

# 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, regarding health issues, faith leaders may lack the necessary skills and knowledge to engage in helpful ways. The USAID-funded SCOPE Project aimed to engage faith communities in its efforts to increase demand for RMNCH services and create an enabling environment for social norm change related to family planning. The project did so through two activities, *Making Our Communities Better* and *Family Life Education (FLE)*. When faith leaders are engaged as true long-term partners in this work, they shift from being potential obstacles or bottlenecks to being the best allies and partners on the ground.

## FAITH ENGAGEMENT THROUGHOUT SCOPE

### *Making Our Communities Better*

Before implementing project activities, SCOPE mobilized faith communities through *Making Our Communities Better*, a World Relief-developed vision casting model for 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 could get insights into how influential and important they are in speaking to these issues. The goal was for faith leaders to actively motivate community members to seek health services, particularly women of reproductive age and mothers of children under five.

*Making Our Communities Better*, a three-day training, engaged faith leaders in peer discussion of real-life case studies designed to inspire a positive response to the health challenges facing women and young children.

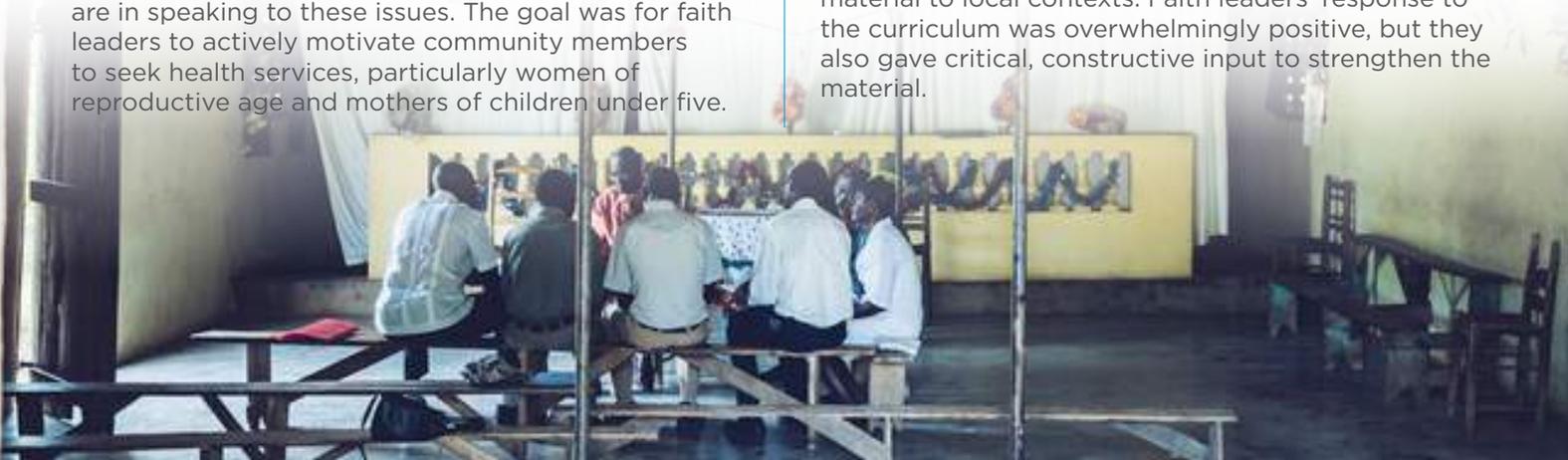
The *Making Our Communities Better* Trainers Guide is available on the [Faith Engagement webpage](#) for use by other partners and projects. Resources are also available in Chichewa, Maasai, Kiswahili, and Turkana.

### *Family Life Education*

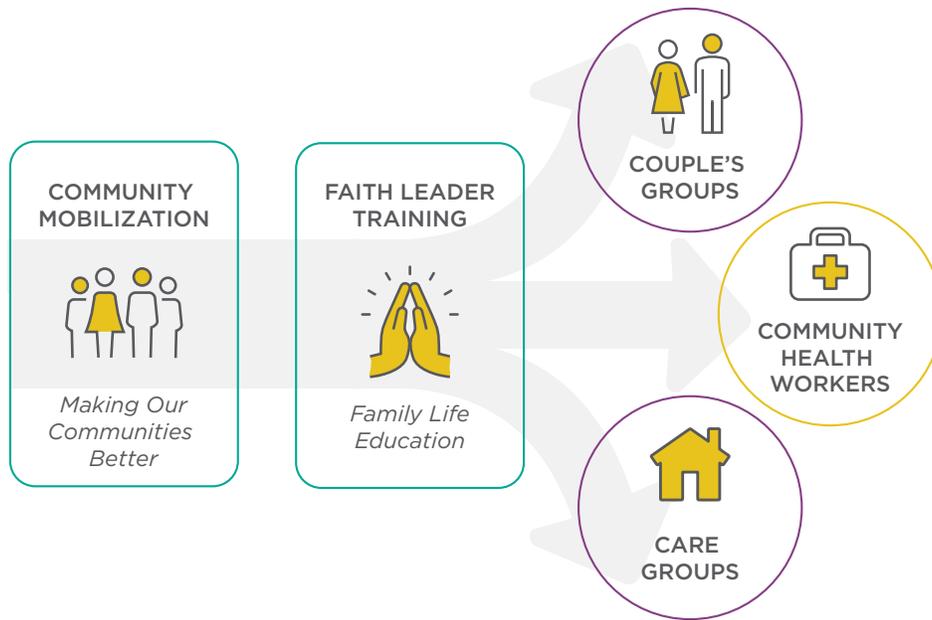
Once faith leaders were mobilized for community development efforts, SCOPE introduced the next level of capacity strengthening: to build their communication skills and lead community dialogues on family planning/reproductive health.

