

Navigating Adolescence – Lessons on ASRHR: Partnerships with Faith Actors

PERSPECTIVES SHARED AT A SIDE-EVENT AT THE 2022 INTERNATIONAL CONFERENCE ON FAMILY PLANNING

15 SEPTEMBER 2022



"Educating very young adolescents in Bangladesh – a lesson on discrimination",
World Renew / Christian Connections for International Health

Executive Summary

Around 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in low and middle-income countries. Prioritizing adolescent sexual and reproductive health services and information can address these and other urgent needs.¹ Religious communities and faith leaders influence the decision-making, norms and values that can have a profound effect on ASRHR.² How religious actors choose to speak about gender, sexuality and sexual practices can substantially impact the attitudes and perceptions of those in their communities.

Around the world, faith institutions have formed platforms to learn and take action on family planning and reproductive health. In some cases, faith actors have started discussing more sensitive issues of ASRHR as a starting point for any collaboration between faith actors and other stakeholders. A small but growing contingent of faith actors is working slowly to help their sisters and brothers in faith understand that healthy families and communities result from destigmatizing, increasing understanding of and advancing ASRHR.

Some important lessons have been learned from this work. Sometimes religious institutions seem very rigid, when in fact there is flexibility. ASRHR is a topic on which internal advocacy must happen with FBOs before advocacy can be generated externally, and all need partners to understand this to achieve success. Success factors include combining theological, medical and socio-demographic perspectives; building on individual contacts as a change strategy; drawing on a range of influential focal points and resource persons; engaging in intra-faith dialogue before discussing with other faith groups in plenary;

providing external expertise as a tool for change; creating positive space by focusing on what people have in common, not what divides them; seeking support from political and health officials in the province; transparent and close collaboration among partners; and ensuring public recognition of the leadership and expertise of each organization. Working in partnerships requires a clear definition of roles and responsibilities. Governments that want to partner with FBOs need to see them not as implementing tools, but as equal partners, which provide unique advantages and also have needs.

When faith leaders understand the importance of ASRHR and have the technical knowledge to intervene, their resources – including the health services and health personnel they provide, their extensive community outreach and their influence with decision-makers – they can have a tremendous impact on access to ASRHR.

The following brief describes the emerging landscape for faith-secular partnerships to advance ASRH; identifies key challenges and opportunities; describes promising initiatives; provides tips on how to start such partnerships and how to expand them. It provides key lessons from experience and details actionable recommendations gathered through facilitated group discussions in November 2022 at the International Conference on Family Planning. Key policy recommendations include: (1) Those concerned about ASRHR should redouble their efforts to support collaboration among faith actors, community leaders, and politicians to mobilize for better understanding and access to sexuality education; (2) Donors and policy makers need to find better ways to support this work, such as providing longer-term funding, as building the needed relationships requires time.

1. Ganchimeg T, et al. "Pregnancy and Childbirth Outcomes Among Adolescent Mothers: A World Health Organization Multi-country study," (blog), 2014 (S Suppl 1), 40–48.
2. O. Wilkinson, S. Trotta, C. S. Nam (2019) Faith Actor Partnerships in Adolescent Sexual and Reproductive Health: A Scoping Study. Washington DC; Bonn: Joint Learning Initiative on Faith and Local Communities (JLI); International Partnership on Religion and Development (PaRD)



"Advocacy Mural in South Sudan to end forced marriage", YW4A Programme

Background

A roundtable side event at the 2022 International Conference on Family Planning explored the value of partnerships between faith, governmental, and non-governmental actors to provide adolescent sexual and reproductive health and rights (ASRHR) services and information. Fifty representatives from faith and religious organisations, governments, multilaterals, philanthropy, non-governmental organizations and youth participated. This paper represents their combined perspectives and recommendations.

Around 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in low and middle-income countries. Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally.³ The COVID-19 pandemic has compounded existing demand and supply barriers, increasing the number of teenage pregnancies and unsafe abortions.⁴ Prioritizing adolescent sexual and reproductive health services and information can address these needs.⁵

Social norms affect the views and behaviours that can enable or hinder adolescent sexual and reproductive health and rights. Across the world, these norms are highly linked to religion and religious actors, which play an important part of people's lives. Religious communities and faith leaders influence the decision-making, norms and values that can have a profound effect on ASRHR.⁶ How religious actors choose to speak about gender, sexuality and sexual practices can substantially impact the attitudes and perceptions of those in their communities. They can have a crucial impact on adolescent life journeys, as they provide guidance on all areas of everyday life, including gender equality, education of girls, family planning (FP) and sexuality. These actors also wield significant political

influence in many countries, including in relation to policy decisions affecting SRHR. Religious actors and faith based organizations (FBOs) often resist or discourage sexuality education for adolescents and others, often because they fear encouraging sexual activity outside marriage. At the same time, some religious actors and FBOs work actively towards realising SRHR for all.⁷

The current landscape of faith-secular partnerships for ASRHR

To ensure the well-being of adolescents, addressing ASRHR is vital. Because of the importance of faith in influencing social norms, individual decision-making and public policies affecting ASRHR, development actors are increasingly finding ways to support collaboration and partnership that will help faith actors understand and act upon the importance of ASRHR for the people in their communities.

