

FOREWORD

Few objectives have deeper moral and emotional resonance than saving children's lives and offering them the chance to grow up with unfettered capacity to develop their God-given gifts. The welfare of mothers is intimately related and just as compelling as a moral and practical goal. For many people and faith institutions, this amounts to a sacred duty. Children's and maternal welfare are also enshrined in the global covenant that the year 2000 Millennium Development Goals represent; leaders of the United Nations and member countries reaffirm often their commitment to translate the targets and the promise that underlies them into reality. One such effort was reflected in the launch in June 2012 at Georgetown University of a movement and partnership called A Promise Renewed¹. Leading partners in this effort are UNICEF, USAID, Religions for Peace, CIFA (Center for Interfaith Action on Global Poverty) and Georgetown University. The aim is to focus on what families and communities could do to save children's lives, and the promise to future generations has been formulated in bold and straightforward terms as Ten Promises to Our Children.

Faith communities and faith leaders are deeply involved in the lives of children and mothers, but their roles in the global commitments are rarely defined in explicit terms. This is an unfortunate omission, given that there are so many ways they could be more integrally part of the global partnership. The global effort that is reflected in A Promise Renewed has as a central aim to engage the many and diverse faith actors with explicit and clear commitments to action.

This document reflects the efforts of two partners: CIFA and the World Faiths Development Dialogue (WFDD)² to set out both what the promises mean specifically, and how faith communities are acting and could act to further the global effort. It builds on the June 2012 promises with an important addition: it extends the ideas and actions that were initially framed for children to mothers also. The promises themselves are technically rigorous (best practice as certified by UNICEF and USAID) but they are also understandable and, we hope, inspirational. The document was conceived in the spirit of the many faith institutions that subscribed to the Ten Promises, and grew from a sense that tangible evidence could support a much broader effort and new energy and vigor in carrying goals into reality.

The research and writing were led by WFDD Senior Fellow Lynn Aylward, with major contributions by Alana Tornello, working under my supervision. Katie Taylor, former Executive Director of CIFA, now a senior official at USAID, was a guiding spirit throughout. The document has benefited from inputs from many colleagues, and was the central background document for a USAID and WFDD-sponsored meeting on A Promise Renewed at Georgetown University on October 10, 2013. Our hope is that the tangible examples of what each promise means and could involve will inspire further action and new ideas. We welcome ideas and feedback, to km398@georgetown.edu.

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¹ <http://www.apromiserenewed.org/>

² The World Faiths Development Dialogue is a research organization working at the intersection of religion and global development, housed at the Berkley Center for Religion, Peace & World Affairs at Georgetown University.

TEN PROMISES TO CHILDREN

1. Breastfeed all newborns exclusively through the age of six months.
2. Immunize children and newborns with all recommended vaccines, especially through the age of two years.
3. Eliminate all harmful traditions and violence against children, and ensure children grow up in a safe and protective environment.
4. Feed children with proper nutritional foods and micronutrient supplements, where available, and de-worm children.
5. Give oral rehydration salts and daily zinc supplements for 10 – 14 days to all children suffering from diarrhea.
6. Promptly seek treatment when a child is sick; give children antibiotic treatment for pneumonia.
7. Have children drink water from a safe source, including water that has been purified and kept clean and covered, away from fecal material.
8. Have all children wash their hands with soap and water especially before touching food, after going to the latrine or toilet and after dealing with refuse.
9. Have all children use a toilet or latrine, and safely dispose of children's feces; prevent children from defecating in the open.
10. Where relevant, have all children sleep under insecticide-treated bed nets nightly to prevent malaria; seek medical care for children at the immediate onset of fever to receive proper malaria testing and treatment.

TEN PROMISES TO MOTHERS

1. Keep girls in school until the age of 18 (or until the end of secondary school); promote reading and literacy.
2. Delay the age of marriage and first birth to the age of 18; make sure that all families commit to the practice of healthy spacing of childbirths by at least two years.
3. Eliminate all harmful traditional practices (such as female genital cutting) and violence against women.
4. Ensure women receive proper nutritional foods and drink from a safe source, including water that has been purified and kept clean and covered, away from fecal material.
5. Ensure that women and their families wash hands with soap and water, especially before touching food and after using the toilet or latrine.
6. Ensure that pregnant women have at least four antenatal visits with a skilled health professional during their pregnancy.
7. Ensure that a midwife or skilled birth attendant is present for each and every birth, and that pregnant women receive specialized care, if it is needed
8. Prevent Mother-to-Child Transmission of HIV by making sure that PMTCT drugs are provided to mothers, when needed.
9. Ensure that mothers and newborns have regular postnatal visits with a skilled health professional, beginning with regular checks during the first 24 hours following delivery, during the first week, and after six weeks.
10. Where relevant, have all women and children sleep under insecticide-treated bed nets nightly to prevent malaria; seek medical care at the immediate onset of fever to receive proper malaria testing and treatment.



WHY TEN PROMISES?

This year, some 6.9 million children died before reaching their fifth birthday, and 287,000 women died as a result of giving birth. The overwhelming majority of these deaths could have been prevented by practical actions that have been shown to work. This paper presents a ‘Ten Promises Approach’ to child and maternal health: the promises are simple, clear, widely-endorsed behaviors that people and organizations can start doing at once to save children’s and mothers’ lives. They are endorsed by UNICEF and other major international aid organizations because they work.

What we hope is ground-breaking in these promises is that they can engage diverse communities, especially faith-inspired ones, around straightforward actions that can make big differences right away. This is different from more traditional top-down approaches to international health and development of investing billions of dollars in foreign aid that is spearheaded by institutions often far-removed from the people the aid is for. However essential such methods may be, often the funds, services, and medicines do not reach the people who need them most and do not generate the local demand, acceptance, or relevance that makes development sustainable.

The Center for Interfaith Action on Global Poverty (CIFA) developed the promises primarily to unite faith communities, but they can serve as a resource for international institutions, private sector organizations, or any community that wants to unite around pragmatic, action-oriented goals for child and maternal survival. The progress made to date in achieving the Millennium Development Goals demonstrates that setting clear priorities and monitoring results can mobilize focused action.

WHY FAITH COMMUNITIES?

Faith communities—individuals, congregations, and organizations—are among the most active helpers and advocates for the world’s neediest children and women. Doctrines differ, but the major religions share a moral conviction to save children’s and mothers’ lives and faith-linked individuals, and faith-linked organizations provide large shares of health and human services in many poor countries.

Some recent World Bank research suggests that faith-inspired communities excel in providing cost-effective services to the poorest of the poor. Also, no credible international development agency would announce that it was rolling out a program that ignored the language, eating habits, or social structure of the people it aimed to help—and religion is a central aspect of culture for the vast majority of people in low-income countries.

While faith communities have numerous attributes that make them effective at health work (see below), they seem especially strong in interventions that depend on behavior change communication (BCC). Faith leaders are among the most trusted individuals; faith communities share common beliefs; religions involve wide, strong grassroots networks that span countries and continents: these and other attributes make faith communities adept at health improvements that depend on people receiving and acting on information. This is especially noteworthy because many of the greatest health challenges facing people in poor countries—HIV and AIDS, malaria, improved sanitation—depend just as much on BCC as they do on costly hardware or technical measures.

WHAT THE RESEARCH SHOWS

The research that follows reveals several significant themes. One is that faith leaders and communities representing all the world’s major religions are already advancing behaviors that support all twenty promises. Christian and Muslim communities dominate, reflecting both the numbers of adherents to these faiths and the traditions’ organization and structures, but all major faiths are doing important work on the promises—and interfaith initiatives are many and successful. Other themes are that faith leaders and communities are involved in every region of the world and are active in a very wide variety of projects, some innovative, some being scaled up, and many with evidence of effectiveness. A final observation is that faith communities are working with everyone: other faiths, the nonreligious, international organizations, and private companies. Religion also involves problems. Faith communities and other international development partners have different agendas. This underscores the need for both to approach one

another with respect. Religion involves diversity of beliefs and some religious beliefs are, or can be, harmful or hurtful. But many, many studies and examples from a wide variety of organizations and perspectives speak to the power of faith traditions to improve people's lives.

INTRODUCTION TO THE PROMISES

The following pages provide the research on the Ten Promises to Children and the Ten Promises to Mothers. For each promise, three questions are posed and answered:

- Is there a distinctive role for faith groups?
- What significant things have faith groups—globally and in the US—been doing relative to the promise?
- How is success on achieving the promise measured and what is an example of a successful initiative or intervention?

As noted above, faith leaders, communities, traditions, and organizations have attributes that are potential strengths in all kinds of socially-oriented work, including international health and development. Drawing on the work of CIFA, UNICEF, and WFDD, these include that:

- All major religions emphasize compassion and human dignity.
- Faith leaders are among the most highly trusted figures. They are opinion leaders with cultural and political influence, as well as thought leaders, who interpret and spread ideas.
- Faith communities provide wide, strong networks that span regions, countries, and continents, income levels, generations, and more.
- Faith communities can be mobilized for volunteer, financial, or advocacy support.
- Faith communities have long been engaged in providing social services.
- Religions have significant facilities and 'hard' service-delivery infrastructure-- places of worship, schools, and health facilities—that are especially valuable and scarce in poor countries and rural areas.
- Faiths have a long tradition of working with

marginalized populations and being present at 'the end of the road' and in the most difficult circumstances such as armed conflict and disasters, when other aid partners have left.

For most if not all of the promises, many or even all of the above attributes of faith groups may apply. To avoid repetition and provide the sharpest focus on the capabilities of faith groups on the promises, in answering the first question on a distinctive role for faith groups, only attributes highly-specific to the given promise are listed. But the reader should keep in mind that the general attributes above, such as faith communities having 'bricks and mortar' and strong networks that can be used, for example, to distribute supplies to the most needy or disseminate important health information also apply.



1

Promise 1:
Breastfeed all newborns exclusively through the age of six months.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Breastfeeding increases infant survival, provides infants with proper nutrition and developmental support, contributes to healthy child spacing, and has many other benefits.¹ Faith groups have distinctive roles, beyond the broad advantages they can bring to international health and development work, because:

- Some major religions have texts or traditions on breastfeeding that can encourage the practice. Notably, breastfeeding has a religious basis in Islam; the Koran encourages women to breastfeed for two years.² Hindu Vedic and Ayurvedic texts deal with breastfeeding.³
- Catholic, some other Christian, and some Muslim traditions support the lactational amenorrhea method (LAM) of natural family planning, which relies on the relative infertility that occurs while a woman breastfeeds.
- Studies have found empirical associations between religious beliefs and less or shorter breastfeeding, despite there being no known religious strictures against breastfeeding.^{4 5}

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Wat Grannies in Cambodia Promote Good Breastfeeding Practices

When the Reproductive and Health Alliance engaged nuns and grandmothers associated with various Buddhist pagodas (wats) in Cambodia to promote good breastfeeding practices, some 2,500 people were trained.⁶ Over two years, the trained women made more than 60,000 house visits in 450 villages. The nuns were selected by colleagues at the pagoda to provide health education in a village and at the pagoda

during ceremonies. The ‘wat grannies’ helped to organize monthly small group health education sessions and made home visits.

Women Muslim Leaders in Jordan Advocate for Breastfeeding

When the Jordanian Ministry of Health sought to integrate LAM natural family planning into the national health care system, it worked with the USAID-funded LINKAGES project, which provided technical information, assistance, and training to organizations on breastfeeding, related complementary feeding and maternal dietary practices, and LAM. An advocacy program to increase awareness of LAM’s impact on breastfeeding practices, infant health, and child spacing included workshops held for 100 women religious leaders in 2003. The women leaders responded with enthusiasm to the opportunity to promote breastfeeding in their religious lessons and sessions for women in mosques, Islamic centers, schools, and women’s gatherings.⁷ The women leaders also suggested advocating for the importance of breastfeeding with NGOs and women’s vocational training centers.

Churches in New York City Tell Their Congregants ‘Breast is Best’

127 places of worship participated in the ‘Latch On NYC’ campaign run by the New York City Department of Health and Mental Hygiene.⁸ The initiative was launched because the state of New York ranked second to last among the 50 states in breastfeeding prevalence. Churches advocated to new mothers that they wanted to help ensure that the newest members of their congregations got off to the best possible start in life through breastfeeding.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in promoting breastfeeding relate to prevalence, duration, and exclusivity (versus mixed feeding) of breastfeeding by mothers. Child morbidity and mortality statistics are also used. WHO provides infant-feeding guidelines, and one target in WHO/UNICEF's Global Strategy for Infant and Young Child Feeding is that at least 50 percent of babies under six months of age be exclusively breastfed by 2025 (with 26 countries already meeting the target) versus the current global rate of 37 percent.

UNICEF worked with imams in North Darfur, Sudan in 2009 to promote breastfeeding and other aspects of child nutrition.⁹ After receiving training, over 100 imams began including information about the importance of breastfeeding in the first two years of a child's life in their worship services. UNICEF reports that the success of the program was indicated by a significant increase in the number of children being brought into centers for nutrition assessments and supplemental treatment, with women reporting that the messages from the imams were the reason for their changes in behavior.

1 The promotion of breastfeeding must take into account the fact that breastfeeding by HIV-positive women is a factor in mother-child transmission of HIV and AIDS. This needs to be part of messaging and monitoring.

