

SCOPE: FAITH ENGAGEMENT

STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH POSITIVE ENGAGEMENT

THE CRITICAL ROLE OF FAITH LEADERS

Faith leaders are often some of the most influential leaders in their communities and are uniquely placed to identify and meet the needs of those in the last mile. Faith leaders and faith communities often play crucial gatekeeping and influencer roles, helping to determine the success of community-based work in middle- and low-income countries. However, faith leaders may lack the necessary knowledge and skills to engage in helpful ways on health issues. The SCOPE project is engaging [faith communities](#) so that they can contribute to the reduction of preventable maternal and child mortality and morbidity by increasing demand for reproductive, maternal, newborn and child health (RMNCH) services and creating an enabling environment for social norm change for family planning.

SCOPE engages faith communities through a multi-layered approach built upon World Relief's decades of work doing faith-led community development in some of the world's most remote and hardest-to-reach communities. When faith leaders are engaged as true long-term partners in this work, they can be transformed from obstacles or bottlenecks to the best allies and partners on the ground.

HOW FAITH LEADERS IMPACT SURVIVAL OUTCOMES

Increasing Demand for Services

Faith leaders often have a critical role in motivating (or deterring) community members to seek and access health services. SCOPE uses a newly adapted curricula to motivate and build the capacity of faith leaders and faith communities to engage with key RMNCH issues. These tools are designed to deconstruct

religious and social barriers to health and equitable gender relations and to equip faith communities to respond compassionately and practically to the serious RMNCH challenges in their communities.

Supporting Positive Social-Behavior Change on the Community Level

Cultural and religious beliefs and practices can be barriers to social-behavior change, and faith leaders often have the moral authority to raise awareness and influence attitudes, behaviors, and practices. With the proper tools at their disposal, leaders can leverage their authority constructively. SCOPE's curriculum equips faith actors to support positive shifts in behavior that will affect critical health issues.

Providing a Key Source of Referrals

Faith leaders, once mobilized and trained, are a source of linkage between the community and health system, in that they become a mechanism of the local referral system. Faith leaders provide evidence-based information to their communities, but they are also trained to make referrals from the communities to the community health workers and nearest health facilities. In this way, they can speak to the faith and values of the local community but acknowledge that issues related to health and illness are best tackled by trained health professionals. This referral relationship strengthens the work that community health workers are doing and highlights the intersectionality between key influencers who can drive social norm change. Faith leaders are also encouraged to provide linkages to broader community groups like [Care Groups](#), a peer-mother led model for improved maternal and child survival outcomes.



FAITH ENGAGEMENT THROUGHOUT SCOPE



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Envisioning Change for their Communities Through the *Making Our Communities Better*

SCOPE begins mobilizing faith communities through *Making Our Communities Better*, a World Relief-developed vision casting model for community leaders, including faith leaders. This curriculum was adapted for SCOPE to address maternal and child morbidity and mortality drivers among Christian and Muslim communities. This faith-led community development tool builds sustainable community structures for health and other social services that address root influencers of behavior and transformation.

Vision casting gives faith leaders exposure to community-based development issues so they understand their influential and important role in speaking into these topics. The end goal is for faith leaders to take an active posture in motivating faith and community members to seek and access health services, particularly

those affecting women of reproductive age and mothers of children under five. *Making Our Communities Better* was designed to assist faith leaders in communicating these messages in a way that affirms the faith values of their community members and emphasizes the importance of community health as a standard of living according to principles of faith.

Delivered as a three-day seminar, this training curriculum engages faith leaders in peer discussion over real-life case studies designed to inspire a positive response to the health challenges facing women and young children. After this initial mobilization training, faith leaders encourage the uptake of health services using their existing platforms, meetings, and services. In some cases, faith leaders work hand-in-hand with other community leaders to organize community meetings and events. These meetings and events encourage community members' participation in RMNCH initiatives in their communities.

Mobilizing for Change Through *Family Life Education*

Once faith leaders are mobilized and engaged for broad-based community development efforts, SCOPE takes them through the next level of training to strengthen their communication skills and lead community dialogue on specific topics.