This was 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, the curriculum was 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. SCOPE also broadened the audience so that faith leaders were trained not only to speak with youth but also with members of the wider community about RMNCH-related issues.

Because this curriculum had never been used in Haiti, Malawi, South Sudan and Kenya, SCOPE brought together a representative group of over 1,400 faith leaders from faith institutions in a series of workshops to introduce the curriculum, as well as gather feedback to support further contextualization of the material to local contexts. Faith leaders' response to the curriculum was overwhelmingly positive, but they also gave critical, constructive input to strengthen the material.



# FAITH ENGAGEMENT THROUGHOUT SCOPE



After working collaboratively with these faith leaders, SCOPE was confident in the acceptability and buy-in of this training curriculum amongst the 1,469 faith institutions, and thus, trained 5,826 faith leaders to become *FLE* educators across the four SCOPE countries. Faith leaders who completed the training were equipped with the tools and skills needed to talk about highly sensitive issues, such as family planning, sex, and reproductive health, to the youth in their congregations and communities.

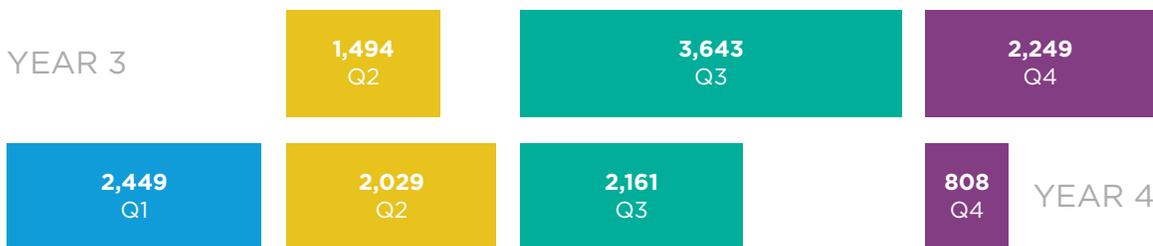
The *FLE* Trainer’s Guide and Participant Handbook is available on the [Faith Engagement webpage](#). Resources are also available in Chichewa, Swahili, Turkana, Maasai, and Haitian Creole.

## HOW FAITH LEADERS IMPACT SURVIVAL OUTCOMES

### Mobilizing Faith Communities for Community Development

The *Making Our Communities Better* workshops helped faith leaders understand the importance of mobilizing their congregations and communities. As a result of participating in this training, faith leaders recognized that they were able to influence a strong force of volunteers able to serve in their communities. Mobilizing their members and other willing leaders in the community became essential when recruiting volunteers for other interventions later in the SCOPE Project.

## NUMBER OF FAMILY PLANNING REFERRALS MADE BY FAITH LEADERS



**14,833 REFERRALS FOR FAMILY PLANNING WERE MADE BY FAITH LEADERS**

Moreover, the activity promoted using locally available resources to address community needs. After the training, faith leaders also worked with other community leaders to mobilize resources from within their communities to mend roads, build bridges, and encourage girls to return to school.

### Increasing Demand for Services

Faith leaders often have a critical role in motivating (or deterring) community members to seek and access health services. SCOPE used *FLE* to motivate and build the capacity of faith leaders and faith communities to engage with key RMNCH issues. These tools were 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. As a result, there was increased demand for family planning and sexual and reproductive health services in all communities where the Project was implemented.

### Supporting Positive Social-Behavior Change on the Community Level

Cultural and religious beliefs and practices can be barriers to social-behavior change, while faith leaders often have the moral authority to raise awareness and influence attitudes, behaviors, and practices. With proper tools such as *FLE* at their disposal, leaders can leverage their authority constructively. The curriculum contributed to breaking some of the harmful beliefs, religious practices, and social barriers that have contributed to serious RMNCH challenges within these communities. SCOPE's curriculum equipped faith actors with the knowledge and skills to support positive shifts in behavior that can have a lasting effect on critical health issues.