2 Shaikh, Ulfat and Ohmar Ahmed. (2006). "Islam and infant feeding." *Breastfeeding Medicine* 1, Number 3. <http://www.dors.it/latte/docum/Islam%20and%20Infant%20Feeding.pdf>

3 Laroia, Nirupama and Sharma, Deeksha, Sharma. (2006). "The religious and cultural bases for breastfeeding practices among the Hindus." *Breastfeeding Medicine* 1, Number 2. <http://www.dors.it/latte/docum/Hindus.pdf>

4 Francisco, Josephine. (2010). "Barrier analysis of exclusive breastfeeding in Ruyigi and Cancuzo Provinces, Burundi." Masters of Public Health thesis, Department of Global Health, George Washington University, Washington, D.C. http://www.caregroupinfo.org/docs/BA_Study_Burundi_EBF_CE_FRANCISO_.pdf

5 Malhotra, Rahul, Amit Noheria, Omar Amir, Leland K. Ackerson, and S.V. Subramanian. (2008). "Determinants of termination of breastfeeding within the first 2 years of life in India: evidence from the National Family Health Survey." *Maternal and Child Nutrition* 4, no. 3. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2789269>

6 World Health Organization. (2008). "Learning from large-scale community-based programmes to improve breastfeeding practices." WHO: Geneva. p. 21. http://pdf.usaid.gov/pdf_docs/PNADQ003.pdf

7 LINKAGES. (2004). "LAM Project, Jordan, 1998–2004 - Final Report." USAID; Washington, DC. <http://www.linkagesproject.org/media/publications/Technical%20Reports/Jordanfinalreport.pdf>

8 Kaplan, Deborah. (2012). "Latch On NYC: a hospital-based initiative to support a mother's decision to breastfeed." Presented at the Public Health Association of New York City Annual Meeting. <http://www.phanyc.org/wp-content/uploads/2012/10/Latch-On-NYC-PHANYC-Presentation-6-18-12-FINAL.pdf>

9 UNICEF. (2012). "Partnering with religious communities for children." UNICEF: New York. p. 34. http://www.unicef.org/eapro/Partnering_with_Religious_Communities_for_Children.pdf



2

Promise 2:
Immunize children and newborns with all recommended vaccines, especially through the age of two years.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Key immunization goals of the international community include achieving equity in vaccination, creating demand for immunization through various outreach methods, and countering fears about immunization, all areas where religious actors can have a large impact. Faith groups have a distinctive role in addition to the broad advantages they can bring to international health and development work because:

- Faith leaders' credibility and influence have been very important in both mediating and countering anti-vaccination sentiment.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Muslim Leaders Counter Anti-Vaccination Rumors in Nigeria

When an anti-immunization campaign during polio eradication efforts was threatened by some Muslim clergy in Northern Nigeria in 2003, UNICEF and other partners engaged important Muslim leaders and representatives, such as the respected Sultan of Sokoto, the Sultanate Council, and the Secretary of Northern Traditional Rulers and Religious Leaders Committee, to counter rumors and allow immunization to proceed. Efforts included visits to vaccine production plants in Muslim countries (Indonesia) to provide solid evidence to counter the false information that vaccines caused sterility or spread the HIV virus.¹⁰

The Mormons Go Door-to-Door to Tackle Measles in Guatemala

In 2007, more than 20,000 young missionary members of the Church of Jesus Christ of Latter-day Saints went door-to-door in Guatemala to spread the word about a free measles

vaccination. The Mormon Church has donated several million dollars to support measles vaccinations; 56,000 Church members have provided more than 600,000 hours of service in 32 countries in Africa, Asia, and Central and South America; and the church has spearheaded social marketing campaigns, developing catchy radio jingles advertising immunization campaigns and translating them into numerous local languages.¹¹

Religious Groups in the DRC Lead Week-long Education Programs on Immunization

As part of the global initiative mobilizing religious communities around a common agenda for maternal health and child survival, the 2010 World Day of Prayer and Action for Children worked with the four main religious traditions in the Democratic Republic of the Congo (DRC). They led week-long campaigns on the importance of key family health practices that included education on immunization, reaching nearly 30 million people.¹²

Ethiopian Orthodox Church Priests Check Children's Immunization Status at Baptisms

At baptism ceremonies, priests of the Ethiopian Orthodox Church are encouraged to ask parents whether the child is up-to-date on immunizations and encourage them to complete the vaccination schedule within the child's first year.¹³

Pakistani Muslim Council and Madrassas Condemn Violence against Vaccine Workers

In 2012, the head of the moderate Pakistan Ulema Council, alongside the leader of the largest madrassas (Qur'anic schools) in Lahore, said that 24,000 mosques and madrassas would preach against the killings of health workers

during Friday prayers. The response was accompanied by nationwide protests led by Pakistani clerics following a series of shootings of polio vaccine workers, including the death of five female health workers in Karachi.¹⁴

In the Midst of Civil War, Angolan Christians Mobilized on Both Sides to Fight Polio

In Angola in 1998, the fight against the largest recorded polio epidemic in the history of Sub-Saharan Africa was challenged by ongoing civil war and anti-vaccination rumors spread by some Catholic clergy. UNICEF engaged religious leaders and volunteers from both sides of the conflict—the Council of Christian Churches in Angola and a Catholic lay group, the Legion of Mary—to gather over 20,000 religious mobilizers in their respective churches in 10 of the country's 18 provinces. Volunteers were trained to dispel rumors and link the goal of saving lives through vaccination to Christian values (for example, through a poster showing Mother Teresa giving oral polio vaccines to a child in India).¹⁵

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in immunization include the number/percent of children who have received three doses of diphtheria-tetanus-pertussis (DTP3) vaccine and coverage rates for other specific vaccines, e.g., the polio vaccine.

After just two years of activity in Marklate, Sierra Leone, a UNICEF-led social mobilization team comprised of Islamic and Christian Action Groups (imams, pastors, scholars, and prominent religious businessmen and government officials), the National Council of Muslim women, and the Christian Council of Sierra Leone, raised the immunization coverage of children under one year of age from 6 percent to 75 percent.¹⁶

10 Renne, Elisha P. "Islam and Immunization in Northern Nigeria." Department of Anthropology and the Center for Afroamerican and African Studies, University of Michigan. Ann Arbor, MI. p. 18. <http://www.ascleiden.nl/Pdf/paperrenne.pdf>.

11 Williams, Lane. "Mormon Media Observer: AP story about measles vaccinations shows media do report good news." Deseret News. <http://www.deseretnews.com/article/865554897/AP-story-about-measles-vaccinations-shows-media-do-report-good-news.html>.

12 UNICEF. (2011). "Partnering with Religious Communities for Children." New York, NY. p. 28. <http://www.unicef.org/eapro/>

[Partnering_with_Religious_Communities_for_Children.pdf](#).

13 Hanmer, Stephen. (2010). "Child rights organizations and religious communities: powerful partnerships for children." *CrossCurrents* 60, no. 3. pp. 451-461. <http://www.thefreelibrary.com/Child+rights+organizations+and+religious+communities%3A+powerful+...-a0239197503>

14 Ali, Yasmeen. "Moving ahead with polio vaccination in Pakistan." *Pravda.Ru*. http://english.pravda.ru/health/24-12-2012/123284-polio_vaccination_pakistan-0.

15 UNICEF. (2004). "Building Trust in Immunization: Partnering with Religious Leaders and Groups." New York, NY. pp. 27-29. http://www.unicef.org/ceecis/building_trust_immunization.pdf.

16 UNICEF. (2004). "UNICEF launches guide on partnering with religious groups to advance immunization." Geneva, 13 May. http://www.unicef.org/media/media_20936.html.



3

Promise 3:

Eliminate all harmful traditions and violence against children, and ensure children grow up in a safe and protective environment.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Harmful practices and violence against children occur in every country and come in every form, physical and psychological, notwithstanding international standards such as the UN Convention on the Rights of the Child and national legislation. Priorities in child protection include ending child trafficking, child labor, child marriage, the involvement of children in armed conflict, female genital cutting, and corporal punishment. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- All major faiths preach abhorrence of violence.
- Most faiths have beliefs, texts, or traditions that teach that children should be cherished and protected.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Christian Network Uses Strategy and Best Practices to End Sexual Abuse in Cambodia

Chab Dai is a coalition of over 50 Christian organizations working to end trafficking in Cambodia that brings strategic collaboration and best practices to its efforts.^{17 18} Founded in 2005 in Cambodia and now operating in Canada, the United Kingdom, and the United States, Chab Dai unites national groups that range from small grassroots ministries to large organizations in strategic collaboration on child protection through capacity building, training, and other resources, including a focus on best practice models and an extensive library and training materials in English, Khmer, and Vietnamese. Its Church and Community Training project works to empower village chiefs, pastors, monks, government officials, and school teachers to promote awareness and intervene on cases of abuse in communities near Cambodia's shared borders with Thailand, Vietnam,

and Laos. Chab Dai also works in partnership with over 60 other NGOs, government ministries, and UN agencies.

Imams and Pastors Change Attitudes on Early Marriage and Female Genital Cutting

With support from the Nike Foundation, the Center for Interfaith Action on Global Poverty (CIFA) has designed and managed two phases of research and program work to address girls' issues in Ethiopia, Liberia, and Nigeria.¹⁹ In the first phase, CIFA identified, interviewed, and documented the approaches of faith leader champions of girls' and women's advancement in Ethiopia, Liberia, and Nigeria. In the second phase, CIFA worked in Nigeria and Ethiopia to develop tools and models to stimulate positive action among faith leaders on ending child marriage and stopping female genital cutting, with the goal of changing attitudes and behaviors of the faith leaders and their communities. When the project concluded, the percentage of faith leaders who opposed early marriage and FGC had more than doubled.^{20 21}

Muslim Scholars in Mauritania Issue a Fatwā Against Corporal Punishment

Traditionally, corporal punishment has been considered an acceptable method of discipline in madrassas (Qur'anic schools), non-religious schools, and homes in Mauritania. After engaging with UNICEF, the country's Imams' and Religious Leaders' Network carried out a study assessing whether corporal punishment is allowed in Islam. The study, overseen by the President of the Imams' Network, Hademine Ould Saleck, concluded that violence has no place in the Qur'an, and a fatwā (a religious opinion issued by an Islamic authority on different issues of Islamic law) was issued in Mauritania in 2009 against excessive violence against children in schools and homes. UNICEF and the Network distributed more than 2,000 copies of the fatwā

after it was officially proclaimed and organized workshops across the country. Hademine Ould Saleck also participated in the International Day of Zero Tolerance on Female Genital Mutilation/Cutting ceremony, calling for “the preservation of physical and psychological integrity of all human beings.”²³

An Inter-faith Commitment to Confront Violence Against Children

Religions for Peace and UNICEF initiated an inter-religious consultation that resulted in the 2006 “Multi-religious Commitment to Confront Violence against Children” or Kyoto Declaration.²⁴ The Kyoto Declaration calls for religious communities to work together to protect and promote the well-being of children through, among other things, creating awareness in religious communities; actively working to change attitudes and practices that perpetuate violence; using religious texts to provide good examples to help adults stop using violence with children; teaching non-violent forms of discipline and education; developing curricula to use in theological training and parental education; and advocating for legislation against child violence.

3. HOW IS SUCCESS MEASURED?

Because violence against children takes so many forms, there are many criteria to measure success in child protection. Save the Children UK provides an extensive list and discussion of well-thought-out indicators, such as number or percentage of underage children who are removed from child labor and enrolled in education, who remain out of hazardous work 18 months later, and who are mainstreamed into formal education.²⁵ UNICEF has a report card on child protection.²⁶ The well-documented Demographic and Health Survey system collects common information at the household level on child protection including child labor, marriage, disability, discipline, and birth registration; female genital cutting; and domestic violence in low- and middle-income countries.

As a result of the CIFA project described above, a survey showed that two months after the training, 97 percent of Ethiopian faith leaders trained on early marriage and FGC were engaging congregants on the issues.²⁷

- 17 Marshall, Katherine, Kelly Robbins, and Claudia Zambra. (2012). “Faith roles in Cambodia’s efforts to counter trafficking in persons.” World Faiths Development Dialogue: Washington, DC. <http://repository.berkeleycenter.georgetown.edu/121015WFDDFaithRolesCambodiasEffortsCounterTraffickingPersons.pdf>
- 18 Chab Dai website. <http://www.chabdai.org/>
- 19 Center for Interfaith Action on Global Poverty. Mobilizing and Equipping Faith Leaders. Cifa.org <http://www.cifa.org/women-and-girls/>
- 20 Private communication from CIFA.
- 21 See also the next section on indicators of success.
- 22 UNICEF. (2011). “Religious leaders reinforce their commitment to ending violence against children in Mauritania.” Unicef.org. http://www.unicef.org/infobycountry/mauritania_60765.html
- 23 The Female Genital Cutting Education and Networking Project. (2008). “Mauritania’s observes Day of Zero Tolerance on Female Genital Mutilation Project.” <http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1203634018&ucat=1&>
- 24 Religions for Peace. “The Kyoto Declaration on Confronting Violence and Advancing Shared Security.” [religionsforpeace.org. http://religionsforpeace.org/news/statements/the-kyoto-declaration-on.html](http://religionsforpeace.org/news/statements/the-kyoto-declaration-on.html)
- 25 Save the Children UK. (2008). “A guidance note for developing monitoring and evaluation indicators for child protection, education, health & HIV, and hunger reduction projects and programmes.” www.savethechildren.org.uk/. [http://www.crin.org/docs/menu_of_outcome_indicators__sept08_\[1\].pdf](http://www.crin.org/docs/menu_of_outcome_indicators__sept08_[1].pdf)
- 26 UNICEF. (2009). “Progress for children: A report card on child protection (No.8).” [unicef.org. http://www.unicef.org/publications/index_50921.html](http://www.unicef.org/publications/index_50921.html)
- 27 CIFA, *Ibid.*



4

Promise 4:
Feed children with proper nutritional foods and micronutrient supplements, where available, and de-worm children.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Malnutrition is responsible for more than a third of the 7.6 million early-childhood deaths worldwide each year. Efforts to address hunger and malnutrition in children include school feeding, providing micronutrient supplements, establishing healthy dietary patterns through behavior change education, assuring food security during emergencies, encouraging sustainable agriculture, breastfeeding, and de-worming. Faith groups have distinctive roles (beyond the broad advantages they can bring to international health and development work) because:

- Food has special symbolic or actual significance in many religions.
- Faith leaders can advise secular actors such as emergency and foreign aid providers on relevant religious dietary norms that increase effectiveness of relief efforts.
- Faiths run or support places of worship, schools, and health facilities where food interventions can be based.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

National Brazilian Program Mobilizes Catholic Volunteers and Public-Private Partners

Over the last 25 years, 261 Catholic dioceses in Brazil are part of the Child Pastoral (Pastoral da Criança) to fight malnutrition. Some 260,000 trained volunteers visit homes to improve nutritional surveillance for 1.6 million children. The coalition has formed public-private partnerships to build nutrition expertise; it also produces a journal and broadcasts a weekly radio show.²⁸

Imams in Sudan Teach Nutrition to Mothers and Family Food Security to Fathers

In 2009, some 100 imams in North Darfur worked with UNICEF to teach infant and early childhood nutrition to parents and establish centers for nutrition assessments and supplemental treatment. Through Islamic teachings, the imams encourage mothers to implement changes in nutritional care and fathers to care for wives and children through proper food provision.²⁹

In Pakistan, Mullahs Encourage Vegetable Gardens and Post-Flood Food Security

Mullahs in the Swat valley in Pakistan worked with the Swat Relief Initiative to hold health seminars, build local nutritious vegetable gardens, and integrate better dietary habits into child rearing. During Ramadan (the month of fasting), followed the devastating floods in the region in July 2010, the mullahs associated with Swat Relief asked communities not to observe fasting during this period of heightened threats of malnutrition for children and caregivers.³⁰

Catholic Diocese in Ecuador Offers Nutrition Education

A Catholic diocese of Esmeraldas in Ecuador provides teacher training and culturally-relevant educational materials to instruct children in dietary habits and caregivers in signs of malnutrition. Their services are provided on behalf of the Ecuadorian government because the Vicariate is one of the few entities in a position to serve adequately the mainly indigenous rural communities in a highly volatile region of the country.³¹

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in nutrition include child growth standards on prevalence above and below healthy medians for weight, height, body mass index (BMI), and mid-upper arm circumference (MUAC); child mortality from malnutrition-related illness (such as anemia); nutritional surveys following messaging campaigns; number of patients brought to clinics for nutritional counseling or malnutrition symptoms; and effectiveness of distribution services following a disaster.

