



Interfaith caravan on family
planning and reproductive health

Facilitators' guide

Developed by

Faith to Action Network
International Islamic Center for Population
Studies and Research
Cordaid, the Catholic Organization for Relief
and Development Aid

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2 Introduction

2.1 Who is this guide for?

This guide is for:

- Faith organisations who seek to promote family planning and reproductive health in a constructive way.

Faith organisations who understand that social norms are central to family planning and reproductive health will find this guide most helpful. Religious beliefs often affect individuals' behaviours which impact health, including age at marriage, family structure and roles and preventive health practices like strategies couples use to achieve their preferred family size. Sometimes, misinterpretation of religious teachings fosters harmful practices including child marriage and female genital mutilation. Such organisations know that faith is central to people's identities in most parts of the world. They know that it takes a long-term, pro-active dialogue to appreciate other views and act collectively for better family planning and reproductive health.

- Facilitators who will train and facilitate dialogues with faith actors on family planning and reproductive health.

Most successful facilitators will combine up to date knowledge on sexual and reproductive health and rights, both from medical, demographic and faith perspectives. They are seasoned Christian and Muslim trainers. Their know-how in creating safe spaces for mutual respect and understanding is key to working with faith actors without the taint of instrumentalizing or using faith actors.

This guide draws on a history of fruitful global and interfaith action for family planning and reproductive health. It builds on Al Azhar University, Cordaid, Faith to Action Network, FP2020's collective expertise, and combines it with the pragmatic perspectives and experiences of Sud Kivu's faith actors.

2.2 Interfaith action for family planning and reproductive health: a short history

Faith to Action Network developed this guide in collaboration with its founding members, Al-Azhar University's International Islamic Centre for Population Studies and Research and Cordaid, the Catholic Organization for Relief and Development Aid.

Over the past decade, they have expanded interfaith actions in support of family planning and reproductive health, culminating in this Interfaith Caravan.

For decades, Al Azhar University has implemented travelling seminars in order to stimulate social norm change among Muslim faith leaders and their institutions and communities. A multidisciplinary team of scholars travels, as in a caravan, to different areas to deliberate with faith leaders on family planning and reproductive health. This approach makes it possible to address misconceptions about, and resistance against, family planning and motivates Muslim religious leaders and communities to become champions of family planning. In their 2019 historic declaration of peace, freedom, women's rights, the Grand Imam of Al-Azhar, Ahmad el-Tayeb, and Pope Francis, the head of the Catholic Church called for greater collaboration between Muslims and Christians.

Cordaid's programmes in fragile contexts aim at reducing teenage girls' vulnerability and prevent unwanted pregnancies. It offers young women a chance at a better future. It helps them finish school, gain more knowledge and stay healthy, and increases their chances of finding a job. Faith actors are important partners in reaching this vision. In 2016, Cordaid developed a facilitation guide to work with faith leaders in the area of adolescents' sexual and reproductive health.

Faith to Action Network is a global interfaith network of more than 100 Bahai, Buddhist, Christian, Confucian, Hindu and Muslim faith organisations who collaborate in the area of family health and wellbeing. This includes advocacy, capacity development, social and behaviour change communication and service delivery in the area of family planning and reproductive health. Since 2011, it has organized numerous interfaith conferences, dialogues and projects around the world. Between 2017 and 2018, Faith to Action Network served on the reference group of Family Planning 2020. FP2020 is a multi-stakeholder partnership that aims to expand access to family planning information and services to an additional 120 million women and girls by 2020.

The funding to develop and pilot the interfaith Caravan methodology has been given by FP2020 and the European Union.

2.3 Faith, family planning and reproductive health in Sud Kivu

The first interfaith Caravan was implemented in Bukavu, the provincial capital of Sud Kivu, between November, 25th and 30th 2019.

The Democratic Republic of Congo (DRC) relies heavily on faith organisations to manage its public health system. About half of all health facilities are managed by faith organisations. Faith health facilities are significantly more involved in family planning in Sud Kivu than elsewhere in DRC. Nearly all its health zones have a family planning programme. About half of all health workers have been trained in family planning. Sud Kivu is the province with the highest percentage of health facilities offering family planning services.

Momentum for family planning has increased in the DRC, and in 2018, DRC promulgated a new public health law. This law legally ensures access to family planning services for all people of reproductive age, including adolescents and youth.

Faith actors' participation in expanding family planning and reproductive health services is increasing, with several faith actors leading provincial Technical Multisectoral Permanent Committees (Comité Technique Multisectoriel Permanent, or CTMP). In 2016 and 2018, Faith to Action Network, Sheikh Luaba Mangala (then Grand Mufti of DRC), and the CTMP convened faith leaders to gain their support for family planning and reproductive health.

2.4 Objectives of the caravan

The main objective of this Caravan is to gain faith actors' public commitment to deliver family planning and reproductive health services and information.

Faith leaders will develop and publicize an interfaith declaration and charter with actionable and measurable milestones on family planning and reproductive health. The commitment gives health workers, teachers and other relevant staff within faith structures a mandate to offer family planning and reproductive health information and services, in situations where such a clear mandate is lacking.

2.5 Learning objectives

The Caravan has the following four learning objectives:

- To create awareness on the urgency and significance of delivering family planning and reproductive health services and information;
- To identify, reflect and internalize faith scriptures and teachings which support family planning and reproductive health from Christian and Muslim perspectives;
- To identify feasible actions in support of family planning and reproductive health, leveraging faith institutions and platforms;
- To demonstrate institutional support for family planning and reproductive health.

2.6 Who should participate?

The Caravan is organized at the benefit of faith organisations. The Caravan must include all major faith organisations in the area.

A balance must be achieved at different levels:

- Ensuring representation of the main Christian faith denominations in the area,
- Ensuring representation of the main Muslim schools of thought in the area,
- Ensuring a balance between Muslim and Christian participants.

In Sud Kivu, six faith organisations participated in the Caravan in 2019. They are listed in box 1.

A deliberate strategy to ensure women and youth participation must be put in place, keeping in mind that decision makers often are old male clergy. Therefore, faith organisations, must be represented by several departments:

- Top leadership,
- Theological units,
- Medical services,
- Education services,
- Women's units,
- Men's units,
- Youth units.

The organisations will identify suitable representatives and give them a written mandate to make commitments and agreements on behalf of their organisation. This excludes participation on the basis of individual motivation or relationships.

Box 1: The 2019 Interfaith Caravan in Sud Kivu included the following organisations:

Eglise du Christ au Congo
Communauté islamique du Congo
Eglise Kimbanguiste
Eglise Catholique, Archidiocèse de Bukavu
Eglise Anglicane, Diocèse de Bukavu
Église Adventiste du Septième Jour

2.7 Methodological principles

Using an interfaith approach, the Caravan is guided by respect and sensitivity for diverse beliefs and values.

It goes beyond theoretical theological debates and engages participants in pragmatic problem-solving.

Without shying away from controversial topics, it draws on faith scriptures and teachings, medical knowledge and socio-economic insights to jointly reflect and increase faith actors' understanding and support for family planning and reproductive health. This helps clarify myths and misconceptions.

Muslim scriptures are more explicit as regards family planning and reproductive health than Christian scriptures. Preferred language and terminology differ between different faith. This has implications for Caravan methodologies.

Hence, the methodology blends lectures, group work, plenary dialogues and small group discussions with experiential learning through press conferences, stakeholder dialogues, advocacy visits and interfaith prayers.

The Caravan is a safe space for interfaith dialogues. Discussions are non-judgmental, compassionate, solidary. Organised without the glare of publicity, the methodology encourages faith actors to raise frank questions and engage in brave debates.

The Caravan exposes participants to new experiences. Often, faith actors have never set foot in each other's places of worship. Joint visits of a mosque and a church stands symbolically for a week-long process of exchanging new ideas and perspectives.

2.8 Structure

This guide has nine chapters.

Chapter 1 is the content page.

Chapter 2 introduces the learning caravan. It describes its intended audience, main objective and learning objectives. It informs about the background of its development and methodological principles. It gives advice on participants and facilitators. After summarizing its structure, it gives advice on how to use the guide most effectively.

Chapter 3 is the sample agenda of a week-long caravan.

Chapter 4 helps organizers and facilitators get ready. It makes recommendations on processes contributing to a successful caravan.

Chapter 5 is on learning and exchange. It covers the Caravan's training and interfaith dialogue components.

Chapter 6 describes what advocacy and communication activities need to be organised to transform learnings into commitment and action.

Chapter 7 offers advice on experiential learning and putting the interfaith commitments in practice.

Chapter 8 is on Monitoring and Evaluation and includes a number of recommended tools.

Chapter 9 explains how to develop a safe space.

Chapter 10 includes annexes with handouts, materials and tools.

2.9 How to use this guide

This guide helps facilitators implement an Interfaith Caravan. Each section starts with a short overview describing its learning objectives, methodology, resources needed and duration. It then provides the main messages and content in detail, followed by advice to facilitators.

2.10 The trainers

Best results can be expected by a team of facilitators who combine strong theological authority and credibility with knowledge and experience in:

- family planning and reproductive health from a theological, medical and demographic perspective;
- working with both Christian and Muslim faith actors;
- organizational development within a faith context;
- facilitating safe interfaith spaces and brave conversations;
- working with adult learners;
- experiential and participatory learning techniques.





3 Programme

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 – 13:00	Briefing meeting between organisers and experts Courtesy call to Muslim and Christian faith leader Courtesy call to local government authority	Devotion Family planning and reproductive health: a socio-economic perspective History of local interfaith advocacy on family planning	Devotion Group work and debate on family planning and reproductive health from different faith perspectives Group sessions: actions faith group will take	Devotion Policy framework on family planning and reproductive health Dialogue on applying this policy framework in faith platforms Developing a faith commitment with measurable action points Press conference	Jumuah – Friday prayer on family planning and reproductive health	Service in a Church on family planning and reproductive health
13:00 – 14:00					Dialogue with congregants on reproductive health and Islam	Dialogue with congregants on Reproductive health and Christian Faith
14:00 – 17:00	Welcome & introductions Devotion Family planning and reproductive health: a medical perspective Closing prayer	Human Dignity and Human welfare A debate on contemporary dilemmas Closing prayer	Interfaith dialogue on family planning and reproductive health Closing prayer	Meeting with local government representative Meeting with local stakeholders Prayers Reception with stakeholders	Dialogue with congregants on reproductive health and Islam Dialogue with congregants on Reproductive health and Christian Faith	Final closing ceremony and recommendations Closing prayers
17:00 to 19:00	Team debriefing	Team debriefing	Brief faith delegation on advocacy activities Team debriefing	Team debriefing	Team debriefing	Team debriefing



4 Getting ready

This chapter explains what contributory activities must be implemented to ensure the Caravan's main objective is achieved.

4.1 Advocate towards faith organisations

Gain a good understanding of local faith actors. This can take the form of a mapping (see annex 1). The exercise lists the main faith institutions and summarizes their decision-making structures, their influence in communities, their role in providing health services and education. This also seeks to understand who holds formal and informal decision-making power and assesses their religious beliefs. It identifies their formal and informal positions on family planning and reproductive health.

Identify advocacy aims. For each faith actor develop an advocacy aim. Faith actors come in all shapes and sizes. Some have formal structures, with hierarchies and full-fledged departments managing medical and educational services. Others are informal, and decision making depends on charismatic leaders. Some are centralized and others are decentralized. Within one faith organisation there are different and concurring positions and practices on family planning and reproductive health. Advocacy aims must match each faith actor's specific situation.

Sensitize decision makers on family planning and reproductive health. The mapping will show who needs to be contacted. Meet with the most influential decision maker to discuss family planning and reproductive health. A list of faith-based advocacy messages is provided in annex 2. This first meeting must achieve the following:

- Convince the person that his / her followers grapple with family planning and reproductive health dilemmas that the faith community has not addressed effectively.
- Convince the person that pragmatic solutions must be found, and that an interfaith dialogue is important and useful.
- Formally agree on a focal person to work with. This focal person will act between you and the faith institution, and will work with other focal points to develop the Caravan.

Pre-negotiate an interfaith declaration and commitment charter. Achieving consensus on family planning and reproductive health between different faith actors takes time. It helps to develop a draft interfaith declaration on family planning and reproductive health in advance. An example is given in annex 3. Its main content is structured along five sections:

- Preface: this section explains who makes the declaration and why family planning and reproductive health is relevant.
- Our calling: this section explains faith actors' role and why they need to take action.
- Declaration: this is the main section and lists a range of commitments along faith actors' different roles.
- Signatories: this section has the signature of the faith actors' main decision makers.
- Action points: This section lists specific action points for each faith actor.

Negotiate this consensus statement with the focal points. They need to gain their faith institutions' formal approval. It is better to let the focal points identify their own ways of convincing their decision makers about the final text.

4.2 Adapt this guide to local context

Identify relevant laws and policies. Faith actors' must be informed about the laws and policies on family planning and reproductive health, and how they apply to faith actors. Some of these elements are controversial, but it is important to have a good understanding of what the national legislation says about them. Consider the following aspects:

- All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information and means to do so.
- Contraception
- Adolescent sexual and reproductive health information and services
- Sexual rights
- Abortion
- Main family planning and reproductive health strategies
- Main programmes and interventions
- Existing family planning and reproductive health standards and guidelines
- Existing age-appropriate sexuality education guides and curricula

Identify prior engagements with faith actors. In many countries, faith actors, governments and other stakeholders have organised interfaith dialogues and achieved faith commitments. It is important to connect the Caravan with these prior activities. In order to understand institutional ownership of these commitments, assess whether faith leaders have participated in these activities as individuals or mandated by their institutions.

Identify coordination mechanisms. Both at national and sub-national level, governments have set up family planning and reproductive health coordination groups. Check what is available and inform them about the scheduled Caravan.

Compile local data on:

- Maternal mortality and morbidity
- Infant mortality
- Contraceptive prevalence rate
- Unmet need for family planning
- Teenage pregnancy
- Poverty
- % of faith-managed health facilities
- % of faith-managed schools

4.3 Prepare the Caravan

Select and invite participants. Select participants with focal points and get an institutional commitment or mandate. Invite guests of honour for the opening and closing ceremonies. A draft invitation letter is available in annex 4.

Identify caravan venues. The Caravan is implemented at different locations.

- Conference venue: The training and dialogue components (chapter 5), the signature ceremony, press conference and stakeholder round-table happen in a conference venue (chapter 6). For this location, ensure that all audio-visual and interpretation equipment functions well; check that there is a backup system for computers, projectors, generator; plan for a plenary hall and break-away rooms for group discussions; make sure there are side tables to display materials and books. Specific religious requirements include a prayer room, and making sure the hotel serves halal food throughout the event, at breakfast, lunch, dinner and during breaks.
- Local Government Authority: Participants will meet a senior representative of a local government authority (chapter 6.4). Identify the meeting point, the itinerary from the conference venue to this meeting point as well as any protocol and security considerations.
- Mosque: The Caravan programme includes interfaith activities in a mosque and a nearby hall (Chapter 7.1). Jointly with a Muslim focal point, identify these sites and get approval that activities can be implemented in the mosque; that an external imam will replace the local imam; that Christian men and women will participate in the activity; and that the interfaith commitment will be distributed in the mosque.
- Church: The Caravan programme includes interfaith activities in a church and a nearby hall (Chapter 7.1). Jointly with a Christian focal point, identify these sites, get approval that an external faith leader will join the local clergy; that Muslim men and women will participate in the activity; and that the interfaith commitment will be distributed in the church.

Consider additional logistics. A caravan has many additional logistical requirements. Note the following:

- Given that Muslim faith leaders often communicate in Arabic, consider whether interpretation is needed.
- Organize for transport between the different venues.
- Organize catering services for activities implemented outside the conference venue.
- Prepare visibility materials, such as bags, folders, stationary, banners, badges.
- Before printing these materials, agree on a message with focal points. This message can be printed on banners and banderols.

Adapt the draft agenda to the local context. Before scheduling the Caravan, it is important to check for public holidays and religious feasts. The agenda times need to be adjusted to cater for Muslim prayers. There is no global standard, and this needs to be agreed with the Muslim focal person. Lunch can coincide with dhur (noon prayer) which lasts about 1.5 hours, afternoon breaks can coincide with asr (afternoon prayer) and activities should end before maghab prayer (late prayer).

Identify speakers. Together with focal points, organisers will identify and brief volunteers for devotions and prayers (see chapter 5.2). They will identify and brief a volunteer to share a testimonial on how to lead a good life thanks to delaying and spacing of pregnancies (see chapter 5.4).

Organize courtesy meetings. In order to gain approval and buy-in for Caravan activities, schedule courtesy meetings with the leader of the local government authority and senior faith leaders.



Rev. Basaza Matti

ORGANISATION ECC

PAYS RDC. Bukavu

PROFIL Participant

5 Learning and exchange

5.1 Welcome and introductions

Objectives	To get to know each other To clarify the objectives and outputs of the Caravan To review the agenda To define a safe space and agree on ground rules
Methodology	Facilitated plenary discussion
Resources	Cards Flip charts Markers
Duration of the module	1 hour
Presentation	None
Handouts	Caravan agenda

Key messages and content

Facilitators welcome participants to the Caravan. They introduce themselves, before facilitating a round of introductions.

Facilitators ask each participant to share the number of years they have worked with couples and families in their communities. Facilitators write their responses on flip chart paper. They add up the total number of years and share it with the group.

Facilitators emphasise that there are many years of experience in the room, varying from those with decades working in the community to those with more recent expertise. Everyone has much to learn and contribute. They tell participants that God has created us so that each person brings something unique and special to the world. In this exercise, participants will get to know each other and the unique qualities and skills they bring to the caravan.

Then, facilitators ask participants to introduce themselves in pairs. The assignment for this exercise is:

- Get to know your neighbour
- Share the name you would like to be known during the training
- Share a personal strength
- Identify how you will use this strength during the workshops; and,
- Prepare to introduce your partner to the group.

After 10 minutes, facilitators ask participants to introduce their partner to the group. Thank participants for sharing their strengths. Tell them that they may be called upon at different times throughout the workshop to share their strengths.

