



Exchange Visit to Guinea by Senegalese Faith Leaders to Discuss Religious Engagement for Maternal and Child Health

From November 7-10, 2016, a Senegalese delegation visited Conakry, Guinea to discuss the roles that faith leaders and communities can play in improving health outcomes for mothers and children. The delegation was composed of eight faith leaders from the *Cadre des Religieux pour la Santé et le Développement* (CRSD, Group of Religious Leaders for Health and Development) and a representative of Senegal's Ministry of Health and Social Action. CRSD is an interfaith association working to promote the well-being of Senegal's mothers and children, supporting Senegal's National Family Planning Action Plan. Their work focuses on advocating for healthy timing and spacing of births in accordance with religious teachings.

In Conakry, the delegation met with diverse actors (government, faith leaders, development agencies, etc.). The visit allowed the Senegalese and Guineans to discuss the ways in which faith communities have been engaged in Senegal and how faith leaders could contribute to maternal and child well-being in Guinea. Conversations focused on Islamic and Christian teachings on maternal and child protection, as well as the recommended time between pregnancies and permissible family planning methods in different religious traditions. The delegation drew on its experiences in Senegal to discuss strategies and best practices with Guinean counterparts.

CRSD's visit focused largely on information exchange. Guinean government officials and representatives of development partners agreed that new collaborative strategies for engaging Guinea's faith leaders are necessary, and collaboration on family health is feasible and important. Members of the Senegalese delegation agreed to remain in contact with their Guinean counterparts to explore ways to move ahead.

ORGANIZATION

The visit to Guinea was organized by CRSD and coordinated in Guinea by Madame Hadja Sow (Union of Women Ulama of Guinea), with support from the World Faiths Development Dialogue (WFDD) and the William and Flora Hewlett Foundation. Since 2014, CRSD members have been actively working to improve health outcomes for mothers and children in Senegal. The association aims to increase awareness of the benefits of family planning (as permitted by religious teachings) and to demonstrate the potential of collaboration between government, development actors, and religious leaders, particularly among the countries of the Ouagadougou Partnership. CRSD members have previously visited Morocco and Mauritania.

PARTICIPANTS

Imam Oumar Diène, CRSD Secretary General and Spokesman

Secretary General of the National Association of Imams and Ulama of Senegal

Pastor Pierre Adama Faye, CRSD Treasurer

Representative of the Lutheran Church of Senegal

Imam Mouhamadou Takhiyou Kane, CRSD Secretary of Information and Culture

Representative of Léona Kanene community of Kaolack

Serigne Bou Mouhamet Kounta, CRSD Vice-President

Representative of the Qadiri community of Ndiassane

Elhadj Djibril Diop Laye, CRSD Assistant Treasurer

Representative of the Layene community

Serigne Saliou Mbacké, CRSD President

Representative of the Mouride community

Monsieur Massamba Sall

Communications at the Division of Reproductive Health and Child Survival, Ministry of Health and Social Action

Saida Arame Seck, CRSD Assistant Secretary General

Representative of the High Islamic Council of Senegal

Thierno Chérif el Moctar Sy, CRSD member

Representative of the Omarien family

Lauren Herzog

WFDD Program Coordinator

Wilma Mui

WFDD Program Associate

MEETINGS

Secretariat Général des Affaires Religieuses (Secretariat General of Religious Affairs)

El Hadji Abdoul Karim Joubaté, Secretary General

The trip began with a visit to the Secretariat General of Religious Affairs. CRSD members presented the objectives of their visit to Guinea and shared their experiences working in Senegal. El Hadji Abdou Karim Joubaté, the Secretary General, gave an overview of the Secretariat's mission. He has been involved with the office since it was established in 1976 as the Secretariat General of Islamic Affairs, with the exception of the time he spent serving as ambassador to Saudi Arabia and Iran. The Secretariat is actively involved in religious life in Guinea, including the organization of local religious pilgrimages. Major religious organizations, such as the Fatwa Council and the Christian Council, come under the umbrella of the Secretariat.

The Secretary General drew comparisons between Senegal and Guinea, such as the strong tradition of religious tolerance that exists in both countries. Although Guinea does not have *confréries* [Sufi orders] like Senegal, Guineans also have religious guides. National faith leaders are influential, and faith leaders are significant in protecting vulnerable populations. Although some Muslims are reticent about family planning, he says they agree that organizing births is permissible; limitation is not accepted.

Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance

(Ministry of Social Action, Women's Promotion, and Childhood)

Sanaba Kaba, Madame the Minister

The Minister of Social Action, Women's Promotion, and Childhood congratulated CRSD for their work in Senegal and the advances that have been made. She acknowledged that Guinea faces challenges in maternal and child health; the support of religious leaders would bring visible results. In the past, Guinea's religious leaders were conservative and protected traditional practices, some of which were harmful to society; now, they are strong advocates of well-being and have issued fatwas on child protection.

Maternal and infant mortality rates are concerning, and the Minister stresses that no woman should lose her life in giving life. The President of Guinea has made child protection and family planning priorities; he would like to make births and cesarean deliveries free to remove a barrier that prevents mothers from

receiving proper care. The role of family planning in reducing rates of maternal and infant mortality is clear.

Ministère de la Santé, Direction nationale de la Santé familiale et de la Nutrition (Ministry of Health, National Division of Family Health and Nutrition)

Dr. Hamady Kourouma, Director

Dr. Kourouma and his team welcomed the Senegalese delegation. They were encouraged by CRSD's collaboration with Senegal's Ministry of Health and eager to hear strategies for engaging religious leaders in family planning efforts. In Guinea, family planning is part of the national strategy on poverty reduction, which has led to the integration of family planning messaging in all ministry trainings. Although contraception is available in all of Guinea's health centers, not all options, such as long acting reversible contraception, are accessible throughout the country.

The team agreed that that family planning efforts will not advance without strong advocacy; here, the religious leaders could play a significant role. The department has not actively engaged religious leaders and communities in its activities. Staff have long desired collaboration with faith leaders, but they have struggled to define a specific approach. A shift in strategy is necessary to engage religious leaders, and lessons from Senegal can be critical in this area. Dr. Kourouma appointed Dr. Diakhaby to accompany the delegation during the rest of the visit to Conakry.

Conseil Islamique de Guinée (Islamic Council of Guinea)

His Eminence El Hadj Mamadou Saliou Camara, Imam of the Great Mosque, President of the Islamic Council of Guinea

Dr. Aboubacar Fofana

Cheikh Sharafouddine Camara

Cheikh Mansour, Imam and Islamic reporter for Radio Télévision Guinéenne

Hadja Sarata Fadiga, Member of the Council

Hadja Mariama Haroun Sylla, Member of the Council and journalist at Akhbar Guinée

Sèny Facinet Sylla, Member of the Council and Advisor to the Grand Imam

Cheikh Ousmane Barry

The delegation was received by the Islamic Council of Guinea at the Great Mosque in Conakry by his Eminence El Hadj Mamadou Saliou Camara, the leader of the council, and several council members. Dr. Diakhaby of Guinea's Ministry of Health was in attendance and presented the health challenges faced by mothers and children in Guinea. Council members were alarmed by the high rates of maternal and child mortality, especially those from avoidable causes. His Eminence stated that no serious religious leader could be opposed to birth spacing as it is for the health and well-being of mothers and children.

The Islamic Council noted that several forms of family planning exist in Islam. Cultural tradition recommends two to four years between births, which is inherited from Islam. The Senegalese delegation and council members emphasized that family planning is permissible for legally married couples only, so youths must abstain until marriage. Religion exists to save lives, and Council members will take up the cause of birth spacing. Early marriage and early pregnancy are issues for religious leaders to consider.

UNICEF

Dr. Guy Marie Modeste Yogo, Deputy Representative

After a presentation of CRSD's work in Senegal, Mr. Cissé gave an overview of the situation in Guinea. Previously, Guinea was a model for maternal health, but trends are reversing. Rising rates of maternal mortality are hindering Guinea's development.

A disconnect exists between communities, the government, and health workers; dialogue is absent. The Ebola outbreak highlighted the lack of confidence that many communities have in Guinea's healthcare system. Appropriate messengers were not selected to disseminate information on Ebola, and consequently many communities did not receive the message.

UNICEF was encouraged by the delegation's engagement in family planning. Staff acknowledged that the strategies used by traditional partners should be adjusted to include religious engagement. They are hoping to partner with religious leaders to address key issues, such as violence against women, female genital cutting, and girls' education. All parties agree that open lines of communication and information sharing are necessary for UNICEF and the Ministry of Health to establish partnerships with Guinea's faith leaders.