A faith-specific example of success is the integration of Ethiopian Orthodox Church (EOC) leaders into CARE Ethiopia Farta Woreda Child Survival Project's behavior change communication (BCC) outreach. The program saw increases in the proportion of children who were brought for nutrition counseling and malnutrition treatment by their mothers from negligible at baseline to 90 percent. Messaging by church leaders showed almost 100 percent coverage and credibility and low-weight prevalence in children dropped from 49 percent to 26 percent in the Amhara region.³²

28 Marshall, Katherine. (2009). Interview with Dr. Zilda Arns Neumann.

"A Discussion with Dr. Zilda Arns Neumann, Founder, Pastoral Criança, Brazil." Berkley Center for Religion, Peace and World Affairs. <http://berkeleycenter.georgetown.edu/interviews/a-discussion-with-dr-zilda-arns-neumann-founder-pastoral-crianca-brazil>; Ismail, Suraiya Jabeen, et al. (2003). "Annex 4(A)- Brazil Case Study Child Pastorate Programme." In *Community-based food and nutrition programmes: what makes them successful: a review and analysis of experience*. Food and Agriculture Organization of the United Nations. Rome, Italy. pp. 207-230. http://www.fao.org/docrep/006/Y5030E/y5030e18.htm#P5_39.

29 UNICEF. (2011). "Partnering with Religious Communities for Children." New York, NY. p. 35. http://www.unicef.org/eapro/Partnering_with_Religious_Communities_for_Children.pdf.

30 Marshall. (2009), "A Discussion with Dr. Zilda Ams Neumann."

31 UNICEF. (2011), p. 28.

32 Whitson, Donald T. (2007). "Farta Child Survival Project." USAID. Bangkok, Thailand. http://pdf.usaid.gov/pdf_docs/PDACL378.pdf.



Promise 5:
Give oral rehydration salts and daily zinc supplements for 10 – 14 days to all children suffering from diarrhea.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Diarrheal disease is the second leading cause of death for young children in the developing world. Oral rehydration salts (ORS) and zinc (Zn) supplements are a lifesaving treatment but only about 39 percent of children suffering from diarrhea receive ORS while less than 1 percent receive zinc supplements. Especially demanding of attention is that use in poor countries of ORS, which some call the greatest medical discovery of the 20th century, has stalled since 2000 as other diseases have taken priority. Faith groups have distinctive roles in addition to the broad advantages they can bring to international health and development work because:

- Interpersonal channels of communication have been proven critical to increase the use of ORS/Zn, especially in Africa, where religion is a major social connection.
- Diarrhea is a humble and humbling disease that can be more discomfiting to discuss than other diseases (e.g., malaria), and faith actors can be effective on sensitive topics.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Traditional Healers Effectively Promote ORS in Brazil

Infant mortality in Ceara State in northeastern Brazil in the 1980s was extremely high, with 50 percent of deaths due to diarrhea. A research project tested the theory that mobilizing and training popular healers regarding ORS would increase awareness and use of the treatment.³³ Forty-six popular healers, including *rezadeiras* and *oradores* (prayers), *umbandistas* (priests), *espiritas* (mediums), an herbalist, and a lay doctor, all of whom practiced a mixture of folk medicine and religion and were highly respected in

the community, were recruited and trained. Increases in mothers' knowledge of ORS increased dramatically and the researchers concluded "The success rate of the program, carried out entirely by word of mouth, compares favorably with expensive mass media campaigns."³⁴

Buddhist Monks in Bhutan Educate Followers on ORS

In Bhutan, health care is often guided by traditional Buddhist principles, and the local religious community, including the nationwide Monastic Body, community lay-based monks, and traditional religious practitioners such as healers, shamans, and nuns, have great influence. UNICEF has worked with the Government of Bhutan, the Department of Health, and the Council for Religious Affairs to harmonize modern healthcare services for children with religious and traditional belief systems. Monks educate their communities on the use of oral rehydration salts and other essential areas of child care.³⁵

Sharing ORS/Zn Information at Mosques in Bangladesh to Reach a Male Audience

BRAC and other partners, including Swedish Free Church Aid, ran a successful pilot project to increase use of home-formulated ORS in rural communities in Bangladesh.³⁶ Digging into why knowledge of the home-made ORS was high, but actual use remained low, it was found that one of the two reasons was that men had not been sufficiently involved in the process. Marketing on ORS at mosques then reached this important target audience.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in ORS/Zn treatment include that children suffering from diarrhea are given oral rehydration salts and daily zinc supplements for 10 to 14 days; availability of ORS/Zn and knowledge and use of the treatment; the incidence and severity of diarrheal disease; and child morbidity and mortality statistics.

The national Control of Diarrheal Disease Project of Egypt in the 1980s successfully promoted the use of locally-manufactured ORS, distributing the salts along with education through public and private channels, including training of health workers and television advertising.^{37 38} During the program's peak, there was a fourfold increase in ORS distribution compared with the 1979 baseline; virtually all mothers in the country were aware of ORS; and most could correctly mix the solution. Between 1982 and 1987, infant mortality in Egypt declined by 36 percent and child mortality fell by 43 percent. Mortality attributed to diarrhea during the period fell 82 percent among infants and 62 percent among children. The average cost per child treated with ORS was about \$6 and the cost per death averted was between \$100 and \$200.

The above example concerning traditional healers in Brazil provides a faith-specific example of success. In the pilot area, before the intervention 2.9 percent of the mothers knew about ORS; afterwards, 71.2 percent did.³⁹

33 Nations MK, MA de Sousa, LL Correia, and DM da Silva. (1988). "Popular healers as effective promoters of oral rehydration therapy (ORT) and related child survival strategies." *Bulletin of the Pan American Health Organization* 22, Number 1. <http://www.ncbi.nlm.nih.gov/pubmed/3242735>

34 See also the next section on Indicators of Success.

35 UNICEF. (2003). "Sharing common goals: UNICEF, faith-based organizations and children." [unicef.org. http://www.unicef.org/media/media_4537.html](http://www.unicef.org/media/media_4537.html)

36 Mosites, Emily, Rob Hackleman, Weum Kristoffer, Jillian Pintye, Lisa Manhart, and Stephen Hawes. (2012). "Bangladesh ORS case study." University of Washington Global Health START Program: Seattle, Washington. http://www.shopsproject.org/sites/default/files/resources/Bangladesh%20_ORIS%20Case%20Study_0.pdf

27 Note that zinc's efficacy against diarrhea was not recognized until 2004.

38 Center for Global Development. "Millions Saved: Case 8, Preventing diarrheal deaths in Egypt." [cdg.org. http://www.cgdev.org/page/](http://www.cgdev.org/page/)



Promise 6:
Promptly seek treatment when a child is sick; give children antibiotic treatment for pneumonia.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Current international approaches to providing treatment for sick children focus on addressing the major preventable and treatable diseases that threaten the youngest and most vulnerable in the world's poorest populations. Programs work to expand the identification and treatment of diseases in children (especially pneumonia, known by UNICEF as “the forgotten killer of children”), distribute antibiotics, increase accessibility to health professionals, and raise awareness about common illnesses like pneumonia and measles alongside treatable, but often unnecessarily fatal diseases like malaria, diarrhea, HIV and AIDS, and tuberculosis. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Many faiths have beliefs, texts, rituals, or traditions on healing; these may provide an entry point for religious leaders to advise on prompt treatment for sick children.
- Faith leaders can support foreign and secular health and social practitioners in appropriately blending medical, religious, and cultural practices into their work, while also challenging parental attitudes that reject evidence-based health treatment for children and rely inappropriately on traditional medicine.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Catholic Church Encourages More Holistic Treatment of Children in the Dominican Republic

The Pastoral Materno Infantil program, created by the National Infancy Commission of the Conference of Bishops of the Dominican Republic with the support of UNICEF and the Pan American Health Organization, has developed an

‘Awakening the Five Senses’ campaign that aims to educate parents about their children’s health. Nuns and other faith-inspired and secular actors lead training and carry out home visits to help mothers identify when to bring their children for professional medical treatment. The program takes a holistic approach by including lessons on language development and the importance of affection and attention to children.⁴⁰

Imams and Buddhist Monks in Bangladesh Combat Measles and H5N1/H1N1 Virus

In Bangladesh, UNICEF has formed a strategic alliance with Islamic and Buddhist leaders through programs, religious foundations, and national conferences to gain religious support for the promotion of key life-saving services and behavior change for children. Imams and monks have been mobilized in support of community-based measles campaigns that were incorporated into regular religious services, such as weekly prayers, and promoted preventive behaviors and treatment in regions affected by the H5N1 and H1N1 viruses. A growing database with the mobile phone numbers and addresses of the faith leaders ensures ongoing communication.⁴¹

Evangelical Pastor Leads Grassroots Efforts to Improve Children’s Health in Rwanda

The Rwanda HIV/Healthcare Initiative of the global P.E.A.C.E. program, founded by American Evangelical Christian Pastor Rick Warren and his wife, is a grassroots effort to mobilize trained community health volunteers through local churches, with a focus on early identification and treatment for children and HIV and AIDS patients. Capacity-building through linkages between churches, hospitals, and clinics is providing sustainable and measurable health outcomes for children. As of September 2012, 7,000 community health workers had been trained and conducted more than 39,000

home visits.⁴²

and%20health%20care/Faith-Based%20Models%20for%20Improving%20Maternal%20and%20Newborn%20Health.pdf

Christian Project in the DRC Addresses Pneumonia, Malaria, and Tuberculosis

The Christian-inspired organization IMA World Health has established Project AXxes in coordination with the Protestant Church of Congo (Eglise du Christ au Congo, or ECC), World Vision, Catholic Relief, and USAID, in areas of eastern Democratic Republic of Congo (DRC) to improve health care, especially for children. The project addresses pneumonia, malaria, and tuberculosis in 57 rural health zones. To date the project has resulted in some 818,000 children vaccinated for measles, detection of 38,000 cases of tuberculosis, and the establishment of 295 new community care sites for early disease diagnosis and treatment.⁴³

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in providing prompt treatment to children include the mortality rate for children under five with the proportion of newborn deaths; children under five who are stunted; access to antibiotic treatment for pneumonia; and overall immunization rates.

A faith-specific example of success is the Community Health Program in Mozambique. World Relief recruited volunteers from various churches and trained them in ‘Care Groups.’ These groups then framed what they learned in a local context and shared their teachings with ten more people. Evaluations from the Vurhonga district showed a 50 percent reduction in child mortality; rapid treatment-seeking for pneumonia symptoms increased by 2 percent to 99 percent.⁴⁴

40 Del Pozo, María Eugenia. “Mothers participate of Meet organized by Pastoral Materno Infantil on early stimulation.” http://www.unicef.org/republicadominicana/english/survival_development_20739.htm.

41 UNICEF. (2011). “Partnering with Religious Communities for Children.” New York, NY. p. 27. http://www.unicef.org/eapro/Partnering_with_Religious_Communities_for_Children.pdf.

42 “Rwanda Healthcare Initiative.” Kay Warren. <http://kaywarren.com/rwanda-healthcare-initiative>.

43 “Project AXxes.” Berkley Center for Religion, Peace, and World Affairs. <http://berkeleycenter.georgetown.edu/resources/programs/project-axxes?q=pneumonia>.

44 Chand, Sarla and Jacqui Patterson. (2007). “Faith-Based Models for Improving Maternal and Newborn Health.” USAID. <http://www.anglicanhealth.org/Resources/PDF/AHN%20resources/Faith%20>



Promise 7:

Have children drink water from a safe source, including water that has been purified and kept clean and covered, away from fecal material.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

The Global Water Challenge holds that diseases caused by unclean drinking water are responsible for the deaths of more children under five than HIV and AIDS, malaria, and tuberculosis combined. Faith groups have distinctive roles in addition to the broad advantages they can bring to international health and development work because:

- Water is a symbolic and actual part of the beliefs, texts, rituals, and traditions of many faiths and thus a meaningful entry point for programs and teaching.
- Religious buildings, such as places of worship, schools, and hospitals, can be sites for clean water distribution hubs.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Mosques in Jordan Plant Olive Trees as Water Filters

Through the Inter-Islamic Network on Water Resources Development and Management (INWRDAM), religious leaders in Jordan lead potable water testing education. Demonstration kits in mosques are used to treat water discharged from ablution sinks. Mosque courtyards grow small gardens of olive trees that demonstrate recycling of greywater, waste water generated from domestic activities like hand washing. Imams preach about good stewardship and water conservation, and school teachers are encouraged to address Islamic teaching about water use.⁴⁵

Catholic Diocese in Sudan Leads Water Project for Refugee Communities

The Catholic Diocese of El Obied, which spans Sudan and South Sudan, has undertaken an extensive project to provide water to refugee communities and schools. Led by Bishop Macram Max Gassis, the Diocese has drilled more than 300

wells providing filtered water plus a system for sustaining them.⁴⁶

Christian Advocacy Group Establishes Water of Life System for Children

The Christian child advocacy organization Compassion International, best known for its child sponsorship program, runs the Water of Life advocacy program. The program includes the provision of clean water to an entire family as a component of child sponsorship. For a donation of \$79, a child's family is provided with a safe water system including two buckets, a filter, a hose, and education on improving hygiene and sanitation and maintaining the system. The organization estimates that the program has provided over 1 million gallons of safe water in low-income countries.⁴⁷

The Nazarene Church of Bangladesh Provides Clean Water Tube Wells

The Ballan Chor Church of the Nazarene, with the assistance of other Nazarene churches in the region, has installed several clean water tube wells to provide safe drinking water for the community. Pastor Samuel Baroi believed that his congregation could build their own wells, drilling below layers of salt and contaminated ground water. Today a hand pump well serves the 75-person congregation. The Ballan Chor Church has begun to share their experience and resources with other Nazarene churches in Bangladesh, establishing new wells able to provide clean water to between 100 and 500 people per day.⁴⁸

Methodist Schools Combat Water-Related Illness in Kenya

A small Methodist primary school in Kenya has initiated a clean water education and provision project for its students. Leaders of the Happy Day Faith Academy provide clean water

and a lunch-time meal to 75 primary school children."⁴⁹

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in providing safe drinking water include the percentage of people drinking from improved water sources; incidence of diarrhea in children; overall community incidence of diarrhea; frequency of cholera outbreaks; distance from clean water wells, and indicators of proper sewage disposal.