Facilitators reiterate the objectives and outputs of the Caravan:

- The Caravan aims at building interfaith consensus on family planning and reproductive health.
- An interfaith declaration and charter with actionable and measurable milestones on family planning and reproductive health will be signed and published in the course of the Caravan.

Facilitators present the history of engagement and Caravan design,

- Referring to the 2019 historic declaration of peace, freedom, women's rights, when the Grand Imam of Al-Azhar, Ahmad el-Tayeb, and Pope Francis, the head of the Catholic Church called for greater collaboration between Muslims and Christians,
- Reminding that focal points were designated by participating faith organisations, and prior consultations have been conducted with all faith organisations,
- Explaining the overall approach of the Caravan including learning, dialogue, advocacy and interfaith prayers and services, and
- Reviewing the agenda, asking participants about any questions.

Then, in a plenary discussion, facilitators and participants agree on principles of a safe interfaith space, and agree on ground rules. Facilitators ask:

- What makes participants feel safe in this space?
- What would help us learn, and what would make it difficult to learn in this space?

Box 2: Principles of a safe space:

- Focus on solving common challenges
- Focus on what we have in common, not what divides us
- Be present, listen to each-other
- Show interest and be curious to learn
- Accept different opinions
- Don't judge
- Question yourself, think of your own bias
- Highlight difference between culture and religion
- All opinions are valid: theological, technical, men, women, age, Christian, Muslim, etc
- Mind your words: don't offend others
- Reports of this meeting are anonymous
- Nominal quotes require consent
- Keep time
- Switch off phones

Facilitators summarize responses, and create a list of principles on flipchart paper. At the end of this discussion, facilitators read out loud what principles have been listed, and get participants' agreement to abide to these principles. This is taped to the wall for reference during the workshop, as needed. Box 2 proposes a list of possible principles.

Thereafter, facilitators deal with administrative issues.

- Highlighting security considerations,
- Discussing logistics, including prayer rooms, lunches and breaks,
- Reminding the group to sign registration sheets,
- Confirming that all participants have read and signed the consent forms. A draft consent form is included in annex 5.

For each topic, they indicate who the focal person is.

Advice to facilitators

It's important to pay attention to local considerations about how to open a meeting. In some contexts, the opening is very formal, with guests of honour. Senior government representatives and faith leaders might want to make a short appearance, giving opening remarks and blessing the event. Sometimes, the national anthem must be played. Such a formal opening must be separated from the welcome and opening described in this section.

There are many ways to break the ice during introductions. For examples, facilitators can ask participants to introduce themselves, by using their name and choosing an animal that represents them, explaining why this has a meaning for them. Another way is to ask participants to share a character trait that's specific to them.

During this welcome session, participants might need support in defining ground rules for the space. The facilitator can give examples from the list in box 2. This helps participants understand what you are trying to achieve. It is important to agree that dialogues are "constructive" and focusing on what participants have in common. There should be agreement on appropriate communication rules including non-verbal communication, time keeping, phones, confidentiality. Encouraging brave discussions, it is important to note that words are not meant to hurt or blame. Chapter 9 gives lots of advice on building a safe interfaith space.



5.2 Devotions and prayers

Objectives	To initiate a theological thought process on the day's topics To build a safe interfaith space To share reflections on Caravan proceedings
Methodology	Devotion in plenary
Resources	Guidelines on devotions (annex 6) Recommended faith scriptures and sources (annex 7)
Duration of the module	Between 10 and 20 minutes
Presentation	None
Handouts	None

Key messages and content

Devotions aim at initiating a theological thought process on Caravan topics, drawing on faith texts and sources. Closing prayers aim at reflecting on participants learnings during the day. The agenda has four devotions and five prayers, as follows.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 – 8:30		Devotion (2) – Christian	Devotion (3) – Muslim	Devotion (4) – Christian		
14:00 – 14:20	Devotion (1) – Muslim					
16:45 – 17:00	Closing prayer – Christian	Closing prayer – Muslim	Closing prayer – Christian	Prayers, before reception – Muslim and Christian		Prayers at closing ceremony - Muslim and Christian

During the planning period, facilitators will identify volunteers in collaboration with focal persons (see chapter 4 on Getting Ready). They need to balance Muslims and Christians, clergy and lay, men and women, and other important local identities.

Devotions are held at the beginning of day 1, 2, 3 and 4. They set the tone for the rest of the day and must be carefully prepared. The topics of devotions are prescribed and link to the day's main sessions. Volunteers are free to decide on how to deliver their devotion, by following the devotion brief in annex 6.

- Devotion 1: Knowledge and Science
- Devotion 2: Human dignity
- Devotion 3: Reproductive health
- Devotion 4: Responsibility to act

Prayers: Facilitators will ask volunteers to reflect on the day's proceedings.

Advice to facilitators

Facilitators should plan devotions and prayers together with focal points. They assign responsibilities and agree on the main topics. They can give volunteers the devotion guide in annex 6. They can recommend faith scriptures and sources on the topics. Annex 7 has a list of recommended scriptures and sources.

Devotions are short and take no longer than 15 minutes. They start with a reading from the Bible or the Quran. This is followed by an explanation which connects the text to the day's main sessions. A short personal story shows how the text applies to participants' everyday realities. Volunteers should be advised not to sing.

5.3 A medical perspective

Learning Objectives	By the end of this session participants will be able to define reproductive health / family planning, describe the methods of family planning and describe the reproductive health component. Participants will understand the health benefits of family planning / reproductive health.
Methodology	Lecture with questions and answer session
Resources	None
Duration of the module	1.5 hours
Presentation	None
Handouts	Handout on medical perspective on family planning and reproductive health (annex 9)

Key messages and content

This lecture informs participants about medical aspects of family planning and reproductive health.

Facilitators will discuss the following topics:

- Defining family planning and reproductive health,
- Basic anatomy and physiology of the female and male reproductive system,
- How does pregnancy occur?
- Risks of frequent pregnancies
- Contribution to maternal and child health,
- Discussion of different contraception methods

The lecture is followed by questions and answers

Advice to facilitators and trainers

Faith leaders provide for the spiritual development and care of their communities. While they are not health workers with medical expertise, they encounter many individuals with family planning and reproductive health needs. Many faith leaders want to help but they feel unprepared to do so. They are not trained to talk about family planning, reproductive health and sexuality.

This session gives a basic overview of the medical aspects of family planning and reproductive health. Facilitators should emphasize that everybody has a role to play. Medical guidance on family planning and reproductive health must be given by health workers. However, faith leaders have a role in raising awareness and knowledge on family planning and reproductive health.

This session provides a starting point to address myths and misconceptions as well as related stigma. They can share correct information during their sermons or on other occasions with congregants. In doing so, they need to distinguish what is accurate medical knowledge and what is not.

As they are not medical experts, faith leaders can and should work with health professionals

of Community Health Volunteers to help members of their congregation. They can develop an inventory of available resources in the community. They can invite health professionals to give family planning and reproductive health talks. They can establish a referral system to a health facility.

While the session's language is unfamiliar to faith leaders, it always attracts a lot of interest. Faith leaders will absorb new information for their own life and that of their communities. Facilitators should not hesitate to repeat the same points several times and with different words. At the beginning use medical words, and then simplify by paraphrasing in every day language. Annex 8 includes a detailed medical discussion on family planning and reproductive health.

Other caravan sessions will deal with religious aspects of family planning and reproductive health. Facilitators should refer any questions or comments to those discussions and exclusively focus on the medical questions.



5.4 A socio-economic perspective

Learning Objectives	By the end of this session, participants will understand the socio-economic benefits of family planning/child spacing and reproductive health. By referring to the demographic dividend model, they will understand that development is related with managing the demographic growth.
Methodology	Lecture with questions and answer session
Resources	Flip charts Markers
Duration of the module	1.5 hours
Presentation	Presentation on socio-economic benefits of family planning and reproductive health
Handouts	None

Key messages and content

This session has three parts. A first part is a personal testimony of a participant, a second part is an introduction to the concept of demographic dividend and a last part allows participants to reflect on what they have heard.

Part 1 Testimony of a good life

This part takes about 30 minutes.

Prior to the Caravan, facilitators identify a participant who will share a personal story on his or her experience of an ideal family.

This testimony should include the key elements indicated in box 3.

Facilitators introduce the volunteer and ask him/her to share the story.

Thereafter, facilitators thank the volunteer and ask the plenary to summarize key learnings before summarizing the main learnings from that story on a flip chart. Possible learnings include:

- Delaying first pregnancy allows women to finish education and get a better job.
- Delaying first pregnancy, enables couples to save resources and invest into assets.
- Spacing children well increases the health of both mother and children.
- Spacing children reduces the strain on family resources. There's more attention to each child. The couple can offer the children better health, better food, better education.

Box 3: Checklist for a testimony on an ideal family

- The story is transformative.
- It shows how planning a family by delaying and spacing pregnancies has helped the whole family.
- Delaying the first birth has allowed the woman get a university degree, the basis for higher paid employment.
- Delaying the first birth has allowed the couple to make savings and invest into private assets (eg private business, or building a small house).
- Spacing the children has allowed to use the family's resources well, giving the children necessary health services and sending them to good schools.

Part 2 Demographic dividend

Facilitators now move to part 2, where they introduce the concepts of demographic dividend. This part takes about 40 minutes.

The testimony is an example of a good life. Indeed, the Bible speaks of abundant life.

"I came that they may have life and have it abundantly" (John 10:10b). Abundant life teaches prosperity and health for the total human being, including the body, mind, emotions, relationships, material needs, and eternal life.

Teachings of Islam emphasize that a believer should focus on both spiritual and physical wellbeing. From the practice of the Prophet (PBUH), it is evident that he used to pray for both what is good in this world and what is Good in the hereafter, the spiritual world and the material world.

ربنا آتنا في الدنيا وفي الآخرة حسنة

"Our Lord give us that which is good in this world and that which is good in the hereafter..." (Al Baqarah verse 201)

By 2019, DRC's population had reached 86.7 million and is projected to reach 155.73 million by 2040. The population is very young. Persons under 15 years account for 46% of the total population. Its people are extremely poor, with an extreme poverty rate of 73% in 2018, one of the highest in sub-Saharan Africa. In 2018, its economy grew by 4.1% after years of decline or slow growth.

The prospects for a good spiritual and material life look dim. How can this change? This is how demographers and economists help find answers.

Economic prosperity and spiritual wellbeing require investments.

Economic prosperity and spiritual wellbeing are achieved by countries with a working-age population that has **good health, quality education, and decent employment**.

- Healthy people are able to work longer and harder. They do not fall sick very often and this reduces absenteeism.
- Educated people work smarter. They can perform more complex tasks, which are more valuable to an economy. They are more productive.
- People who have access to economic opportunities, are not idle. They utilise their time and energy on productive activities.

In order to achieve this, both families and the government must **invest resources**.

Household investments		Government investments
Health	Healthy food Clean water Healthy lifestyle Paying for health services and medicine	Subsidized public health system with functioning health centres, a qualified health force, adequate drug supplies Public health campaigns Clean water and sanitation systems
Education	Spending time with children, teaching them life skills and awakening their spirituality, Paying for school fees and school supplies Paying for vocational schools, training colleges, universities	Subsidized education system with functioning schools, qualified teachers, good curriculums Education campaigns
Economic opportunities	Agricultural land, forest, animals, seeds, fertilisers etc for farmers, Financial resources to set up a business, Equipment, tools and other inputs.	Entrepreneurship and business advisory programmes, Agriculture extension services, value addition programmes, Attracting companies and investors Investment incentives

In a resource-constraint context, the more dependent people there are compared to the working population, the less resources can be used for them. This results in a vicious circle of poverty. Thus, a good life is dependent on the number of dependent children in relation to the older, working-age population.

Some countries have shown how to reverse this vicious circle through a demographic dividend.

A demographic dividend occurs when a **falling birth rate** changes a country's age distribution, so that **fewer investments are needed to meet the needs of the youngest age groups and resources are released for investment in economic development and family welfare.**

Why is this so?

- As the number of births each year declines, the young dependent population grows smaller in relation to the working-age population. This results in more workers and fewer young people to support.
- This improves the ratio of productive workers to child dependents in the population.
- It places fewer burdens on families and the government. The same constrained resources can be used for fewer people. Parents are under less strain to provide for many children. Family income can be focused more upon better food for children. Incomes can go toward prolonged and quality education.
- Practicing family planning/child spacing and reproductive health helps achieve a falling birth rate.
- Population – health – education – economics and governance are closely interlinked. It is often visually represented as follows:

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Apprentissage pour
familiale au Sud - Kivu

Hôtel Panorama

le familial au Sud-Kivu



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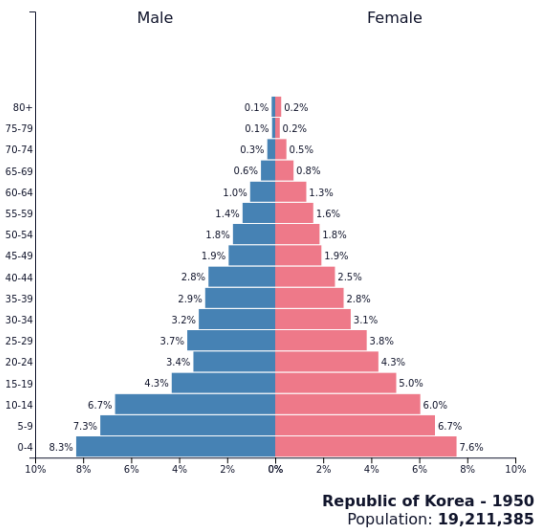
Other countries such as Thailand, Malaysia or South Korea have led the way. Let's have a look at South Korea.

South Korea made a rapid transition from high to low fertility, while at the same time experiencing an annual growth in per capita gross domestic product of 6.7 percent between 1960 and 1990.

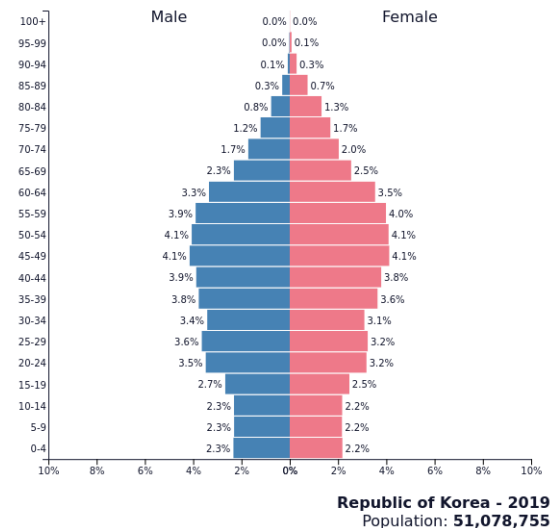
Let's have a look at the evolution of South Korea's population. Each layer of this diagram is an age group and the width of each layer represents the proportion of the population in that age group. In 1950, it looks like a pyramid because when couples have many children, more people are added each year in the younger age groups at the base of the pyramid. In 1950, more than forty percent of South Korea's population was under the age of fifteen, and women had an average of six children.

In the decades that followed mortality rates declined, desire for smaller families increased, and investments in family planning enabled rapid declines in fertility. By the 1990s, women were having fewer than two children each, and as a result, population growth slowed. By 1990, South Korea's population was larger and the age structure was transformed, with a smaller population of young people.

This trend has continued until 2019. This change in the age structure helped accelerate economic growth. Today, South Korea's population is dominated by working-age adults, who will be part of a productive labour force for many years.



Population pyramid in South Korea 1950



Population pyramid in South Korea 2019

How did South Korea achieve this demographic dividend?

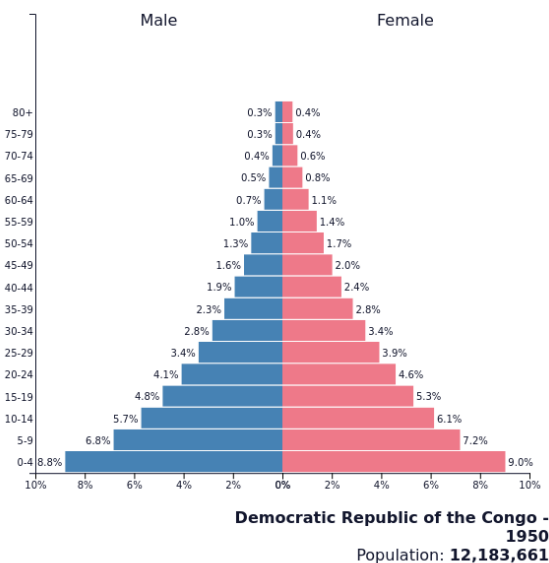
South Korea's success was the result of addressing population issues, while also investing in reproductive health programs, education, and economic policies to create infrastructure and manufacturing:

- Government invested in health centres, field workers visited homes and provided family planning information and methods. The family planning program encouraged acceptance of family planning and invested in training providers, information and education, and contraceptive supplies.
- South Korea's education strategy improved: in 1950, only 54% of school-age children went to school and by 1990 they were 97%. Relatively fewer children attending school, more disposable income at the household level, and a sustained investment in education contributed to a better-educated population, which in turn contributed to rapid economic development through a skilled labour force.
- It transformed its economy. It attracted investments to support agriculture and fishing industries, as well as manufacturing and shipping. It addressed unemployment through a rural construction program that provided minimum wages for workers involved in the construction of infrastructure, including dams and roads, as well as erosion control and reforestation. Over time, South Korea also established chemical, iron, and steel industries.

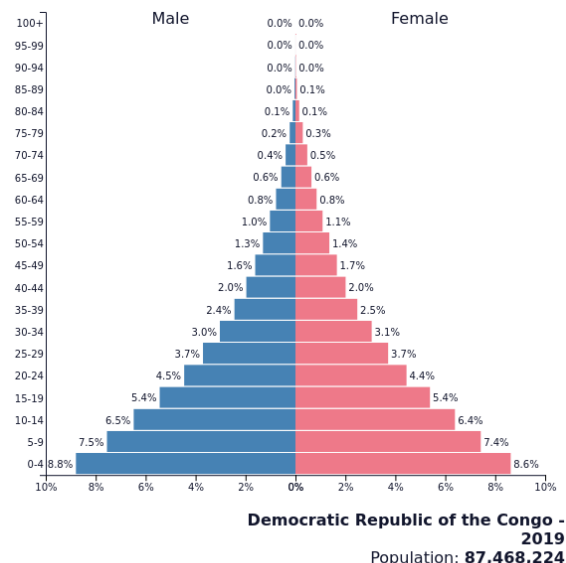
Source: Population Reference Bureau at <https://www.prb.org/south-korea-population/>

Now compare the population pyramids of Democratic Republic of Congo and South Korea.

