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esd REACHING FURTHER
extending service delivery

Religious leaders in Pakistan who worked with ESD to disseminate local fatwas in support of reproductive health and family planning.

ESD Model: Mobilizing Muslim Imams and Religious Leaders as "Champions" of Reproductive Health and Family Planning

There is growing recognition that religious leaders and communities of faith play an important role in shaping health seeking behavior, especially in conservative, traditional societies where science, religion, politics, culture, and morality intersect. They often act as arbiters of morality, ethics and of what is prescribed or proscribed by faith. Their opinions strongly dictate the behavioral norms of their communities, in particular maternal, neonatal and child health. In environments where Islamic teachings are thought to be prohibitions, Imams and other Muslim religious leaders are able to play an intrinsic role, re-interpreting, authenticating and guiding their congregations according to foundational Islamic beliefs. Consequently, activities supported by religious leaders and religious institutions have the potential to promote and sustain positive changes in maternal, neonatal and child health, including changes in behaviors related to pregnancy spacing and delaying the first pregnancy.

To engage Muslim religious leaders as actors in development and "champions" of reproductive health and family planning at the national and/or local level, the Extending Service Delivery (ESD) project applied the following model (also seen in Figure 1 on the back page of this brief).

Phase I: Planning

- ***Identifying champions*** and ***building alliances*** to promote stakeholder buy-in.
  In Yemen, ESD identified prominent, charismatic religious leaders with progressive interpretations of Islam from all sects by working closely with key stakeholders, such as the Ministry of Public Health and Population, the Ministry of Endowment and Guidance, and a local NGO, the Social Guidance Foundation.
- ***Fostering partnerships*** to build local ownership and sustainability. ESD allied with a local implementing partner or institution in each country where it successfully engaged religious leaders; together, they designed the intervention.
  In Bangladesh, ESD partnered with a local organization, the Population Services and Training Centre, to implement a religious leaders' activity in two rural areas. In Pakistan, ESD partnered with the Ministry of Population and Welfare to design and implement the activity at the national level.
- ***Adapting ESD's generic religious leaders' facilitator manual*** to the local context to guarantee culturally sensitive information. This includes the compilation of local fatwas in support of reproductive health and family planning, and tailoring the content of the training manual to address the gaps and challenges identified after the baseline assessment has been completed and analyzed.
  In Pakistan, ESD compiled local fatwas representing the views of sects of Sunni and Shi'a Muslims and thereby obtained the endorsement of the Council of Islamic Ideology.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

Phase II: Implementation

- ***Capacity building t***o strengthen the capability of the partner to build the capacity of religious leaders and monitor their outreach activities. Working with a strong local partner helped religious leaders to mobilize their communities in support of reproductive health and family planning, and to act as agents of change. During this stage, a South-to-South exchange program/study tour helped religious leaders in learning about a neighboring country model for engaging religious leaders in FP/MNCH.
  In Yemen, Imams/religious leaders traveled to Egypt to observe and learn firsthand from the experiences of Muslim and Christian religious leaders working in rural areas.
- ***Outreach services*** to disseminate health messages and supporting fatwas that encourage community members to adopt healthier behaviors. Working solo or in tandem with others, such as peers, service providers, and mobile health teams, religious leaders throughout ESD's programs encouraged community members to adopt healthier reproductive health and family planning behaviors through outreach activities.
  In Nigeria, religious sermons and individual counseling complement house-to-house visits by female commu-