The Anglican Church of Kenya and Christian Community Services began a partnership in 2001 to provide Solar Water Disinfection systems (SODIS) technology to communities and schools in selected rural communities. The Church provides technical support plus training, and engaged engineers from the Massachusetts Institute of Technology and the World Health Organization to assess the project's effectiveness. Monitoring of disease incidence found that typhoid and diarrhea rates decreased after the SODIS technology/pumps were added and that villagers were nearly three times more likely to be victims of waterborne illness if they did not use one of the SODIS systems.⁵⁰

45 The Inter-Islamic Network on Water Resources Development and Management, Amman - Jordan. <http://www.inwrdam.org>.

46 Bishop Gassis Sudan Relief Fund. "Bishop Gassis." <http://www.bishopgassis.org/about/bishop-macram-gassis.php>.

47 Compassion International. "Compassion Water of Life." www.compassion.com <http://www.compassion.com/water-of-life.htm>.

48 Bumstead, Elaine. (2011). "Pure Grace: A Simple Well Helps a Bangladeshi Congregation Break Down Barriers and Pour Out Hope." Nazarene Compassionate Ministries. http://ncm.org/news/articles/pure_grace.

49 Water Schools. (2011). "Visit to Kenyan Faith Schools." <http://waterschools.org/2011/03/30/waterschools-visit-to-kenyan-faith-schools>.

50 Baffrey, Robert Michael Nuval. (2005). "Development of Program Implementation, Evaluation, and Selection Tools for Household Treatment and Safe Storage Systems in Developing Countries." MIT. <http://web.mit.edu/watsan/Docs/Student%20Theses/Kenya/Thesis-RBaffrey%205-14-05.pdf>.



Promise 8:

Have all children wash their hands with soap and water especially before touching food, after going to the latrine or toilet and after dealing with refuse.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Current international approaches to achieving key hygiene goals within the WASH (Water, Sanitation, and Hygiene) agenda center on integrating hand-washing stations and behavior change into health campaigns. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Faith traditions can define the daily washing schedules and hygiene habits of children. Judaism, Islam, and Sikhism, for example, have hand-washing practices.
- Many religious ceremonies focused on the entry and departure from childhood—such as baptisms and adolescent ‘adulthood’ rituals—involve washing and can be used as platforms for encouraging healthy hygienic behavior. Independent practice of proper hygiene during puberty is particularly important and many faith traditions offer education around rites of initiation that can incorporate hand-washing practices.
- The curriculum of religious and faith-related schools can integrate lessons about hand washing and other hygiene practices to children, aligned with religious lessons about cleanliness which are a part of many traditions.
- Religious networks can provide hand-washing stations and antibacterial provisions in places of worship, schools, and other facilities that cater to children.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Churches in Madagascar Integrate WASH Training into Hand-washing Station Builds

Under USAID’s Hygiene Improvement Project (HIP), churches throughout Madagascar were resources for WASH education and locations for the construction of modern sanitation facilities. Many churches, in particular those in which HIP staff members were part of the congregation, constructed hand-washing stations and educated their communities in proper use. Sunday school teachers, scouts, religious associations, and interested church-goers were trained on WASH related health concerns and practices.⁵¹

Ulama Develop Educational Materials on Hand-washing in Post-Tsunami Indonesia

In the wake of the 2004 tsunami in Indonesia, John Hopkins’ Center for Communication Programs (CCP) worked with local ulama, Muslim religious leaders, to determine appropriate verses to be included in their health campaign, which included radio programs, plays, and provision of health services and educational materials. The selected verses were used in the development of a guide book on health and hand-washing practices, which ulama were able to use in their prayers and teachings.⁵²

Catholic ‘WaterSchool’ in Kenya Installs Lunch Sinks for Hand Washing and Dish Cleaning

The Roman Catholic Church in Kenya has worked with the Dutch Ecological Management Foundation (EMF) and the Alliance of Religions and Conservation (ARC) on an initiative called ‘WaterSchools.’ One example of their work is a ‘waterhouse’ and WASH curriculum established at Star of the Sea Girl’s High School in Mombasa. The school

previously washed lunch dishes in the sinks in the bathroom, which caused contamination and illness. The “waterhouse” allows children to wash their hands, dishes, and cups before and after meals. As part of the installation, faith-based values about water are promoted with display boards, role play, songs, and drama. The project has reduced the number of children with diarrhea.⁵³

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in hand washing include the number of children/mothers reached through campaigns or educational programs; the number of persons trained in proper hand-washing techniques; and the frequency of cholera outbreaks and overall community incidence of gastroenteritic diseases.

A faith-specific example of success is a BRAC partnership with the Masjid Council for Community Advancement (MACCA) in Bangladesh to train imams and establish hygiene education programs in madrassas, providing them with appropriate resources to deliver khutba, or Islamic sermons, on sanitation and hygiene. The partners developed a Khutba Guide based on verses from the Qur’an and the Hadith, which is comprised of twelve chapters, to be delivered over twelve months. The messages promote hygiene, focusing on the use of safe water and the practice of hand washing with soap. The success of the program’s outreach can be measured by the extent of its network: BRAC trained 200 imams on the content and facilitation of the curriculum in madrassas, who have in turn trained 18,552 imams throughout Bangladesh.⁵⁴

51 Academy for Educational Development’s Hygiene Improvement Project. (2011). “HIP End of Project Report.” USAID. pp. 60-61. <http://www.hip.watsan.net>.

52 The Communication Initiative Network. “Post-Tsunami Hygiene Improvement Programming.” <http://www.comminet.com/global/content/post-tsunami-hygiene-improvement-programming>.

53 Water Schools. “The Waterhouse project at Star of the Sea Girl’s School, Mombasa, Kenya.” <http://waterschools.org/2013/03/20/star-of-the-sea-girls-school-mombasa-waterhouse-project>.

54 Kabir, Babar, Sharmin Farhat Ubaid, Mahjabeen Ahmed, Mahidul Islam, Mizanur Rahman and Hasan Ali Mia. (2010). “The Role of Imams and different Institutions in Hygiene Promotion of BRAC WASH Programme.” Water Supply & Sanitation Collaborative Council. Dhaka, Bangladesh. pp. 3-4. http://www.wsscc.org/sites/default/files/publications/10_babarkabir_role_of_imams_2010.pdf.



Promise 9:

Have all children use a toilet or latrine, and safely dispose of children's feces; prevent children from defecating in the open.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Current international approaches to achieving key sanitation goals within the WASH (Water, Sanitation, and Hygiene) Agenda center on supporting sanitation infrastructure, public services, and defecation behavior change programs. Programs have focused on the construction and promotion of toilets and pit latrines, building safe and dignified waste collection programs, developing new technologies (such as compost toilets and sludge treatment), producing education tools for waste collection and toilet use, and launching behavior change campaigns to stop public defecation. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Defecation practices relate to dignity and modesty, qualities promoted by many religious traditions.
- Religious networks can provide sanitation facilities and introduce new technologies or sound practices in places of worship, schools, and hospitals that they run.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Christian Leaders Call for an End to Caste-Enforced Latrine 'Scavengers' in India

Within the Indian caste system, the sub-caste (bhangi) in the caste of untouchables (dalits) are 'manual scavengers' who clean the dry latrines of higher classes by carrying out the human feces. The National Council of Churches works with the national Safai Karmachari Andolan (SKA) movement to lead protests and campaigns to protect and advocate for this discriminated group. Among their many initiatives, they work to educate manual scavengers, who often are women and children, on the dangers of handling human feces and

fight for the replacement of the dry latrines that call for this sort of labor.⁵⁵

'The Toilet Bishop' of Cape Town Intercedes in Political Fights over Sanitation

Anglican Archbishop Thabo Makgoba earned his sanitation-themed nickname from his role as a mediator in the fight over latrine removal and unenclosed toilets installed by Cape Town's city officials in local townships (slums). He has expansively preached about, written on, and advocated for sanitation and toilets, including through widely published open letters to officials.⁵⁶

On 'Clean Friday,' Indonesian Imams Encourage Families to Build Latrines

The Jamat Bersih or 'Clean Friday' Movement is an initiative led by local Tuan Gurus (Islamic religious leaders) in the West Lambok district of Indonesia. It emphasizes personal, domestic, and community sanitation through Thursday evening gatherings in preparation for Friday holy days. The initiative also requires bridal couples to demonstrate that they have a latrine and works with village cooperatives to install toilets. Governmental agencies have visited villages to pray and listen to these sermons and help provide the materials and support needed to encourage families to build latrines.⁵⁷

Angolan Churches Lead Christian-Inspired Education around Latrine Building

After years of tense relations between the Marxist regime and Christians, church networks in the Angolan cities of Lobito and Benguela worked with the government with the help of WHO in the mid-1990s to carry out a Christian-inspired sanitation behavior change program. The churches presented

the importance of latrine usage from a Christian perspective, emphasizing values such as ‘love your neighbor’ and being a ‘Good Samaritan. The churches also ran two casting yards for latrine slab production and mobilized volunteers for a sanitation education campaign that emphasized using latrines, washing hands, and being cautious with infants’ feces.⁵⁸

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in providing adequate sanitation include percentage of households with access to a clean, sealed sanitation facility; prevalence of feces-carried illness like cholera, giardia, and typhoid; and number of villages achieving open defecation-free status.

A faith-specific example of success is a Religion and Health Project (RHP) carried out by the Dratshang Lhentshog (Central Monk Body) in Bhutan, in collaboration with the Public Health Engineering Division. The RHP provides latrines and bath houses to 5,400 children in 60 primary and monastic schools and nunneries (including 20 schools in an earthquake-affected region). The project also trains religious health workers with the skills to maintain and sustain the improved health and hygiene conditions in the religious schools. A 2009 UNICEF evaluation compared two monastic schools of the RHP project to 13 public schools and noted high rates of disease and inadequate sanitation facilities “in all schools visited except for the monastic institutions.”⁵⁹ Monastic schools in Thimphu fared best, with a student to toilet ratio of 1:35 with proper bath houses, aqua privy with bath facilities, employment of ‘wet sweepers’ to manage sanitation facilities, and lower rates of hygiene-related communicable diseases like acute respiratory infection, diarrheal diseases, and skin infections.⁶⁰

55 World Council of Churches. (2009). “Indian Christian leaders call for an end to caste-based discrimination, also within churches.” <http://www.oikoumene.org/en/press-centre/news/indian-christian-leaders-call-for-an-end-to-caste-based-discrimination-also-within-churches> ; Sengupt, Nandita. (2011). “Who will clean up the lives of manual scavengers?” Times of India. http://articles.timesofindia.indiatimes.com/2011-06-05/special-report/29622535_1_manual-scavengers-excreta-bhangis.

56 Achmat, Zachie. “Breaking News: Letter from Anglican Archbishop Thabo Makgoba on Toilets to Plato, Zille, Shiceka and Sonjica.” Writing Rights, Center for Law and Social Justice. <http://www.writingrights.org/2010/06/09/breaking-news-letter-from-anglican-archbishop-thabo-makgoba-on-toilets-to-plato-zille-shiceka-and-sonjica>.

57 Schaap, Wouter and Frank van Steenberg. (2002). “Ideas for Water Awareness Campaigns.” Global Water Partnership. pp. 31-32. <http://www.groundwatermanagement.org/documents/ideasonwaterawareness.pdf>.

58 Simpson-Hébert, Mayling and Sara Wood. (1998). “Sanitation Promotion.” WSSCC Working Group on Promotion of Sanitation. <http://www.bvsde.paho.org/bvsacd/who/sanin.pdf>.

59 UNICEF. (2011). “Partnering with Religious Communities for Children.” New York, NY. pp. xiv. http://www.unicef.org/eapro/Partnering_with_Religious_Communities_for_Children.pdf.

60 UNICEF. (2011). “Partnering with Religious Communities for Children.” New York, NY. pp. 20-25. http://www.unicef.org/eapro/Partnering_with_Religious_Communities_for_Children.pdf.



10

Promise 10:

Where relevant, have all children sleep under insecticide-treated bed nets nightly to prevent malaria; seek medical care for children at the immediate onset of fever to receive proper malaria testing and treatment.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Malaria, despite being both preventable and treatable, kills an estimated 1 million people a year, many of them children. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Preventing malaria is heavily behavior-change-dependent.

Although specific links between faith traditions and malaria are fewer than for some other promises, faith-mediated intervention against malaria is extensive and highly-successful, including in behavior change communication, net distribution, advocacy, and fundraising.⁶¹

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Muslim and Christian Leaders Work Together Effectively to Combat Malaria in Nigeria

The Nigerian Interfaith Action Association (NIFAA) is an independent, Nigerian-managed non-governmental organization that mobilizes the country's religious leaders to become active and influential participants in national campaigns against disease and poverty. NIFAA, whose genesis was supported by CIFA, directly trained nearly 1,500 senior or regional religious leaders, who, in turn, trained more than 15,000 imams and pastors in communities to speak to their followers about malaria prevention and treatment.⁶² The success of NIFAA's work has won it support from Nigeria's National Malaria Control Program and the World Bank, and the program has been rigorously evaluated (see below).

Anglicans in Zambia Become Malaria Experts and Access International Funding

The specific and successful strategy of NetsforLife, an anti-malaria program launched by Episcopal Church members with help from Episcopal Relief & Development (ERD), is accessing remote communities typically unreached by national health programs through a "vibrant network of local churches, faith-based groups and NGOs."⁶³ The program's two main components are (i) the purchase and delivery of nets and other prevention and treatment resources to affiliated church organizations in malaria-endemic countries and (ii) capacity building for Anglican Church administrative structures to enable them to access global malaria funding, reflecting another aspect of the program's strategy: that networks of rural churches are most useful against malaria when their capacity is built to international standards of service delivery and that African church health services need to be professionalized so they can access global funding streams for malaria. NetsforLife initiated support to the Zambian Anglican Council (ZAC) for a nation-wide malaria prevention and treatment program in 2006. The Zambian Ministry of Health has since funded ZAC to train 435 Christian, Hindu and Muslim leaders, and an ERD spokesperson has said, "What you now have are priests who know as much about malaria as the community health workers."⁶⁴ The program estimates that it has mobilized thousands of community volunteers to fight malaria and that more than 27 million people have benefited from it.