In DRC, you see a large bottom with many dependent children. This structure has remained unchanged.



Population pyramid in DRC 1950

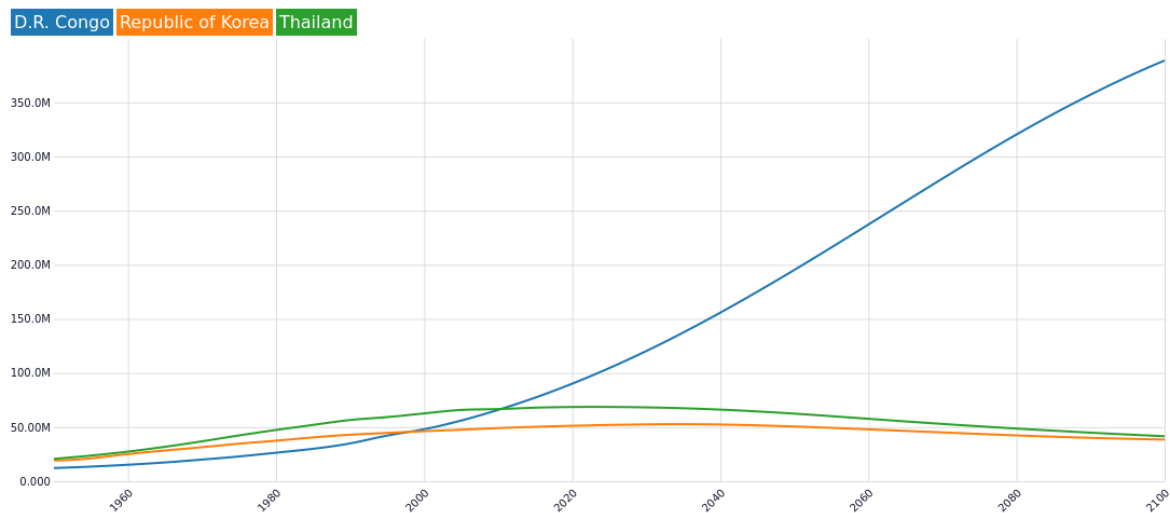


Population pyramid in DRC 2019

What lessons do we learn from this?

- First, improve child survival. In DRC, more than one in every five children dies before they turn five. Improving child health services allows more children to survive and leads to couples desiring smaller families.
- Second, space births and prevent unintended pregnancies. Currently, 17.1 percent of women in DRC who don't want to become pregnant are not using a method of contraception. Increased investments in family planning will prevent unintended pregnancies, leading to fewer births per woman.
- Third, educate your children – boys and girls. In DRC, only one out of three girls of secondary school age is enrolled in school, and only 1 out of 2 boys. But when girls stay in school, particularly through secondary level, they are more likely to delay early marriage and childbearing and have healthier families.
- Together, these investments lead to lower fertility and mortality; and enable the population structure to change, opening a window of opportunity for accelerated economic growth.
- This has to be combined with investments in economic policies and good governance to allow the changing age structure to be transformed into accelerated economic growth. A healthy population contributes directly to higher economic growth and poverty reduction.

Population trends (1950 – 2040)



Part 3 Reflections

This part takes about 20 minutes.

Facilitators give participants the opportunity to raise questions and get answers by the presenter.

Then, facilitators ask participants:

What lessons can be drawn from these experiences for promoting a good spiritual and material life in Sud Kivu?

Facilitators keep notes of participants' reflections on a flip chart. Potential answers include:

- Promote family planning and reproductive health services and information
- Invest into the health system
- Invest into the education system
- Bring peace and security
- Improve good governance and use of public resources
- Increase job creation programmes
- Offer micro-credits
- Strengthen agriculture

Advice to facilitators and trainers

The selection of a good testimonial is important to the success of this session. This has several dimensions:

- The messenger must be an authoritative and respected person in the target community. The messenger must feel proud and convinced about his or her story and not feel shy to respond to questions or even be challenged.
- The testimonial must illustrate the benefits of delaying and spacing pregnancies at individual level.
- The messenger must tell a clear story and not get lost into side stories unrelated to the main message.

Facilitators will brief the messenger during the preparation stage (chapter 4) and discuss the main elements of the testimonial before the Caravan starts.

The concept of demographic dividend can be very abstract and must be explained by using an example such as the one listed on South Korea.

Sources

Population Reference Bureau has produced an interesting summary of the concept of the demographic dividend. It is available in French and English including videos and case studies. It is available at <https://www.prb.org/demographic-dividend-engage/>

Population Reference Bureau (November 2012), "Fact Sheet Attaining the Demographic Dividend" at <https://www.prb.org/demographic-dividend-factsheet/> (retrieved in 2019)

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Statistical sources are UNFPA, "World Population Dashboard" ; World Population Review; United Nations, Department of Economic and Social Affairs Population Dynamics; The World Bank in DRC; PopulationPyramid.net; UNESCO

5.5 History of local interfaith advocacy on family planning, child spacing and reproductive health

Learning objectives	To inform participants about commitments made by their religious leaders to promote family planning.
Methodology	Lecture with questions and answer session
Resources	None
Duration of the module	1.5 hours
Presentation	Presentation on the history of faith-based commitments on family planning
Handouts	None

Key messages and content

The session has two parts.

At the beginning facilitators will present the history of collaboration between faith actors, government and other stakeholders. The second part is a plenary discussion.

Facilitators will prepare this session as described in chapter 4.2 by analysing existing commitments and agreements. In many countries, faith actors, governments and other stakeholders have developed mechanisms to collaborate. Sometimes, they have organised dialogues resulting in commitments, strategies and clearly defined public-private partnerships.

For example, in DRC, Faith to Action Network and Union of Muslim Councils for East, Central and Southern Africa (UMC) organised a family planning conference with faith leaders in 2016. A year later, the national family planning committee convened a roundtable, where faith organisations developed a common message on family planning and established a national religious platform on family planning. Each faith organisation presented its current practices, and recommended future actions.

During the second part, facilitators will organise a discussion, with the following guiding questions:

- Are you aware of these activities?
- Have commitments and recommendations been put in practice by your faith organisation?
- Are these activities sustainable?
- What lessons and challenges can you share?
- What remains to be done?

Facilitators keep notes of participants' reflections on a flip chart.

Advice to facilitators and trainers

In this session, the intention is to move a step further and build on what has already been done, learn from challenges and successes. Participants feedback will be used to facilitate later sessions, for example "taking action" (chapter 5.11).

"Ownership" and "sustainability" are key words. Facilitators will gain a good understanding of how faith organisations have institutionalized prior commitments and strategies, for example through internal policies, practices or teachings.

While there is increasing recognition of faith organisations' role in family planning and reproductive health, many stakeholders shy away from institutional engagements. Instead, they prefer to work with individual faith leaders. As a result, commitments made during dialogues do not necessarily translate into practice.

5.6 Human dignity, human welfare, social and gender justice in a Muslim and Christian context

Learning objectives	Participants will get a common understanding of theological foundations on human dignity and common values. Set a positive ground for interfaith dialogue.
Methodology	Short plenary introduction followed by group discussions
Resources	The Bible, The Quran, other faith resources
Duration of the module	1.5 hours
Presentation	A presentation on human dignity from Christian and Muslim perspectives
Handouts	Document On Human Fraternity For World Peace And Living Together (annex 10)

Key messages and content

Facilitators introduce human dignity, human welfare and social and gender justice, by drawing on faith scriptures.

Our faith traditions call on us to uphold human dignity, human welfare and social and gender justice.

According to the Bible, we consider human beings as being; *"fearfully and wonderfully made"* (Psalm 139:14), while according to the Quran; *"We have certainly created man in the best of stature"* (Surat At-Tin, verse 4).

In Christianity, Genesis 1: 26 communicates the view that the human being was created in the image of God. Human dignity (karamah) in Islam is grounded in the verse: "We have bestowed dignity on the children of Adam... and conferred upon them special favours above the greater part of Our creation." (Surat Isra, verse 70).

Every human being is valuable and must be respected.

"O mankind, indeed We have created you from a male and female and made you into peoples and tribes that you may know one another. Indeed, the most noble amongst you is in the sight of Allah is the most righteous. Allah is Knowing and Aware" (Surat Al Hujuraat, verse 13).

There is neither Jew nor Greek, there is neither slave[a] nor free, there is no male and female, for you are all one in Christ Jesus. (Galatians 3:28).

As communities of faith, we are called upon to attend to the "total person," that is, address the person holistically. We are enjoined by our different religious traditions to address the physical, social, spiritual, emotional, occupational, intellectual and environmental dimensions of wellness. As we guide individuals "from the womb to the tomb". We are constantly interacting with individuals, families and communities and are very well placed to promote holistic wellbeing.

"Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers." (3 John 2). In the Bible, health is viewed as completeness and wholeness.

Islam has also put emphasis on the importance of good physical health and wellbeing. The prophet (PBUH) said: "The strong believer is better and more beloved to Allah than the weak believer..." (Sahih Muslim 2664).

It is only when individuals are in good physical, mental, emotional, social and spiritual conditions that they can be said to be balanced and healthy, thereby attaining optimal quality of life and fulfilling God's purpose for creation.

Life giving knowledge

Our different faith traditions encourage all people, including adolescents and youth, to acquire life giving knowledge: "My people are destroyed for lack of knowledge" (Hosea 4: 6) and "...My Lord! Enrich me with knowledge..." (Surat Taha, verse 114).

Our responsibility and solidarity

Our different faiths make it clear: we are responsible for each other's welfare. We are 'our brother and sisters' keeper.

Each one of our traditions teaches that we have the responsibility of caring for each other. Stigma and discrimination against fellow human beings goes against the basic tenets of our faith. As people of faith, we affirm the worth, value and dignity of all human beings. We refuse to associate with those who attack, demean and ostracise others in the name of our faith. We uphold the conviction that all human beings must be respected and that their dignity should not be compromised.

Our conscience

Alongside our sacred writings, teachings and traditions, individual conscience plays an important role in our approaches to human dignity. Our different faiths are united in the belief that God gifted humans with conscience. This is the "inner voice" that enables believers to separate right from wrong. Conscience is a powerful resource that enables people of faith to respond to contested family planning and reproductive health issues, alongside sacred writings and teachings found in our respective traditions.

واعلموا أن فيكم رسول الله، لو يطيعكم في كثير من الأمر لعنتم، ولكن الله حبيب إليكم الإيمان وزينه في قلوبكم وكره إليكم الكفر والفسوق والعصيان أولئك هم الراشدون "

"And know that among you is the Messenger of Allah. If he were to obey you in much of the matter, you would be in difficulty, but Allah has endeared to you the faith and has made it pleasing in your hearts and has made hateful to you disbelief, defiance and disobedience. Those are the [rightly] guided." (Surat Hujurat, verse 7)

"They show that the work of the law is written on their hearts, while their conscience also bears witness, and their conflicting thoughts accuse or even excuse them." (Romans 2:15)

"Holding faith and a good conscience. By rejecting this, some have made shipwreck of their faith" (1 Timothy 1:19).

After this introduction, facilitators organise group discussions on human dignity, human welfare and social and gender justice.

Facilitators divide participants into several groups. Groups should be mixed and include Christians from different denominations and Muslims from different schools of thought. Each group identifies a rapporteur and a secretary.

Each group will respond to two questions:

- What does your faith say about upholding human dignity?
- What does your faith say about human conscience?
- In your discussions, please, refer to faith scriptures and sources.

Groups will summarise their discussion on flip charts and report back to the plenary. Facilitators will summarize the session by drawing participants' attention to common values and principles on:

- Upholding human dignity
- Gender equality
- Non-discrimination
- Solidarity
- Life-giving knowledge
- Importance of conscience

Advice to facilitators and trainers

Session 5.6 is at the centre of the interfaith Caravan. Participants must understand that their faith traditions have many common values and approaches. In addition, this session sets the tone for constructive action in upholding human dignity. Family planning/child spacing and reproductive health will be introduced as one component of upholding human dignity in later sessions. Finally, participants must agree that both Christianity and Islam consider conscience in dealing with contemporary dilemma, which will be identified in the next session.

In achieving this, facilitators must make sure groups are composed of different faith representatives. During group discussions, facilitators will listen into different group discussions. They will intervene where the groups are off track, and will pro-actively propose constructive faith scriptures and interpretations.

5.7 Dilemma our communities are facing

Learning objectives	Participants will identify contemporary dilemmas, where they struggle with their own faith and seek for solutions and guidance.
Methodology	Plenary brainstorming and group work
Resources	Flip charts Markers
Duration of the module	1 hour
Presentation	None
Handouts	None

Key messages and content

In plenary, facilitators emphasize:

All faith traditions are committed to upholding human dignity, human welfare, social and gender justice. However, a simple reality check shows that all people are faced with many dilemmas.

During the first 5 minutes, facilitators will give examples of such dilemmas, and in the next 5 minutes participants can add their own examples.

Then, facilitators divide participants into several groups. Again, these groups should be mixed and include Christians from different denominations and Muslims from different schools of thought. Each group identifies a rapporteur and a secretary.

Each group will respond to two questions:

- What dilemmas related to family planning and reproductive health do you face in your personal life and in your community?
- Where do faith organisations fail in their calling?

Groups will summarise their discussions on flip chart and report back to the plenary. Box 4 is a sample list of dilemmas. Thereafter, facilitators close the session with the request that participants reflect on these dilemmas overnight, and announcing that the next day features intra-faith and interfaith dialogues on working with these dilemmas.

Advice to facilitators and trainers

This session allows participants to express issues they have been grappling with. It is important to remind participants about the ground rules agreed in session 5.1, in particular “focus on solving common challenges”, “accept different opinions”, and “don’t judge”.

This is a brave debate, and facilitators will abstain from interpreting or commenting on what participants say. Nothing is right or wrong.

At the end, facilitators will not summarize what participants have reported back. Instead, they will keep these dilemmas pending. They will recommend that participants reflect on identified issues overnight. They will announce that the next day’s agenda features intra-faith and interfaith dialogues on how to work with these dilemmas.

Box 4: Dilemma in our daily life or in our communities

- population growth “go and multiply” versus “stewardship and custodians of the environment” – what does this mean in view of our responsibility to take care of our environment
- large families and little resources versus the duty to care for your family
- upholding morality with grace versus upholding morality with judgment
- faith teachings on abstinence versus teenage pregnancies
- faith teachings on integrity versus corruption within faith institutions
- high maternal mortality resulting from teenage pregnancy versus sacredness of life
- judgment, stigma, punishing versus compassion, love, care and support
- faith teachings on gender equality versus gender discriminatory practices in our faith organisations and communities
- faith teachings on peace versus gender-based violence
- faith teachings on access to knowledge versus withholding information on sexuality in the hope that this will prevent teenagers from experimenting with sex
- emphasis on the fear of the consequences of pregnancy versus availing sexual and reproductive health knowledge and services
- misinterpretation of religious texts on gender equality, on family planning and reproductive health, on child marriage
- Too many women die as a result of complications during pregnancy and childbirth. Yet, most of the world has lower maternal mortality rates. We know what to do. Why do we not save these lives?

5.8 Islamic perspective

Learning objectives	Participants will be able to describe family planning and reproductive health from an Islamic perspective. By the end of this session, participants will appreciate that family planning is essential. They can list the necessities of family planning (Dharuriat). They can list the rulings on the use of family planning.
Methodology	Lecture with questions and answer session
Resources	Quran/ other sources of Islamic teachings Flip charts Markers
Duration of the module	1.5 hours
Presentation	None
Handouts	Handout: Islam in Support of Family Planning/ Child Spacing (Annex 11)

Key messages and content

This session is for Muslim participants.

This session has two parts.

The first part is a lecture. It addresses family planning and reproductive health from an Islamic perspective through the following points:

- (1) Family planning is essential
- (2) Conditions to be fulfilled in family planning
- (3) Ruling of using family planning methods
- (4) Infertility and its treatment

It is followed by questions and answers.

In the second part, facilitators will ask participants to draw conclusions. Together, they will prepare a presentation for the other Caravan participants who include Protestant and Catholic Christians.

1. Family planning is essential:

Reproduction is a natural result of intercourse, and it is inevitable for survival of humankind. Reproduction is one of the key objectives of marriage. Allah, the Almighty, noted this meaning when He says: "So now, have relations with them and seek that which Allah has decreed for you"⁽¹⁾.

(... فَأَلَانَ بَاشِرُوهُنَّ وَابْتَغُوا مَا كَتَبَ اللَّهُ لَكُمْ ... (187))

This verse means people would be seeking reproduction and children. The Prophet (PBUH) states this in the Hadith: "Marry the one who is fertile and affectionate, for I will boast of your great numbers on the day of Judgement."⁽²⁾

(تزوجوا الودود الولود فإنى مكاثركم بكم الامم يوم القيمة)

1 Surat Al Baqra – part of verse 187.

2 Reported by Abu Daoud in his Sunnahs, Book of Marriage- Chapter on "impermissibility of giving in marriage the woman who didn't give birth, 2/227, Hadith 2050.

Reproduction is but a human natural instinct just as other living organisms, because Allah, the Almighty, destined survival to be dependent on sexual contact and reproduction. Allah, the Almighty, said:

"Beautified for people is the love of that which they desire - of women and sons, heaped-up sums of gold and silver, fine branded horses..."⁽³⁾

رُيِّنَ لِلنَّاسِ حُبُّ الشَّهَوَاتِ مِنَ النِّسَاءِ وَالْبَنِينَ وَالْقَنَاطِيرِ الْمُقَنْطَرَةِ مِنَ الذَّهَبِ وَالْفِضَّةِ وَالْخَيْلِ ... (14)

The purposes of marriage include seeking to have children who are the joy of life because from whom relief and pleasure can be attained. However, it should be understood that Islam, in viewing children, pays attention to how they are brought up and under what conditions.