This is done using the SCOPE-adapted version of *Family Life Education: Teaching Adults to Communicate with Youth from Christian and Muslim Perspectives*. Originally developed by FHI 360's YouthNet program for Christian audiences and later adapted by JSI's *Advancing Partners and Communities* project for use in Uganda, SCOPE adapted this resource to speak to both Christian and Muslim audiences using Biblical and Quranic references. *Family Life Education* also broadens the audience so that faith leaders are trained to speak with not only youth but also and other community members about sexual and reproductive health-related issues

Because this curriculum had never been used in Haiti, Malawi, South Sudan and Kenya, SCOPE brought together a representative group of faith leaders at national and sub-national levels to introduce the curriculum and its topics. Faith leaders' responses to the activity were overwhelmingly positive, but they also provided SCOPE with critical, constructive feedback regarding certain areas within the material. After working collaboratively with these faith leaders, SCOPE is confident in the acceptability and buy-in of this training curriculum amongst the nearly 4,000 faith leaders in four countries.

ABOUT SCOPE

The *SCOPE Project* is a five-year (2019-2024) USAID-funded New Partnerships Initiative project whose aim is to reduce preventable maternal and child mortality and morbidity in Haiti, Kenya, Malawi and South Sudan by engaging community health workers, faith leaders and community groups to improve RMNCH outcomes.

FAITH ENGAGEMENT SPOTLIGHT



In Malawi, messaging around sexual and reproductive health can be misleading and confusing, when it is available at all. Through the *Family Life Education* curriculum, SCOPE is working with faith leaders to address the challenge of inadequate access to sexual health information for youth.

In Nkoola traditional authority (TA), a Malawian community with a large youth population, faith leaders are embracing their role as the champions of *Family Life Education*. Within two weeks of their training, these leaders began delivering lessons to a highly receptive group of youth in their community. Conversations with the youth highlighted the challenge of early pregnancies in the area and addressed the need for better contraceptive options. As a result of these meetings, the faith leaders have stepped up to support the youth in making safe and informed choices and are linking the youth with SCOPE-trained community-based distribution agents who provide door-to-door family planning services and counseling. By partnering with faith leaders and empowering them with resources like *Family Life Education*, SCOPE is helping families survive and thrive in communities like Nkoola.

LEARNINGS

Developing Selection Criteria for Targeted Training

In some places, the volume of faith leaders' interest in training participation have been larger than SCOPE's capacity. Selection criteria has been developed to determine which faith institutions to target for training. The criteria include congregation size, capacity to cascade training within congregations, faith institutions' ability to send 3-4 participants to training, interest in engaging communities on topics related to family planning and reproductive health after the training, and geographic coverage within SCOPE areas.

Process Adaptation for Low Literacy Facilitators

In some SCOPE communities, it was difficult to find faith leaders who could read and write, which is important for facilitating the *Family Life Education* curriculum among faith communities after a faith leader has been trained. The selection criteria and process have been adapted based on the faith leaders' commitment to serving their community. Instead of requiring all *Family Life Education*

educators to be literate, the criteria have been revised to state that at least one *Family Life Education* educator (one from each faith institution) can read and write in the local language(s). Others who could not read and write but were committed to serving their communities could still be included in the training program. Staff helped lower-literacy faith leaders memorize the key messages of the curriculum and provided them with regular support as they delivered lessons to targeted groups.

Engaging Faith Leaders Early for Buy-In and Adaptation by Context

Contextualizing the curriculum has proven valuable as SCOPE worked with national and sub-national faith leaders in each county to ensure that the material was culturally appropriate while still advancing the intended key family planning messages. As a result, SCOPE has been able to efficiently assist key community-level faith actors with the right messaging as they communicate the content to their respective communities.

KEY RESULTS

Despite the challenges from COVID and region-specific political and environmental factors, faith leaders have demonstrated positive results even in hard-to-reach areas of SCOPE-supported countries. As of April 2022, the faith engagement activities have produced the following results across the four SCOPE countries:

2,695 faith leaders trained on *Making Our Communities Better*

4,446 faith leaders trained on *Family Life Education*

98% of faith leaders reported increased self-efficacy & confidence in communicating on sexual & reproductive health topics after going through *Family Life Education*

3,026 faith institutions mapped & engaged

2,997 referrals made by faith leaders to the health system (CHW or health facility)

34,421 youth reached by a SCOPE-supported faith actor

46,549 adults reached by a SCOPE-supported faith actor