'Nothing but Nets' Unites Faith and Secular Groups in Advocacy against Malaria

Nothing But Nets is a global, grassroots anti-malaria advocacy campaign, led by the United Nations Foundation and involving Lutheran World Relief, the United Methodist

Committee on Relief, the Union for Reform Judaism, and other partners.⁶⁵ The campaign's genesis is said to stem in part from a Bill and Melinda Gates Foundation effort to identify the determinants of Rotary International's campaign against polio, which is widely regarded as a gold standard of a successful global health campaign, and apply it to malaria advocacy. A key was found to be organizations/communities that "were very organized, [had] a hierarchical model, and [were] used to giving," and "...faith-inspired groups, with broad, organized constituencies in the U.S., fit the model."⁶⁶

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in malaria prevention and treatment programs include the indicators in the Malaria Indicator Survey (MIS) developed by the partnership Roll Back Malaria; these include household ownership of insecticide-treated mosquito nets and specific information about their use, especially by children under five years of age and pregnant women, and the type and timing of treatment of high fever in young children. For BCC programs, indicators of success include the percentage of people who have heard, retained, and acted on malaria prevention messages.

In the NIFAA malaria prevention program, independent surveys and evaluations found that 90 percent of followers in the program areas reported hearing sermons with malaria-related content; in Akwa Ibom state, where NIFAA trained more than 6,000 religious leaders, more than twice as many children under five slept under a net the night before the survey (51.6 percent) as in nearby, demographically-comparable Anambra state (25.1 percent), where the program had not been implemented.⁶⁷

An independent evaluation of NetsforLife found that knowledge about malaria transmission and about the need and correct use of a net dramatically increased across all countries where the program was active, on average by 70 percent.⁶⁸

Independent evaluation of a Tony Blair Faith Foundation project that trained multi-faith religious leaders in Sierra Leone found that since the project started in September 2011, through initial training of 409 religious leaders, an estimated 1.2 million people have been reached, or one in

five people in the country's population of six million.⁶⁹

61 Marshall, Katherine and Thomas Bohnett. (2008). "Malaria: scoping new partnerships." Berkley Center for Religion, Peace & World Affairs. Washington, DC. pp. 29 – 42. <http://repository.berkeleycenter.georgetown.edu/MalariaFinalReport.pdf>

62 Center for Interfaith Action on Global Poverty. "Interfaith action on malaria: Nigeria success spurs additional investment." cifa.org. http://www.cifa.org/images/stories/docs/interfaith_action_on_malaria_nigeria_results_september_2011.pdf

63 NetsForLife. <http://www.netsforlifeafrica.org/>

64 Marshall, Katherine and Thomas Bohnett. (2008), p. 39.

65 Nothing But Nets Campaign. <http://www.nothingbutnets.net/>

66 Marshall, Katherine and Thomas Bohnett. (2008), p. 32.

67 Center for Interfaith Action on Global Poverty. Ibid.

68 Marshall, Katherine and Thomas Bohnett. (2008), p. 39.

69 Tony Blair Faith Foundation. "Faiths act in Sierra Leone." [tonyblairfaithfoundation.org. http://www.faithsact.org/page/our-impact](http://www.faithsact.org/page/our-impact)

Though the next phase of the Ten Promises approach targeted at mothers has not yet been implemented in an official campaign, this mapping aims to still provide examples of mother-focused faith efforts in introducing “Ten Promises to Mothers.”

TEN PROMISES TO MOTHERS

- 1. Keep girls in school until the age of 18 (or until the end of secondary school); promote reading and literacy.***
- 2. Delay the age of marriage and first birth to the age of 18; make sure that all families commit to the practice of healthy spacing of childbirths by at least two years.***
- 3. Eliminate all harmful traditional practices (such as female genital cutting) and violence against women.***
- 4. Ensure women receive proper nutritional foods and drink from a safe source, including water that has been purified and kept clean and covered, away from fecal material.***
- 5. Ensure that women and their families wash hands with soap and water, especially before touching food and after using the toilet or latrine.***
- 6. Ensure that pregnant women have at least four antenatal visits with a skilled health professional during their pregnancy.***
- 7. Ensure that a midwife or skilled birth attendant is present for each and every birth, and that pregnant women receive specialized care, if it is needed***
- 8. Prevent Mother-to-Child Transmission of HIV by making sure that PMTCT drugs are provided to mothers, when needed.***
- 9. Ensure that mothers and newborns have regular postnatal visits with a skilled health professional, beginning with regular checks during the first 24 hours following delivery, during the first week, and after six weeks.***
- 10. Where relevant, have all women and children sleep under insecticide-treated bed nets nightly to prevent malaria; seek medical care at the immediate onset of fever to receive proper malaria testing and treatment.***



1

Promise 1:
Keep girls in school until the age of 18 (or until the end of secondary school); promote reading and literacy.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Education, and especially the education of girls, is a proven essential prerequisite for poverty reduction, better health, and development. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Education is an integral aspect of the major faith traditions; religious actors are often strong advocates for education.
- Religious schools were the foundation for the modern school movement and among the first to educate girls.
- Faiths or faith-based organizations operate hundreds of thousands of schools across the world, with most offering education regardless of students' religion.
- Faith-run schools are often a platform for other social services, such as tuition assistance, feeding programs, health services, and child protection.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Muslim Feminists Provide a Multi-Layered Girls' Education Program in India

Muslim Awaaz-e-Niswaan ('Voice of Women', AEN) is a Mumbai-based NGO that provides educational opportunities and a safe environment to women and girls in high-poverty urban slums.¹ Founded in 1985 by Muslim women with a distinct feminist vision, AEN targets the often-marginalized group of adolescent Indian Muslim girls with a holistic strategy, encouraging them to become agents of social change. The organization's community-based initiatives include assistance for girls restrained by forced marriage or strained finances and a multi-layered approach to girls' education: AEN's Rehnuma Library Center offers a literacy

program for women of all ages and backgrounds, provides scholarships to girls for secondary education, college, and professional courses, and runs community workshops. Supported by the American Jewish World Service, Awaaz-e-Niswaan roots itself in its belief in a broad 'sisterhood of women' of all creeds working toward gender equity.

Girls Fill Half the Spots in Religious Schools in Rural Bangladesh Thanks to Stipend

The government of Bangladesh operates gender-specific educational incentive schemes to encourage female participation in education.² Since the initiation of the Female Stipend Program (FSP) in 1994, Bangladesh has seen a steady rise in female enrollment in rural areas and there is presently over-parity in female enrollment at the secondary level. Given the shortage of public schools that provide secondary education in rural areas, religious schools are included in the stipend scheme, and an assessment found that half of the total enrollment in religious schools today is composed of female students, in line with the outcome at public schools.

Ugandan Girls Stay in School After Church Provides Sanitary Napkins

African girls frequently either skip school during menstruation or drop out entirely because they can't afford hygiene solutions. Watoto Church, a Pentecostal church in Uganda, began a program to provide sanitary napkins in rural northern Uganda and reports a sharp decrease in drop-out rates at the schools it has reached out to.³

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in girls' education include girls as percentage of total enrollment in primary, secondary, and tertiary schools; the gender parity index (GPI); girls' primary and secondary school entry age; girls' success in studies; and returns to education by level of education and gender.

In Senegal, the organization Tostan has launched a program to bring non-formal education to 1,400 girls in 20 villages.⁴ Tostan reports that many communities show increased school enrollment for girls in the years following their participation in Tostan's Community Empowerment Program, noting that participating communities often pledge to abandon child/forced marriage, which leads to girls being more likely to stay in school for longer. Tostan's Mobile Phone for Literacy and Development Project was evaluated in 2010 with promising results in text, numeric, and phone literacy and in closing the gender gap in phone use. After just four months, 73 percent of sampled project participants reported being able to read the text messages they receive, up from 9 percent at the start of the project. Tostan reports that 100 percent of girls are staying in school in Tostan partner communities in Mali, and 90 percent of girls in partner communities in the Gambia.

1 Berkley Center for Religion, Peace & World Affairs. "Resources on Faith, Ethics, and Public Life: Awaaz-e-Niswaan." berkleycenter.georgetown.edu. <http://berkleycenter.georgetown.edu/resources/organizations/awaaz-e-niswaan?q=girls'%20education>

2 Barrera-Osorio, Felipe, Harry Anthony Patrinos, and Quentin Wodon, eds. (2009). "Emerging evidence on vouchers and faith-based providers in education." World Bank: Washington, DC. <http://siteresources.worldbank.org/EXTDEVIALOGUE/Resources/EmrgingEvidenceVouchers.pdf>

3 Watoto Church. "Keep her in school." watoto.com. <http://www.watoto.com/about-us/news-updates/keep-her-in-school>.

4 Tostan. "Creating opportunity through education." Tostan.org. <http://www.tostan.org/area-of-impact/education>

2

Promise 2:
Delay the age of marriage and first birth to the age of 18; make sure that all families commit to the practice of healthy spacing of childbirths by at least two years.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Every year, ten million girls are married before the age of eighteen, often forcibly, potentially exposing them to sexual abuse, domestic violence, higher rates of maternal mortality and morbidity, and less education. Healthy timing and spacing of pregnancy (HTSP) helps families achieve the healthiest outcomes for women and children. Faith groups have distinctive roles, in addition to the broad advantages they can bring to international health and development work, because:

- Traditional harmful practices such as child marriage are often construed as condoned or supported by religion, and faith leaders are ideally placed to correct the perception or change it.⁵
- Since marriage is generally celebrated with a religious ceremony, this provides direct access points for faith leaders with respect to child marriage.
- Child marriage is deeply linked to culture and is a highly sensitive topic, both arenas where the leadership and credibility of faith actors can be particularly important.
- Many faiths have beliefs, texts, rituals, or traditions on marriage, sexual behavior, the family, and family planning that can strongly influence HTSP-related choices and behavior.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

School Substitutes Grades for Grooms in Kenya

Christian Children's Fund's Margery Kabuya started a program in 1999 to prevent child marriage among Kenya's Maasai tribe that taps into Maasai traditions and compensates for the economic incentive of marrying off girl children.^{6,7} Maasai baby girls are promised as wives to men before they are even born—a practice called 'booking.' Kabuya's

project, the Naning'oi Girls Boarding School, books girls for school instead. The school works within the local dowry system. Respected members of the Maasai community act as 'suitors' on the school's behalf, offering gifts to a girl's father in exchange for committing to his daughter's attendance at the boarding school.

Archbishop Desmond Tutu Says No Major Religion Condone Child Marriage

Highly-respected religious leader and activist Archbishop Desmond Tutu uses his influential voice to ask religious and traditional leaders and men and boys to help end child marriage.⁸ The Archbishop has observed that while child marriage is perceived by some who support it as being condoned by their religion, no major religion promotes the practice of child marriage. Archbishop Tutu takes a lead on the 'Girls Not Brides' initiative of The Elders, the independent group of global leaders who work together for peace and human rights of which he is a former Chair and now an honorary member.

Yes, It Will Be on the Test: School for Husbands in Niger Covers Child Marriage

Niger has the highest proportion of girls married by age 18 in the world, and women in Niger give birth to an average of seven children. Recognizing the socio-cultural factors at work, the United Nations Population Fund (UNFPA) works at the community level with the Association of Traditional Chiefs to raise awareness of the perils of early marriage.⁹ Chiefs and religious leaders from the country's eight regions are identifying culturally sensitive ways to discuss child marriage and the importance of girls' education. In addition, televised Islamic religious programming is addressing the links between child marriage and maternal health. Working with traditional chiefs, the Schools of Husbands (*Ecoles de Maris*) are introducing child marriage prevention in their

curricula to engage men in sexual and reproductive health and to foster positive norms change for women and girls.

Imams and Pastors Are Early Innovators on Early Marriage

With support from the Nike Foundation, the Center for Interfaith Action on Global Poverty (CIFA) has designed and managed two phases of research and program work that addressed girls' issues in Ethiopia, Liberia, and Nigeria.¹⁰ In the first phase, CIFA identified, interviewed and documented the approaches of faith leader champions of girls and women's advancement in Ethiopia, Liberia and Nigeria. In the second phase, CIFA worked in Nigeria and Ethiopia to develop tools and models to stimulate positive action among faith leaders on ending child marriage and stopping female genital cutting, with the goal of changing attitudes and behaviors of the faith leaders and their communities. When the project concluded, the percentage of faith leaders who opposed early marriage had more than doubled.^{11 12}

A Bahá'í-inspired Organization Fights Forced Marriage in the United States

The Tahirih Justice Center is a US-based, Bahá'í-inspired NGO that provides pro bono direct legal services and social and medical service referrals to immigrant women and girls fleeing from gender-based violence and persecution. Tahirih has been alerted to an increasing number of forced marriage cases involving young women and girls from traditional immigrant communities in the United States, and is working through its Forced Marriage Initiative to develop a national response to the problem.¹³

Global Christian Network Finds Common Ground on HTSP and Family Planning

Christian Connections for International Health (CCIH) is a membership network organization for Christian and non-Christian organizations and individuals working in international health. A main area of its work is building consensus on family planning and HTSP. Partnering with Muhammadiyah, the second largest Islamic organization in Indonesia, and Deutsche Stiftung Weltbevölkerung, a secular, German international development and advocacy organization, CCIH brokered 'The Nairobi Declaration: an Interfaith Declaration to Improve Family Health and Well-Being.'¹⁴ The Declaration supports provision of information

and means for couples to control the timing and spacing of their children consistent with their own faith and needs.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in stopping child marriage include, in addition to age at marriage and age gap between spouses, the attitudes of parents, girls, and communities on child marriage and the education and economic role of girls. As of 2007, the Naning'oi Girls Boarding School, had enrolled 350 girls and more than 500 additional infants and girls had been booked, waiting until they were old enough to attend school.¹⁵

As a result of the CIFA project described above, two months after the training, 97 percent of Ethiopian faith leaders trained on early marriage and FGC were engaging congregants on the issues.¹⁶

5 Research finds that no one religious affiliation is associated with child marriage across countries. Rather, a variety of religions were associated with high prevalence of child marriage, depending on the country studied. Source: Jain, Saranga and Kathleen Kurz. (2007). "New insights on preventing child marriage: A global analysis of factors and programs." International Center for Research on Women: Washington, DC, and produced for review by USAID. http://pdf.usaid.gov/pdf_docs/PNADR814.pdf

6 Ibid. Note that Christian Children's Fund presently states it is not faith-affiliated.

7 See also the next section on indicators of success.

8 Berkley Center for Religion, Peace & World Affairs. "Desmond Tutu on uniting families and communities to end child marriage." February 6, 2012. <http://berkeleycenter.georgetown.edu/resources/quotes/desmond-tutu-on-uniting-families-and-communities-to-end-child-marriage>

9 United Nations Population Fund. (2012). "Marrying too young." <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/MarryingTooYoung.pdf>