Around the world, faith institutions have formed platforms to learn and take action on family planning and reproductive health. In some cases, faith actors have started discussing more sensitive issues of ASRHR as a starting point for any collaboration between faith actors and other stakeholders. A small but growing contingent of faith actors is working slowly to help their sisters and brothers in faith understand that healthy families and communities result from destigmatizing, increasing understanding of and advancing ASRHR. At the community-level, through incremental work with allies and partners, religious leaders and faith actors are working to disentangle harmful traditional norms about ASRHR from scripture, in hopes that they can help young people grow up healthy and strong.

3. WHO, "Adolescent Pregnancy: Key Facts," February 23, 2018, <https://www.who.int/en/news-room/fact-sheets/detail/adolescent-pregnancy>

4. For example [PMA 2021 in Kenya](#) and [PMA 2021 in DRC](#)

5. Ganchemeg T, et al (2014)

6. O. Wilkinson, S. Trotta, C. S. Nam (2019)

7. RFSU and Bonstar, SRL "Working with religious actors, faith based leaders and people of faith to advance SRHR," Stockholm, Sweden, November 2021

This work is often slow and incremental, but some important results are being documented from both intra-faith and interfaith dialogue and partnership to advance ASRHR. For example, in Burundi, four churches have formed a network – the Réseau des Confessions Religieuses pour la Promotion de la Santé et le Bien Etre Intégral de la Famille⁸, which translates as the Religious Network for Promotion of Health and Family Well-Being. They have started a dialogue on ASRHR, but the topic is seen as extremely sensitive. Early achievements in the dialogue include agreement that childbirths must be spaced and sexuality education is needed. But differences persist on how to do this. Some churches maintain that adolescents and youth should be abstinent, and only access SRH services when abstinence is no longer possible. In Sud Kivu, Democratic Republic of Congo (DRC), religious actors have formed an inter-religious FP working group⁹, under the umbrella of the provincial government's technical working group. They coordinate their work with the government, offering family planning and reproductive health information and services. Several religious groups have integrated SRHR information into pre-marital counselling and congregational groups, and started working with young couples.

The work to strengthen faith-based action to advance ASRHR requires resources. The German and Norwegian governments are among donors who increasingly show interest to work with faith actors to advance ASRHR. In her opening remarks, the State Secretary for Development Cooperation of Norway described a rise in well-organized action by anti-human rights actors at global, regional and national levels around the world. Such actors are powerful and require those concerned about ASRHR to redouble their efforts to work together with faith actors, community leaders, and politicians to mobilize for better understanding and access to sexuality education.

Challenges

In many faith communities around the world, common ground is growing on family planning and reproductive health for adults and married young people. But **access for adolescents and unmarried young people** remains challenging. Many religious and conservative community leaders feel so strongly that adolescents should not have sex that they turn away from the evidence and arguments for promoting comprehensive adolescent sexuality education. As a result, their messages do not reflect the reality that adolescents in their communities are experiencing.

It is difficult to disentangle **culture and religion**. People grow up in religious communities where harmful beliefs and practices are attributed to sacred texts, though they are transmitted from person to person without critical reflection. This may happen, for example, when a religious leader is uneducated or misinformed, when community members are illiterate, or when sacred texts allow for more than one interpretation. For example, in Mali, female genital mutilation (FGM) is practiced widely. While FGM is culturally derived, rather than prescribed by sacred text, Malian community leaders justify FGM in religious terms.

Faith actors and civil society organizations (CSOs) operate in a fragmented environment that requires **competing for funds**. Competing for funds is expensive and sometimes dampens innovation, as it can be risky and costly to innovate. Having to ensure success discourages tackling intractable barriers and hard-to-reach contexts. Competition for scarce resources, and a need to demonstrate cost-effectiveness, encourages replication of actions in contexts where preparatory work has already taken place, rather than innovating and breaking into new territory. Competition for funds, which donors may promote in order to choose actions that seem most likely to succeed, can undermine the coordination and collaboration that would otherwise produce more meaningful results and sustainability.

Building effective partnerships takes time. It requires aligning institutional cultures for collaboration and aligning values for mutual benefit. This takes time, and requires clear expectation setting among partners at the beginning, as well as problem solving when confusion, conflict or complications arise. Mutual values clarification can help with this, but values clarification requires humility, an appreciation for context and a commitment to ensuring that both or all partners' own values are honoured.

In order to do no harm, and do maximum good, donors are particularly sensitive to avoid deepening existing inequalities between different religious groups. Hence, donors seek to **keep a balance among different faith actors** and try not to favour one religion over another. This can be challenging when one religion is dominant or has greater institutional capacity to manage projects.

Often, faith based service providers are **excluded from government public health systems**, including national health schemes, planning processes, training programmes, supply chain systems, emergency response and funding schemes. When there were

8. The network doesn't have a website. For more information contact André Bizozza at bizandrew@rcbif.org.

9. The Bureau des Oeuvres Médicales of the Archdiocese of Bukavu provide secretarial services to the working group. For more information contact Séraphine Lugwarha: seraphine.lugwarha@gmail.com



supply shortages during the COVID-19 pandemic, for example, some faith-based health service providers reported being last to receive proper masks and sanitizing gel.

