

PATHFINDER INTERNATIONAL

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





## About Pathfinder International

Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier.

For 50 years Pathfinder has worked to improve access to and knowledge of reproductive health and family planning services around the world. Many of Pathfinder's projects work with adolescents and youth. By providing them information on reproductive health and family planning, Pathfinder helps young people safeguard their health and plan their futures. Pathfinder works to prevent HIV/AIDS, provide care to women suffering from the complications of unsafe abortion, reach adolescents with services tailored to their needs, and advocate for sound reproductive health policies in the U.S. and abroad.



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## **Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations**

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August, 2006



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## Introduction

Throughout the world religious leaders are looked to for guidance and advice on all aspects of life. But in areas overwhelmed by hunger, poverty, and disease, religious leaders need more information to help their followers make informed choices about their health.

Pathfinder International reaches out to religious leaders to enlist their active support in efforts to reduce maternal mortality and promote healthy families through improved timing and spacing of pregnancies. Pathfinder provides information on the correlation between family size and parents' economic ability to feed, clothe, and provide medical care for their children. Workshops confirm the demographic realities facing communities and help leaders enable their people to seek health care. Other workshops clarify what AIDS is, how it can be contracted, and how to protect against infection. Pathfinder helps religious leaders recognize the dangers of traditional practices such as female genital cutting and early marriage, and understand the benefits of child spacing. By helping religious leaders see the links between reproductive health and families' well-being, Pathfinder enables them to become committed advocates for positive reform. Because they hold the trust of their congregations, the healthy behaviors they promote are more readily accepted.



Pathfinder has provided community-based family planning and reproductive health services to women and men throughout the developing world for over 50 years. Partnerships with local governments and Nongovernmental Organizations (NGOs) allow Pathfinder access into communities to provide information and services. These local organizations provide a solid, established network through which Pathfinder reaches people. Faith-Based Organizations (FBOs) are a vital extension of this network.

Female religious leaders were taught the “Three to Five” hand signal, as seen here, in Pathfinder workshops. This hand signal serves as a reminder of healthy timing and spacing of pregnancies.

A 2000 World Bank report, “Voices of the Poor,” found that people in the poorest parts of the world, both rural and urban, value religious-based organizations above others, but feel that these organizations are underrepresented in development. To incorporate FBOs into our reproductive health, family planning, and HIV/AIDS programs, Pathfinder helps FBOs and religious leaders understand the problems our work addresses, and see how solutions to these problems can work within their religious doctrines. With both respect and solid information, Pathfinder has gained the trust necessary to promote change, even in the most socially and religiously conservative areas, while developing an even wider network of people to work with.



## The Process of Building Relationships

Relationships with FBOs are essential to community-based health work, but can be difficult to forge. Some religious traditions reject the use of contraception. Others may accept family planning within marriage, but do not feel condoms should be distributed to young unmarried people. Some religious leaders believe that prayer is enough to protect their followers from AIDS. To address these issues, Pathfinder engages FBOs in discussions about their goals and beliefs, often resulting in a strong partnership that provides reproductive health education and services for the FBO's membership and community.

### Partnership with the Christian Health Association of Ghana

Pathfinder's work with the Christian Health Association of Ghana (CHAG) through the African Youth Alliance (AYA) is an excellent example of how Pathfinder partners with FBOs to develop ways for programs to work within the groups' values.

CHAG is comprised of 140 Christian health institutions, including hospitals, primary health care facilities, and health-care training centers run by several Christian denominations. CHAG facilities provide about 35 percent of the health care in Ghana and most are located in rural, underserved communities. For these reasons, Pathfinder identified CHAG as a critical partner in expanding the youth-friendly services aspect of the AYA program.



Reproductive health services have not traditionally been offered to young people in Ghana, despite the overwhelming need. Approximately 40 percent of Ghana's 22 million people are younger than 15, and nearly a third are between the ages of 10 and 24 years.<sup>1</sup> In 2005 the HIV prevalence rate was measured at 2.5 percent for 15 to 24 year olds and at 4.5 percent for 20-29 year olds.<sup>2</sup> About 15 percent of all pregnancies reported to Ghanaian public health facilities in 2001 were to mothers between the ages of 15 and 24.<sup>3</sup> Despite this great need, youth are unlikely to seek health care if they fear disrespect or loss of privacy. Pathfinder's goal was to develop services within the CHAG facilities that meet the sexual and reproductive health needs of this growing population in a comfortable, non-threatening environment.