10 Center for Interfaith Action on Global Poverty. Mobilizing and Equipping Faith Leaders. <http://www.cifa.org/women-and-girls/>

11 Private communication from CIFA.

12 See also the next section on indicators of success.

13 Tahirih Justice Center. "Forced marriage Initiative." <http://www.tahirih.org>. <http://www.tahirih.org/advocacy/policy-areas/forced-marriage-initiative>

14 Christian Connections in International Health. "The Nairobi Declaration: an Interfaith Declaration to Improve Family Health and Well-Being." [ccih.org](http://www.ccih.org). <http://www.ccih.org/activities/information-sharing/news/47-general/340-nairobi-declaration-on-family-health-a-well-being.html>

15 Jain and Kurz. Ibid.

16 CIFA. Ibid.

3

Promise 3:
Eliminate all harmful traditional practices (such as female genital cutting) and violence against women.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Harmful traditional practices against women include female genital cutting, female infanticide and prenatal sex selection, early marriage, forced marriage, dowry-related violence, acid attacks, honor crimes, spousal abuse, and other practices sometimes involving the family and the community. Women are also subject to violence by rape and armed conflict. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- All major faiths speak to an abhorrence of violence.
- Most faiths have beliefs, texts, rituals, or traditions indicating that women and mothers are to be cherished, notwithstanding that they also have beliefs or traditions that may be perceived as treating women unequally.
- Some forms of gender-based violence against women are misconstrued as condoned or supported by religion, misunderstandings faith leaders are well placed to correct.
- Some harmful practices against women are deeply linked to culture and are highly sensitive topics, both arenas where the leadership and credibility of faith actors can be particularly important.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Churches Assist Traumatized Rape Victims in the Democratic Republic of Congo

The Church of Christ in Congo (French acronym ECC) is an ecumenical Christian organization that brings under one umbrella more than sixty Congolese Protestant denominations. Since 2003, the ECC has assisted 23,000 traumatized women through its Centre for Medical and

Psycho-Social Assistance (CAMPS).¹⁷ “The women arrive at the center needing psychosocial, medical and material support,” explains CAMPS national coordinator Justin Kabanga. “Some have arrived pregnant after rape ordeals. Many of them have tested positive for HIV.” CAMPS aims to help the women understand their ordeal, discuss the consequences of their situations, and re-establish relationships. It reaches out to spouses, families, and communities, urging acceptance of the women. CAMPS also tries to sensitize soldiers against rape and obtain justice from the authorities for the victims.

Canadian Clerics Issue Fatwā against Honor Killings

Muslim clerics in Canada issued a fatwā against so-called ‘honor killings,’ the killing of females who have ostensibly brought shame to their families.¹⁸ The religious decree was issued shortly after the conviction of three members of an Afghan family in Montreal for the murders of four female relatives. The decree, only the third of its kind in Canada and supported by 34 clerics affiliated with the Islamic Supreme Council of Canada, also prohibits domestic violence and hatred of women and it was issued on the eve of Mawlid al-Nabi, the Prophet Muhammad’s birthday. Over 30 American imams also supported the fatwā.

Working with Priests to End Domestic Violence in Armenia

95 per cent of Armenians belong to the Armenian Apostolic Church, which for many centuries has played a leading role in fostering education and spiritual values in Armenian society. A joint project between UNFPA and the Armenian Inter-Church Charitable Round Table Foundation of the World Council of Churches has encouraged Armenian priests to speak about issues related to gender equality, reproductive health, and population and development, with an emphasis on promoting the active involvement

of priests in combating violence within the family. The project supported training of clergy to conduct awareness-raising sessions on gender-based violence and the gender inequality, which is considered a root cause of this violence, in their communities. Awareness-raising meetings have helped identify families at risk and provided an opportunity for clergy to work with family members on a one-on-one basis.

3. HOW IS SUCCESS MEASURED?

Because gender-based violence takes so many forms, there are many criteria to measure success in preventing it. The Compendium of Monitoring and Evaluation Indicators on violence against women and girls developed with support from USAID and reflecting input from many stakeholders includes over 70 indicators ranging from excess female infant and child mortality and proportion of women aged 15-49 who have experienced sexual or physical violence to the share of health units that have documented and adopted a protocol for the clinical management of survivors of violence against women.²⁰

Instituto Promundo, a Brazilian NGO, with support from the United Nations Trust Fund to End Violence Against Women, implemented a multi-country project to engage men and boys in preventing violence against women and promote gender equality.²¹ The project included:

- A community-based intervention in India;
- A sports-based intervention in Brazil;
- A health-sector-based intervention in Chile); and
- A workplace-based intervention in Rwanda.

Project activities in each country varied but all included educational workshops with men and young men and training programs with partner staff on evidence-based methodologies for the prevention of violence against women. The interventions in Brazil, Chile, and India were assessed with a quasi-experimental impact evaluation. In all three, there was a statistically significant change in attitudes on violence against women and a statistically significant self-reported decrease in use of violence against female partners.

2009. <http://www.standardnewswire.com/news/338344364.html>
- 18 Washington Post. "Canadian imams issue fatwā against honor killings." February 6, 2012. http://articles.washingtonpost.com/2012-02-06/national/35444511_1_mohammad-shafia-honor-killings-fatwa
- 19 United Nations Population Fund. "Partnering with priests to end domestic violence in Armenia." March 24, 2011. [unfpa.org. http://unfpa.org/public/home/news/pid/7537](http://unfpa.org/public/home/news/pid/7537)
- 20 USAID. (2008). "Violence against women and girls: a compendium of monitoring and evaluation indicators." [usaidth.gov.org. http://www.cpc.unc.edu/measure/publications/ms-08-30](http://www.cpc.unc.edu/measure/publications/ms-08-30)
- 21 Instituto Promundo. (2012). "Engaging men to prevent gender-based violence: a multi-country intervention And impact evaluation study." [promundo.org.br. http://www.promundo.org.br/wp-content/uploads/2012/04/UNT_Eng_10-1.pdf](http://www.promundo.org.br/wp-content/uploads/2012/04/UNT_Eng_10-1.pdf)

17 Standard Newswire/World council of Churches. "Churches Support Victims of Rape in the Democratic Republic of Congo." July 27,

4

Promise 4:

Ensure women receive proper nutritional foods and drink from a safe source, including water that has been purified and kept clean and covered, away from fecal material.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Women are overrepresented among the world's hungry and are most likely to eat less and last at family meals. Lack of good nutrition and safe water complicates pregnancy and maternal health. Women and girls spend many hours obtaining water, which can constitute hard labor, keep them from school, and expose them to danger. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Food and water are part of many religious beliefs, texts, traditions, and rituals.
- Faith leaders can be powerful promoters of gender equality, which ties into women's access to nutrition and safe water, notwithstanding that religion is viewed by some as promoting gender inequality.
- Faiths-inspired organizations own or operate places of worship, schools, and health facilities, which are sites where nutrition and safe water can be taught or provided.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Hindu Priests in India Fight against Pollution of 'Mother Ganga' River

The River Ganges is revered by millions as a symbol of spiritual purity, but in Varanasi, India's most sacred city, the coliform bacterial count is now at least 3,000 times higher than WHO standards for safe water. A Hindu priest and engineer, Veer Bhadra Mishra, led campaigns to clean the river for two decades, with a special appeal to mothers to respect and protect 'Mother' Ganga. In 2007, his campaign made headlines around the world when Hindu holy men, known as *sadhus*, organized a mass protest against river filth during the Kumbh Mela festival.²²

Catholic Archbishop Mediates in Bolivian 'Water Wars.'

When civil unrest broke out in Cochabamba, Bolivia in 2000 around skyrocketing water rates linked to privatization of municipal water supplies, the city's Catholic archbishop tried to mediate the disputes, even locking himself in his office and offering himself for arrest. He came to the defense of impoverished communities where there was a significant threat to the ability of many families to afford clean drinking water (in a region where the minimum wage was less than \$100 a month, monthly water bills were as high as \$20). Religious themes and symbols were used in the mediation and struggle, illustrated by slogans like 'Water is God's Gift and Not a Merchandise' and 'Water is Life.'²³

Jews in Ethiopia Aim to Protect Women from Dangers of Long-Distance Water Harvesting

Mothers and young women of Gondar, Ethiopia used to spend four to six hours a day collecting water from sources as far as 10 kilometers from their homes. Since the early 1980s, the American Jewish Joint Distribution Committee (JDC) has worked with the community on hand-dug wells, protected springs, taps, microdams, and latrines to provide safer, quicker access to potable water to protect women from the dangers associated with traveling over long distances for water harvesting and to offer more time for young girls to attend school.²⁴

Methodist Church Clinic in Sierra Leone Combats Malnutrition in Mothers

The United Methodist Church Health and Maternity Center in Freetown, Sierra Leone is a free hospital that delivers more than 3,000 babies a year. A local coordinator, Kadiatu Sasey, started a yogurt and dry milk-based program for hospital

patients in January 2004 by identifying children and mothers with symptoms of malnutrition and educating mothers on the importance of nutrition. Each week the mothers bring children to the hospital for a weigh-in and check-up, and then receive a protein-rich yogurt mixture. Some 400 women regularly attend the clinic's prenatal class each week, which teaches proper nutrition during pregnancy.²⁵

ACCESS to Health Provides an Islamic Sermon Guide to Save the Lives of Mothers

USAID-funded ACCESS to Health compiled an Islamic sermon guide to encourage imams to promote women's health throughout the Islamic world. The guide includes important messages about women's prenatal nutrition with advice like, "To help ensure a healthy pregnancy, a woman should get proper nutrition and take a supplement of iron and folate as prescribed by a healthcare worker." Clerics also encourage women to eat as much as their husbands, incorporating Qur'anic quotes about sustenance and the value of nutrition.²⁶

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in better nutrition for mothers include average child birth weight, total preterm births, iodized salt consumption, and prevalence of vitamin A deficiency and night blindness. Success in providing clean water can be measured by the incidence of diarrhea and related diseases, distance from clean water wells, and proper disposal of sewage.

Buddhist monks of Wat Polanka in Siem Reap, Cambodia aimed to improve access to clean water for women and disabled people in surrounding villages by installing closer and safer locations for water wells, thus also preventing violence against women and the disabled. In 2012, the Cambodian Buddhist Association assessed the effectiveness of the wells by measuring the number of families served by each installation and the reduction in distance to water sources. They found that wells served four families on average and that without them people would have to walk 2 kilometers in each direction to collect water for the purpose of drinking and farming. The monks have identified over 1,000 families in need of fresh, sustainable drinking water

and have begun the construction of more wells and the training of villagers in maintenance and repair.²⁷

- 22 Hammer, Joshua. (2007). "A Prayer for the Ganges." <http://www.smithsonianmag.com/specialsections/making-a-difference/ganges-200711.html#ixzz2Sbf9LT5H>.
- 23 Marshall, Katherine, Emily Rostkowski, and Esther Breger. (2012). "Water and Faith: Rights, Pragmatic Demands, and an Ethical Lens." Berkley Center for Religion, Peace & World Affairs. Washington, DC. p. 13. <http://repository.berkleycenter.georgetown.edu/WaterFINALDRAFT.pdf>.
- 24 Alliance of Religions and Conservation. (2009). "Faith in Water: Conference Papers." www.arcworld.org. pp. 62-65. <http://www.arcworld.org/downloads/Faith-in-Water-book.pdf>.
- 25 General Board of Global Ministries, The United Methodist Church. "Welcome to UMC Health and Maternity Center, Kissy, Sierra Leone." [gbgm-umc.org](http://gbgm-umc.org/health/kissy/index.cfm). <http://gbgm-umc.org/health/kissy/index.cfm>.
- 26 Chand, Sarla and Ahmed Al-Kabir. (2009). "Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders." USAID. <http://www.accesstohealth.org/toolres/pdfs/Muslim%20Khutbah%20Sermon%20Guide.pdf>.
- 27 Cambodian Buddhism Association for Vulnerable Children. "Clean Water Project." www.cbavc.org. <http://www.cbavc.org/program/Listmenu.aspx?project=46&Menu=Clean%20Water%20Project.html>.



Promise 5:

Ensure that women and their families wash hands with soap and water, especially before touching food and after using the toilet or latrine.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Handwashing with soap can significantly reduce diarrhea and respiratory and other infections. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Some faith traditions—Judaism, Islam, and Sikhism, for example—specifically prescribes washing and hygienic habits. For example, Hinduism prescribes alternative means of hand cleansing to avoid forbidden ingredients in soaps.
- Many religious texts and ceremonies address or involve cleanliness and washing, and can be platforms for encouraging hygiene.
- Religious buildings such as places of worship, schools, and health facilities can provide handwashing stations.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Women Church Groups in Uganda Hold Home Hygiene Competitions

The Kigezi Diocese Water and Sanitation Project (KDWSP) in Uganda supports hygiene education interventions through community self-monitoring. The women's monitoring groups visit households and village health centers and distribute a 'Knowledge, Action and Practice' survey to monitor the community's hygiene and sanitation habits. Then, they hold a competition among homes in the community, with winners announced at church. In the period running up to the assessment day, the church sends reminder messages.²⁸

Indian Soap Brand Joins Hindu Restaurateurs in Hand Washing Campaign during Festival

Lifebuoy, an international soap brand, stamped a hand-

washing message onto millions of pieces of roti bread at Kumbh Mela, a Hindu pilgrimage festival held in India that attracts 100 million people. Lifebuoy worked with Hindu congregations and Hindu owners of more than 100 restaurants and cafés at the festival to raise awareness about good hand-washing habits. For every food order placed, the first roti carried the branded message '*Lifebuoy se haath dhoye kya?*' (Did you wash your hands with Lifebuoy?). More than 2.5 million branded rotis were consumed by the end of the month-long campaign.²⁹

'Development Bible' Links Holy Days and Hygiene in Ethiopia

In Ethiopia, the United Nations Population Fund is working with the Ethiopian Orthodox Church on a 'Development Bible' that links church holy days to development priorities. Hand washing and sanitation are covered, with verses about cleanliness and ritualistic washing educating women about the role of hygiene in pregnancy and child care.³⁰

US Religious Leaders Give Practical Advice that Cleanliness is Next to Godliness During Flu Outbreak

During a flu outbreak in 2012 that killed 30 children and was labeled under 'epidemic' status by the Centers for Disease Control and Prevention, statewide and local religious leaders carried out hand-washing campaigns and restricted rituals during services that include physical contact. Churches restricted the sharing of communion chalices, provided sanitizing supplies in church facilities for families, and educated parents on the importance of hand-washing for their children; synagogues restricted hand-shaking practices normally included in services; and imams encouraged congregants to practice wudu, or ritual hand washing, not only before services but throughout high-risk periods.³¹

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in ensuring that mothers wash their hands include the number of women reached with messages or training in hand washing; changes in water supplies; and frequency of diarrheal disease and cholera outbreaks.