STEPS IN IMPLEMENTING ESD'S MODEL ON MUSLIM RELIGIOUS LEADE

PHASE I: PLAN

STEP A	STEP B	STEP C	STEP
BUILD ALLIANCES	***FOSTER PARTNERSHIPS***	***ADAPT TO LOCAL CONTEXT***	***CAPACITY B***
1. BUILD LOCAL SUPPORT BASE BY: • OBTAINING BUY-IN FROM KEY STAKEHOLDERS (GOVERNMENT OFFICIALS AND FORMAL/INFORMAL LEADERS) AT FEDERAL, REGIONAL AND LOCAL LEVELS. • IDENTIFYING CHAMPIONS –(I) PROGRESSIVE AND CHARISMATIC RELIGIOUS LEADERS FROM ALL RELIGIOUS SECTS, AND (II) HEALTH PROVIDERS WORKING WITH RELIGIOUS LEADERS.	1. SELECT LOCAL IMPLEMENTING PARTNER/ INSTITUTION. 2. DESIGN RELIGIOUS LEADERS PROGRAM FOR NATIONAL, REGIONAL, OR COMMUNITY LEVEL WITH LOCAL COUNTERPART. IDENTIFY: • HOW TRAINING OF RELIGIOUS LEADERS WILL BE DONE (ONE-LEVEL OR CASCADE TRAINING) . • M&E SYSTEM— INCLUDING INDICATORS AND TOOLS SUCH AS, BASELINE/ENDLINE. • SELECTION CRITERIA AND NUMBER OF TRAINERS. • TRAINING NEEDS ON TECHNICAL AND PROGRAMMATIC AREAS. • VENUES FOR TRAINING, DATES OF TRAINING, FOLLOW-UP MEETING. • DECIDE HOW ACTION PLANS DEVELOPED BY TRAINEES IN THE WORKSHOP WILL BE INTEGRATED INTO THEIR EXISTING OUTREACH ACTIVITIES. • APPOINT PROJECT COORDINATOR AND TEAM MEMBERS, INCLUDING THEIR ROLES AND RESPONSIBILITIES.	1. CONDUCT BASELINE AND ANALYZE RESULTS. 2. COMPILE LOCAL FATWAS IN SUPPORT OF RH/FP/MNCH AND IDENTIFY REGIONAL FATWAS THAT CAN BE ADAPTED TO LOCAL CONTEXT. 3. OBTAIN ENDORSEMENT OF FATWAS FROM HEADS OF RELIGIOUS SECTS FOLLOWED BY THE HIGHER COUNCIL OF RELIGION OR MINISTRY OF RELIGIOUS AFFAIRS. 4. CONTEXTUALIZE RELEVANT SECTIONS OF ESD'S TRAINING GUIDE TO COUNTRY SPECIFIC NEEDS TAKING INTO ACCOUNT BASELINE RESULTS. INCORPORATE RELEVANT FATWAS INTO TRAINING GUIDE. 5. COMPLETE FACILITATOR GUIDE AND TRAINEE HANDOUTS; OBTAIN ENDORSEMENT FROM KEY RELIGIOUS LEADERS ON CONTENT OF MATERIALS. 6. DEVELOP DATA BASE AND FINALIZE DATA COLLECTION FORMS FOR OUTREACH ACTIVITIES, INCLUDING: WHO WILL COLLECT THE FORMS; WHO WILL ENTER THE DATA; WHAT DATA SYSTEM WILL BE USED, AND; HOW THE DATA WILL BE COMMUNICATED WITH THE PROJECT COORDINATOR.	1. CONDUCT TRAININ RELIGIOUS LEADERS. (ING, FIRST TRAINING C BE FOLLOWED BY STE TRAINING TOPICS INCL *health, family planning* *between men & women* *hood: promoting safe p* *including Healthy Timi* *Pregnancy (HTSP); brea* *to youth development;* *vention of violence aga* *skills; community mobi* 2. ASSIST TRAINEES IN • DEVELOPMENT OF • INTEGRATION OF T INTO EXISTING OUT • TRAINING RELIGIOU PROVIDERS TO WO • TRAINING ON HOW FORMS • PROJECT MANAGEM HOW TO CONTACT DATES OF FOLLOW • PRINCIPLES ON SUP

nity health workers.

- ***Supportive supervision*** to motivate religious leaders to analyze the results of their outreach, problem-solve and develop creative solutions to their challenges.
  In Yemen, doctors from the Ministry of Health provided additional training to religious leaders during the quarterly meetings.

Phase III: Documentation & Dissemination

- ***Documentation and dissemination*** to assess changes in knowledge, attitudes and practices regarding family planning and reproductive health at the community level. ESD conducted an endline assessment and analyzed data from reproductive health/ family planning clinics to note increases in uptake of services as a result of activities with religious leaders. These results were documented and widely disseminated alongside challenges and lessons learned.

- ****Monitoring and evaluation*** is on an ongoing process that informs and refines the activities undertaken in three phases of the model. ESD developed a set of 14 indicators to track activities, including sermons, social and religious events, meetings held and trainings attended by religious leaders, as well as standardized pre- and post- test on knowledge and attitudes. ***