There's a **big inter-generational divide within faith institutions**. Older clergy and lay leaders often find it difficult to dialogue and partner with young people; they often have very different knowledge and experience than youth and young lay leaders. Older clergy members, who are expected to be the source of expertise and wisdom, may not themselves have been educated in ASRHR, while young people may be buffeted by both helpful and unhelpful information about ASRHR through social media platforms. This can create a communication gulf that is difficult to bridge. For example, the [Young and Alive Initiative](#) – a youth-led organisation – was trying to raise awareness about ASRHR among adolescents in a mining area in Tanzania where teenage pregnancy is high, where teachers are known to abuse students in schools, and exploit very young people. The youth organisation used music and a “moment of favour” for awareness-raising until a local pastor intervened, prohibiting teaching young people about ASRHR. He accused the youth group of coming to destroy the community and influenced the district director to agree with the prohibition. They allowed for the youth group to organize a music festival, on condition that ASRHR is not discussed.

The challenges described in this section capture the perspective of religious communities and CSOs, not the perspective of donors. From a donor perspective, local communities or small NGOs may not fulfil the requirements to schedule or process larger contracts in line with their own organisational requirements (standards for financial reporting, transparency, and accountability of tax money spending, etc.). In some cases, a small organisation may not even have a bank account or is lacking administrative capacities in general. Another challenge may refer to the difficulty of

creating structural change. There are many progressive local actors and initiatives fostering positive change. Yet, wide-reaching structural change is often hard to operationalize, due to the controversy of topics or decentralized structures among religious communities.

Opportunities

The meeting highlighted many CSO opportunities for work with religious actors to advance ASRHR that donors and governments can support. Here are three.

In the current international development cooperation discourse, many leading actors are encouraging **“localization,”** which means delegating leadership and decision-making to national actors in order to increase effectiveness and sustainability of actions.¹⁰ This discourse creates an opening to highlight the importance of religious institutions and FBOs, as many are locally rooted and have in-depth understanding of the local context.

If carefully and transparently prepared, government or donor funding can enable more implementation, create room for developing of new approaches and sometimes influences FBOs to be more open to contemporary knowledge and approaches about ASRHR. For example, faith-based service providers that are funded by USAID must ensure access to the full contraceptive mix either through direct service provision or through referrals. This dynamic can increase access to a full package of information, services and supplies among adolescents. For this to work well, donors must be transparently unbiased and careful in their support, to avoid feeding fears of colonialism or imposition of foreign views.

Outreach and influence. Faith institutions have a vast outreach and influence over young people and the community norms that shape their decision-making. When religious leaders support access to ASRHR,

10. <https://www.oecd.org/development/humanitarian-donors/docs/Localisingtheresponse.pdf>

many young people can be reached through their faith institution. Working with faith actors, and helping religious leaders understand and support the need for ASRHR, provides an opportunity to reach greater numbers of young people who might not otherwise learn about ASRHR.

How to start partnerships

Some thematic and process entry-points into successful partnerships have been identified.

Some topics provide **thematic entry points** that can help open up opportunities to discuss a broader range of ASRHR issues:

- Teenage pregnancies and gender-based violence are a big concern to religious actors. They are in close contact with their congregants and see the effects of teenage pregnancies first hand, including death, illness, stigma and shame.
- Enhancing the quality of care and the capacity of health workers can help create trust. Once religious actors see that the quality of services have improved, more strategies can be tried.

In one action, a bishop shared his own story on the teenage pregnancy of his daughter and that shifted the whole conversation with the other religious leaders.

Topics like these can make good entry points because they present challenges which most religious actors can fairly easily agree merit faith-based intervention.

Other than thematic entry points, there are quite a few **procedural entry points** that informants recommend for advancing faith community discussion of and commitment to ASRHR:

- Start with partners and in contexts where you have long-standing, trusting relationships and history.
- Clearly and carefully explain the nature of the work to partners, and invite them to help develop and implement the activities.
- Begin with in-person discussions. Context sensitivity is paramount. Sending letters and making calls are nonstarters for many faith actors. You must visit faith actors in person, and invite them to meetings. Ask faith institutions who are interested to work with you to nominate focal points.

- Bring scriptural experts who can help detangle culture from sacred text. They provide an authoritative religious voice to the discussion that can strengthen openness to evidence-based discussions.
- Being strategic in affirming common values and emotional aspirations, such as how ASRHR will benefit a family's or community's daughters and sons, can help build common ground and trust.
- Sharing personal stories can help convey the reality and urgency of ASRHR. Story-telling helps make ASRHR real and grounded in community members' needs.
- Bringing up sensitive issues without first preparing the ground with religious leaders can generate enormous resistance to the discussion.
- Be very thoughtful and deliberate about which leaders to approach. For example, in some contexts to work on women rights, it might be a good idea to start with some female religious leaders as they might be more naturally sympathetic than male leaders.
- Ask local religious leaders and government authorities (LGA) to help identify adolescent champions, then train the adolescent champions, then invite the LGA to bring influential (religious) leaders to the discussion.
- Have young people identify the common ASRHR issues in their communities, and bring them to speak to the leaders.

These entry points can be helpful for setting up new partnerships with faith actors, leaders and communities.