A faith-specific example of success is the ‘Fantastic Mom Handwashing with Soap Movement,’ a radio and television social marketing campaign led by the Coalition for Healthy Indonesia (KUIS). KUIS is an umbrella organization overseeing various faith-based and secular groups. This multi-stakeholder campaign reached mothers and adult caregivers with messages on the importance of hand washing. The campaign included endorsement by celebrities and dissemination at religious festivals and reached 10 million people. It increased awareness of the benefits of hand washing with soap from 45 to 85 percent in the target audience; knowledge of proper hand washing, from 55 to 63 percent, and the practice of hand washing with soap, from 35 to 56 percent.³²

28 Van Hoek, Edgar and Sue Yardley. (2009). “Keeping Communities Clean: The church’s response to improving sanitation and hygiene.” Tearfund. p. 16. http://tilz.tearfund.org/webdocs/Tilz/Topics/watsan/Keeping%20Communities%20Clean_role%20of%20the%20church%20in%20sanitation..pdf.

29 Gupta, Rohit. (2011). “Promotional Strategies of Different FMCG brands in India.” p. 23. <http://www.scribd.com/doc/26695443/Advertising-and-Promotion-of-different-FMCG-brands-in-India>

30 Marshall, Katherine. (2013). “Faith and the WASH Agenda - Policy Brief No. 7.” Berkley Center for Religion, Peace, and World Affairs, World Faiths Development Dialogue. Washington, DC. p. 2. <http://repository.berkeleycenter.georgetown.edu/130101WFDDPolicyBriefFaithWASHAgendaPolicyBrief.pdf>

31 De Santis, Solange. “As Flu Outbreak Spreads, Faith Leaders Preach Caution.” God’s Politics: A Blog by Jim Wallis and friends. Sojourners. <http://sojo.net/blogs/2013/01/18/flu-outbreak-spreads-faith-leaders-preach-caution>.

32 Beall, Tom. “Fantastic Mom: Hand Washing with Soap Movement.” Case Study. Ogilvy Public Relations. <http://www.ogilvypr.com/en/case-study/indonesia-coalition-healthy-indonesia-kuis>.



Promise 6:

Ensure that pregnant women have at least four antenatal visits with a skilled health professional during their pregnancy.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Good care during pregnancy—antenatal care or ANC—is important for the health of the mother and the development of the unborn baby. Faith groups have distinctive roles beyond the broad advantages they can bring to international health and development work because:

- Religious beliefs, texts, traditions, or rituals can influence behavior in relation to many aspects of pregnancy, including the likelihood that women will seek antenatal care and the type of care they will seek. For example, women pregnant outside of wedlock may feel stigma and not seek antenatal care.
- Mothers often consult with faith leaders, elders, or fellow female religious patrons during pregnancies.
- Aspects of reproductive and sexual health that are controversial among religious networks may impede antenatal programs through linkages to other reproductive health services or facilities, or misperceptions or misunderstandings.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

In Afghanistan, Young Female ‘Guardian Angel’ Midwives Chosen by Council of Muslim Elders

In 2009, Afghanistan ranked as the worst place in the world to be a mother based on health, education, and economic factors.³³ In 2004 in the Badakhshan Province’s Shatak village, 54 mothers and 46 newborns died due to poor access to healthcare. By 2010, annual mortality in Shatak had dropped to two deaths with the help of Jhpiego, a Johns Hopkins University and USAID program that trained midwives. To deal with traditions against women working outside the home, Jhpiego set up village health councils

comprised of local religious elders to choose the candidates for midwife training. Religious language is often employed by these councils and midwives in reaching out to mothers and expanding the program’s reach. In a National Public Radio story on the program, local leaders said the midwives were “like guardian angels for infants and mothers” who worked “with God’s hand.”³⁴

Malian Religious Leaders Address Superstitions around Pregnancy to Prevent Malaria

Since many Malians believe talking about a pregnancy before it is visible can bring bad luck, women tend to hide pregnancies and do not make their first antenatal clinic visit until late. With support from the President’s Malaria Initiative (PMI), 950 traditional and religious leaders are trying to change this practice through teachings based on passages from the Qur’an and Bible and by educating and encouraging dialogue among couples about malaria and pregnancy.³⁵

In South Sudan, Presbyterian Clinics Send Traditional Birth Attendants to provide ANC at Home

The John Dau Lost Boys Clinic in South Sudan, founded by a Sudanese refugee and his Presbyterian parish in New York, focuses on training traditional birth attendants (TBAs) and midwives to travel to expectant mothers with safe delivery kits. In a country where 80 percent of the 3,000 child deliveries per year happen more than 10 miles away from a health facility, the clinic expands access to antenatal care with local outreach, including through chiefs and local religious leaders. Though the prevailing approach in antenatal care in development circles supports trained midwives over TBAs, the John Dau Clinic found it more practical to have midwives train TBAs, especially because midwives in South Sudan are often male and can be costly, while many women

in the region prefer and find TBAs more affordable.³⁶

Zambian Churches Form Motherhood Action Groups to Encourage Antenatal Visits to Clinics

The Churches Health Association of Zambia (CHAZ), an interdenominational network of Catholic and Protestant health organizations, provides antenatal services at many of its 144 health facilities (including hospitals, health centers, and health posts) and 11 health training schools. In coordination with UNFPA, CHAZ encourages women to attend clinics regularly during pregnancy through community-sensitive outreach carried out by lay counselors and safe motherhood action groups.³⁷

Catholic Diocese in Florida Opens Maternity Homes and Pregnancy Crisis Centers

Inspired by a 1995 pledge by US Bishops to “help mothers and fathers in need to find pregnancy counseling, pre- and postnatal care, housing and material support, and adoption services,” the Diocese of Venice, Florida has established maternal homes and pregnancy information centers to provide antenatal care to women in crisis pregnancies and provide them with alternatives to abortion.³⁸

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in providing proper antenatal care to mothers include documented uptake of intermittent preventative treatment (IPT) for malaria with a focus on ANC; number and spacing of antenatal visits recorded for individual pregnant patients; number of workers trained in proper ANC; and rates of malaria, HIV, and other ANC-preventable health issues present at births.

A faith-specific example of success is an ACCESS Program project in the Kasese District of Uganda which worked with the Uganda Protestant, Muslim, and Catholic medical bureaus to expand participation in antenatal care. Using uptake of Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp) as an indicator of antenatal care, a pilot program aimed at engaging faith networks in motivating women showed an increase in women who received the first course of IPTp under direct observation from 43 percent to 94 percent, with even greater success for the second course of IPT, with an increase from 8 percent to 76 percent.³⁹

33 UNICEF. “In Nigeria, religious leaders and communities join initiative to improve children’s health and well-being.” [unicef.org http://www.unicef.org/wcaro/2009_5745.html](http://www.unicef.org/wcaro/2009_5745.html).

34 Wildman, Jim. “In Afghanistan, Midwives ‘Are Like Guardian Angels For Infants And Mothers.’” NPR. <http://www.npr.org/blogs/thetwo-way/2010/09/28/130180983/afghan-midwives-save-lives>.

35 President’s Malaria Initiative. “Malian Religious Leaders Take an Active Role in Prevention of Malaria during Pregnancy.” http://www.fightingmalaria.gov/news/voices/mali_imam.html.

36 Gaul, Anny. (2011). Interview with Tom Dannan. “A Discussion with Tom Dannan, Executive Director, John Dau Foundation.” Berkley Center for Religion, Peace, and World Affairs. <http://berkeleycenter.georgetown.edu/interviews/a-discussion-with-tom-dannan-executive-director-john-dau-foundation>.

37 UNFPA. (2012). “Reaching Out to Women in Rural Zambia.” <http://unfpa.org/public/home/news/pid/12039>.

38 “Pregnancy & After-Birth Resources Within the 10 Counties of the Diocese of Venice.” Department of Respect Life, Diocese of Venice, Florida. <http://www.dovrespectlife.org/pregnancy&afterbirthresources.htm>.

39 Chand, Sarla and Jacqui Patterson. (2007). “Faith-Based Models for Improving Maternal and Newborn Health.” USAID. <http://www.anglicanhealth.org/Resources/PDF/AHN%20resources/Faith%20and%20health%20care/Faith-Based%20Models%20for%20Improving%20Maternal%20and%20Newborn%20Health.pdf>.

7

Promise 7:

Ensure that a midwife or skilled birth attendant is present for each and every birth, and that pregnant women receive specialized care, if it is needed.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Skilled attendance at all births is the single most important intervention for safe motherhood. Faith groups have distinctive roles in addition to the broad advantages they can bring to international health and development work because:

- Birth is a key event in the major religions and hence parents' choices and behaviors around birth are often tied to religion, whether to actual beliefs and practices or to misconceptions.
- Traditional birth attendants, generally insufficiently skilled, often practice religious customs or provide faith associations that can lead delivering mothers to choose these attendants over better-trained alternatives.
- Faith leaders have good knowledge about mothers who are soon to deliver and ceremonies linked to families and birth, such as baptism, give them entry points on the topic of safe birth.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Crowd-funding Fuels the Bill for Safe Births at a Christian Hospital in Uganda

Bwindi Community Hospital (BCH), established in 2003 by an American medical missionary and now managed and run by an all-Ugandan staff, has been named the best-performing hospital in Uganda by the Uganda Protestant Medical Bureau. It is one of the global healthcare providers participating in Kangu, an organization that provides for crowd-funding of safe births.⁴⁰ Kangu identifies impoverished women who are soon to give birth, vets experienced local medical partners (e.g., maternity clinics and hospitals), and lets people fund an attended birth for the mother at a cost of \$10 and up.

Clients at BCH include the indigenous Batwa pygmies, conservation refugees from the Bwindi Impenetrable Forest, who would otherwise have no access to healthcare.

Training Midwives in Haiti to Counter the Worst Maternal Mortality in the Hemisphere

Midwives for Haiti is a secular NGO that works with numerous faith-based organizations in Haiti to provide a 10-month training program to educate Haitian women in WHO's core abilities of a Skilled Birth Attendant.⁴¹ Graduates are employed in areas of need to provide prenatal and intra-partum care in Haiti. Midwives for Haiti also runs an outreach program for *matròn*s, Haitian traditional birth attendants.

Muslim Leaders Help Women in the Philippines Choose Trained Birth Attendants

In rural Philippines, many births are attended by traditional birth attendants, or *hilot*, even when doctors or midwives would be available instead. In addition to assisting the mother, *hilot* perform religious rituals during labor. Using *hilot* impedes maternal death prevention, since they are generally untrained. The Department of Health in Muslim Mindanao developed a program that brought together midwives, *hilot*, and Muslim religious leaders.⁴² Learning sessions on maternal and child care and family planning were conducted especially for the *aleemat* (female Muslim religious leaders) and *ulama* (Muslim scholars). The Muslim religious leaders were tapped to help dispel false religious and cultural beliefs about family planning and childbirth, including for example highlighting the risks of giving birth at home attended solely by *hilot*. To make the new approach acceptable to mothers, two traditional practices were still allowed: home deliveries, provided they are attended by a midwife; and birthing rituals during labor at health facilities.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success include the share of births with skilled personnel in attendance, the quality of training, and mothers' and communities' knowledge and attitudes about midwives and skilled birth attendants.

In the Philippines program noted above, in one region, Panglima Sugala, deliveries attended by midwives increased from 471 in 2007, before the program was launched, to 1,851 in 2010. Some wards achieved high shares of skilled birth attendance, such as Likod Sikobong (100 percent) and Mantabuan (97 percent). The number of Muslim religious leaders who have become advocates also sharply increased, from just two when the program began, to 214 as of 2010.⁴³

40 Kangu. kangu.org.

41 Midwives for Haiti. <http://www.midwivesforhaiti.org/>

42 United Nations Population Fund. (2011). "Investing in women: the cornerstone of quality life." unfpa.org. p. 67. http://www.unfpa.org.ph/specialdownload/PHL-6CP-Good_Practices.pdf

43 UNFPA. Ibid.



Promise 8:
Prevent Mother-to-Child Transmission of HIV by making sure that PMTCT drugs are provided to mothers, when needed.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

There are approximately 1.4 million pregnant women living with HIV in low- and middle-income countries, with the potential to transmit HIV to their babies through pregnancy, birth, or breastfeeding. The intervention known as ‘prevention of mother-to-child transmission of HIV,’ or PMTCT, involves drugs, counseling, and psychological support to help mothers safeguard their infants against the virus. Faith groups have distinctive roles, beyond the broad advantages they can bring to international health and development work, because:

- Faith leaders can be powerful advocates for treating people with HIV and AIDS with compassion, notwithstanding earlier associations of religion with stigma against people living with HIV and AIDS.
- Faith-based organizations are believed to carry out a large share of HIV and AIDS health work.
- HIV and AIDS is a highly sensitive topic involving human sexuality, an arena where the leadership and credibility of faith actors can be particularly important.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Faith-based PMTCT Program Works Like a DREAM

The Community of Sant’Egidio began in Rome in the 1960s as a Catholic student movement committed to serving the poor and working for peace and has grown to 40,000 member volunteers working in more than 70 countries.⁴⁴ It created the Drug Resource Enhancement against AIDS and Malnutrition (DREAM) program as a comprehensive treatment approach to HIV and AIDS that includes ante-retroviral therapy, diagnostics, strategies for treatment adherence, and PMTCT. The Community launched DREAM in Mozambique in 2002

and has since extended it to 10 other Sub-Saharan African countries. The program has been highly successful, achieving 90-percent adherence to treatment programs, and DREAM is probably the most rigorously studied faith-inspired HIV/AIDS program in the world.

Rwanda’s Faith Leaders Collaborate to Prevent Mother-to-Child Transmission

In 2002, faith leaders organized the Interfaith Network of Rwanda, a group representing a broad spectrum of faiths and denominations coordinated for a unified response to HIV/AIDS.^{45 46} This network serves as an intermediary for the faith community, government, and other stakeholders to discuss and implement programs and policies. These efforts are estimated to have helped 85 percent of health facilities in Rwanda provide PMTCT services. Additionally, male participation in PMTCT has risen dramatically, with 84 percent of female participants bringing their male partners with them for treatment.