UNFPA

Dr. Aboubakar Cissé, Deputy Representative

During the meeting, UNFPA shared updated statistics on maternal mortality rates in Guinea. The rate has risen to 860 deaths per 100,000 live births. The UNFPA team stressed the importance of health systems strengthening, especially post-Ebola. Madame Hadja Sow of the Union of Women Ulama of Guinea noted the importance of collaboration with women and youth; there should also be an emphasis on trainings in local languages to make messages more accessible. UNFPA representatives agreed that there should be a shift in strategy and messaging; they remarked that all Guineans have faith, but actively engaging faith groups is critical. They pointed to the success of Senegalese government and its partners in reducing maternal mortality rates and increasing the contraceptive prevalence rate.

Conseil Chrétien de Guinée (Christian Council of Guinea)

Monsignor Jacques Boston, Bishop of the Anglican Diocese of Guinea and Guinea Bissau

Imam Diène of CRSD introduced delegation members and objectives to representatives of the Christian Council of Guinea. Pastor Faye then presented CRSD's activities and explained the motivations of the Lutheran Church of Senegal, which he represents, for engaging in family planning efforts. In Guinea, approximately 10 percent of the population is Christian. The Christian Council of Guinea, which operates under the umbrella of the Secretariat General of Religious Affairs, includes the Roman Catholic, Anglican, and Protestant Evangelical churches.

Members of the Christian Council were interested to hear about CRSD's activities in Senegal, particularly the engagement of the Lutheran Church. Council members highlighted the interreligious harmony that exists in Guinea and the important role that religious leaders play in society, noting the similarities to Senegal. They pointed to the role of faith leaders during the Ebola outbreak; Christian and Muslim leaders came together, namely disseminating information in places of worship. Monsignor Boston stressed that differences exist among Christian denominations with respect to acceptable family planning practices, but noted that God gave humans the intelligence and logic to organize their families. The Christian Council of Guinea will not seek to replicate CRSD's work, but they will discuss next steps as Christianity supports the well-being of the population.

USAID

Dr. Marouf Balde, Specialist on Reproductive Health

CRSD's President, Sheikh Saliou Mbacké, provided background on the work members are doing in Senegal. Dr. Balde of USAID explained that the agency works with the Ministry of Health and partner organizations to fund a variety of health projects. In his experience, NGOs find it difficult to reach out to religious leaders in an effective way. The example of CRSD demonstrates that partnerships between faith

leaders, government, and development actors can be successful and mutually beneficial. Consulting religious leaders and listening to their advice and concerns is a useful strategy for development programs.

Union des Femmes Oulémas de Guinée (Union of Women Ulama of Guinea)

Toward the end of the visit, the Senegalese delegation visited the Union of Women Ulama of Guinea, the association of which Madame Hadja Mariama Sow, the Guinean visit coordinator, is president. CRSD members presented their work in Senegal, focusing particularly on the *Islamic Argumentation on Birth Spacing*, the document that guides that work of Muslim members. Members of the Union greatly appreciated the work that CRSD is doing in Senegal and hope to see an improvement in maternal and child health within their own communities.

Press Conference

Toward the end of the visit, the Senegalese delegation held a press conference. They were joined by Madame Hadja Sow (Union of Women Ulama of Guinea) and El Hadji Mansour Fadiga (Islamic Council of Guinea), as well as Dr. Aboubakar Cissé of UNFPA. CRSD members presented their work in Senegal and highlighted key meetings and discussions from the visit. Journalists in attendance then directed questions to CRSD members. They were particularly interested in the Islamic and Christian perspectives on family planning; Imam Kane clarified the position of Islam following a question about those who say it is a Muslim's responsibility to populate the Earth, while Pastor Faye explained the diversity of Christian approaches on family planning. CRSD members also responded to questions about the success of their approach in Senegal.

LOOKING AHEAD

The Senegalese and Guineans agreed that continuing to share experiences and resources can lead to improved health outcomes. Senegal and Guinea are similar in many aspects, but resources and approaches must be tailored to the Guinean context. Guinean faith leaders were alarmed by the statistics on maternal and infant mortality. They understand the importance of approaching these issues within their respective religious communities. CRSD's approaches and activities can serve as a model.

Development actors and government officials agreed that new strategies for collaborating with Guinea's faith leaders are necessary. Past efforts to engage religious leaders and communities on issues of family planning have been limited in scope and did not prioritize dialogue. It is important to employ approaches that will lead to sustainable collaboration among faith leaders, government, and development actors. Members of the Senegalese delegation have committed to remain in contact with their Guinean counterparts to provide guidance in the next steps.