When working in a community with high rates of HIV, an implementing partner organized a music festival that included messages about ASRHR. When it came time for the music festival, the organizers brought a real story about a young girl who had experienced violence

Promising initiatives

Community dialogue in Bangladesh. [World Renew in Bangladesh](#) addressed both education and health for very young adolescent boys and girls (10–14 years old). The objective was for local faith organizations build their capacity to implement gender transformative ASRHR programs. An educational "triangle" was formed by the interactions of young people, parents, and the influential community and religious leaders. "The first sessions focused on "what are your hopes and dreams for the children?" These sessions excluded no taboo or "no-go" topics. Groups of boys had male facilitators, and groups of girls had female facilitators and mixed groups of boys and girls had both gender facilitators. All facilitators adopted sensitive approaches. They raised the topic of gender based violence (GBV), explaining that it was very high in the area. There were 12 sessions for the boys and girls and six for the parents on six specific behaviours, and seven community sessions.

When sacred texts were invoked, parents became more engaged. When resistance emerged, such as when parents thought that facilitators were coming to promote immoral issues, implementers explained the benefits that healthy boys and girls have on their family, community, and society.

The initiative found that using storytelling, and having young people speak for themselves, is very helpful, because they can raise awareness on what's actually happening. The initiative worked on intergenerational community dialogues, including religious leaders, influential community leaders, and local government authorities. They asked partners in the region to collect real stories of what was going on, and then tell the real stories. For the community sessions, implementers hung posters in a central location with key messages that could be understood by everyone. Local adolescents designed the images for each poster. With the help of these posters, many important discussions took place including child marriage, a common practice in the area, highlighting why it is harmful to young girls and the community. A police officer attending the community dialogue mentioned that he will be more vigilant to address parents on this issue when he learns about potential plans for marriage.

Lessons: Include parents, community leaders and government from the start and use storytelling to highlight local evidence of the harmful impact of ignoring ASRHR. In this program, community members and faith leaders really liked beautiful posters that were used as a tool to facilitate discussions. Word of mouth was a helpful multiplier; it built trust through the assurances of those who had seen the program in action and thought highly of it. More lessons have been documented in a [field report in Christian Journal for Global Health \(CJGH\)](#) as well as by [USAID MOMENTUM](#).

Incremental approach in Togo. In Togo, religious actors are well organized and have formed an interreligious platform. The German development agency [Deutsche Gesellschaft für Internationale Zusammenarbeit \(GIZ\) GmbH](#) sought to partner with a range of Christian (Protestant and Catholic) and Muslim communities. The strategy was two-fold: (1) counselling done in the faith-based centres, (2) commodities offered in nearby health centres close to the Catholic facility so they could refer.

In a first step, all religious actors in the region were invited to learn about the project objectives, which included demand creation; service provision; and care quality enhancement. Many religious actors were keen to participate in the project, but did not want to implement all components. GIZ did not impose anything. It asked religious actors to prioritize their preferred activities. Religious actors decided to focus on enhancing the quality of care and were very happy with the results.

The success of this component established basic trust, as it proved that project strategies worked, and demonstrated the need for quality of care. After establishing trust, GIZ and the Regional Health Directorate steadily expanded the activities, in close agreement with religious actors, to include training on counselling and awareness creation; on contraceptive technology, including long lasting methods and on awareness and capacity strengthening of young unmarried mothers. Trainees included participants from all religious actors including Catholic participants.

At one point, partner staff resisted project manager instructions to share insertion kits for contraception to all health facilities, including faith-based ones. They decided not to give the kit to all faith-based health facilities, because they expected some of them to refuse the kits. Management suspected that staff had not tried, and sent another team. In the end, all groups received their kits and were expressly grateful and happy to fully participate in most activities.

People express many concerns, but at the end of the day, the question is: what is the right thing to do when we know what's going on?

Lesson: Sometimes religious institutions seem very rigid, when in fact there is flexibility. In this case, the religious hierarchy was concerned about high rates of unwanted pregnancies, and realized that this challenge must be solved pragmatically.

Partnership in Sud Kivu. In Sud Kivu, [Cordaid](#), [Faith to Action Network](#) and [Al Azhar University](#) rolled out their learning caravan methodology. The strategy had 7 components:

1. Work with internal faith champions – who are allies within religious institutions
2. Gain institutional approval of the process – jointly develop the whole strategy
3. Develop an inter-religious curriculum, including religious, medical and socio-demographic explanations
4. Organize intra-religious and inter-religious dialogues and trainings
5. Provide experiential training for religious actors
6. Sign a public declaration and broadcast widely through places of worship, congregations and radio stations
7. Faith institutions put in practice their commitments and their campaigns are supported by action plans.

As a result of this work, six main religious institutions made a public commitment for family health and wellbeing: Their leaders signed, published and broadly disseminated an interfaith declaration with very supportive language on reproductive health and family planning. There have been large-scale institutional shifts: integration of family planning messages into routine catechism; pastoral work; women, youth and fathers' programmes; integration of family planning messages into routine pre-marital counselling; and guidance by senior clergy to provide information on all contraceptive methods and refer clients for access

to them. 463 faith leaders who were trained report significant knowledge increases on family planning and reproductive health. An awareness-raising campaign reached 16.4 million people.

Lessons: Success factors include combining theological, medical and socio-demographic perspectives; building on individual contacts as a change strategy; drawing on a range of influential focal points and resource persons; engaging in intra-faith dialogue before discussing with other faith groups in plenary; providing external expertise as a tool for change; creating positive space by focusing on what people have in common, not what divides them; seeking support from political and health officials in the province; transparent and close collaboration among partners; and ensuring public recognition of the leadership and expertise of each organization.