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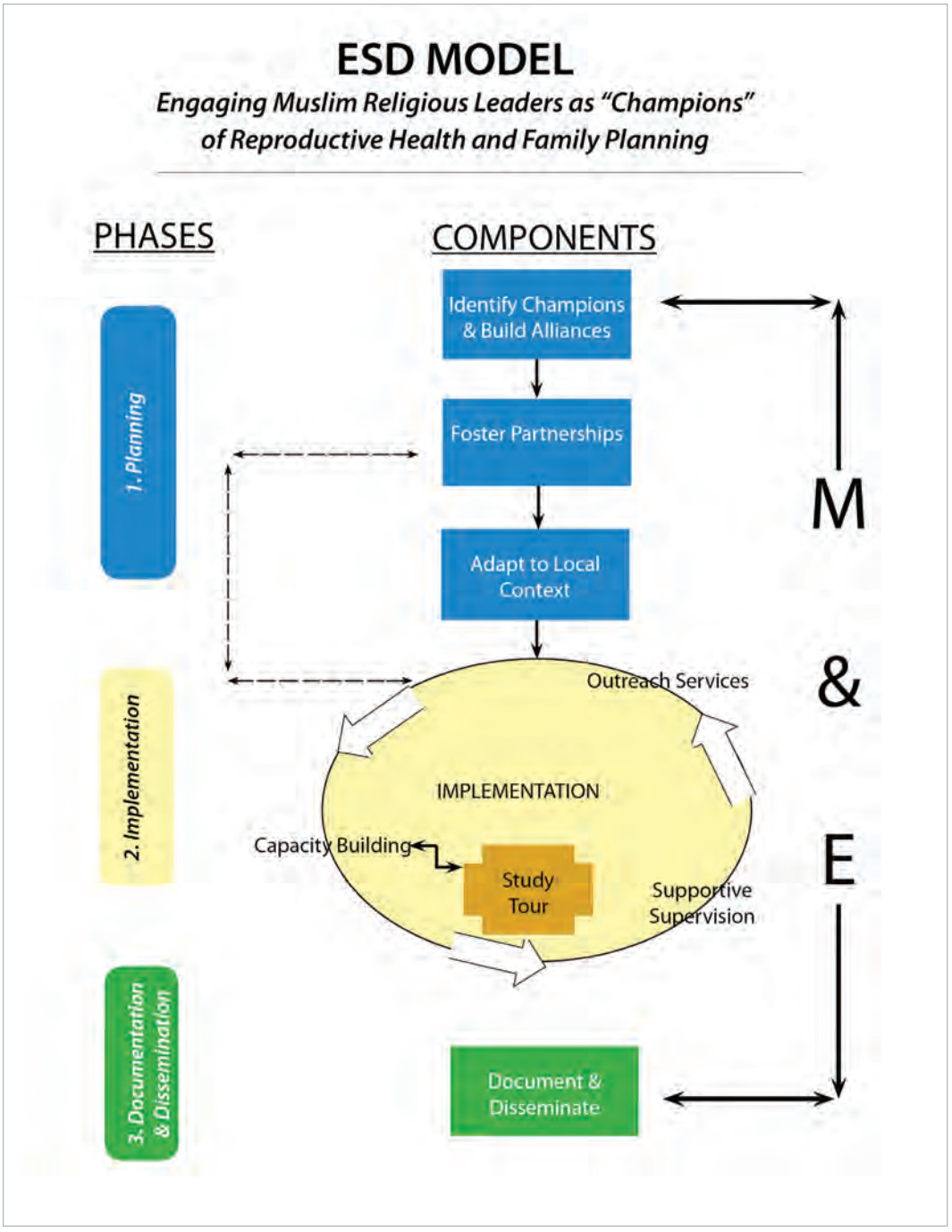
PHASE II: IMPLEMENT | PHASE III: DISSEMINATE

D	STEP E	STEP F	STEP G
BUILDING	***OUTREACH SERVICES***	***SUPPORTIVE SUPERVISION***	***DOCUMENT AND DISSEMINATE***
G WORKSHOP (S) FOR IF CASCADE TRAIN- OF TRAINERS SHOULD P-DOWN TRAINING). LUDE: *Reproductive and Islam; relationships in Islam; safe mother- pregnancy & childbirth, ng and Spacing of stfeeding; introduction STIs and HIV/AIDS; pre- inst women; leadership lization; action plans.* : THEIR ACTION PLANS HEIR ACTION PLANS TREACH ACTIVITIES US LEADERS AND SERVICE RK TOGETHER TO FILL OUT DATA MENT , E.G. KNOWING PROJECT COORDINATOR, -UP MEETING PPORTIVE SUPERVISION.	1. HOLD OUTREACH SERVICES. • INDIVIDUAL SERMONS, ONE-TO-ONE AND COUPLE COUNSELING, FAMILY AND SOCIAL EVENTS. • PARTNER WITH COLLEAGUES FOR LARGE SOCIAL EVENTS. • COORDINATE AND PARTNER WITH HEALTH TEAMS (MOBILE TEAM, COMMUNITY HEALTH TEAM). • DEVELOP AND AIR RADIO MESSAGES • COLLABORATE WITH FAITH-BASED ORGANIZATIONS. • MENTOR PEERS.	1. HOLD MONTHLY OR QUARTERLY MEETINGS TO: • SHARE LESSONS LEARNED • PROBLEM SOLVE AND BUILD ON POSITIVE EXPERIENCES • ANALYZE DATA • CONDUCT KNOWLEDGE/SKILLS BUILDING SESSIONS • REVISE AND UPDATE WORKPLAN (OUTREACH ACTIVITIES) • CONDUCT ON-SITE VISITS TO GUIDE AND MENTOR RELIGIOUS LEADERS	1. CONDUCT ENDLINE ASSESSMENT. 2. ANALYZE RESULTS. 3. RE-EVALUATE AND ADJUST PROGRAM ACTIVITIES IN LIGHT OF RESULTS. 4. SHARE RESULTS, INCLUDING HEALTH OUTCOMES, CHALLENGES AND LESSONS LEARNED WITH KEY STAKEHOLDERS. 5. WRITE REPORT AND DISSEMINATE WIDELY.

FIGURE 1



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extending service delivery

ESD IS MANAGED AND DIRECTED BY:

Pathfinder INTERNATIONAL
a global leader in reproductive health

PARTNERS INCLUDE:

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msh Management Sciences for Health

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