A peer educator gives a condom demonstration in Ghana.

In 2001, Pathfinder presented the objectives of the project and the adolescent health problems they addressed to CHAG's executive secretary. He learned of the minimum requirements of the AYA youth-friendly service package, and that condom distribution would be at the center of the project. Though education about abstinence and faithfulness to one's partner are important aspects of HIV/AIDS prevention programs, without education about and distribution of

<sup>1</sup> PRB 2005 World Population Data Sheet <http://www.prb.org/datafind/prjprbdata/wcprbdata7.asp?DW=DR&SL=&SA=1> (6/21/06)

<sup>2</sup> Pathfinder International, *Building Partnership with Faith-Based Organizations: Integrating Youth-Friendly Services into the Health Delivery System of the Christian Health Association of Ghana*, January, 2006, 1.

<sup>3</sup> Ibid.



condoms, these programs would not be as effective. Pathfinder explained that our role would be to provide financial and technical support to the CHAG facilities while they implemented the AYA program.

The executive secretary recommended to the CHAG board of directors that the project be adopted. Some members of the board however, felt that condom distribution to youth was inappropriate and requested that the secretary renegotiate that aspect of the service package. Condom distribution was a nonnegotiable aspect of the program in Pathfinder’s view because condom education and access are crucial to HIV prevention, therefore the discussions stalled.

Negotiations remained stagnant for three months until the board agreed to the secretary’s proposal that member institutions willing to participate in the program be allowed to do so. The board requested that the executive secretary and Pathfinder present their proposal to the health coordinators and administrators of all CHAG facilities.

Pathfinder presented the reproductive health problems adolescents face in Ghana, and how the AYA program could help address these issues. The executive secretary addressed the religious objections CHAG institutions might have. He noted that not all children of Christians become Christians and not all young Christians can or will abide strictly to the tenets of the faith. He further argued that both religious and nonreligious clients sought services at CHAG facilities and it was improper to impose the Church’s beliefs on non-Christians.

In the end, ten health facilities representing six denominations (Church of Christ, Methodist, Pentecostal, Presbyterian, Salvation Army, and Seventh Day Adventist) agreed to implement the project, including condom distribution.

By the project’s end in 2005, youth-friendly services had been fully integrated into all ten of these facilities. Due to the success of the project and commitment from CHAG, some churches have sought funding from other sources to incorporate youth-friendly services in their other health facilities.

Almost 450,000 youth received sexual reproductive health services and information over the course of the two-and-a-half year project, and 118,000 condoms were distributed.



PHOTO: SIBAN COLLINS

Youth wait outside a CHAG facility.



## Pathfinder’s Advocacy Work with Religious Leaders

Religious leaders are often initially opposed to limiting family size, or the use of condoms outside of marriage, but after discussions about the benefits of family planning and the realities of the HIV epidemic, many clerics come to accept most, if not all, aspects of Pathfinder’s family planning and HIV programs. For example, the Evangelical Lutheran Church, who partners with Pathfinder Tanzania on a project supporting the care of people living with HIV/AIDS, initially only supported the use of condoms among married couples and promoted only abstinence to prevent infection among youth. But after coming to understand the toll AIDS was taking on Tanzania’s youth—according to the United Nations Population Fund, 5.8 percent of Tanzanians between the ages of 15 and 24 were HIV-positive in 2003—the Church’s Bishop stated that though the right thing to do is remain celibate before marriage and be faithful to one’s spouse, people who cannot resist temptation should protect themselves and their partners by using condoms.

### The Publication of *Reproductive Health Issues in Nigeria: The Islamic Perspectives*

In Northern Nigeria Islamic Shari’a law governs life. The region is challenged with fertility rates as high as 7 births per woman,<sup>4</sup> infant mortality rates as high as 125 per 1,000 live births,<sup>5</sup> use of modern contraceptives as low as 3 percent,<sup>6</sup> and socio-cultural preference for early marriage. Due to these statistics, this is a priority region for Pathfinder, but these traditional communities are wary of outside influence, especially in the sensitive area of family planning.