### Providing a Key Source of Referrals

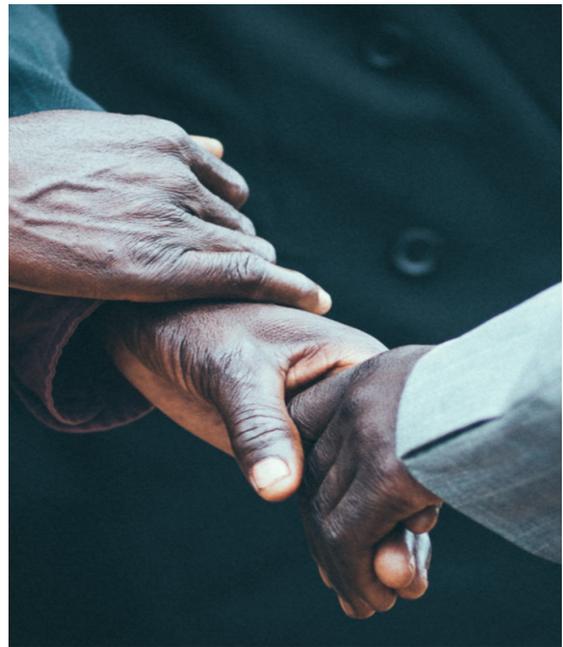
Once mobilized and trained, faith leaders are a source of linkage between the community and health system, as they become a mechanism of the local referral system. Faith leaders not only provided evidence-based information to their communities, but were also trained to make referrals from the communities to the CHWs and nearest health facilities. In this way, they can speak to the local community's faith and values while acknowledging that trained health professionals best tackle issues related to health and illness. This referral relationship strengthened CHWs' work and highlighted the intersectionality between key influencers who can drive social norm change. Faith leaders are also encouraged to provide linkages to broader community groups such as Care Groups and couples' groups.

## LEARNINGS

### Setting a Foundation for Faith Leader Buy-in Before Project Implementation

Mobilizing faith leaders and community leaders using the *Making Our Communities Better* curriculum increased the success of the subsequent project interventions. The curriculum facilitated the needed mindset and belief-systems change, which are critical to the success of any project in the start-up phase.

## FAITH ENGAGEMENT SPOTLIGHT



In Malawi, messaging around sexual and reproductive health can be misleading and confusing. Through the *FLE* curriculum, SCOPE worked 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 embraced their role as the *FLE* educators. Within two weeks of their training, these faith leaders began delivering lessons to a highly receptive group of youth in their community. Conversations with the youth highlighted the challenges of early pregnancies in the area and addressed the need for better contraceptive options. As a result of these conversations, faith leaders supported youth in making safe and informed choices and linked them with SCOPE-trained community health workers who provide family planning services and counseling at the household level. By partnering with faith leaders and empowering them with resources like *FLE*, SCOPE helped families survive and thrive in communities like Nkoola.

### Engaging Faith Leaders Early for Buy-In and Adaption by Context

Contextualizing the curriculum proved valuable as SCOPE worked with each county’s national and regional faith leaders to ensure the material was culturally appropriate while advancing the intended key family planning messages. Faith leaders provided input, expressed concerns, and demonstrated significant buy-in and ownership of the SBCC messages. The tool may not have been widely accepted and used without this process.

### Equipping Faith Actors in Social-Behavior Change

Harmful cultural and religious beliefs and practices can hinder social-behavior change, and faith leaders often have the moral authority to raise awareness and influence attitudes, behaviors, and practices. With the proper tools, leaders can leverage their authority constructively. The *Making Our Communities Better* curriculum equipped faith actors to support

the positive shifts in behavior needed to address the critical health issues their communities face.

### ABOUT SCOPE

SCOPE was a five-year (October 2019 – March 2024) RMNCH New Partnership Initiative cooperative agreement funded by the USAID. SCOPE aimed 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 advance RMNCH. SCOPE focused on technical interventions vital to the wellbeing of women of reproductive age (WRA) and children under five, including family planning and reproductive health, maternal and newborn health, and the prevention and treatment of childhood illnesses.

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## KEY RESULTS

Teams reported stories of community members turning their knowledge to action. Below is a snapshot of the results of the project’s faith engagement activities across the SCOPE countries:

**2,825 faith institutions** mapped for SCOPE activities

**1,721 faith leaders** trained on *Making our Communities Better*

**5,826 faith leaders** trained as *FLE* educators

**96.5% of faith leaders** reported an increased self-efficacy and confidence in communicating on sexual & reproductive health topics after going through *FLE*

**57,578 youth** reached by a SCOPE-supported faith actor

**75,923 adults** reached by a SCOPE-supported faith actor

**14,833 referrals** made by faith leaders to the health system (CHW or health facility)

