian settings where public sector or other sectors might not gain access, diversified finances, etc., that can be of benefit to the national program.
- Highlight the challenges/barriers that faith actors face in service delivery and identify potential linkages among the provider types (e.g., public-private partnerships involving faith actors and public governments).
- While focusing on current programming, include information on earlier successful programming that was not sustained, with an examination of what worked and what did not work.^{14,16,17,22–26}

As needed, further assessment of what the literature says on the following topics may also be helpful: (a) the role faith—and its complex interaction with culture, science, and gender²⁷—plays in people’s lives and related to family planning; (b) how faith leaders of different faith traditions influence health beliefs and demand for health services, including contraceptive services; and (c) the role of faith actors in shaping and shifting mindsets and attitudes among community members. The review should focus, to the extent possible, on country, then regional and global literature, supplemented by faith doctrine materials as appropriate. Here are three examples of potential content for assessments: [How Gender and Religion Impact Uptake of Family Planning](#),²⁸ [‘Children Are a Blessing From God’](#),²⁹ [Understanding Religious Influences on Family Planning: Findings From Monitoring and Evaluation in Senegal](#),³⁰ and [Making Our Communities Better](#).³¹

Within this action, it is key to also spend time on meeting design and dialogue methodology appropriate for the context in order to address issues of divisions and existing or non-existing trust and collaboration. How stakeholders are structured around these topics matters, especially to build trust and increased collaboration. Here, it is crucial to engage in methodologies found within dialogue, conflict resolution, mediation, and process facilitation as well as within faith communities or nongovernmental organization sectors. Ensure stakeholders have time to review all results documented in the assessment and engage in dialogue about the interpretation of the findings and implications for partnerships in your context.²⁰

Key Action 2: Determine how faith actors can more effectively contribute to family planning policymaking and programming.

Engage the faith actors identified in previous actions in early consultative partnership discussions and technical working groups. In addition to dialogue among a range of faith and secular stakeholders, support faith actors to lead dialogues with each other to discuss questions and concerns, build scriptural and technical knowledge on family planning, and address knowledge and technical gaps. Understanding the role of faith actors and their inclusion in family planning differs by country with some ministries of health more familiar than others with the role of faith actors and their capabilities and value add for a family planning program. Relationships between secular civil society organizations and FBOs also differ by country. Here it is also crucial to determine how family planning and FBO inclusion are financed, whether it is by national insurance, donors, out of pocket, etc. To address the issue of faith actors' voices being muted, treat faith actors, who have voices distinct from secular civil society, as equal partners in this process. Examples of constructive dialogue on faith and family planning among a range of stakeholders include: [Faith and Family Planning: Working Together to Drive Progress Post-2020](#),⁴ [FP2030 meeting report](#),³² and [FBOs as Partners in Family Planning: Working Together to Improve Family Well-being](#).¹²

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

Planning and budgeting of inclusive family planning programs must include the needs of faith actors.^{11,20,33} Consider the following examples of budget items:

- Budgets for consultation and dialogues with faith actors to help identify areas of agreement and how to address any concerns.
- Resources for faith actors to advocate for budgets for implementation at local, national, regional, and global levels.
- Resources to provide quality family planning services at health facility and community levels and how FBOs can access the resources needed. Training of health workers on provision of family planning services/counseling. Ensure community health workers have access to transportation (e.g., bicycles) and tools (e.g., pens and registers) that can be carried easily back and forth on community visits to hard-to-reach areas.
- Updated training opportunities, materials, policies, guidelines, checklists, etc., including contraceptive technology updates, to reach faith providers and clients at last-mile facilities who can then provide high-quality family planning services as part of subnational or national programs (personal communication, Expert Group members, 2022).³⁴
- Resources for faith actors to participate in family planning technical working groups.
- Sensitization workshops for religious leaders (e.g., pastors, imams) on family planning and funding for religious leaders to partner with community health workers and health facility staff to conduct community outreach together at the local level.
- Engage faith actor champions in media/social behavior change campaigns to discuss family planning publicly.
- Prioritize budgets and funds to strengthen capacity. Conducting an [organization capacity assessment](#)³⁵ for FBOs engaging or interested in engaging in family planning programs can help identify gaps in program management, administration, financial management, compliance, reporting, and communications and

where funds are needed to conduct capacity-strengthening activities.

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

Building on the actions above, the partners involved should agree on an action plan to strengthen engagement of faith actors in family planning, including the plan's components and the resources needed (e.g., as identified in Key Action 3). For example, the plan may include components related to public-FBO partnerships; strengthening relationships between secular and FBOs; plans for clearly defined FBO representation in planning and coordination mechanisms (e.g., family planning technical working groups)³⁵; joint activities (e.g., addressing norms such as age at marriage and women's empowerment); and resource mobilization. Organizations can also incorporate the outcomes of the assessment and discussions in developing programs and projects. The [Partnership Action Plan template](#)³⁶ provides examples, that should be contextualized, of what challenges you may face and how to address them.

The plan should include actions to periodically review progress (e.g., at least quarterly) on the action plan using available tools (e.g., an after action review of the coordinating efforts between secular and faith actor partners³⁷ and make course corrections, as needed). As part of the plan, encourage efforts to integrate FBOs into the national health information system so that their family planning services are captured in national service statistics. Also, include faith-based health facilities in national forecasting and quantification exercises to ensure sufficient commodities for all facilities in the country.

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