Talking about Messengers, May Allah's Peace and Blessings be upon them, the Holy Qur'an mentioned that when they wanted to have children, they specifically asked Allah for good offspring. The Holy Qur'an presented the invocations of two of them, Prophets Ibrahim (Abraham) and Zakariyyaa (Zechariah), may Allah's Peace and Blessings be upon them, as evidence of that approach. Allah, the Almighty, reports Ibrahim (PBUH) as saying: "My Lord, grant me [a child] from among the righteous"⁽⁴⁾

(رَبِّ هَبْ لِي مِنَ الصَّالِحِينَ) (100)

The Quran also reports Zakariyyaa as saying: "My Lord, grant me from Yourself a good offspring. Indeed, You are the Hearer of supplication."⁽⁵⁾

(... رَبِّ هَبْ لِي مِنْ لَدُنْكَ ذُرِّيَّةً طَيِّبَةً إِنَّكَ سَمِيعُ الدُّعَاءِ) (38)

Among the attributes of the worshippers of Allah mentioned in Surat Al-Furqan is that they resort to Allah in their supplication to be endowed with offspring that comfort their eyes and please their hearts. Allah, the Almighty, says: " And those who say, "Our Lord, grant us from among our wives and offspring comfort to our eyes and make us an example for the righteous."⁽⁶⁾

وَالَّذِينَ يَقُولُونَ رَبَّنَا هَبْ لَنَا مِنْ أَزْوَاجِنَا وَذُرِّيَّاتِنَا قُرَّةَ أَعْيُنٍ وَاجْعَلْنَا لِلْمُتَّقِينَ إِمَامًا (74)

Raising strong and good-mannered children is a source of pleasure and power for the family and the whole society. We seek to awaken its goodness and protect it from evil. We should be aiming for children with knowledge and virtue, who can serve as role models and produce more than they consume.

Islam urges and calls for having a big number of children, and considers children a great bounty that parents are endowed with. Allah, the Almighty, said: "And Allah has made for you from yourselves mates and has made for you from your mates sons and grandchildren and has provided for you from the good things. Then in falsehood do they believe and in the favor of Allah they disbelieve?"⁽⁷⁾

وَاللَّهُ جَعَلَ لَكُمْ مِنْ أَنْفُسِكُمْ أَزْوَاجًا وَجَعَلَ لَكُمْ مِنْ أَزْوَاجِكُمْ بَنِينَ وَحَفَدَةً وَرَزَقَكُمْ مِنَ الطَّيِّبَاتِ أَفَبِالْبَاطِلِ يُؤْمِنُونَ وَبِنِعْمَتِ اللَّهِ هُمْ يَكْفُرُونَ (72)

3 Surat Aal-Emran - part of verse 14

4 Surat Assaffat - part of verse 100.

5 Surat Aal Emran – part of verse 38.

6 Surat Al Furqan - verse 74.

7 Surat Al Nahl - verse 72

However, Islam has commanded to protect children against factors that weakens and makes them fragile. Islam does not need valueless and weightless children; it calls for strong good children in body, mind, spirit and virtue, not to be like scum foam (that floats on the river) referred to in the Hadith that states that the Prophet (PBUH): "The people will soon summon one another to attack you as people when eating invite others to share their dish. Someone asked: Will that be because of our small numbers at that time? He replied: No, you will be numerous at that time: but you will be scum and rubbish like that carried down by a torrent, and Allah will take fear of you from the breasts of your enemy and last enervation into your hearts. Someone asked: What is wahn (enervation). Messenger of Allah (PBUH): He replied: Love of the world and dislike of death."⁽⁸⁾

(يوشك أن تتداعى عليكم الأمم كما تتداعى الأكلة إلى قصعتها، قال قائل : أو من قلة نحن يومئذ يا رسول الله - قال: لا، بل أنتم يومئذ كثير ولكنكم غثاء كغثاء السيل، ولينزعن الله من صدور عدوكم المهابة منكم ، وليقذفن في قلوبكم الوهن، قالوا: وما الوهن يا رسول الله؟ قال : حب الدنيا وكراهية الموت)

A number of the companions of the Prophet - may Allah be pleased with them- were reported to warn against having more children with less means/wealth.

On the Authority of Ibn Omar, may Allah be pleased with him, he was asked about the supplication of the Prophet (PBUH): "I take refuge with Allah from the difficulties of severe calamities". Ibn Omar said: "I mean the more children with less means/wealth"⁽⁹⁾

(اللهم إني أعوذ بك من جُهد البلاء ، فقال : جهد البلاء كثرة العيال وقلة المال)

Amr Ibn Al Ass- May Allah be pleased with him- is reported to have said in his oration upon the conquest of Egypt to the people of Egypt: "O people I warn you of four traits that call to unrest after rest, insolvency after solvency, humiliation after glory, I warn you against more children, deterioration of conditions, waste of money, and gossip out of context or purpose"⁽¹⁰⁾

Ibn Abbas said: More children are one of two poverties and less children is one of two sources of solvency⁽¹¹⁾.

(كثرة العيال أحد الفقرين وقلة العيال أحد اليسارين)

Allah Almighty says: "And if you fear that you will not deal justly with the orphan girls, then marry those that please you of [other] women, two or three or four. But if you fear that you will not be just, then [marry only] one or those your right hand possesses. That is more tenable that you may not incline [to injustice].

8 Reported by Abu Daoud in his Sunnahs- Book of Epics- Chapter on the people will summon one another to attack Islam, 4/108, Hadith 4297

9 See: Kashf Al Khafaa, Part 1/ p. 402

10 See: Al Tamhid, by Ibn Abdel Borg, 21/p. 293

11 Faith Al Qadhir, Part 3/ p. 352

Imam Al Shafey interpreted Allah's saying "that you may not incline [to injustice]" ⁽¹²⁾ in that verse to imply that you should not get yourself impoverished; that is, need and poverty. Allah, the Almighty, says: "And if you fear privation, Allah will enrich you from His bounty if He wills. Indeed, Allah is Knowing and Wise." ⁽¹³⁾

(... وَإِنْ حَفِظْتُمْ عَيْلَةً فَسَوْفَ يُغْنِيَكُمْ اللَّهُ مِنْ فَضْلِهِ إِنْ شَاءَ ۚ إِنَّ اللَّهَ عَلِيمٌ حَكِيمٌ (28))

The Prophet (PBUH) in a Hadith says: "whoever economizes will not be suffering poverty" ⁽¹⁴⁾; (مَاعَالٍ مِنْ اقْتِصَادٍ) i.e., the person who economizes will not become poor. The Prophet (PBUH) has used a metaphor because having more children may result in poverty ⁽¹⁵⁾. This is corroborated by the interpretation that: "If you fear that you will not support" i.e. that one will not be able to provide enough support if he has many children.

Islam commands society to have a strong majority, this can only be achieved by applying family planning in a way that maintains its strength, power, capacity, good performance and fulfillment of duties to keep the offspring healthy and active.

The word *planning* literally means to have every matter in the best possible form. For example, planning school or university affairs is to give the educational process due care by having every stakeholder fulfill their duties as required. Planning a factory related affair is realized by having the person in charge and every worker exert the required efforts leading to the best possible output.

Family planning should not go beyond the context of this meaning. It should mean that family affairs and life should be in the best possible form, whether it is in terms of the living conditions of the couple and the children, lifestyle, and standards of living. This comes in addition to taking care of the children and raising them to be good generations capable of staying as much as possible away from conflicts and hardships without breaching Shari'a commandments, rules and ethics.

The term "*family planning*" stands for the fact that the family should be a good pillar in building the society to realize the desired output of each family; i.e. the good, peaceful and comfortable offspring who can attain their rights from the family and State in terms of full healthcare, education, food, drink and housing.

This includes providing the mother with care and being able to address any potential health disorders (in case of closely-spaced pregnancies). Further attention should be paid to the rights of other families to job opportunities, education and all the other rights guaranteed by the Islamic Shari'a for each person, along with the required controls and rules to protect those rights.

12 Reported by IbnAbiHatem in the interpretation of the Noble Koran: Al Nisaa Chapter, the saying of Allah, the Almighty, "That is more tenable that you may not incline [to injustice]", 3/860, Hadith 4764, Edition of Holy Mekka, Riyadh, Edited by Asaad Mohamed Al Tayeb.

13 Surat Al Tawba - part of verse 28

14 Reported by Ahmed in his Mosnad, 1/447, edition of Dar El Fekr

15 Interpretation of Al Bahr Al Muhit, Part 3/ p. 173

Need for of family planning:

Before addressing the necessity of family planning, it may be important to note three key facts that correct some misconceptions about this subject.

First: Pregnancy occurs by the will of Allah as a result of sexual intercourse between a male and a female. No one can prevent what has been decreed by Allah nor bestow what the Almighty has not decreed. We have seen in reality people who spend a lot of money and efforts to have a child but in vain because this is not destined by Allah, the Almighty. On the other hand, we have seen people who make all efforts and take all precautions to prevent pregnancy but it is the will of Allah, the Almighty, to make them have a baby. It is therefore important to stress the fact that what Allah wants will happen, and what He does not want will not happen. This, however, does not prevent us from adopting appropriate measures to achieve our goal.

Second: whether the embryo is a male or female, this is only destined and decided by Allah, the Almighty, who is the all-knowing. It has nothing to do with the desire of either the couple or one of them. Allah knows who will exist in this life and knows the parents. This is all inscribed in the preserved slate. Any living organisms that he wants to bring to life will exist. Its sustenance is decreed by Allah since it is just an embryo in its mother's womb. It is the duty of parents to collect what Allah has sustained and provided, and to believe in the reasons behind the necessity of having strong offspring which can be achieved through family planning.

Third: Allah, the Almighty, has created land and destined in it the provisions and sustenance enough for its inhabitants; they will never be insufficient for them. An offspring is a blessing not a curse.

The problem that humanity faces is mainly due to misconduct in life through:

- Neglecting the role of the mind in extracting what lies in the earth core.
- Unfair demographic distribution.
- Unjust and selfish distribution of land, wealth and other resources.

2. Objectives of family planning:

First: Health of the baby: Birth spacing protects the baby's health and structure. Islam has prescribed a two-year period of breastfeeding the child. Allah, the Almighty, said: "Mothers may breastfeed their children two complete years for whoever wishes to complete the breastfeeding [period]." ⁽¹⁶⁾

(﴿ وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ ۖ ﴾... (233))

At the same time, pregnancy during the period of breastfeeding is prohibited because it negatively affects the baby's health. On the authority of Asmaa, may Allah be pleased with her, the Prophet (PBUH) said: "Do not kill your children secretly, for *gheelah* overtakes the rider and throws him from the horse." ⁽¹⁷⁾

(لا تَقْتُلُوا أَوْلَادَكُمْ سِرًّا ، فَإِنَّ الْغِيلَ يَدْرِكُ الْفَارِسَ فَيَدْعُوهُ عَنْ فَرَسِهِ)

Scholars differ about the meaning of *gheelah* in this Hadith. Malek and Al Asmaey and other linguists said it refers to : "the man who has intercourse with his wife during the breastfeeding period", and Ibn Al Sakit said: it is "the woman who breastfeeds while she is pregnant."

16 Surat Al Baqra - part of verse 233

17 Reported by Abu Daoud in his Sunnahs- Book of Medicine- Chapter on: "Account of gheela", 4/8, Hadith 3881, and reported by Ahmed in his Mosnad, 6/453.

The second opinion may be the correct interpretation of the Hadith; i.e. prohibition of pregnancy during breastfeeding since sex is not prohibited. This view is supported by the Hadith of Juzama bint Wahb who has reported that the Prophet (PBUH) said: "I had thought of forbidding gheelah, then I remembered that the Romans and Persians do that and it does not harm their children."⁽¹⁸⁾

(لقد هممت أن أنهى عن الغيلة حتى ذكرت أن الروم وفارس يصنعون ذلك فلا يضر أولادهم)

Accordingly, this Hadith makes the pre-Islam belief about that void, and confirms what was mentioned in Asmaa's Hadith as a reason, but the real influencer is Allah. This resembles the Hadith saying "no infection"⁽¹⁹⁾ (لا عدوى) and the Prophet's (PBUH) saying: "keep yourself away from the leper"⁽²⁰⁾ (فر من المجذوم). Thus, the action of infection itself is disabled but proved as reason.

The reason behind the Prophet's (PBUH) intention to prohibit it is that it may harm to the baby. Prohibition of pregnancy here is a precaution to ensure the baby's good health. This is further stressed if the baby is weak, vulnerable or infected with chronic disease and therefore in need for care and attention.

Family planning is also used for protection of the embryo against diseases. If the couple or either of them is infected with serious diseases that he/she fears that it could be transmitted to the baby, they may delay pregnancy or prevent it completely if assured that the baby will be infected with the disease from its sick parent and that it cannot be treated.

Second: the mother's health:

Islam is a religion of mercy. It allows contraception temporarily so that the baby can be properly breastfed and receive due care. Similarly, contraception may be allowed in order for the mother to recover. It allows temporary or absolute contraception if the wife gets harmed by pregnancy, and she is even obliged to prevent pregnancy if she fears harming herself. In some case, abortion is permissible even after breathing life into it if she is afraid that it would lead to her death (i.e. even after the fetus has become a living being. It is in the teachings of Islam the after 120 days Allah breathes life(ruh) into the foetus).

In general, women can use contraception in the following cases:

- If repeated pregnancy would endanger her life.
- If her body is weak or if she cannot endure early pregnancy so she may delay it until she can.
- If repeated pregnancy causes her weakness affecting her health, weakening her body.

18 Reported by Muslim in his Sahih, Book of Marriage, Chapter on: permissibility of gheela, which is means that a man has intercourse with a woman while she is breastfeeding a child and abomination of 'azl, 2/1066, Hadith 1442

19 Reported by Al Bukhari in his sahih, Book of Medicine, Chapter on: Leprosy, 4/18, Hadith 5707, and reported by Muslim in his Sahih, Book of Salam, chapter one: "There is no transitive disease, no evil omen, no safar, no hama, nor safar, no', Ghawal and no patient shall contact healthy person", part 4/1742, Hadith, 222.

20 Reported by Al Bukhari, Book of Medicine, Chapter on: Leprosy, 4/18, Hadith 5707

Third: Contraception for proper upbringing of children:

Upon considering the issue of providing care for and upbringing of children as stipulated under Shari'a, we must appreciate that nowadays this duty requires a lot of efforts on the part of the parents. Temptations have multiplied, and reasons for deviation, immorality and debauchery have increased. There should therefore be no objection to the use of contraception if parents are seeking to properly raise their children.

3. Ruling on the use of family planning methods:

Modern methods of family planning were not available at the time of the Prophet Mohammed (PBUH). However, he was informed by his companions that they practiced the withdrawal method (Azl) to prevent pregnancy. The Prophet did not forbid them. At the same time the Holy Qur'an was revealed by Arch Angel Gabriel and it did not forbid its use. Using Analogy (القياس) which is one of sources of Sharia, temporary methods of family planning available today are similar to azl.

Scholars have different opinions about this method, based on how each of them interprets and understands the prophet's hadiths. The most two common opinions are:

1) Azl is permissible unconditionally.

a) On the authority of Gaber, may Allah be pleased with him, he said: "we were keeping ourselves away of wives while Qur'an was being revealed"⁽²¹⁾.

(كُنَّا نَعْزِلُ وَالْقُرْآنَ يَنْزِلُ)

The meaning is that they were using 'azl while Qur'an was being revealed to them, and 'azl was not prohibited. If it was prohibited, Qur'an would have revealed the prohibitions thereof. Allah, the Almighty, says: "We have not neglected in the Register a thing"⁽²²⁾.

(... مَا فَرَّطْنَا فِي الْكِتَابِ مِنْ شَيْءٍ ... (38))

b) Allah, the Almighty, says: "And never is your Lord forgetful"⁽²³⁾.

(.... وَمَا كَانَ رَبُّكَ نَسِيًّا (64))

In another narration: "We used to practice "azl" during the lifetime of Allah's Messenger (PBUH). This (the news of this practice) reached Allah's Prophet (PBUH), and he did not forbid us."⁽²⁴⁾

(كُنَّا نَعْزِلُ عَلَى عَهْدِ رَسُولِ اللَّهِ -ع- فَبَلَغَ ذَلِكَ رَسُولَ اللَّهِ -ع- فَلَمْ يَنْهِنَا)

That is, if "azl" was prohibited, Allah's Prophet (PBUH) would have prohibited it and wouldn't have stayed silent about it. The Prophet would have indicated it because delayed indication at the time of need is impermissible for the Prophet (PBUH), as provided in the sources.

21 Reported by Al Bukhari in his Sahih, Book of Marriage, Chapter on: 'azl, 3/376, Hadith 5207, and reported by Muslim in his Sahih, Book of marriage, chapter on: Ruling of 'Azl, 2/1065

22 Surat Al Anaam - part of verse 38

23 Surat Mariam- part of verse 64

24 Sahih Muslim, Book of marriage, chapter on: Ruling of 'Azl, 2/1065

The evidence of this opinion that believes in permissibility of 'azl includes abovementioned Hadith of Gaber bin Abdullah, may Allah be pleased with him, and the narration of Ahmad bin Hanbal and Abu Daoud on the authority of Abu Said who said: "We said: 'O Messenger of Allah! We practice Azl, but the Jews claim that it is minor infanticide.' So he said: 'The Jews lie. When Allah wants to create it, nothing can prevent Him.'"⁽²⁵⁾

(قالت اليهود: العزل الموءودة الصغرى، فقال النبي -ع-: كذبت يهود، إن الله عز وجل لو أراد أن يخلق شيئاً لم يستطع أحد أن يصرفه)

Al Termezy narrated, on the authority of Gaber, this meaning as well; Gaber said: "we had slave girls ⁽²⁶⁾ and we were making 'azl." "We said: 'O Messenger of Allah! We practice Azl, but the Jews claim that it is minor infanticide.' So, he said: 'The Jews lie. When Allah wants to create it, nothing can prevent Him.'" ⁽²⁷⁾

(قال جابر: كانت لنا جوار، وكنا نعزل، فقالت اليهود: إن تلك الموءودة الصغرى، فسئل النبي -ع- عن ذلك فقال: كذبت اليهود، لو أراد الله خلقه لم يستطع رده)

The meaning of the Prophet's Hadith is that if Allah, the Almighty, destined creation of self, it will be created, and that the semen of man comes first, so he can't prevent it. Hence, being cautious is useless if something is destined by Allah to happen. Semen may come first while the person who wants 'azl doesn't feel it till Allah's will happens.