“There cannot be any meaningful growth and progress in a society where a large number of women and children still die due to complications relating to pregnancy, childbirth, or diseases. It is a duty incumbent on all of us to rise up to promote family health and to fight malnutrition, prevent the spread of HIV/AIDS, and stamp out sexually transmitted diseases.”

Dr. Abdul-Lateef Adegbite, secretary general of the Supreme Council for Islamic Affairs

To earn the trust of these communities, Pathfinder works directly with Imams and the Ulama, a network of Islamic leaders. At the request of community leaders, Pathfinder worked with the Ulama to find a way to involve them in reproductive health and family planning issues in their community.

The Ulama conducted an exhaustive search of Islamic writings, including the Koran, to develop *Reproductive Health Issues in Nigeria: The Islamic Perspectives*. This handbook outlines modern family planning and reproductive health practices (such as child spacing by using contraceptive pills or condoms, postabortion care, and harmful traditional practices), and gives the Islamic view on each of the modern teachings.

The Ulama found support for most modern teachings, with some reservations. For instance, the book states, “Public promoting of condom use is not acceptable. It poses a detriment to abstinence as a major Islamic way to prevent STI/HIV/AIDS.” It supports postabortion care, but accepts abortion only in extreme cases.

<sup>4</sup> National Population Commission (NPC) [Nigeria] and ORC Macro. 2004. *Nigeria Demographic and Health Survey 2003*. Calverton, Maryland: National Population Commission and ORC Macro., 54

<sup>5</sup> National Population Commission, 110

<sup>6</sup> National Population Commission, 68



The document, a first of its kind, was introduced in June 2005 by Nigeria’s minister of health at a meeting of over 100 religious leaders. It has received endorsement by The Supreme Council for Islamic Affairs in Nigeria. Because Pathfinder played the role of facilitator and not writer, the Ulama assumed ownership of the document, which directly affected its acceptance in the north.

### Education of Christian and Muslim Leaders in Egypt

Like northern Nigeria, Upper Egypt is a rural area with strong religious beliefs. Upper Egypt however, is home to Coptic Christians as well as Muslims. As part of the TAHSEEN project, Pathfinder has helped educate 254 male and 24 female Christian and Muslim religious leaders (including the wives of some clergy), about family planning methods, birth spacing, the risks associated with early marriage, early childbearing, and female genital cutting, the benefits of breastfeeding, antenatal, postnatal, and postabortion care, and the prevention of sexually transmitted infections.

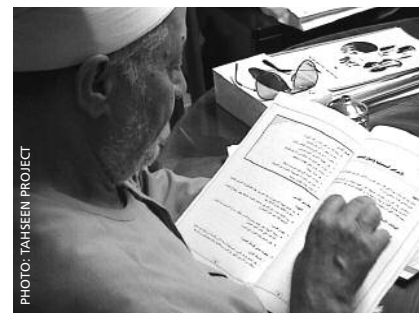
Pathfinder research showed that untrained religious leaders either misunderstood birth spacing, or considered it unacceptable in their religion. They believed that their role in promoting birth spacing should be limited, and some felt that men should make all family planning decisions because women are not capable of learning about it on their own. After a series of seven Pathfinder seminars, most clergy came to support birth spacing and can now cite passages of scripture in support of it. They are likely to support men’s positive involvement in family planning, but recognize that women are capable of learning about reproductive health and making decisions about family planning in conjunction with their partners. Leaders have come to accept that they can and should play a role in educating their congregations about healthy practices.

As part of their training, these leaders learned how to best communicate with youth, men, and newlyweds. They spread Pathfinder’s message to their followers through counseling, sermons, and public meetings, bolstering their lessons with verses from scripture, including a verse in the Koran that advises women to breastfeed for two years. The religious leaders’ support has been invaluable in assuring rural communities that Pathfinder’s approach to family planning and reproductive health is consistent with their religious beliefs.