[Young Women for Awareness Agency Advocacy and Accountability \(YW4A\) in Palestine, South Sudan, Kenya and Egypt.](#) YW4A supports the promotion of young women in leadership and does legal and policy advocacy on sexual and gender-based violence through a consortium of partners including researchers, legal and policy experts, faith-based organizations, and media organizations. It has four objectives: (1) civil society capacity building; (2) building the awareness of young women; (3) shifting community social norms to promote women's rights and fostering positive masculinity; and (4) pushing and monitoring of policies that support women's rights.

Right from the start, partners established how they want to work together and what the common goals are. They agreed that this partnership should be long term. Their project brings faith leaders together with young people to discuss topics like ASRHR. They started first to work with the faith leaders and sensitize



"Training on positive masculinities in Egypt", YW4A Programme



"Signature ceremony of inter-religious declaration for family health and wellbeing in Sud Kivu", Faith to Action Network

them on the importance of this topic by examining language from the sacred texts. This examination prompts a facilitated dialogue process leading to establishment of policies supporting ASRHR and women rights. These policies help the communities then hold politicians and religious leaders accountable.

Lessons: ASRHR is a topic on which internal advocacy must happen with FBOs before advocacy can be generated externally, and all need partners to understand this to achieve success. At an individual level, people in FBOs often are buffeted by internally incoherent personal, cultural and faith beliefs. In those circumstances, they sometimes adopt harmful practices that oppress girls and young women even when practicing a faith that does not allow these practices.

Norwegian Church Aid has found the IPAS curriculum, "[Abortion Attitude Transformation](#)," very helpful for value clarification. Other resources include the "[Transforming Masculinities](#)" project. Some religious organizations and leaders are already active in positively shaping gender and supportive norms, attitudes and values. Project implementers develop gender-neutral interpretations of the Bible, Quran or other religious texts. They question traditional concepts of masculinity and work with local communities to develop positive alternatives. They compile and disseminate religious arguments in favour of family planning, arguing for instance that maternal and child health is the top priority and further pregnancies should not jeopardize them. They debunk popular misconceptions. They question traditional concepts of masculinity and work with local communities to develop positive alternatives. They empower young people and create a climate in which parents or other religious leaders accept that teenagers want to explore and learn about their own sexuality.

Lessons: Working in partnerships requires a clear definition of roles and responsibilities. When working in partnerships, especially between FBOs and secular organizations, ambiguous terms should be avoided. It is important to work with religious leaders first, to make sure that they support the process. Governments that want to partner with FBOs need to see them not as implementing tools, but as equal partners, which provide unique advantages and also have needs.

DESIP. Delivering Equitable and Sustainable Increases in Family Planning (DESIP) is a five-year UK Aid-funded programme that aims to increase access to, and use of, modern contraceptives in marginalized counties of Kenya, while increasing equity and sustainability, with a particular focus on adolescents, people living with disability and poor rural women. DESIP is implemented through a two-tier consortium model of faith-based and non-faith based organizations. Consortium partners deliver on various components of the program based on their strengths. Faith to Action Network and partners were mandated to engage faith-based communities for demand creation as well as implementation of service delivery in faith-based and public health facilities in the Northern and arid lands. In the last 3.5 years, Faith to Action Network provided SRHR services to more than 20,000 adolescents through 219 health facilities and integrated outreach in hard-to-reach and marginalized Kenyan counties.

Lessons: When faith leaders understand the importance of ASRHR and have the technical knowledge to intervene, their resources – including the health services and health personnel they provide, their extensive community outreach and their influence with decision-makers – they can have a tremendous impact on access to ASRHR.

Masithethe was a one-year pilot project implemented by [Faith to Action Network](#), [ACT Ubumbano](#) and [Brot für die Welt](#) in Southern Africa Region, and supported

by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ). Local faith actors were competitively selected for small grants to implement youth-led, faith-based activities aimed at ASRHR, with a focus on ending teenage pregnancies, preventing GBV and promoting family planning, with quantified advocacy and communications targets through intergenerational partnerships. The overall project goal was to bring about a more effective youth-led, coordinated response to support ASRHR needs within faith communities in eSwatini, Malawi, Mozambique, South Africa, Zambia and Zimbabwe. The project directly reached 20,832 youth and 1,835 faith leaders and indirectly reached 346,700 people through radio conversations, church and congregational preaching, faith conferences and seminars, community sports and other public awareness campaigns. The project started by gaining buy-in from religious leaders. This was followed by capacity strengthening activities for different groups who were expected to participate in the intergenerational partnership activities. Activities unique to each organization then followed, such as brunch meetings on positive sexuality; men and youth conferences; position papers and petitions; intergenerational discussions; and courageous conversations. Religious leaders were key in mobilising communities as they introduced the conversations.

Lessons: For faith leaders to implement ASRHR interventions within their communities and congregations, they need technical support, financial resources and exchange of best practices. Starting from the lived experiences of faith leaders and interpreting sacred texts is critical for building buy-in and fostering partnerships with faith actors. Amplifying, locally, nationally and regionally, the faith voice and response with regards to ASRHR should be rooted in sacred texts and theology. Youth, when afforded the opportunity, can be innovative and creative in their approach to addressing issues of ASRHR within the faith communities. Faith leaders have to be willing to be led by young people and take time to listen to the young people's asks.

Interest in expanding such partnerships

Both faith actors and national governments see the need to advance such partnerships.