2) "azl" is conditional on the wife's approval:

Many scholars believe that the use of 'azl as a contraceptive method is permissible, but subject to the wife's acceptance, because she has the right to have children and pleasure, so she cannot be deprived of it except by her approval and upon her consent. They justified this by the Hadith of Abu Huraira, May Allah be pleased with him, that the Prophet (PBUH) said: "A man does not practice coitus interruptus "'azl" with a free woman unless she so permits"⁽²⁸⁾, (لا يعزل عن الحرة إلا بإذنها) and the Hadith of Omar that "the Prophet of Allah prohibited "'azl" of free woman (wife) without her permission"⁽²⁹⁾.

The prevailing opinion: use of 'azl as a contraceptive method is permissible provided that the wife so permits based on her right to enjoyment and pregnancy.

A few scholars opposed "Azl" on the basis of its possible similarity to burying the female child practiced among the Arabs before Islam.

The advocates of permissibility of 'azl replied to this by stating that the prohibition of the actual burial of a baby alive is like ending the life of a human being. Even though the narration of a Hadith indicates that the Prophet (PBUH) assimilated 'azl to burial of a baby alive, they are not the same. 'Azl prevents the formation of embryo before it has any life. 'Azl is not the same degree as burial of a baby alive ⁽³⁰⁾.

25 Reported by Abu Daoud in his Sunnas- Book of Marriage, Chapter on: Account of 'Azl, 2/258, Hadith 2171, reported by Ahmed in his Mosnad, 3/33.

26 Slave girls is the plural of slave girl. Bondage existed in their time and Islam established the rules for eradicating it.

27 Reported by Al Termezy in his Sunnas, Book of marriage, Chapter on: account of 'azl, 3/433, Hadith 1136, and Abu Lamis said that this hadith is hassan and sahih.

28 Reported by bin AbiHatem in Justifications, 1/452

29 Reported by Al Bayhaqi in the Great Sunnas, Chapter on: who said to make 'azl of free wife without her permission, 7/376, Hadith 14324, on the Authority of Omar, may Allah be pleased with him.

30 SubulAssalam, by Al Sanany, part 3, p. 144

3) Conclusion:

Based on the opinions provided on 'azl and justifications thereof, 'azl is permissible according to true texts in the truest books of Sunnah; the book of Sahih Al Bukhary and Sahih Muslim. Furthermore, careful searching in the Holy Qur'an did not find a single verse which prohibits family planning.

4) Modern methods similar to coitus interruptus "'azl":

Coitus interruptus or 'azl, as a contraceptive method, is a permissible act as established by legitimate evidence. Accordingly, family planning using any of the modern temporary contraceptive methods will also be permissible. This approach is called "analogy", which is a source of Islamic legislation, and it is the fourth Shari'a source after the Holy Qur'an, Sunnah and consensus. If the criterion the permissibility of 'azl, similar temporary contraceptive methods should be included under the same opinion, i.e. permissibility. In this regard, a number of points should be underlined:

First: If family planning is permissible, it should be subject to the couple's choice. Only they have the right to decide this, and the state may not enact a coercive law on family planning.

Second: Family planning is couples' mutual human right. None of them may decide it alone because reproduction is a mutual right between the couple like enjoyment, kind treatment, inheritance and children. Therefore, planning shall be based on their will and consultation. In this respect, Imam Malek ⁽³¹⁾, one of the two opinions of Shafite jurists ⁽³²⁾, and interpreter of Ahmad bin Hanbal ⁽³³⁾, and the Abadhiya, one of the Islamic groups, whose doctrine prevails in the Sultanate of Oman judge it as being permissible ⁽³⁴⁾.

Third: Pregnancy may be planned by any of the modern methods, provided that it does not harm the wife or the children because causing harm to oneself or others is prohibited in Islam and required by sound minds. Shari'a provisions indicated this. In the Holy Qur'an Allah, the Almighty says: "and do not throw [yourselves] with your [own] hands into destruction [by refraining]" ⁽³⁵⁾.

وَأَنْفِقُوا فِي سَبِيلِ اللَّهِ وَلَا تُلْقُوا بِأَيْدِيكُمْ إِلَى التَّهْلُكَةِ وَأَحْسِنُوا إِنَّ اللَّهَ يُحِبُّ الْمُحْسِنِينَ ﴿١٩٥﴾

In the Sunnah, the Prophet (PBUH): "There is neither injury nor return of injury", narrated by Imams Ahmad, Ibn Maga, Malek and Al Bayhaqi ⁽³⁶⁾. (لا ضرر ولا ضرار)

Fourth: Family planning is permissible even if a woman just wants to maintain her beauty or if parents fear the hardships and burdens that they may need to assume if they have a big number of children. Hence, they choose to relieve themselves from the financial burden by family planning. This meaning was highlighted by Imam Abu Hamed Al Ghazali known as Authority of Islam in his book "Revival of Religious Sciences".

31 Al Montaqa, explanation of Mawataa of Malek, part 4, p. 143

32 Al Muhazzab by Sherazy, part 2, p. 66

33 Al Mughni, by IbnQadama, part 7, p. 298.

34 Explanation of the book "Al Nil WaShefaa Al Alil" by Mohamed bin Youssef Atfish,

35 Al Baqra Chapter- Verse 195

36 SubulAssalam, part 3, p. 84, reported by IbnMaga, Book of Ruling, chapter on: Whoever builds on his right something harmful to his neighbor, 2/784, Hadith 2340.

(4) Infertility and its treatment:

Infertility is an important component of reproductive health. Treatment of infertility supports family planning and encourages use of contraception. The couples will be more willing to use contraception if they are assured that should they wish to conceive we shall help them to do so.

Infertility is a disease that men and women may suffer alike. Islam methodology in managing diseases is to seek a cure thereof, in accordance with the explicit command of the Prophet (PBUH): "Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful." ⁽³⁷⁾. Therefore, medication is a valid reason and adoption of legitimate reasons is a must, bearing in mind that everything is destined by Allah.

It is the right of those who suffer infertility and have not had children to be treated because they aspire to be bestowed with good offspring by Allah. Therefore, they should adopt valid reasons and seek treatment. If the couple is satisfied with the fate of Allah and chooses not to seek treatment, this would be their decision, and they should be patient accepting the will of Allah. The couple may also resort to In Vitro Fertilization (IVF) provided that the ovum is from the wife and the sperm the husband and the fertilized eggs (embryos) are transferred into the uterus of the same wife during validity of the marriage contract.

Conclusions:

Facilitators will ask participants to draw conclusions. Together, they will prepare a presentation for the other Caravan participants who include Christian Protestants and Catholics.

³⁷ Reported by Abu Daoud in his Sunnas- Book of Medicine, chapter on: the man being treated, 4/3, Hadith 3855, and reported by Al Termezy in his Sunnas, book of medicine, chapter on: account of medicine and call for it, 4/383, Hadith 2038, and Abu Eissa said that this is Hassan and sahih hadith.

5.9 Protestant perspective

Learning objectives	Participants will be able to describe family planning and reproductive health from a Protestant Christian perspective. By the end of this session, participants will see that family planning is essential. They are aware of the faith scriptures and approaches on family planning and reproductive health. They will explore solutions to existing dilemma related to reproductive health and family planning.
Methodology	Facilitated group work
Resources	Bible Cards with bible texts and questions Flipchart and markers
Duration of the module	2 hours
Presentation	None
Handouts	Handouts with Bible quotes (annex 12)

Key messages and content

This session is for Protestant Christian participants.

First, facilitators introduce this session to the whole group. They explain that participants will discuss ways to uphold life in abundance and dignity for all, by dealing with dilemma identified previously, while drawing on holy scriptures and on insights from medicine and demographers. Facilitators divide participants into several smaller groups. Groups should be mixed and include lay and clergy leaders, theologians and technical staff.

The groups will receive different bible texts and will respond to specific questions listed below.

- Each group identifies a rapporteur and a secretary,
- One group member reads out loud the given Bible text,
- Each group member gets an opportunity to express his or her first thoughts, before responding to the questions,
- Groups will summarise their discussion on flip chart and report back to the larger group.

Group 1: God encourages planning

Text: *"For which of you, desiring to build a tower, does not first sit down and count the cost, whether he has enough to complete it? Otherwise, when he has laid a foundation and is not able to finish, all who see it begin to mock him, saying, 'This man began to build and was not able to finish.'"* (Luke 14:29-30)

Questions:

- What does this scripture mean?
- Why did Jesus encourage planning?
- How does this text help us deal with yesterday's dilemmas on family planning and reproductive health?
- What is needed for good family planning?
- What other scriptures encourage planning?
- How should this be reflected in our church teachings and practices?

Group 2: God has created health workers to keep us healthy

Text: *"Hold the physician in honour, for he is essential to you, and God it was who established his profession. From God the doctor has his wisdom, and the king provides for his sustenance. His knowledge makes the doctor distinguished, and gives him access to those in authority. God makes the earth yield healing herbs, which the prudent man should not neglect; Was not the water sweetened by a twig that men might learn his power? He endows men with the knowledge to glory in his mighty works, Through which the doctor eases pain and the druggist prepares his medicines; Thus God's creative work continues without cease in its efficacy on the surface of the earth. My son, when you are ill, delay not, but pray to God, who will heal you: Flee wickedness; let your hands be just, cleanse your heart of every sin; Offer your sweet-smelling oblation and petition, a rich offering according to your means. Then give the doctor his place lest he leave; for you need him too. There are times that give him an advantage, and he too beseeches God that his diagnosis may be correct and his treatment bring about a cure. He who is a sinner toward his Maker will be defiant toward the doctor."* (Book of Sirach or Ecclesiasticus 38:1–15)

Questions:

- What does this scripture mean?
- What does Ben Sira say about health workers, medical knowledge and medicine?
- How does this text help us deal with yesterday's dilemmas on family planning and reproductive health?
- What is needed for good family planning?
- What other scriptures encourage seeking advice from health workers and accepting their knowledge and medicine?
- How should this be reflected in our church teachings and practices?

Group 3: God encourages birth spacing to protect the mother's and the child's health

"When she had weaned No Mercy, she conceived and bore a son." (Hosea 1:8)

- What does this scripture mean?
- What does this say about spacing of pregnancies?
- What other scriptures encourage spacing of pregnancies?
- How do the identified texts help us deal with yesterday's dilemmas on family planning and reproductive health?
- What is needed for good family planning?
- How should this be reflected in our church teachings and practices?

Group 4: God has given us the power of choice and self-discipline

"But the fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, and self-control. Against such there is no law." (Galatians 5:22–23)

"Whoever has no rule over his own spirit is like a city broken down, without walls." (Proverbs 25:28)

- What do these scriptures mean?
- What do they say about discernment and about self-discipline?
- What other scriptures encourage discernment and self-discipline?
- How do the identified texts help us deal with yesterday's dilemmas on family planning and reproductive health?
- What is needed for good family planning?
- How should this be reflected in our church teachings and practices?

After 1 hour of group discussions, each group will share a summary of their discussions. Before they report back, facilitators will emphasise the following points:

- We can see that family planning and reproductive health is not a foreign concept or one that is alien to the Bible.
- It was God's intention to plan from creation, through salvation and then for eternal life, too.
- God has given us health workers with medical knowledge and medicine.
- God has given us the power of discernment and of self-control.
- The bible has information about birth spacing.

Facilitators will ask participants to draw conclusions. Together, they will prepare a presentation for the other Caravan participants who include Catholics and Muslims.

Advice to facilitators and trainers

This is a contextual bible study. The previous session on family planning and reproductive health dilemmas is a reality check. People "see" what is happening around them. They identify dilemmas asking questions on how to deal with them.

In this session, participants read the Bible, articulate and take ownership of their own interpretation of a particular text in relation to their context. It relates the Bible text to dilemmas raised previously.

Contextual bible study is not just about interpreting the Bible. Rather, the process helps us understand the world and make sense of it. Most importantly, it helps us ignite action. The next session is about identifying action points.

For this session to be successful, facilitators must know their theology, and help participants find answers. Annex 12 provides some interpretative support. It is largely based on materials developed by Christian Connections for International Health as well as the Access Programme.

5.10 Catholic perspective

Learning objectives	Participants will be able to describe Healthy Timing and Spacing of Pregnancies from a Catholic Christian perspective. By the end of this session, participants have reflected on their context and the importance of Healthy Timing and Spacing of Pregnancies/ family planning for the health and wellbeing of women, girls and children. They will explore solutions to existing dilemma related to reproductive health and family planning.
Methodology	Facilitated group work , and some introduction presentations
Resources	Bible Flip charts and markers
Duration of the module	2 hours
Presentation	Small introductions
Handouts	Text on Catholic Social Teaching (annex 13.1 and 13.2)

Key messages and content

This session is for Catholic Christian participants.

First, facilitators introduce this session to the whole group. They explain that participants will discuss healthy timing and spacing of pregnancies from a Catholic perspective, while dealing with dilemmas identified previously, drawing on insights from Catholic Social Teachings, medicine and demographers.

It has two parts. Each starts with a short introductory presentation, followed by group work and plenary debate.

- Part 1 is a reality check: What do we do in practice?
- Part 2 includes reflections on Catholic Social Teaching.

Part 1: Reality check: What do we do in practice?

In part 1, participants will reflect on healthy timing and spacing of pregnancy and unintended pregnancies in their daily practice and communities.

Facilitators remind participants about what was discussed in earlier sessions.

Background information: Avoiding unintended pregnancies and healthy timing and spacing of pregnancy is at the heart of ensuring safe motherhood and the health of women and girls. Healthy Timing and Spacing of Pregnancy can help women delay and/or space their pregnancies to achieve the healthiest outcomes for women, girls, newborns and children.

Facilitators will draw on key statics around unwanted pregnancies and social economic consequences of unplanned pregnancies in the area.

There are different components of safe motherhood:

- Antenatal Care: The objective of antenatal care is to provide check-ups to the woman and her baby in order to monitor the progress of the pregnancy and to prevent or manage complications. At least three antenatal visits are recommended, ideally with the first visit early in the pregnancy.
- Clean and Safe Delivery: Even with the best possible antenatal screening, any delivery can become a complicated one requiring emergency intervention. Therefore, the emphasis for delivery care must be on provision of skilled assistance.

- Postpartum and Post-natal care: Initiate within first 48 hours after birth to assess the general condition of the mother and her recovery after childbirth. This is the most critical period as women are at high risk of haemorrhaging. In addition, the health and well-being of the new-born should be assessed.

In addition, it is important for you to know the safest times for a woman to become pregnant and also the impact of poor Healthy Timing and Spacing of Pregnancy has on women.

Box 5: Healthy timing and spacing of pregnancy

The safest time for a woman to become pregnant, with the least risk of death to both mother and baby, is:

- Between the ages 18-35;
- Not within 6 months of a miscarriage; -
- Not until the preceding child is at least 2 years old. And not later than 5 years (if another pregnancy/child is planned).

With poor or no healthy timing and spacing, pregnant women are more likely to die, lose the baby, or suffer disease if they become pregnant at the following times:

- Before age 18 - After age 35
- Within 2 years of the previous birth
- Within 6 months of a miscarriage*
- Have already 5 children or more.

Note: 'miscarriage' is the term used for a pregnancy that ends on its own within the 20 weeks – 5 months – of conception.

Group work:

Facilitators divide participants into several smaller groups. Groups should be mixed and include lay and clergy leaders, theologians and technical staff.

Facilitators give the following instructions:

- Each group identifies a rapporteur and a secretary,
- For 20 minutes, building on what they have done over the last two days they should debate the following questions.
- Groups will summarise their discussion on flip chart and report back to the larger group for 15 minutes.

Guiding questions:

- What does our faith teach about healthy timing and spacing?
- What role do religious leaders have?
- What do we do in practice, in our churches, institutions facilities to promote healthy timing and spacing and reduce unintended pregnancies?

Part 2: Reflecting on Catholic Social Teaching

This step creates a space for debating and reflection on statements and references of Catholic social, morals and ethical teaching that relate to healthy timing and spacing and the wellbeing of women, girls, newborns and children.

Facilitators introduce three central topics: Responsible Parenthood, Compassion and Care for the vulnerable, and conscience.

Responsible parenthood

- In preparation for the international **Bishops' Synod on "The Vocation and Mission of the Family" (2015)**, theologians considered "natural methods for responsible procreation" and also "the need to respect the dignity of the person in morally assessing methods in regulating births." They reflected: "The choice of adoption or foster parenting expresses a particular fruitfulness of married life, not simply in the case of sterility." **They also noted that conscience trains us to listen to God's voice, to avoid both selfish choices and also insupportable burdens. These recommendations place responsible family planning in the hands of parents, where in fact such discernment ultimately resides.**
- Paul VI had also recommended **"responsible parenthood"** in **Humanae Vitae** (1968), citing "physical, economic, psychological and social conditions" involved in creating a family.
- In 2015, Pope Francis clarified that church teaching does not insist Christian parents "must make children in series."
- While still a Cardinal, the future Pope Benedict ventured that couples with several children must not be reproached for not having more. He declared family size a personal pastoral matter that "can't be projected into the abstract."

Compassion and Care for the vulnerable:

- The official stand of the Catholic Church is that contraceptives are against natural law and should not be used. However the recent encyclical '**Amoris Laetitia**', April 2016, from Pope Francis, underlines that we should not just heed doctrines and work for believers within the church, but we should put more emphasis on the spiritual, psychological, and practical care for people on their journey through life, however far they would be astray from the ideal situation in faith and in moral position. Pope Francis emphasizes repeatedly that true evangelization (exact word used by the pope, we could replace it by 'Caritas'), i.e. the message of God's Love, is meant for the most oppressed, the most impoverished and the most marginalized people in society.
- When the Zika virus threatened unborn children in Latin America, Pope Francis noted that "avoiding pregnancy is not an absolute evil" and that mothers in affected areas might do so. "Paul VI, a great man, in a difficult situation in Africa, permitted nuns to use contraceptives in cases of rape," Francis noted. Under threat of harm, procreative sex is not an absolute good.