Through focus group discussions Pathfinder found that both men and women in Egypt believe that it is a man’s right to control his wife. Some men even quoted the Koran to support the view. Pathfinder worked with Muslim and Christian leaders, and an expert on Shari’a Law from Al Azhar University to develop *Women and Religion*, a booklet outlining women’s rights, ways to reduce gender-based violence, and promote healthy communication between spouses. The booklet was finalized at the end of 2005 and will be used by religious leaders and community outreach leaders to counsel their clients.



“Now when I preach I have a wider scope and an abundance of information... We have messages for each age bracket: for youth, we warn them about the hazards of early marriage; for married women, we tell them about contraception; and for the adolescents, we warn them about addiction. Now my congregation realizes there is a social aspect to church and I can serve them better.”  
—Father Daoud Habeeb, a Coptic Priest trained by TAHSEEN



A religious leader reviews TAHSEEN training and informational materials, helping the project to structure its messages within the framework of religious teachings.



PHOTO: MARGOT KANE

A religious leader speaks at an advocacy meeting in Ethiopia.

### Outreach to Religious Leaders in Ethiopia

Like Egypt, Ethiopia’s population is divided between followers of Islam and the traditional Coptic Christian Church. While the use of modern contraception among women in Egypt has reached an impressive 56.5 percent,<sup>7</sup> only 13.9 percent<sup>8</sup> of Ethiopian women of reproductive age use a modern method of birth control. Egyptian women have an average of 3.1 children.<sup>9</sup> In Ethiopia women have an average of more than five children each.<sup>10</sup>

Because the societies are so similar in their religious foundations, Pathfinder felt the Ethiopian partners could benefit from a study tour to see how Egyptian religious leaders have been involved in family planning and reproductive health programs. In 2003, the TAHSEEN project in Egypt organized and facilitated a visit from an eight-person Ethiopian delegation representing the Ethiopian parliament, the Muslim Development group, the Ethiopian Islamic Affairs Supreme Council, the Orthodox Christian Development group, and Pathfinder International/Ethiopia.

Through visits to Pathfinder projects in Egypt and a number of governmental organizations and FBOs, delegates realized that the Egyptian government’s commitment to family planning projects and their willingness to collaborate with religious leaders and NGOs was a fundamental factor in their success. The language used surrounding family planning issues was also found to be important. The Egyptians have found that terms such as “family welfare” or “family health” are more amenable to their constituents than “family planning.” Egypt had more success presenting family planning as a solution to health issues, rather than an issue concerning population size.

“What I saw in the female genital cutting film really shocked me. Henceforth I will do my best to fight female genital cutting in my community.”  
An Orthodox Priest in the Amhara meeting

Upon returning from Egypt, the Ethiopian delegation participated in the filming of a documentary that Pathfinder has used to promote family planning. The delegation also made a series of presentations about what they learned to the federal parliament, two local government assemblies, and two groups of religious leaders.

The advocacy meetings with religious leaders were held in early 2005 in both the Tigray and Amhara regions of Ethiopia. Over 250 religious leaders attended, representing the Orthodox Christian, Catholic, Protestant, Seventh Day Adventist, Mekaneyesus Christian, and Muslim faiths.

Presentations covered how family size affects household economy and family health, the impact of population size on development and the environment, and the effects of harmful traditional practices such as female genital cutting and early marriage and childbirth.

<sup>7</sup> El-Zanaty, Fatma and Ann Way. 2006. *Egypt Demographic and Health Survey 2005*. Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro., 65.

<sup>8</sup> Central Statistical Authority, *Ethiopia Demographic and Health Survey, 2005, Preliminary Report* (ORC Macro., Calverton Maryland, 2005), 11.

<sup>9</sup> El-Zanaty, Fatma and Ann Way, 44.

<sup>10</sup> Central Statistical Authority, *Ethiopia Demographic and Health Survey, 2005* (ORC Macro., Calverton Maryland, 2005), 9.



At the end of each two-day session the religious leaders developed a position statement declaring their views on the topics discussed. After much discussion and debate, the leaders agreed that:

- With the approval of the religious hierarchy, husbands and wives should limit the number of children they have, both for the economic benefit of the family, and the environment.
- Harmful traditional practices such as female genital cutting, marriage by abduction, early marriage, rape, and unsafe abortion are not required by the Bible or Koran, and therefore should be condemned.