In Bangladesh, project implementers are now well-equipped with facilitation tools, knowledge and a track record of experience that they plan to build on for continuing the work in new communities. They also expect the local faith and community leaders – who operate without a formal religious structure – to **continue raising awareness and offering education** on an ongoing basis with new adolescents.

In Mali, religious leaders can make or break adolescent SRHR programmes. They yield more power than state authorities. In 2015, Malian religious leaders advocated to end the national sexuality education programme because they did not agree to the terminologies. The government was quick to stop this programme. However, surprisingly, the same religious groups recently indicated **wanting to integrate reproductive health into the school curriculum**.

In Burundi, the Ministry of Health works with faith-based health centres through private partnerships. In 2017, the government and religious institutions published a joint declaration that included supportive text on family planning. This helped to build momentum. Some individual religious leaders oppose some modern family planning methods, but all actors support fertility awareness methods (FAM). Some faith-based health centres offer FAM only, but they refer clients to secondary health centres that are set-up nearby for access to other forms of contraception. Services remain unavailable to unmarried young people and adolescents. The Ministry believes that women should be able to choose what they want and is very interested to find ways – such as **capacity strengthening of religious actors – to enable free choice of modern family planning including fertility awareness methods**.

In Sud Kivu, DRC, faith actors formed an inter-religious working group as part of the provincial government's technical working group on family planning. They

There are a lot of topics with FBOs where internal advocacy must happen first before it is external, and you need the partners to understand this.

signed an interreligious declaration with very supportive text on family planning and reproductive health. They provide information and services in their places of worship, congregations, health centres. They are very interested in working with other partners **to access financial resources to roll out programmes to all congregations, capacity strengthening of clergy and lay faith leaders, supply of commodities.**

Key lessons from experience

Be thoughtful when developing secular-faith collaboration. Secular organizations and governments that seek to partner with faith institutions must be very careful and clear that they do not aim to "use," "leverage" or "instrumentalize" faith institutions as a means to an end. As part of this, be mindful of your own prejudices: Often, secular partners believe that certain religious groups don't provide services, but the reality may be different.

The meeting happens before the meeting happens. There needs to be a lot of work on partnership before the actual kick off.

FBOs must be seen as **true partners** whose own needs are part and parcel of the partnership work.

Build on each other's strengths and complementarities. Each partner to an action – whether an FBO, a religious institution, government or secular NGO – has different strengths and complementarities. Doing

a joint assessment of these and agreeing on a division of labour can help make the best impact out of the resources available.

Create consensus on common ground at the beginning. The government can negotiate joint declarations with religious actors. This has helped gain faith leader support for terminology on family planning and reproductive health in Burundi and in Sud Kivu, DRC. Also: many faith organisations are interested in and benefit from interfaith dialogues on ASRHR.

Take time to understand the context. Partnerships must be tailored to very varied contexts. A one size-fits-all approach is bound to fail. The religious contexts are very different. Don't make assumptions about a faith community, but talk with community members and involve them in the process. It is usually possible to make progress on ASRHR with faith backing through a careful approach that starts at community level. In some contexts, there are no taboo topics, but in other places nearly any aspect of adolescent SRHR is

taboo. Take the time to understand the context where the faith institution operates, and plan accordingly. Progress in extremely challenging contexts is possible, but requires thoughtfully addressing complexities.

The religious make-up differs from one country to another, one region to another and even one locality to another. Participants discussed the following examples:

- In Mali, where Muslims comprise the majority, religious leaders have more power than state actors and can make or break government programmes. The Muslim religion dominates all other religious groups, although the country is secular. The High Islamic Council is the highest Muslim body in the country. It is very powerful and well organized. It has regional offices and influences the communities, village leaders. This influence goes up to household level. At the household level, women are viewed as subordinated to their husbands.
- In Burundi, Catholics represent a large majority. Burundi is experiencing an intergenerational shock: the older generation has never spoken of sexuality; but the younger generation is talking more openly of sexuality. Therefore, in Burundi, the issues with religious leaders are primarily inter-generational. The current religious leaders' generation belongs to an older generation. They are shocked about these new topics. In Burundi, people's communication and behaviour is more reserved and people are shy to talk of ASRHR. Successful partnerships will need to apply strategies that are not aggressive, that don't shock.
- In Sud Kivu, DRC religious actors manage 35–40% of health zones and 40–50% of health facilities. This makes them key partners in delivering the government's public health system. Partnering with them is a precondition of rolling out the government's ASRHR strategies.

Participants characterised the Malian and Burundi contexts as very difficult, while faith actors in Senegal and Togo (which are 25% Catholic) are more open to dialogue.

Build trust. Trust is a very important factor in rolling out new partnerships and programs with faith organizations. Trust requires humility and mutual respect for what each partner brings, as well as communicating clearly that you have no intention to undermine or pressure the other to take actions outside their moral framework. Make sure that representatives of faith actors have no reason to fear "losing face," i.e., the respect of their communities. Getting "buy-in" from religious leaders first can ensure that they support the process. Keep in mind



"Individual advice during Learning Caravan in Kenya", Faith to Action Network

that many religious tenets are based in deep-seated cultural beliefs and practices; these may be addressed carefully, and from a perspective of respect.