HIV-positive Mothers Are Positive Role Models for New Moms in Papua New Guinea

The Catholic Medical Mission Board, a faith-based organization, was working with Papua New Guinea’s National Health Secretariat on PMTCT, but although the programs were initially successful, community involvement and support from partners were minimal, due to high levels of domestic violence in the country, cultural norms, and stigma.⁴⁷ The Board realized it had to involve men as well as HIV-positive mentor mothers truly to reach mothers newly diagnosed with HIV and AIDS. It put together a program reflecting this, got it incorporated into PMTCT agendas, and then obtained funding from AusAID, the Australian aid agency.

En México, Salva a tu Bebé del SIDA

El Mesón de la Misericordia is an alternative health care center for people living with HIV and AIDS (PLHIV) in Guadalajara, Mexico. It involves a collaboration between the Jesuits, an order of Catholic priests, and public hospitals. El Mesón seeks to provide PLHIV with high-quality health services and life. It began the ‘*Salva a tu Bebé del SIDA*’ (Save your Baby from AIDS) program to provide pregnant women with information about HIV, PMTCT, and caring for babies.^{48 49} The program provides support to HIV-positive mother throughout the pre-, peri-, and postpartum periods. The mother-baby pair is followed for up to two years, the period considered best practice in PMTCT programs but achieved by few. Small gifts are provided to the mothers as incentives to stay with the program.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in stopping child marriage include, in addition to age at marriage and age gap between spouses, the attitudes of parents, girls, and communities on child marriage and the education and economic role of girls. Healthy babies born to HIV-positive mothers are readily measurable.

The Rwandan Interfaith Network’s efforts are estimated to have helped 85 percent of health facilities in Rwanda provide PMTCT services. Additionally, male participation in PMTCT has risen dramatically, with 84 percent of female participants bringing their male partners with them for treatment.⁵⁰

At El Mesón de la Misericordia, since 2004, a total of 98 women have participated in the *Salva a tu Bebé del SIDA* program, giving birth to 91 babies; all 44 of the babies who were followed to the age of two remain HIV-negative.⁵¹

44 Community of Sant’Egidio. <http://santegidio.org>.

45 U.S. President’s Emergency Plan for AIDS Relief. (2012). “A firm foundation: the PEPFAR consultation on the role of faith-based organizations in sustaining community and country leadership in the response to HIV/AIDS.” www.pepfar.gov. <http://www.interfaithhealth.emory.edu/documents/fboreport2012.pdf>

46 See also the next section on indicators of success.

47 Berkely Center for Religion, Peace & World Affairs. “A discussion

with Rabia Mathai, Senior Regional Representative for Asia and the Pacific, Catholic Medical Missions Board.” September 20, 2011. [berkeleycenter.georgetown.edu](http://berkeleycenter.georgetown.edu/interviews/a-discussion-with-rabia-mathai-senior-regional-representative-for-asia-and-the-pacific-catholic-medical-missions-board-cmmb). <http://berkeleycenter.georgetown.edu/interviews/a-discussion-with-rabia-mathai-senior-regional-representative-for-asia-and-the-pacific-catholic-medical-missions-board-cmmb>

48 USAID. (2011). “AIDSTAR-One, Case Study Series: Faith-based organizations and HIV prevention with most-at-risk populations in Mexico.” [usaaid.gov](http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_FBOs_and_HIV_Prevention_Mexico.pdf). http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_FBOs_and_HIV_Prevention_Mexico.pdf

49 See also the next section on indicators of success.

50 PEPFAR. Ibid.

51 USAID. Ibid.

9

Promise 9:

Ensure that mothers and newborns have regular postnatal visits with a skilled health professional, beginning with regular checks during the first 24 hours following delivery, during the first week, and after six weeks.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Current international approaches to postnatal care center on protecting maternal and infant health by preventing complications in the critical 24 hours following delivery and establishing regular postnatal visits. Faith groups have distinctive roles in addition to the broad advantages they can bring to international health and development work because:

- Religious beliefs, texts, traditions, or rituals can influence many aspects of pregnancy.
- Mothers often consult with faith leaders, elders, or fellow female religious patrons during and after pregnancies.
- Aspects of reproductive and sexual health controversial among religious networks may impede postnatal care/programs through linkages to other reproductive health services or facilities, or misperceptions or misunderstandings.
- Faith-inspired birthing and postnatal practices and ceremonies, from male and female circumcision to baptism rituals, are often carried out by religious leaders, providing both entry points to influence postnatal care and the potential for health complications through these religion-linked practices.

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

In Egypt, Male and Female Religious Leaders Advise Mothers and Fathers on Postnatal Care

TAHSEEN, an initiative of USAID's CATALYST Consortium, consults with and trains religious leaders throughout Egypt in maternal health programming, promoting postnatal care, and carrying out rapid identification and treatment of

postpartum emergencies. TAHSEEN has designated some 300 male and female religious leaders in certain regions as reproductive health advocates. These leaders now educate their congregations through religious sermons, public meetings, and individual and family counseling. An additional focus is encouraging postnatal protection for mothers and children through extended consultation with fathers to promote the positive roles that men can play to protect women and children.⁵²

Nuns in Los Angeles Provide Pregnant Adolescents with Housing, Medical Care, and Education

The Franciscan Sisters of the Sacred Heart have established a maternity home in Los Angeles, California, for pregnant adolescents. They work with an Episcopal-inspired hospital to provide postnatal care and a local high school to offer a full junior and senior high school curriculum and vocational courses. The home also offers counseling, parenting classes, and spiritual support for young mothers in need of all faiths.⁵³

Indian Christian-Inspired Model Trains Village Health Workers in Delivery and Postnatal Care

The Comprehensive Rural Health Project (CRHP) founded in Jamkhed, India, uses Christian principles of justice, service, and empowerment to create an alternative model to inequities associated with the caste system through the training and leadership of village health workers (VHWs), with a special focus on safe delivery and postnatal care. VHWs are often associated with local religious communities and sometimes chosen by Hindu, Muslim, or Christian councils. This grassroots approach is significantly decreasing infant mortality and increasing safe deliveries and has made CRHP a popular model of replication. The model has been used by the Indian government and by faith and secular actors in Bolivia, Brazil, Honduras, Venezuela, Angola,

DRC, Liberia, Mozambique, Sierra Leone, and Zambia.⁵⁴

The Ulama Council in Nigeria Promotes Maternal and Child Health within Their Communities

Representatives of the Nigerian Ministry of Health and the Kano State Council of Ulamas met to discuss and develop resources for religious leaders working to promote maternal and child postnatal care within their communities. The workshop culminated in the creation of an Advocacy Booklet that provides health information and supporting religious verses and tenets for religious leaders to use in their religious sermons and educational programming.⁵⁵

Christian Effort in Haiti Forms Postnatal Support Systems of Family, Friends, and Faith Networks

A Christian health mission, International Child Care, operates a 'Healthy Births' program in Haiti that provides expectant mothers with a health birth kit (with materials provided through international donations) and a support network of neighbors, relatives, professionals, and religious leaders called the *Santé Fanmi* ('healthy family' in Creole). The effort aims to protect women and newborns against the common causes of death during delivery and the postnatal period, but also to provide a long-term network for mothers to receive the support necessary to raise a healthy child. *Santé Fanmi* are trained to oversee postnatal follow-up, vaccinations, birth monitoring, collection of accurate and complete birth records, and literary and nutrition training.⁵⁶

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in providing proper postnatal care to mothers include maternal and infant mortality rates, especially during and immediately after the first 24 hours of postnatal care; number and spacing of postnatal visits recorded for individual pregnant patients during the first week and after six weeks; number of traditional birth assistants, midwives, and other health workers trained in proper postnatal care; and rates of obstructed labor, fistula, asphyxia, postpartum hemorrhage, sepsis, pre-eclampsia, eclampsia, pulmonary embolism, deep vein thrombosis, perineal trauma, postpartum depression, and other disorders associated with poor postnatal care.

A faith-specific example of success is a postpartum family planning and maternal nutritional care program in Yemen, supported by USAID's Bureau for Global Health, that aimed to build the capacity of Muslim religious leaders to address reproductive health and family planning in their communities and advise on the socio-cultural factors. Five central aims of the program were to expand postpartum family planning and counseling; provide vitamin A to women after delivery; introduce special care to premature infants; encourage immediate and exclusive breast feeding; and carry out infection control in neonatal and delivery wards. Results were impressive: six months after the program's launch, postpartum counseling increased from 0 to 23 percent; vitamin A provision rose from 0 to 97 percent; and infection control standards were introduced to nurseries and delivery rooms. As of December 2009, the network of Yemeni religious leaders engaged in the program reached 644,413 people (515,320 male; 131,093 female).⁵⁷

52 CATALYST Consortium. "Best Practices in Egypt: Mobilizing Religious Leaders." USAID. <http://www.pathfinder.org/publications-tools/pdfs/CATALYST-Mobilizing-Religious-Leaders.pdf>.

53 "Housing/Emergency Shelter. Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/mch/cpsp/CPSP%20Direct/SPA%203/SPA3_Housing.PDF.

54 Chand, Sarla and Jacqui Patterson. (2007). "Faith-Based Models for Improving Maternal and Newborn Health." USAID. pp. 11-16. <http://www.anglicanhealth.org/Resources/PDF/AHN%20resources/Faith%20and%20health%20care/Faith-Based%20Models%20for%20Improving%20Maternal%20and%20Newborn%20Health.pdf>.

55 Nigeria Ministry of Health and Kano State Council of Ulamas. "Advocacy Booklet." The John Hopkins University Center for Communication Programs. <http://www.jhuccp.org/hcp/countries/nigeria/KanoAdvocacyBooklet-English.pdf>.

56 International Child Care. "About ICC." internationalchildcare.org. <http://internationalchildcare.org/about>.

57 The Extending Service Delivery Project. "ESD in Yemen Scaling-up RH/FP Best Practices." USAID Bureau for Global Health. http://www.esdproj.org/site/PageNavigator/Yemen_BHS_Scaling_Up_Best_Practices; Freij, Leah Sawalha. "Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: A Best Practice." USAID Bureau for Global Health. http://www.esdproj.org/site/DocServer/ESD_Legacy_Religious_Leaders_Yemen_Brief_6_24_10.pdf?docID=3576.

10

Promise 10:

Where relevant, have all women and children sleep under insecticide-treated bed nets nightly to prevent malaria; seek medical care at the immediate onset of fever to receive proper malaria testing and treatment.

1. WHAT ARE DISTINCTIVE ROLES FOR FAITH GROUPS?

Each year, approximately 10,000 women and 200,000 infants die as a result of pregnancy-associated malaria (PAM), which causes increased risk of maternal anemia, stillbirth, spontaneous abortion, low birth weight, and neonatal death. Faith groups have distinctive roles in addition to the broad advantages they can bring to international health and development work because:

- Preventing malaria is heavily behavior-change-dependent.

Although specific links between faith traditions and malaria are fewer than for some other promises, faith-mediated intervention against malaria is extensive and can have significant impact, including in behavior change communication, net distribution, advocacy, and fund-raising.⁵⁸

2. WHAT ARE EXAMPLES OF SIGNIFICANT CONTRIBUTIONS OF FAITH GROUPS?

Religious Leaders in Mali are Pro-active in PAM Prevention

Imam Zeidy Drame of the Omar Ben Katab Mosque in Lafiabougou, Mali, uses teachings from the Qur'an to encourage pregnant women to attend antenatal care clinics and receive Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp) to reduce the risk of malaria in pregnancy.⁵⁹ The imam became concerned about the negative impact of malaria on pregnant women in his community, after learning about the dangers in a President's Malaria Initiative (PMI)-supported program that worked with more than 950 traditional and religious leaders in Mali. A focus of the program was to lift barriers that prevent women from timely access to antenatal care: Malians believe talking

about a pregnancy too early can bring bad luck. The PMI program approached the religious leaders through an interfaith health promotion network in Mali called 'Réseau des Leaders Religieux pour la Promotion de la Santé.'

Religious Leaders in Mozambique Unite Against Malaria

The organization Together Against Malaria (TAM) or, in Portuguese, the Programa Inter Religioso Contra a Malaria (PIRCOM) formed in 2006 from a common vision of national leaders from the top ten faith communities in Mozambique, including Christian, Muslim, Hindu, and Bahá'í faiths.^{60 61} PIRCOM, supported by PMI, CIFA, and Adventist Relief and Development, has run a national campaign to train faith leaders with key malaria prevention and control messages, including on malaria during pregnancy, that are then disseminated to faith communities.

Muslim Khutbah Guide Addresses Malaria During Pregnancy

Among the topics that the 'Muslim Khutbah Guide to Save the Lives of Mothers and Newborns' covers is avoiding malaria during pregnancy.⁶² The Guide is a tool for Muslim religious leaders to advise their followers through a safe reproductive process from pregnancy through infancy and includes good health practice information plus scriptural references. The guide was prepared by USAID as part of its work on maternal and newborn health.

3. HOW IS SUCCESS MEASURED?

Criteria to measure success in fighting PAM include the shares of antenatal clinic staff trained in the control of malaria during pregnancy in the past 12 months; of health facilities reporting stock-out of IPTp drugs; of pregnant women who report having slept under an ITN the previous night, and of

screened pregnant women with severe anemia in the third trimester.⁶³

PIRCOM is an example of a successful program with metrics. Data are available by Mozambican province on the number of faith leaders trained, the number of congregants reached, and the number of regional PIRCOM groups formed. In total, PIRCOM has trained over 21,000 faith leaders, who have reached more than 1.5 million people.⁶⁴

58 See pp. 29 – 42 in Marshall, Katherine and Thomas Bohnett. (2008). "Malaria: scoping new partnerships." Berkley Center for Religion, Peace & World Affairs. Washington, DC. Accessed at <http://repository.berkeleycenter.georgetown.edu/MalariaFinalReport.pdf>

59 President's Malaria Initiative. (2010). "Malian Religious Leaders Take an Active Role in Prevention of Malaria during Pregnancy." pmi.gov. http://www.pmi.gov/news/voices/mali_imam.html

60 Center for Interfaith Action on Global Poverty. "Together Against Malaria (TAM)." cifa.org. <http://www.cifa.org/initiatives/together-against-malaria-tam.html>

61 See also the next section on indicators of success.

62 Chand, Sarla and "Ahmed Al-Kabir. (2009), Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders." USAID: Washington, DC. <http://www.mchip.net/node/469>

63 World Health Organization. (2007). "Malaria in pregnancy." World Health Organization: Geneva. who.org http://whqlibdoc.who.int/publications/2007/9789241595636_eng.pdf.

64 CIFA, Ibid.



Breastfeed



**Sleep under a
malaria net**



Immunize



**Eliminate
Violence**



**Promote
good
nutrition**



**Give ORS
zinc for
diarrhea**



**Seek
treatment**



**Drink clean
water**



**Wash your
hands**



Use a toilet

WORLD FAITHS DEVELOPMENT DIALOGUE

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