One of the reasons the religious leaders were open to making these declarations was their observation that family planning and reproductive health services fit into the Egyptian culture, a culture religiously similar to their own, and that these services benefited both the health and economic situations in Egypt. A small assessment of both the district cabinet members and religious leaders who attended the advocacy sessions will be conducted to evaluate how well they have transferred what they learned to their congregations, communities, families, and colleagues.

The Ethiopian government’s new Plan for Accelerated and Sustained Development to End Poverty reflects a significant shift in acknowledging the clear relationship between family size and poverty. Some regional governments have already allocated funds for distribution of contraceptives. Pathfinder/Ethiopia believes that the advocacy sessions with government officials that came out of the religious leaders’ tour to Egypt were an integral part of this declaration.

## Community Outreach

Once religious leaders have been sensitized about program goals and initiatives, Pathfinder works with the leaders to carry these messages into the community. Through weekly sermons on reproductive health issues or their participation in community activities promoting healthy behaviors, Imams and priests give credence to the message by their presence. When religious leaders endorse new ideas or behavior change initiatives, change is seen more quickly than when messages are spread by purely secular means.

### Religious Leaders Promote Social Responsibility in Bangladesh

Pathfinder has worked in Bangladesh since the early 1950s and was a pioneer in implementing community-based distribution programs in the country. In 1997, Pathfinder was awarded responsibility for the Rural Service Delivery Partnership and in 2002 was awarded leadership of the follow-on project, the Nongovernmental Organization Service Delivery Project (NSDP). NSDP

Imams speak to a provider in a Smiling Sun clinic.



PHOTO: DOUGLAS KERR

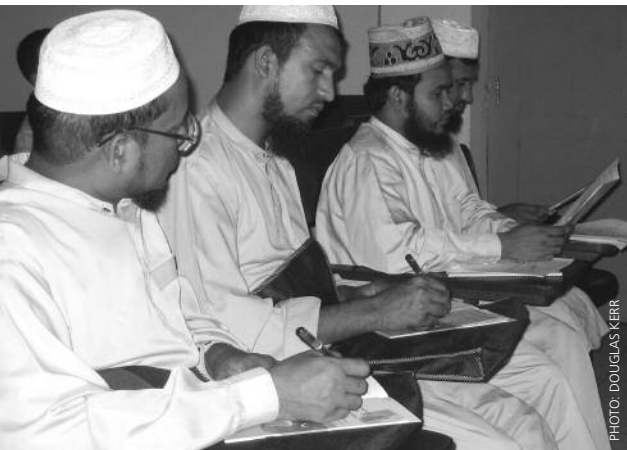


collaborates with USAID’s Leaders Outreach Initiative to introduce Imams to services provided in NSDP’s Smiling Sun clinics and how they can help improve the health of Bangladeshis. Because mostly women visit the Smiling Sun clinics, it is important to gain the Imam’s acceptance of the clinics’ services so that they can in turn engender support from the men in the community. Two-thousand Imams were trained in 2005 and NSDP plans to train an additional 3,000 throughout Bangladesh in 2006.

The Imam’s response to the collaboration has been overwhelmingly positive. They have allowed NSDP to use the mosques’ loudspeakers to publicize the dates and services available at the Smiling Sun satellite clinic sessions and promote special events like National Immunization Day, Safe Motherhood Day, and World Breastfeeding Day. These announcements have been effective because Bangladeshis readily accept information coming from the mosque. Many Imams participated in NSDP’s World AIDS Day events and distributed information on HIV/AIDS and sexually transmitted diseases.



As part of their training Imams take field trips to Smiling Sun Clinics.



Imams taking notes during a training lecture.

The Imams have offered many suggestions to improve the Smiling Sun clinics, such as ensuring the availability of female doctors for women and male doctors for men, integrating HIV/AIDS information into religious messages, expanding clinic operating hours, and offering more services. The Imams have also expressed interest in helping to promote basic health care both at the community level and within the Smiling Sun clinics.