Work with respected allies. In FBOs, internal advocacy is usually the first step before being able to advocate outside. Before partnering with religious actors, participants advised to start working with respected allies within religious organisations. These allies understand best how to navigate decision-making processes within religious institutions. It can also help to have a strategy that differentiates outreach at individual and institutional levels, because individuals are often easy to approach for trust-building and allyship when they are not in their formal roles. For example, in Sud Kivu, Cordaid, Faith to Action Network and Al Azhar University have partnered with six religious institutions. This worked well in five institutions, where they collaborated with five trusted focal points. They gained their leaders' mandate to negotiate partnerships. However, in the sixth institution the focal point was not sufficiently influential and failed to inform the hierarchy continuously. This resulted in a break in partnership, because the hierarchy felt ill-informed.

Choose your words carefully. Working in partnership requires a clear definition of roles and responsibilities. Language matters can build or destroy bridges of conversation. It is important to use clear and simple terms and avoid ambiguity, especially when the partnership is between a secular and faith organizations, which often draw from very different vocabularies, with a high risk of misunderstanding. Reframing and breaking down medical and secular jargon and acronyms into terms that are easily understood and tap into universal religious values (e.g., health, justice, love, compassion, solidarity well-being, child protection) helps. Make it easy for religious leaders: they need to feel comfortable with the language.

Language matters must be negotiated case-by-case, and in an incremental way. For example, in Mali, terminology is very sensitive. It is not possible to speak of "sexual reproductive health and rights" in Mali. Instead, it is possible to speak of "reproductive health". All SRHR components have been included in the term "reproductive health". Policies, strategies and guidance documents are silent on "gender". Ensuring support for sexuality education may require using language that is not immediately obvious to secular human rights actors.

Tell real stories from the community. Many religious leaders don't want to believe that adolescents have sex. Gathering and sharing with them real stories of harm from adolescents in their communities who were denied access to ASRHR information, services and supplies can help. Communities with high rates of HIV and AIDS have mobilized religious leaders by providing evidence of the harm that their community members suffer as a result of lack of ASRHR access. Local faith actors who have directly observed the human tragedies that result from lack of ASRHR can be particularly helpful. They can bear witness to the need for

We must be brave and confront the anti-choice movement from our position as FBOs. However, the support of governments in this is key. They need to support the more liberal FBOs and show that they are behind them. That is why this form of partnership is key for ASRHR

religious teachings and practices to address teenage pregnancies and other ASRHR problems.

Referral systems are a pragmatic solution to collaborate with religious actors who don't accept the full family planning method mix. While they can agree to counsel and inform about all contraceptives, they may refuse to offer all services in their facilities. Both in Burundi and Mali, the government has negotiated with the faith-based facilities that (a) clients get information on the full contraceptive mix, (b) they refer clients for their chosen method to nearby secondary health centres. The government has decided to establish secondary health centres close to the faith-based facility to provide all services.

Plan for the long-term. Good partnerships must start with a trust-building process that includes value clarification. Such a process takes time, which can be challenging when only shorter term funding is available. Grants supporting this kind of partnerships need to give the partners the whole first year for this process. A gradual and patient approach, including dialogues, helps to achieve incremental change for great ultimate results. Implementers must be patient, take their time, work in the field with local faith groups, show good faith and gain trust. Starting with entry activities, and slowly negotiating for new activities, is key to success. This patient and gradual approach will slowly change attitudes.

Encourage and support interfaith action. For instance, in Mali, German Development Cooperation has partnered with World Vision and Islamic Relief to reduce gender based violence and female genital mutilation. The project has prevented around 250 early marriages and spared 376 girls from FGM in <insert country>. Fifty-six practitioners of FGM stopped practicing altogether. In Burundi, an inter-religious declaration has been signed on family planning, with public-private partnerships for service delivery and an interreligious network that seeks to advance ASRHR. In Senegal, there is ongoing interreligious work on family planning and reproductive health, though talk about ASRHR is in its infancy. In Sud-Kivu DRC, an inter-religious declaration was signed on reproductive health and family planning, with information and services offered by faith actors though adolescents and young people are currently excluded from services.

Actionable recommendations

Participants offered actionable recommendations that were relevant overall, and also specific to certain actors interested in implementing faith-secular partnerships to advance ASRHR.

Overall recommendations:

- Faith-secular partnerships are essential to advance ASRHR. To advance faith-secular collaboration for ASRHR, it is necessary to build more partnerships with FBOs, secular organisations, youths, and community leaders.
- All actors can work to create more safe spaces for exchange of good practices.
- Informed faith actors need to be involved in policy-making, to help dispel myths and misconceptions, and seek pragmatic and constructive solutions.
- Youth should be enabled to define what safe space means for them, when they meet for discussions. Adults cannot always anticipate what the youth in a particular community will need in order to feel safe.
- Finding common ground is crucial, and this requires use of sensitive language and approaches.
- Religious leaders and FBOs can be sensitized by helping them become aware of challenges in their own communities, storytelling on specific examples and case studies.
- There is a need for more networking to exchange information about good practices among secular and faith actors.
- The need for more male engagement requires support for more husband groups and male peer groups, while strengthening the role of women in decision-making processes, such as by engaging with wives of (male) religious leaders.
- Increased involvement of religious actors in project planning, development and implementation can increase ownership for good results and sustainable learning.
- Identifying champions within FBOs, and building their capacities, can strengthen support in the institution overall.
- There might be a context where a co-existence of different approaches is the best way forward. However, there needs to be a referral link among those approaches (e.g., religious leaders promoting abstinence but ensuring that young people who cannot abstain can still access condoms and other support from other community members).