Conscience:

- Central to the **Catholic social teachings** are the dignity of every human being, the solidarity of offering a decent life to everyone (regardless of age and gender), subsidiarity according to which people are (and should be able to be) the drivers of their own development, and the bonum commune (also referred as common goods). This implies that every person should be given the opportunity to make his/her own choices according to **their conscience and their circumstances**. The complex daily realities of the lives of many people and their effect on the sexual and reproductive lives of people should always be considered.
- Conscience is a central element of Catholic moral teaching and is derived from our free will which allows us to make truly voluntary choices.

Facilitators invite participants to return to their groups and discuss the three topics. Again, groups will summarise their discussion on flip chart and report back to the larger group for 15 minutes.

Guiding questions:

- What do they think about these references?
- Are there other teachings they would like to add?
- How do they relate to the daily practice regarding healthy timing and spacing and unintended pregnancies ?

After this group work, facilitators will organise a plenary session in which the different group share key points of their discussions.

Facilitators will distribute cards which show the key commitment on Family planning/ healthy timing and spacing. Participants will discuss the commitment and check whether it reflects their discussion.

Box 6: Commitment on Healthy timing and spacing of pregnancy

Family planning/ healthy timing and spacing - Couples / People should have families that they are capable of providing for. The church therefore promotes healthy timing and spacing so as to enable people to avoid unintended pregnancies and adequately provide for the needs of their families. People should have sufficient sexual reproductive health information to make informed choices. For those services that are not provided referrals should be made (recourse to conscience).

Advice to facilitators and trainers

The previous session on family planning and reproductive health dilemmas is a reality check. People “see” what is happening around them. They identify dilemmas asking questions on how to deal with them.

In this session, participants reflect on what is happening within their Catholic communities, compare it with Catholic Social Teachings and most recent statements and actions by Pope Francis.

Discussions on healthy timing and spacing can be challenging to faith, theological or ethical positions, in particular on the use of contraceptives. However, there are questions facilitators can ask to stimulate debate:

- what role do faith leaders have in helping women and girls only become pregnant when they want it and at the healthiest time?
- How can we help ensure the best health outcome for both mother and baby?

For this session to be successful, it is important that facilitators know the social, moral and ethical teachings of the Catholic church to support the participants in their discussions. The annexes 13.1 and 13.2 provide some support.

5.11 Taking action

Learning objectives	Participants will identify ways on how faith organisations can promote reproductive health and family planning in their communities.
Methodology	Group work
Resources	Flipchart and markers
Duration of the module	2.5 hours
Presentation	None
Handouts	None

Key messages and content

This group session immediately follows group sessions 5.9, 5.10 and 5.11. It is done separately by the Muslim group, the Catholic group and the Protestant group of participants.

Facilitators will ask participants to identify their faith organisations' spheres of influence. Facilitators write answers on a flip chart, and groups them as follows:

- **Worship and spiritual disciplines:** service, prayer, preaching, studies
- **Education and teaching:** schools, university, madrassas, catechism classes
- **Social services including health services:** health units, medical supplies
- **Social life:** women's groups, men's groups, youth groups, choirs, psycho-social support groups
- **Awareness creation:** printing books, radio stations, awareness creation campaigns
- **Advocacy:** contribution to policy making, dialogues with decision makers, with other faith groups.

The facilitators will ask participants to identify their platforms in each sphere of influence. This is specific to each faith organisation. One organisation owns a university. Another organisation has many health centres. A third one has a local radio station.

On the basis of this list, facilitators will form smaller groups. This time, the groups should be homogeneous – a group comprises clergy, another medical staff, another education staff etc.

Facilitators will ask participants to identify specific action points on family planning and reproductive health within their sphere of influence.

After 1 hour of discussions, each group will share a summary of their action points.

Facilitators will ask participants to draw conclusions. Together, they will prepare a presentation for the other Caravan participants who include Catholics, Protestants and Muslims.

Advice to facilitators and trainers

This session is action-oriented. By the end, there will be three presentations, describing what immediate actions have been identified to promote family planning and reproductive health through faith platforms and structures.

5.12 Interfaith dialogue

Learning objectives	Participants will learn other faith perspectives on family planning and reproductive health. Participants will learn what actions other faith organisations are planning to take. They will identify common actions.
Methodology	3 presentations, followed by a dialogue
Resources	Projector Flip charts Markers
Duration of the module	2.5 hours
Presentation	A presentation on the interfaith declaration, prepared by focal points Presentations will be developed by participants in previous sessions.
Handouts	None

Key messages and content

Facilitators welcome back all participants, and thank them for fruitful discussions. They summarize what three parallel groups have achieved in morning sessions:

- A group with Muslim faith representatives has summarized their approach towards family planning and reproductive health, and they have identified action points.
- A group with Protestant faith representatives has summarized their approach towards family planning and reproductive health, and they have identified action points.
- A group with Catholic faith representatives has summarized their approach towards family planning and reproductive health, and they have identified action points.

Facilitators explain that the interfaith dialogue will be conducted in three main steps.

- Three rapporteurs will present a summary of this group work, and respond to questions.
- Then, smaller interfaith groups will be formed to identify gaps, challenges and opportunities, and to identify joint actions. This group work will be presented and summarized on flip charts.
- Finally, the focal points will present the pre-negotiated interfaith declaration. They read out loud the declaration, and explain the negotiation process, and the mandates received by their decision makers.

In the first part, facilitators will invite the rapporteurs to present their group work, for 10 minutes each. Rapporteurs will present:

- A summary of teachings on family planning and reproductive health, referring to maximum three faith scriptures and sources,
- An overview of main strengths and weaknesses,
- An overview of their main platforms,
- A discussion of how they plan to leverage their strengths, overcome their weaknesses, and what main actions they plan to do,
- Identify how they want to work with other faith organisations in the room.

Participants will note their questions. All questions will be discussed at the end of the round of presentations. The round of questions is managed by facilitators for about 30 minutes. They collect all questions and direct them to the rapporteurs.

In the second part, facilitators divide participants into several groups. Again, these groups should be mixed and include Christians from different denominations and Muslims from different schools of thought. Each group identifies a rapporteur and a secretary.

Each group will respond to four questions: In the three presentations, where do you see

- Gaps in family planning and reproductive health,
- challenges and opportunities among other faith organisations,
- possibilities for joint actions.

Groups will summarise their discussion on flip chart and report back to the plenary. Thereafter, facilitators identify joint action points that have been proposed by most groups, and ask the plenary whether these can be added to the list of actions. This group work and the plenary discussion last about 1 hour.

In the third part, focal points present the interfaith declaration (about 30 minutes). This presentation includes:

- Reading out the text of the declaration aloud,
- Explaining how it was developed,
- And expressing the commitment of their faith organisations.

Facilitators close the day by thanking participants about the open and interesting discussions. They ask all faith organisations to revise their pre-negotiated action plans overnight, so that they can be added to the declaration on the next day. The responsibility for updating these action plans is given to the focal points.

Advice to facilitators and trainers

For greater ownership, this session is implemented in close collaboration with focal points. They have been informed about this session beforehand, and they understand their role. They will help steer the discussion. They take a leading role during group discussions, and help document input and collect all action plans.

This session needs to be closely managed.

Time-management is important. Facilitators will brief all presenters in advance, clarifying their speaking time. They will actively manage time during the session. They will ask presenters to conclude their presentation when their speaking time is over. During Questions and Answers, they will remind participants to ask short questions. They will announce how many questions are allowed.

Managing content is equally important. By now, facilitators have gotten to know participants. They understand the interests of different participants. This helps them in managing contributions. They will stay alert and avoid that disruptive individuals deviate the group from constructive discussions.

5.13 Family planning and reproductive health policy framework

Learning objectives	By the end of the session, the participants will: Understand the history of family planning and reproductive health in their country. Be aware of the existence and content of the public health policy framework in general, and more particularly with regard to family planning and reproductive health. Understand the limitations of this policy framework.
Method	Presentation followed by questions and answers
Resources	Projector
Duration of the module	45 minutes
Presentation	Presentation about family planning and reproductive health policy framework
Handouts	Copies of most relevant policies

Key messages and content

This session begins with a presentation that draws on a good analysis of the country's policy framework (chapter 4.2). It covers the following topics:

- Background
- History
- Key legislation and policies
- Limitations of legislation and policies
- The involvement of religious leaders in developing and implementing this policy framework.

This is followed by a question and answer session.

Advice to facilitators and trainers

Many participants do not know their country's policy framework. The presentations must start with the basics, and should not assume prior knowledge.

Many faith leaders are not familiar with policy jargon. Sometimes, they find language on family planning and reproductive health aggressive. It is important to spell out acronyms and explain difficult terms.

It is important to show how faith organisations have been involved in developing this policy framework, for example through consultations or ongoing collaboration. This will increase their ownership of existing laws and policies.

Since faith organisations use different terminology in their own practices and teachings, facilitators need to highlight commonalities with the policy framework. They need to constantly refer to prior sessions.

5.14 Dialogue on applying the policy framework through faith platforms

Learning objectives	At the end of the session, the participants will have reflected on how to use the policy framework. They will have identified two or three elements to enforce this framework in their respective institutions.
Method	Facilitated group work
Resources	Flipchart Markers
Duration of the module	1 hour
Presentation	None
Handouts	None

Key messages and content

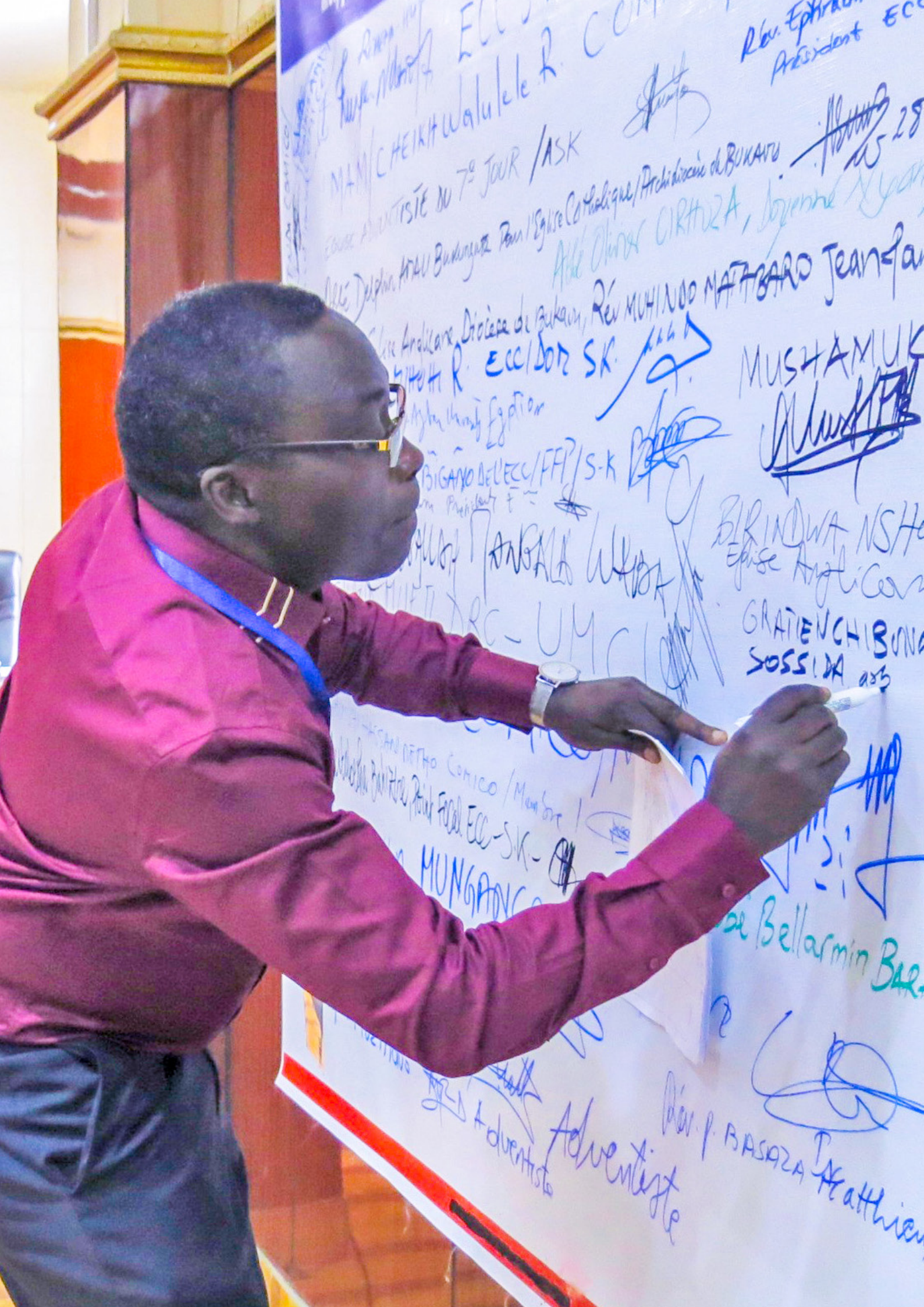
First, facilitators present this session to the whole group.

Then, the participants will form groups by religious denomination. They will choose a group moderator and a secretary. They will receive handouts of relevant sections of family planning and reproductive health laws and policies. In their group, they will discuss the questions listed below and keep track of their discussion on a flipchart. Thereafter, they will report back to the plenary.

The groups will answer the following questions:

- **Strengths:** Identify the elements of the law that may be useful to you in achieving the goal of family planning and reproductive health in your faith organisation.
- **Weaknesses:** Identify the elements of the law that will hinder you in achieving the goal of family planning and reproductive health in your faith organisation.
- **Threats:** Identify the elements of the law that may hinder some aspects of your religion.
- **Opportunity:** Identify the elements of the law that could protect (be useful to) certain aspects of your religion.
- **Another question:** How can you implement those elements which are useful for your faith organisation in promoting family planning and reproductive health? (two or three elements, how do they apply to women, their health and family).





6 Advocacy

6.1 Signature ceremony

Learning Objectives	To increase senior faith leaders' ownership of family planning and reproductive health. To formally sign the interfaith declaration.
Methodology	Formal event with key note speakers and signature of the declaration
Resources	9 high-quality copies of the interfaith declaration, A large poster or banner with the interfaith declaration.
Duration of the module	1 hour
Presentation	None
Handouts	Copies of the interfaith declaration

Key messages and content

This formal session has three parts:

- Three key note speeches,
- Reading of the interfaith declaration,
- A signature ceremony.

Facilitators will introduce the three key note speakers. They shortly summarise their biography, before inviting them to speak. Key note speakers have been identified beforehand by focal points, and will share their thoughts on family planning and reproductive health.

Thereafter, the interfaith declaration is read out aloud. This person has been identified by focal points as well.

Then, senior representatives of each faith organisation are invited to take a seat at the high table. They will ceremoniously sign high quality copies of the interfaith declaration.

At the end, all participants are invited to sign the larger banner or poster which displays the text of the interfaith commitment. A sample interfaith declaration is provided in annex 3.

Advice to facilitators and trainers

This is a formal event, aiming at increasing senior faith leaders' commitment and ownership of the process.

Facilitators prepare this session in collaboration with focal points: Focal points identify and brief speakers. They invite and brief their senior leaders.

The level of formality depends on context. In some countries, the national anthem may be plaid.

6.2 Multi-stakeholder roundtable on family planning and reproductive health

Learning Objectives	To communicate the interfaith declaration to stakeholders. To increase public accountability of faith leaders for their commitment
Methodology	Presentation followed by a dialogue
Resources	None
Duration of the module	1 hour
Presentation	None
Handouts	Signed interfaith Commitment

Key messages and content

This is a roundtable discussion with family planning and reproductive health stakeholders. It is organized within the framework of existing collaboration mechanisms. In Sud Kivu, family planning and reproductive health is coordinated by a provincial Technical Multisectoral Permanent Committee (Comité Technique Multisectoriel Permanent, or CTMP). It is constituted of government departments, multi-lateral agencies, national and international non-governmental organisations. Ideally, Caravan organisers are part of this local collaboration mechanism.

The roundtable is organized within the framework of the Caravan, but it does not involve all Caravan participants. Next to Caravan organizers, it involves one representative from each faith organisation. These representatives have been selected beforehand, in collaboration with the focal points.

The roundtable itself has three parts:

- Presentation of the interfaith declaration, the action plans and the process leading to the declaration,
- Questions and answers,
- Support needed to put the interfaith commitments into practice, and areas of collaboration.

Advice to facilitators and trainers

This session is only useful where local stakeholders collaborate already. Organisers should skip this session, if functioning coordination mechanisms do not exist.

Several months before carrying out the Caravan, they need to inform the committee members of the Caravan. They will brief them about:

- Caravan objectives and methodology,
- Role of faith organisations in delivering family planning and reproductive health,
- Agree on scheduling a special roundtable on faith and family planning and reproductive health.

A few weeks before the event, organizers prepare a roundtable agenda, and together with the committee chair, they invite all stakeholders to the roundtable discussion.

The session will be more effective, if prior areas of support can be identified. Usually, stakeholders run the following type of programmes:

- Capacity development of health workers, community health volunteers, midwives,
- Capacity development of teachers,
- Institutional strengthening of health units, eg by support supply chain management, infrastructure, quality of care,
- Social and behaviour change communication, including capacity development of different target groups, including faith leaders, and dissemination of messages through radio, edutainment and community mobilization,
- Outreaches,
- Supply of family planning commodities.

Organisers will assess whether stakeholders are interested to link their programmes to faith organisations.

6.3 Press conference on interfaith declaration

Learning Objectives	To inform the press so that they can broadcast the interfaith commitment,
Methodology	Facilitated press conference
Resources	Name plates Briefing note for spokespeople
Duration of the module	1 hour
Presentation	None
Handouts	Press package: Agenda, Press release, copy of the interfaith commitment, speaker's biographies, short information materials on: family planning and reproductive health (annexes 14)

Key messages and content

Facilitators will open the press room 15 minutes before the beginning of the conference. Some journalists need time to set up their equipment. Welcome all participants at the door and ask them to sign in a registration sheet. Distribute the background material and a copy of the press release. Start the press conference on time.