Most recently, a group of Imams worked with NSDP staff to develop a series of culturally-sensitive leaflets on child health, pregnancy, sexually transmitted infections and HIV/AIDS, and family planning. The leaflets have been distributed to all the Imams participating in the Leader’s Outreach Initiative and the initial response has been excellent.

## Partnering with FBOs for Community Home-Based Care

As an extension of community outreach, in many countries Pathfinder recruits and trains Community Health Workers (CHWs) to teach their neighbors about reproductive health and HIV/AIDS. Most learn how to provide care for people living with AIDS or other debilitating conditions. CHWs are trained in basic health care and counseling and volunteer their time to provide information and care for people in their communities. In areas where there is little access to traditional health facilities, the Community Home-Based Care (CHBC) that CHWs provide fills an urgent gap in care. Partnering with FBOs to provide CHBC often provides dedicated CHWs, monetary and physical resources, large networks, and access to underserved communities.



## Strong Partnerships in Kenya

Pathfinder/Kenya has a long history of successful relationships with FBOs, beginning in 1992 with the Anglican Church of Kenya's Christian Community Services department. The program began small and focused on reproductive health, water development, and agriculture, but quickly grew to include microcredit loans and vocational training and today has integrated HIV/AIDS education into all of its programs.

Though initial funding for the project ended in 2000, the CHWs associated with the Anglican Church were so dedicated that many were still working in 2003 when Pathfinder returned under a new grant.

Pathfinder continues to work with the Anglican Church in the Rift Valley, an extremely rural province increasingly home to large migrant populations from Sudan and other areas of Kenya seeking agricultural work. A major highway runs through the province and, as is the case in many areas with migrant populations along major transport routes, the HIV prevalence rate is extremely high—12.1 percent<sup>11</sup> compared to the national average of 6.7 percent.<sup>12</sup> To address this issue and specifically reach out to men, CHWs trained by Christian Community Services go to work sites and truck stops to provide condoms and HIV education.

Pathfinder/Kenya's Community-Based HIV/AIDS Prevention, Care and Support Project (COPHIA), began in 1999. COPHIA has worked with a number of FBOs to implement CHBC, including the Redeemed Gospel Church and the Integrated AIDS Program (IAP), a Catholic organization.

The CHWs associated with Redeemed Gospel Church and IAP have proven to be some of COPHIA's most dedicated workers, seeing their volunteerism as a part of their faith and an extension of their worship. This sense of commitment to the project results in a higher rate of CHW retention. They have even formed an informal support network that takes over the care of a CHW's clients when the volunteer has fallen ill or otherwise can't perform her duties.

Both IAP and Redeemed Gospel Church have large areas of operation, hold the trust of their communities, and have other programs already in operation—such as food security—that complement the CHBC program.

**W**hen Teresiah, a young woman in the Thika district of Kenya, tested positive for HIV her husband left her and took their children with him.

Before she fell ill she owned a rock quarry that provided income for her and her family. But the exhausting labor of digging rocks combined with the physical toll of AIDS, and the mental anguish of losing her family soon made Teresiah too sick to work. She quickly gave in to despair and prepared to die.

One day an Integrated AIDS Program CHW came to visit and introduced her to a support group for people living with AIDS. Over time she saw that the people in this group were living good lives and had hope. Teresiah began to believe she could survive too.

Her CHW then introduced her to the Kenya-Rural Enterprise Program, a micro-enterprise program that provides small business loans to members of its network. Over time Teresiah was able to save some money and take out a loan to hire two people to work in her quarry. She was able to rest more, which further improved her health, and the increase in production created enough income for her to send money to support her children.

Teresiah's health is good now and she is actively involved in helping her CHW identify new clients in her community.

<sup>11</sup> Pathfinder International, *Community-Based Family Planning in Kenya: Meeting New Challenges*. 2005, 12.

<sup>12</sup> Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro., 222.