Policy recommendations:

- A rise in well-organized action by anti-human rights actors at global, regional and national levels around the world,¹¹ requires those concerned about ASRHR to redouble their efforts to work together with faith actors, community leaders, and politicians to mobilize for better understanding and access to sexuality education.
- Donors and policy makers need to find ways to overcome the ways that competition for scarce resources – and a need to demonstrate cost-effectiveness, encourages replication of actions in contexts where preparatory work has already taken place – prevents innovation, collaboration and coordination, and breaking into new territory.
- Donors and policymakers should adapt funding for such projects to longer-term funding, as building the needed relationships requires time. This is particularly important for the start-up phase, where a value clarification is required.

Recommendations for secular partners:

- Before developing a new strategy or programme, carry out a thoughtful context analysis. For example, GIZ has developed a Religious and Traditional Actors Mapping tool. In contexts, where religion plays a major political and societal role, forgetting about religion is a blind spot that can result in programme failure.
- Understanding the religious factor in local contexts requires faith literacy. Try to get access to this faith literacy – by building in-house competency or by working with external specialized partners.
- Before partnering, try to understand what the religious actors believe. Don't start with your own prejudices.
- Understand functioning of local faith organizations. Work with internal focal points to reduce antagonisms. Be ready to take their advice.
- Have a clear strategy on how to build trust, identify milestones and achievements on how trust is built.
- Develop the strategy in close collaboration with religious leaders to contribute their views to increase ownership.
- Identify strategies to overcome religious actors' denial that adolescents are sexually active and need access to information and services.

- Engage and enroll religious actors in experiential learning to build trust. For example, involve religious leaders in counselling sessions with adolescents to see their challenges first hand. Often, service providers are accused that they encourage young people to have sex and be promiscuous. Yet, religious leaders must gain an understanding they are sexually active without having any information nor services, and this puts them at high risk.
- Work to ensure that religious leaders don't lose face – need to apply anthropological approach. Medics talk their medical language and this creates immediate barriers.
- Taking a gradual and patient approach, including dialogues, helps to achieve change.

Secular partners and religious partners

- Reframe language, in collaboration with each other. For example, speak of "responsible parenthood" (parenté responsable) or "healthy timing and spacing of pregnancy" instead of "family planning".
- Combine theological, medical and socio-demographic arguments.
- Display impartiality, respect and diplomatic communication skills.
- Make use of intermediaries, e.g. religious experts or consultants who are equipped with religious literacy.

Religious partners

- Remain focused on pragmatic problem solving.
- Learn from others.
- Before partnering, try to understand the secular actors' vision, mission and strategies. Don't start with your own prejudices.
- Understand functioning of secular organizations. For example, representatives of donor organisations need to follow policy and bureaucratic processes. Be ready to take their advice.
- Before taking action, clarify faith organizations' internal standpoints.

Implementing these recommendations can help produce effective, successful faith-secular partnerships to advance ASRHR information and skills, services and advocacy.

11. Opening remarks, State Secretary for Development Cooperation, Norway, ASRHR Roundtable

"Volunteers and facilitators skilled in educating very young adolescents, Bangladesh", World Renew / Christian Connections for International Health

Methodology

Faith to Action Network and BMZ, UNFPA, FP2030, the International Partnership on Religion and Sustainable Development (PaRD), Christian Connections for International Health and World Vision invited approximately 50 representatives from faith and religious actors, government and multilaterals, philanthropists, non-governmental organizations and youth representatives to participate in a roundtable side event at the 2022 International Conference on Family Planning to discuss the added-value of partnerships between faith, governmental, and non-governmental actors to provide such services and information. There are many existing partnerships ranging from promoting access to health services and developing legal frameworks to shaping supportive social institutions, traditions, norms, and promoting knowledge, awareness, and empowerment. Several recent studies and assessments make recommendations for successful partnerships.¹²

The event started with keynote presentations by the Federal Ministry for Economic Cooperation and Development of Germany (BMZ) and the government of Norway. These presentations were followed by facilitated small group discussions, in which each group was presented case studies for discussion and reflection. Then, participants joined concurrent working groups to listen to presentations of direct field experience before participating in facilitated discussions. The roundtable enabled participants to discuss the relevance of faith-secular partnerships and describe ingredients of success. Participants explored the value of expanding such partnerships, took stock of existing experiences, sought to understand challenges and opportunities, and made observations and recommendations regarding what successful partnerships look like. Participants identified topics that can serve as entry-points into successful partnerships. The event offered a safe space to allow for open, honest sharing of thoughts, ideas and experiences.

12. A 2019 scoping study developed by JLI in partnership with PaRD looks at "[Faith Actor Partnerships in Adolescent Sexual and Reproductive Health](#)"; a 2019 brief published by FP2030, Faith to Action Network and World Vision on "[Faith and family planning](#)"; 2021 study published by RFSU on "working with religious actors, faith based leaders and people of faith to advance SRHR" (available from karen@bonstar.be); a Konrad-Adenauer-Stiftung and Berlin-Institute study of February 2022 looks at "[How religious organisations facilitate demographic change in West Africa](#)".



European Union

This report has been produced with the assistance of the European Union as part of the SHARP project. The contents of this publication are the sole responsibility of the Faith to Action Network and can in no way be taken to reflect the views of the European Union.