The facilitator welcomes everyone and briefly introduces the spokespeople. Spokespeople will make their 5 minutes statements, and the interfaith declaration will be distributed. After the speakers are finished, the facilitator invites questions and directs the questions to speakers. After all important information was given, the facilitator closes the press conference, and informs journalists that more information is available on demand. Facilitators thank journalists and bloggers for the attendance, and thank them for informing the public about this interfaith declaration.

Advice to facilitators and trainers

Timing is important: Organise the press conference in the late morning. Journalists will have time to travel to the conference, and time to write and file a story before their editorial deadlines.

Advance notice is important: Prepare a list of journalists and bloggers. Inform journalists and media houses a few days in advance so that they can integrate the event into their calendars. Call them the day before to remind them about the event.

The location should be central and easy of access.

The event should not take too long, with a few speakers and lots of time for questions and answers. Annex 14.1 has a draft agenda.

Prepare a press package with a press release, a copy of the interfaith declaration and action plans, spokespersons' bios and information materials. Annex 14.2 has a draft press release, annex 14.3 has a range of information materials.

Put someone in charge of social media, posting updates on social media. Inform journalists about your twitter handle as well as hashtags for this event.

Prepare your spokespeople to deliver your message. We recommend only three spokespersons, representing the Muslim, Catholic and Protestant faith community. Do not increase the number of speakers as this will confuse the message. Rehearse with them to make statements brief and clear and usually no longer than 5 minutes. It is important that everybody understands their role. Annex 14.4 is a draft advisory for speakers. Criteria for good spokespeople are:

- they feel comfortable with the topic of family planning and reproductive health,
- they are conversant with the topic, so they can answer questions adequately,
- they have authority to speak, and are influential in the community,
- they are eloquent.

Sometimes journalists want to interview the spokespeople. Inform participants, that spokespeople will be available after the press conference.

Only one person will facilitate the press conference. The facilitator will control the process and keep journalists on the subject. If someone goes off topic, the facilitator can return the focus by saying such things as: "That's an interesting point, but we are here today to discuss...". Inform journalists at the beginning that the conference will not discuss differences between faith organisations.

Prepare a list of potential questions, and prepare for answers. Annex 14.5 has a list of potential questions and answers.



6.4 Meeting with local government representative

Learning Objectives	To communicate the interfaith declaration on family planning and reproductive health to the local government authority, To increase public accountability of faith leaders for their commitment, To advocate for greater government support for family planning and reproductive health.
Methodology	Official meeting
Resources	None
Duration of the module	Be ready 30 minutes before 1 hour
Presentation	None
Handouts	Signed interfaith declaration

Key messages and content

This is an advocacy meeting with the most senior local government representatives.

The meeting has three parts:

- A delegation of faith leaders presents the interfaith declaration and action plans on family planning and reproductive health,
- The delegation responds to the local government representative's questions,
- One faith leader closes the meeting with an advocacy speech.

In presenting the interfaith declaration, faith leaders will talk about the following main points:

- Their support to family planning and reproductive health,
- Who they are, listing all the signatory faith organisations,
- Why they have met, describing the region's situation and listing indicators such as maternal mortality rates, child mortality, poverty etc,
- Why they are concerned,
- And how they plan to promote family planning and reproductive health.

They will hand over a copy of the interfaith declaration and respond to questions.

One faith representative will close with an advocacy speech. This speech is prepared in advance together with focal points. This speech must be adapted to the levels of devolution and powers vested in the local government authority. Annex 15 helps develop key advocacy asks.

Advice to facilitators and trainers

A month before carrying out the Caravan, organisers need to inform the local government authority about the event. It is recommended to prepare a technical note to explain the event.

A preparatory meeting between organisers and a representative of the local government authority will help with the following:

- Identifying a date and time for a formal meeting with a delegation of faith representatives,
- Agreeing on the agenda,
- Clarifying protocol and security questions.

During the Caravan, participants will identify a small delegation of faith leaders who will meet with the local government authority. These representatives must meet the following criteria:

- They have authority to speak on behalf of their faith organisation,
- They are influential in the community,
- They believe in the relevance of family planning and reproductive health,
- They are eloquent and capable of articulating clear advocacy asks.

Organisers will prepare an advocacy speech in collaboration with focal points and will agree on who will deliver the speech.



7 Interfaith action

7.1 Interfaith worship

Learning Objectives	To increase faith leaders' capacity to communicate on family planning and reproductive health through experiential learning, To communicate interfaith declaration to stakeholders, To increase public accountability of faith leaders for their commitment, To promote interfaith collaboration on family planning and reproductive health.
Methodology	Worship in a mosque and a church, including prayers and sermons on family planning and reproductive health
Resources	None
Duration of the module	About 2 hours
Presentation	None
Handouts	Copies of the interfaith declaration and action plan

Key messages and content

The Caravan has two interfaith worship events.

Participants meet 1 hour before the events at the conference venue. Facilitators brief participants about the day's agenda and explain worship proceedings. They explain the arrangements that have been taken for different faith participants, including dos and don'ts.

On Friday, all Caravan participants attend a prayer and speech in a mosque. On Saturday or Sunday, all participants attend a service in a church. Jumuah (Friday prayer) is led by a Muslim scholar, who has facilitated the Caravan. Christian service is led by a Christian theologian, who has facilitated the Caravan.

Aside a call to encourage family planning and reproductive health, the event informs worshippers about the interfaith declaration on family planning and reproductive health. If possible, the declaration is read out aloud and paper copies are distributed to worshippers.

Advice to facilitators and trainers

Both events are planned in close collaboration with local faith focal points.

Focal points agree on logistics:

- They select the places of worship,
- They meet with people who are responsible for the places of worship to agree on the interfaith activity, its focus, programme and timing,
- They identify where and how different faith representatives can participate in the event, including expectations on behaviour and sitting arrangements,
- In order to enable other faith representatives' understanding, focal points need to find ways to comment proceedings. In the case of Jumuah, this includes interpretation from Arabic to a language everybody understands.
- They make transport arrangements and ensure the security of participants.

Focal points prepare the content.

A small committee is formed between focal points and people who are responsible for the place of worship. They need to plan:

- Welcoming visitors appropriately.
- They prepare the content and choose readings, prayers, hymns. Materials should focus on what faith groups have in common, and not what divides them. The committee can use available guides to prepare the events. A list of existing guides in English, French and Kiswahili can be found at the bottom of this section.
- They agree on the level of involvement of other faith leaders. Options range from inviting participants to attend a worship event, active participation in the event, including reading, praying roles, and symbolic gestures such as lighting a candle, positioning a stone, planting a seed, an event where each faith group contributes in turn.

This is a list of helpful tools on faith and family health and wellbeing:

- Chand, Sarla, Erb, Kathy (2009), "Christian Sermon Guide to Save the Lives of Mothers and Newborns" (IMA World Health) ([English version here](#), [French version here](#))
- Chand, Sarla, Al-Kabi, Ahmed (2009), "Muslim Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders" (IMA World Health) ([English version here](#), [French version here](#))
- Ministry of Health and Social Welfare, "Christian Sermon Guide for Reproductive and Child Health: A Toolkit for Tanzanian Religious Leaders" (IMA World Health) ([English version here](#), [Kiswahili version here](#))
- Ministry of Health and Social Welfare, "Muslim Khutbah Guide for Reproductive and Child Health: A Toolkit for Tanzanian Religious Leaders" (IMA World Health) ([English version here](#), [Kiswahili version here](#))
- Georgetown University's Institute for Reproductive Health and Christian Connections for International Health (2012), "Love, Children and Family Planning Discussion Guide" ([English version here](#), [French version here](#))

Organising interfaith events can be difficult. Some recommendations include:

- Jointly formulate very clear and shared objectives,
- Don't be too ambitious,
- Be clear on who will participate,
- Mutual respect and trust are keys to the success,
- Honour all faith traditions,
- Don't surprise participants with messages that have not been discussed,
- It should be voluntary: generate curiosity but don't create peer pressure. Emphasize that people are free to join, but that this is not a requirement,
- Avoid bringing faith symbols into other places of worship.

There are no readily available advisory guides online. For example, organisers may be inspired by Cohn-Sherbok, Dan, Lewis, Christopher (2019), "Interfaith Worship and Prayer: We Must Pray Together" or Lamine, Anne-Sophie (2004), « La cohabitation des Dieux: Pluralité religieuse et laïcité », Presses Universitaires de France, or get in touch with Faith to Action Network for more advice.

7.2 Dialogue with congregants and faith leaders

Learning Objectives	To sensitize congregants and local faith leaders
Methodology	Questions and answers sessions
Resources	None
Duration of the module	2 hours
Presentation	None
Handouts	Copies of the interfaith declaration and action plans

Key messages and content

Immediately after the worship event, organisers will prepare lunch so that local faith leaders can show hospitality and all participants can interact.

After lunch, two types of activities are planned:

- Worshippers get an opportunity to interact with Caravan facilitators and scholars.
- Local faith leaders get space for informal discussions with Caravan facilitators and scholars.

Both events are questions and answer sessions, based on content discussed during the Caravan.

- Facilitators start by introducing the scholars and their expertise: there is a theologian who can respond to religious questions, a public health scholar who can respond to medical questions, and so on.
- Facilitators collect three to five questions at a time, before redirecting their questions to specific scholars. This gives scholars time to prepare their responses.
- The meeting ends with a very short prayer. Facilitators inform that scholars will be available for half an hour to respond to individual questions.

Advice to facilitators and trainers

Organizers need to identify meeting locations with focal points. It is possible that men and women want to meet separately.

Facilitators will be flexible to react to the interests of the congregation. In some cases, instead of plenary question and answer sessions, they recommend individual counselling sessions.

This session needs to be closely managed. Facilitators will actively manage questions, asking participants to be short. Managing content is equally important. Facilitators stay alert and avoid that disruptive individuals deviate the group from constructive discussions.



8 Monitoring and evaluation

Learning Objectives	To monitor the progress of the Caravan on a daily basis To evaluate the effectiveness of the Caravan
Methodology	Intense period debriefs Pre- and post-Caravan survey
Resources	none
Duration of the module	Survey on day 1 : 15 minutes Survey on day 6: 15 minutes Final intense period debrief: 2 hours
Presentation	None
Handouts	Pre- and post-Caravan questionnaire (annex 16.1 and 16.2) Debrief Facilitation Instructions (annex 16.3)

Key messages and content

The Caravan is evaluated by asking for participants' personal feedback. They respond to pre- and post-activity questionnaires, with a set of rating-scale questions on their theological, medical and legal knowledge on family planning and reproductive health, their attitudes, their organisation's policies and practices, and their opinions on interfaith work.

On day 1, before the Caravan formally begins, facilitators ask participants to complete and return a questionnaire. This can be done as people trickle in, while waiting for late-comers. Annex 16.1 has a draft questionnaire.

On day 6, after the final closing ceremony, facilitators ask participants to give their written feedback. Annex 16.2 has a draft questionnaire.

The Caravan is evaluated by a final debrief. Caravan organisers and focal points meet after Caravan closure and reflect on the activity. One person is chosen to ask questions, using the protocol included in annex 16.3. One person is chosen to take notes. The discussion identifies:

- Intended and unintended outcomes,
- Effectiveness of activities,
- Challenges and how they were solved.

Advice to facilitators and trainers

Pre and post-Caravan questionnaires will be computed and compared in order to identify changes in participants' mindsets. The resulting information needs to be treated with caution. It is very hard to gain reliable information on people's knowledge, attitude and behaviour.

The period debrief helps document observations and experiences of multiple stakeholders that otherwise will be lost. The Caravan is a complex activity involving many organizers and partners. Everybody is engaged with pre-planned and ad hoc activities that collectively help achieve the aims of the Caravan. Documenting the discussion and using a standardized protocol allows to collect lessons learned, when information is still fresh.



9 Creating safe interfaith spaces

This chapter gives recommendations in how to create a safe space for interfaith learning and dialogue on family planning and reproductive health, drawing on Faith to Action Network, Al Azhar University and Cordaid's experience.

9.1 Definition

For many faith communities, family planning and reproductive health includes controversial issues, raising emotions that stay in the way of constructive problem-solving. The authors' experience is that in public, faith leaders talk the status quo. Behind the scenes or in individual conversations there is often compassion and understanding.

A safe space helps **learn and dialogue** openly about family planning and reproductive health **free from fear of being challenged due to one's knowledge, beliefs or identity**. This space has rules to protect participants' self-respect, dignity, physical, emotional and psychological safety.

In this safe space, faith actors are at the centre of their own empowerment.

9.2 How to build a safe interfaith space

Building trust: A safe space takes time to emerge. It is negotiated between organisers and participants. Section 4 on "getting ready" advises on preliminary advocacy. The same process helps organizers **create personal relationships** with participants and build **trust**. It helps develop shared objectives and values. After identifying focal persons in each faith organisation, involve them in the planning the Caravan. To increase their ownership, they need to be part of defining the objective and caravan agenda and content. Identify what will be discussed, and clarify in advance conflictual issues. Participants need to know and understand their own and other people's triggers.

A safe location: All participants need to be comfortable. For this interfaith activity, consider religious requirements for food, time for prayers, space for prayers. Check whether the meeting venue displays specific religious symbols and discuss with focal persons what to do about it. Assess whether the meeting venue will host other events at the same time and assess whether this creates discomfort to Caravan participants. Activities in Muslim and Christian places of worship must be carefully prepared and negotiated (chapter 4). Ensure participants personal safety and security.

Seating arrangements create a conducive environment for dialogue. Participants are seated behind tables in a circle. Facilitators are seated in the same circle.

Ask for consent: Prepare a consent form – to use photos generated in the process - that participants can sign. Make clear that participants' contributions and quotes are documented but cannot attributed to an individual. Note that for exceptions specific consent is required.

Set ground rules: The Caravan's first session (chapter 5.1) is used to define a safe space and ground rules. Participants agree on rules they want to apply and to manage these rules. This covers verbal and non-verbal communication, time keeping, phones, confidentiality. Facilitators must enforce these ground rules throughout the Caravan, including addressing tricky issues.

Set clear objectives: Invitation letters to participants must be clear about the Caravan's objectives (annex 4). Encourage and foster an honest discussion about what faith organisations want from the Caravan during preparatory meetings. Talk about the expected outputs. Make sure focal points discuss the objectives and outputs with their organisation's decision makers beforehand. During the Caravan's first session the objectives and outputs are repeated.

Language: During the Caravan emphasize repeatedly that words and language are not meant to hurt or shock participants.

Closing: At the end of the Caravan, it is important to revisit the objectives and ask participants to share their feedback.

9.3 Facilitation techniques

The authors recommend a set of tested facilitation techniques.

- **Be personal:** During introductions, ask participants to share personal information which makes them "human". If they were an animal/ a body part / a plant etc, which one and why? What is their preferred food and why? Ask them to share something other people don't expect or know about them.
- **Acknowledge people's contributions:** When a participant makes a contribution – theological, medical, theoretical, practical and even personal - make sure the participant knows you are hearing them. This can be done through eye contact, and also repeating what they have said and acknowledging it.
- **Processing:** Always reformulate what people have said and connect it to the Caravan's main theme.
- **Move on:** Sometimes, discussions don't seem to stop, or participants repeat the same issue in different ways. As a facilitator, lead the process and move on. Sometimes, ask for participants agreement to move on.
- **Follow-up:** Some participants will require individual follow-up and provision of external support resources.

9.4 Exercises and energizers

The following exercises help build a safe space.

- **Grounding and contemplation** exercises help the group refocus, digest and reflect (for example devotions in chapter 5.2; closing eyes, holding or shaking hands)
- **Solidarity** exercises help create connections between participants and make them feel valued and understood. Ask them to shake hands, to say "I really appreciate your experience"
- **Lift the mood** by drawing on the skills of facilitators and participants through songs and short games.

9.5 Principles

Successful safe interfaith spaces apply the following principles.

- **Language matters**, who says it matters, and how it is said matters. Facilitators must be careful in their choice of words so that participants don't feel antagonized or discriminated on the basis of different faith, gender, age, culture, ability status. Facilitators must use inclusive language. Facilitators must be aware of their own cultural and faith background to avoid bias. Sometimes a crucial message can be delivered by a different participant.
- **Don't judge**. Facilitators and participants listen to each other and refrain from judging
- **All opinions are valid**. Facilitators need to know their own agenda, and the sources of power in the room. They must make sure that all participants get equal opportunity to speak.
- **Envisioning futures**: The safe interfaith space focuses on identifying a shared future, where family planning and reproductive health issues are addressed collectively. The space should not exclusively focus on areas of dissent.
- **Be Brave**: Sensitive issues can and must be discussed. This can be done with a thorough theological understanding, with correct data and information.