The partnership with these churches has brought some major challenges. Some members thought that AIDS was a curse from God. They believed that since sex outside of marriage is a sin, people living with AIDS therefore do not deserve acceptance and care. Furthermore, some pastors did not advocate testing for HIV because they believed prayer to be enough protection against the disease. Fortunately, through discussions of the realities of HIV/AIDS—how quickly it is being spread, how it can be contracted, and how infection can be prevented—along with relevant quotes from the bible that advocate preventative medicine, most of the IAP and Redeemed Gospel Church leaders and members came to accept that AIDS is not a curse from God and now advocate for testing. Those CHWs uncomfortable providing condoms are asked to refer their clients to government clinics to obtain condoms.

### **Reaching Internally Displaced Persons in Uganda**

Pathfinder Uganda's Family Planning Service Delivery Project (FPSDP) worked with several dioceses of the Anglican Church of Uganda, the Ugandan Ministry of Health, and several NGOs from 1992-2000 to implement a comprehensive family planning and reproductive health program. The FPSDP trained village health workers and clinic-based health care providers, improved facilities, instituted mobile health clinics, introduced satellite clinics for voluntary counseling and testing for HIV, and reached out to the community with important health messages. The FPSDP was uncommonly successful.

A unique aspect of the FPSDP was the work done with people displaced from their homes due to the decades-long civil war in northern Uganda. Roughly 120,000 of these internally displaced people were living in camps in the Kasese and Masindi districts during the implementation of the FPSDP. In camps on the outskirts of cities, refugees are often culturally and physically isolated. These camps offer shelter, but do not provide social services such as health care.

Pathfinder partnered with the Anglican Church of Uganda's South Rwenzori Diocese's Kasese Family Health Promotion Project and the Bunyoro Kitara Diocese's Masindi Family Health Promotion Project to bring family planning and reproductive health services and information to people the Masindi and Kasese camps.

The project selected, trained, and deployed 105 village health workers in 10 camps who provided information on family planning, nutrition, growth monitoring, and breastfeeding. Eleven medical practitioners were identified, trained, and deployed in the Masindi camps and eight of them served in the Kasese camps on an outreach basis. Voluntary counseling and testing for HIV/AIDS was provided in Kasese and 10 service delivery points were equipped in Masindi to serve the 40 camps.

A peer education system for young mothers was established in Masindi and a microcredit program supported income-generating activities to fund a nutrition program that made nourishing food available, especially for young children.



## Institutional Capacity Building and Improving Clinic-Based Care

Pathfinder makes crucial contributions to local partners by developing their financial, technical, and managerial skills so that they have the ability to continue their work once the Pathfinder project has ended. Training focuses on strategic planning and program design, supervision and evaluation, human resource and financial management capabilities, and technical skills. These skills help organizations become financially sustainable and able to meet the challenges they may face in maintaining high quality services.

Clinics, hospitals, and other health facilities operated by FBOs serve an important role in the health infrastructures of many developing countries. Often located in rural, underserved areas, they can fill in gaps left by public health facilities. They also may be more trusted in deeply religious areas than secularly-owned clinics.

Unfortunately, many nongovernmental and faith-based health facilities are underfunded, understaffed, and poorly trained. Pathfinder works with these facilities to improve not only their clinical skills and the facilities themselves, but improve their ability to manage their staff, projects, and finances, and therefore their overall quality of care.

### Clinic Improvement and Training of Health Care Service Providers in Nigeria

Pathfinder Nigeria has worked with the Federation of Muslim Women Associations of Nigeria (FOMWAN), Kaduna chapter, Sunni Hospital Maiduguri, and the Church of Christ in Nigeria (COCIN), Borno State branch, to improve services in their health centers. This support has included staff training, provision of hospital equipment, computers, generators, furniture, supplies, and commodities, development of culturally acceptable educational materials, and management skills training.

The work done with FOMWAN has been especially fruitful. An assessment of the facility recognized that the FOMWAN Hospital could potentially attract large numbers of Muslim clients if the facility was significantly improved. The assessment found a “dilapidated structure with hanging ceilings and unkempt walls, inadequate and unclean toilets, and improper location of service rooms.” Inadequate infection prevention measures and a lack of privacy for clients added to a myriad of other complaints. Pathfinder helped FOMWAN develop a five-year strategic plan to address these concerns and strengthen the financial management in both the hospital and the organization itself. Training was targeted to areas of greatest need such as infection prevention.

Most women are able to pay a token amount for medications from the FOMWAN pharmacy. But those who cannot pay receive the medicine anyway.





### The following training was provided by Pathfinder staff:

- **Doctors:** Contraceptive technology, postabortion care, interpersonal communication and counseling, management of sexually transmitted infections, integration of youth-friendly services.
- **Nurses:** Basic family planning services, interpersonal communication and counseling, management of sexually transmitted infections, integration of youth-friendly services.
- **Community Health Workers:** Non-prescriptive and noninvasive family planning services.
- **Patent Medicine Dealers:** Non-prescriptive and noninvasive family planning services and recognition of side effects.
- **Project staff and management team members:** Project and financial management, management information systems, educational materials development.
- **Advisory council:** Advocacy skills and leadership development.

Pathfinder helped develop job descriptions for all employees and an organizational diagram to help them structure their workflow. The hospital is now better able to self-assess and improve the quality of their service provision.

Today the clinic is well maintained and infection prevention procedures are rigorously followed. Staff supervision has improved and client waiting time has been reduced. FOMWAN created a separate unit for family planning clients, resulting in much-needed privacy.

These improvements led to an increase in patient load and

subsequent increase in income generation. The hospital has been transformed from a financial liability to one of the organization's most viable income generating activities. FOMWAN Hospital has become a major health care provider within the Kaduna metropolis.

### Development of a Voluntary Counseling and Testing Center in Kenya

As part of the COPHIA program, Redeemed Gospel Church underwent an organizational needs assessment to analyze the organization's strengths and weaknesses. The evaluation found a generally well managed organization, with room to improve their monitoring and supervision activities and expand their HIV services.

Pathfinder worked with Redeemed Gospel Church to develop a computer-based management system to keep track of their laboratory and pharmaceutical supplies and client data. Staff were trained in data and financial management and proper data reporting.

Pathfinder also supported development of a center for voluntary HIV counseling and testing and trained community health workers in HIV treatment and care. The counseling and testing center provided services for 744 clients in 2005.



## Conclusion

The above are just a few examples of the work Pathfinder has done with religious organizations around the world. In its 50-plus years of operation Pathfinder has helped families in developing countries become more economically secure, healthier, and in control of their futures by giving women control over their reproductive lives. FBOs have helped us reach families in some of the most geographically and culturally isolated places in the world.

Through discussions with Pathfinder, many religious leaders realize they can be a valuable resource for their communities for their physical needs as well as spiritual. They begin to understand the burden their followers bear because of unplanned pregnancies, harmful traditional practices, poverty, and illness. Armed with new knowledge they are able to help their communities make the best choices for their families' health and wellbeing.

Working with religious leaders helps Pathfinder understand both the challenges faced and the opportunities provided in each community. These leaders bring to light the values and concerns of their communities so that Pathfinder can help them develop solutions to the problems they face.



## Acknowledgements

The author would like to thank the following people for their help in gathering information for this report: Abeja Apunyo, Bridgit Adamou, Bogalech Alemu, Jodi Ansel, Mengistu Asnake, Amel Belay, Alison Bodenheimer, Carolyn Boyce, Linda Casey, Susan Collins, Ann Corbett, Amy Coughlin, Sada Danmusa, Djodi Deutsch, Lauren Dunnington, Tilahun Giday, Gwyn Hainsworth, Margot Kane, Douglas Kerr, Nelson Keyonzo, Joseph Kyallo, Jayne Lyons, Dr. Mohammed Mai, Caroline Mushi, Irene Mwaponda, Palena Neale, Pamela Onduso, Chinwe Onumonu, Julio Pacca, Karen Ryder, Nagwa Samir, Leslie Shages, Christina Stellini, Alyssa Vangeli, Tara Vecchione, Jenny Wilder, Sarah Witri, and Metiku Woldegiorgis.

Special thanks go to Jodi Ansel, Caroline Crosbie, Mustafa Kudrati, Jayne Lyons, Cathy Solter, and Jenny Wilder for their help in reviewing and editing the report.

We also wish to thank all of the faith-based organizations and religious leaders we work with around the world. Your support and enthusiasm for the Pathfinder mission is inspirational.



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