10 Annexes



Annex 1: Mapping tool

Faith organisation: _____

Main advocacy asks: _____

Current situation: _____

Category	Faith teachings and policies on:	Health service provision	Education
Family planning			
Reproductive health			
Maternal and child health			
HIV/AIDS and STIs			
Adolescent health			
Sexuality education and life skills			
Existing resolutions and policies			
Gender based violence			
Other			

Key decision makers:

Role	Name	Position	Personal attitude
overall leader			
manager of medical services			
manager of education services			
leader of theological unit			
leader of women's unit			
leader men's unit			
leader of youth unit			
Other influential persons, who do not hold formal positions			

Annex 2.1: Islamic family planning messages

<p>Giving birth to children is a human right aim and legitimate objective of marriage, and the reason why Allah has legislated marriage. This was also a request that prophets and messengers have asked for. In this regard, the Holy Qur'an tells the stories of prophets Ibrahim (PBUH) and Zakariya (PBUH) and other servants of the Lord.</p>	<p>Allah the Almighty says "O Allah grant me pious offspring."³⁸</p> <p>رَبِّ هَبْ لِي مِنَ الصَّالِحِينَ (100)</p> <p>Allah the Almighty says "O my Lord! Grant me from You, a good offspring. You are indeed the All-Hearer of invocation."³⁹</p> <p>.... رَبِّ هَبْ لِي مِنْ لَدُنْكَ ذُرِّيَّةً طَيِّبَةً إِنَّكَ سَمِيعُ الدُّعَاءِ (38)</p> <p>Allah the Almighty says: "And who say: Our Lord! Vouchsafe us comfort of our wives and of our offspring, and make us patterns for (all) those who ward off evil."</p> <p>وَالَّذِينَ يَقُولُونَ رَبَّنَا هَبْ لَنَا مِنْ أَزْوَاجِنَا وَذُرِّيَّاتِنَا فُرْقَةً أَغْنَيْنِ وَاجْعَلْنَا لِلْمُتَّقِينَ إِمَامًا (74)</p>
<p>Raising strong and good-mannered children is a source of pleasure and power for the family and the whole society. We seek to awaken its goodness and protect it from evil. We should be aiming for children with knowledge and virtue, who can serve as role models and produce more than they consume.</p> <p>Therefore, Islam guides that children should be strong and able to perform the commands of Allah, be His successor on earth by way of building and construction, so that the children become a source of goodness and prosperity to society rather than a vice against it.</p>	<p>The Prophet (PBUH) said: "The people will soon summon one another to attack you as people when eating invite others to share their dish. Someone asked: Will that be because of our small numbers at that time? He replied: No, you will be numerous at that time: but you will be scum and rubbish like that carried down by a torrent, and Allah will take fear of you from the breasts of your enemy and last enervation into your hearts. Someone asked: What is wahn (enervation). Messenger of Allah? He ⁴⁰ replied: Love of the world and dislike of death."</p> <p>قال-ع:- (يوشك أن تتداعى عليكم الأمم كما تداعى الأكلة إلى قصعتها، قال قائل : أو من قلة نحن يومئذ يا رسول الله . قال: لا، بل أنتم يومئذ كثير ولكنكم غثاء كغثاء السيل، ولينزعن الله من صدور عدوكم المهابة منكم ، وليقذفن في قلوبكم الوهن، قالوا: وما الوهن يا رسول الله؟ قال : حب الدنيا وكراهية الموت)</p> <p>Abdullah Ibn Umar reported that when he was asked about the prayer of the Prophet (PBUH), he said: "I seek refuge in Allah against poverty associated with abundant children"⁴¹</p> <p>وروى عن ابن عمر رضى الله عنهما أنه سئل عن دعاء النبي -ع:- (اللهم إني أعوذ بك من جهد البلاء ، فقال : جهد البلاء كثرة العيال وقلة المال)</p>

38 Surat Al safat from verse (100)

39 Surat Al-Imran from verse (38)

40 Reported by Abo Dawood in his Sunan- Ketab Al-Malahem- chapter: this Ummah will be swallowed up by the earth,4/108H 4297

41 See Kashf Al-Khafaa, P (1) P: 402.

Family planning means birth spacing, which has valuable health benefits to both the mother and the baby. If the mother gets pregnant before completely recovering from a previous pregnancy, this can lead to miscarriage, fetal death or low-birth weight baby, or a baby who is more vulnerable to diseases. This would be contrary to praying to Allah for a strong offspring as mentioned in the Holy Qur'an.

Allah the Almighty says **"And those who pray, Our Lord! Grant unto us wives and offspring who will be the⁴² comfort of our eyes."**

وَالَّذِينَ يَقُولُونَ رَبَّنَا هَبْ لَنَا مِنْ أَزْوَاجِنَا وَذُرِّيَّاتِنَا فَرَّةً أُغْنِ وَاجْعَلْنَا لِلْمُتَّقِينَ إِمَامًا (74)

Family planning is permissible in Shari'a. None of the religious scholars has stated that it is prohibited or banned by Shari'a, as long as it has sound justifications. This is mainly to avoid any failure in upbringing and to avoid burdening the parents with excessive physical, intellectual, psychological and spiritual requirements by their children.

Imam Al-Shafi interpreted the phrase "that you may not incline" in the verse "And if you fear that you will not deal justly with the orphan girls, and then marry those that please you of [other] women, two or three or four. But if you fear that you will not be just, then [marry only] one or those your right hand possesses. That is more suitable that you may not incline."⁴³ So, he said "not to incline to poverty and need." The same meaning was mentioned in the verse "If they should be poor, Allah will enrich them from His bounty."⁴⁴

يَا أَيُّهَا الَّذِينَ آمَنُوا إِنَّمَا الْمُشْرِكُونَ نَجَسٌ فَلَا يَقْرَبُوا الْمَسْجِدَ الْحَرَامَ بَعْدَ عَامِهِمْ هَذَا. وَإِنْ خِفْتُمْ عَيْلَةً فَسَوْفَ يُغْنِيكُمُ اللَّهُ مِنْ فَضْلِهِ إِنْ شَاءَ. إِنَّ اللَّهَ عَلِيمٌ حَكِيمٌ (28)

In the Hadith (He who is moderate in spending will never become poor)⁴⁵ The one who spends from his money in a moderate manner, will never become poor. This includes a metaphor because having too many children will result in a need for too much money to cover their expenses and needs.⁴⁶ This is confirmed by the use of the word in Arabic (not to incline – *an la' ta'illo*), as it is derived from the word "a'aal", which means to have too many children.

42 Surat al Forkan, from verse (74)

43 Reported by Ibn Abi Hatem in the interpretation of Holy Quran, Surat Al Nesaa " That is more suitable that you may not incline [to injustice]", 3/860 H4764- T: Mecca, Riyadh, verified by Asaad Mohammed Al-Tayeb.

44 Surat At-Tawbah from verse (28)

45 Reported by Ahmed in his Musnad 1/447 T, Darelfik

46 Interpretation of Al-Bahr Al-Mhet, p (3)/p: 173

<p>A benefit of family planning is that it enables the mother to breastfeed her child for the longest possible period, which, in turn minimizes the health disorders resulting from early weaning because of a closely-spaced pregnancy without being prepared to take care of a new baby. Consequently, the child becomes more vulnerable to diseases or death.</p>	<p>Allah the Almighty says "And [after divorce also] mothers shall suckle their offspring for two whole years, for those who desire to complete the term." ⁴⁷</p> <p>﴿وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ﴾ (233)</p>
<p>Family planning gives the children a better opportunity to get proper nutrition during their initial formation period. It also provides them with an appropriate opportunity for better learning along with social and health care and psychological stability. This can be done without overburdening the parents because of the big responsibility they assume.</p>	<p>Allah the Almighty says "A man is the guardian of his family and he is responsible for them. A woman is the guardian at her husband's home ⁴⁸ and she is responsible for the family."</p>
<p>One issue related to family planning is identifying the girl's marriage age by not less than 18 years old. At this age, the girl becomes physically and intellectually mature, which helps establish a strong family and limits the girl's vulnerability to potential pregnancy and delivery risks. More importantly, she is more capable of upbringing children, as this requires the wife to possess a mature mind and physical strength.</p>	<p>Allah the Almighty says: "Allah does not charge a soul except [with that within] its capacity." ⁴⁹</p> <p>((لَا يَكْفُ اللَّهُ نَفْسًا إِلَّا وُسْعَهَا ... (286))</p> <p>The Messenger of Allah, PBUH, said: "Do as many deeds as you are capable of doing." ⁵⁰</p> <p>ويقول النبي -ع-: (عليكم من الأعمال ما تطيقون)</p>

47 Surat Al-Baqarah from verse (233)

48 Reported by Bokhari In his Sahih- Ketab Al-Ahkam- chapter: " Obey Allah and obey the Messenger" 4/353 H 7138

49 Surat Al-Baqarah from verse (286)

50 Reported by Muslim- Book of Traveler- chapter: Virtue of permanent work i.e. night prayer and other works 1/540 H 782- reported by Ai'sha.

Annex 2.2: Christian family planning messages

God is a planner. God had a plan for creation. Before creating human beings, God created everything people need to live an abundant life (Genesis 1). Apply this principle to your life and family.

"Count the costs" (Luke 14: 28-30). Luke teaches us on the need for effective planning.

"Let all things be done decently and in order" (1 Corinthians 14:40).

Follow Noah's wisdom of planning and preparation (Hebrews 11:7).

God has created health workers and medicine to keep us healthy. Take advantage of available family planning methods (Book of Sirach or Ecclesiasticus 38:1-5).

Follow their example: The women in the Bible knew about and practiced healthy timing and spacing of pregnancies. (Hosea 1:8; 2 Maccabees 7:27)

Your body is a temple. Treat it with respect. Family planning protects women's health. (Corinthians 6:19-20)

Provide for your family. (1 Timothy 5:8)

Control the consequences of your acts (Galatians 5:22-23, 2 Timothy 1:7)

Plan your family. Exercise good judgment and be in command of our actions (Proverbs 25:28)

Be a responsible parent. Plan your family, so that you can provide for them. (Genesis 1:28, 1 Timothy 5:8).

Annex 3: Example of an interfaith statement on family planning and reproductive health

The South Kivu Interfaith Statement on Family Health and Wellbeing

Bukavu, 20 November 2019

Preface

We, the religious leaders of South Kivu, representing:

- the Islamic community of Congo
- the Seventh-day Adventist Church
- the Anglican Church, Diocese of Bukavu
- the Catholic Church, Archdiocese of Bukavu
- the Church of Christ in Congo, South Kivu

have come together today to share our human and spiritual perspectives on family health and wellbeing.

We recognise that family health and wellbeing have many benefits for humanity. The more frequent and the more closely spaced the pregnancies, the riskier they are. Doctors recommend birth spacing to reduce the risk of maternal and infant mortality. In addition, birth spacing allows couples to better use their meagre resources to feed, dress, educate, and raise their children as good believers and citizens.

We note with concern that South Kivu faces serious challenges: for every 1,000 births, eight women die as a result of childbirth, and one in ten babies dies before reaching the age of one. This maternal and infant mortality rate is among the highest in the world and is a human tragedy. South Kivu is facing a decline in agricultural production, and poverty is increasing. The production of corn, rice, sorghum, cassava, sweet potato, taro, yams, and potatoes is declining. The current household food consumption situation in South Kivu remains worrying with more than one in two households lacking access to adequate food. South Kivu is at the top of the rankings in the DRC in terms of stunted growth with a prevalence of 53%. There are over 500,000 school-aged children in the province who unfortunately are out of school. This is one in two children. The reason for this is that their families are not able to pay the cost of their schooling. Many families have difficulties feeding, educating, and raising healthy children.

Our Mission

We recall that human dignity is rooted in our sacred texts. We are 'created in God's image', according to the Bible, and are 'the most honourable of God's creatures', according to the Qur'an. Realising and protecting human dignity, its fulfilment and wellbeing is at the heart of our missions.

We recognise that health is a blessing from God. We conceive health as holistic, including physical, emotional, spiritual, and social wellbeing. Birth spacing and reproductive health contribute to family health and well-being, and thus protect human dignity. In addition, our faith encourages all people, including adolescents and young people, to acquire knowledge that they need to live a full life (Qur'an, 20:114; Hosea 4:6).

We, the religious leaders of South Kivu representing our faith communities, are called to assume our responsibilities. We reaffirm that promoting family health and wellbeing is at the heart of the responsibilities that God has given us. We recognise that our vocation calls us to turn our words into actions. This implies that we have the responsibility to ensure that our families have enough to eat, and that they have access to health and education.

Interfaith Statement

We are aware of the important role we play and the influence we have. In order to fulfil our responsibilities and achieve family health and wellbeing in our communities, we recognise that we must make critical choices.

We reaffirm the support of our religious leaders for the promotion of family planning during the 'Religious Organisations Roundtable Discussions on Family Planning' which took place between 3 and 5 August 2017, in Kinshasa. We recall the commitments made by the representatives of our religious communities. A unique message was developed for all religious denominations: 'Dad, mum, religious denominations encourage you to plan births' ('Baba, Mama dini zote zina'ku himizaniku pangaliya uzazi'). In addition, each community made specific commitments.

We applaud the new framework law laying down the fundamental principles relating to the organisation of public health (Law no. 18/035), recorded in the official journal on 13 December 2018. We are encouraged by Article 81 which states, 'any person of childbearing age can benefit, after being informed, from a reversible or irreversible contraception method with free consent'.

We are committed to promoting birth spacing and reproductive health in order to contribute to the family wellbeing and health of women and children.

We are committed to better educating believers and to refuting myths and misconceptions about birth spacing.

We are committed to providing the correct information in our health centres, hospitals, schools, universities, places of worship, radio networks, and our community networks and faith-based organisations.

We are committed to providing age-appropriate sexuality education for schoolchildren and students in our schools and universities.

We are committed to providing services in our health centres and hospitals. When our faith does not allow us to provide a specific method, we are committed to setting up a referral system that directs our clients to health centres where these methods are available.

We call on the provincial government to provide accountable, affordable, acceptable, and quality health services across the province to support birth spacing and reproductive health.

We declare our motivation to work with other partners and stakeholders to achieve these goals.

We are committed to implementing a weeklong interdenominational awareness raising campaign to launch this statement and relay the messages and deliver family health and wellbeing services in our places of worship, hospitals, health centres, schools, and networks with our own financial means.

We are committed to implementing feasible and measurable actions to promote birth spacing and reproductive health in South Kivu as detailed in the appendix to this statement.

We believe that together we can build strong, prosperous communities where everyone provides for their families, including education and health of their children.

Signatories

Annex 4: Example of an invitation letter

Cordaid Democratic Republic of Congo (Bukavu)
Avenue de Goma No. 9
Commune d'Ibanda
Bukavu/Sud-Kivu, République Démocratique du Congo

[recipient address]

Bukavu, October 23rd 2019

Invitation to interfaith Caravan on family planning and reproductive health

Dear

We would like to invite you to an Interfaith Caravan on Family Planning and Reproductive Health. This is a week-long activity with interfaith learning, dialogues and action as well as advocacy. It will be held at the Panorama Hotel, Bukavu, Sud Kivu from November 18th to 23rd.

Our different faiths make it clear: we are responsible for each other's welfare. In Christianity, Genesis 1: 26 communicates the view that human beings were created in the image of God. Human dignity (karamah) in Islam is grounded in the verse: "We have bestowed dignity on the children of Adam... and conferred upon them special favours above the greater part of Our creation." (Surat Isra verse 70). Yet, too many women and children die of preventable deaths in Sud Kivu. Our faith traditions acknowledge that healthy timing and spacing of pregnancies reduces the risks of maternal and child mortality and improves the health of mothers and children.

The interfaith Caravan will culminate in an interfaith declaration on family planning and reproductive health as well as the production of action plans. We are the pillars of our communities: Our faith leaders guide them in prayers. Our health workers heal their wounds. Our teachers educate their children. Our radio stations give them access to information. Let us utilise our influence to deliver family health and wellbeing. Let us live up to the responsibilities god has given us by contributing to flourishing communities.

The draft programme of this activity is enclosed to this letter. It is a non-residential activity including lunches. No per diems will be paid.

Please, confirm your participation by contacting []. S/he can be reached by phone [] or email [].

We would be immensely honoured to welcome you at the interfaith Caravan, and look forward to fruitful dialogues.

Yours sincerely

Annex 5: Consent form

Photo and quotes consent and release form

I hereby give my consent to Faith to Action Network, Al Azhar University and Cordaid, to use my image and/or any quotes made during the Interfaith Learning Caravan, organized in Bukavu, DRC between November, 18th and 23 2019.

Without expectation of compensation or other remuneration, now or in the future, these photos and quotes can be used in their publications, communication or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to photograph me;

(b) Permission to use anonymized quotes from my statements (or excerpts of such quotes), photograph(s), in part or in whole, in their publications, in newspapers, magazines and other print media, on television, radio and electronic media including their websites and social media, in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Name: _____

Signature: _____

Address: _____

Date: _____

Annex 6: Brief on how to conduct devotions

Thank you for taking the responsibility to lead a devotion session.

This is a guidance note on how to organise the devotion.

Agree with the lead facilitator on the topic of the devotion and agree on a faith scripture or source.

The devotion must be short and does not take longer than 15 minutes.

Do not sing.

The structure of a devotion is as follows:

- (1) Start with a reading from the Bible or the Quran.
- (2) Connect the reading to today's Caravan sessions. Explain why it was chosen and what it means.
- (3) Share a personal story which relates to the scripture and to today's Caravan session.
- (4) Conclude by welcoming all participants to the day.

Thank you very much.

Annex 7: Recommended faith scriptures for devotions

Devotion 1: Knowledge and Science

Quran texts

Surat Taahah verse 114

فتعالى الله الملك الحق، ولا تعجل بالقرآن من قبل أن يلقى إليك وحيه، وقل رب زدني علماً

So high [above all] is Allah, the Sovereign, the Truth. And, [O Muhammad], do not hasten with [recitation of] the Qur'an before its revelation is completed to you, and say, "My Lord, increase me in knowledge."

Surat Alaq verse 1-5

اقرأ بسم ربك الذي خلق (١) خلق الإنسان من علق (٢) اقرأ وربك الأكرم (٣) الذي علم بالقلم (٤) علم الإنسان ما لم يعلم (٥)

"Recite in the name of your Lord who created - Created man from a clinging substance. Recite, and your Lord is the most Generous - Who taught by the pen - Taught man that which he knew not".

Surat Mulk verse 10

" قالوا لو كنا نسمع أو نعقل ما كنا في أصحاب السعير "

And they will say, "If only we had been listening or reasoning, we would not be among the companions of the Blaze."

Surat Zumar verse 9

"أمن هو قانت آناء الليل و قائما يحذر الآخرة ويرجوا رحمة ربه, قل هل يستوي الذين يعلمون والذين لا يعلمون, إنما يتذكر ألو الألباب"

Is one who is devoutly obedient during periods of the night, prostrating and standing [in prayer], fearing the Hereafter and hoping for the mercy of his Lord, [like one who does not]? Say, "Are those who know equal to those who do not know?" Only they will remember [who are] people of understanding.

Surat Zumar verse 33

"و الذي جاء بالصدق وصدق به , أولئك هم المحسنين"

And the one who has brought the truth and [they who] believed in it - those are the righteous.

Bible texts

John 3:12

If I have told you earthly things and you do not believe, how can you believe if I tell you heavenly things?

Daniel 1:17

As for these four youths, God gave them learning and skill in all literature and wisdom, and Daniel had understanding in all visions and dreams.

Proverbs 25:2

It is the glory of God to conceal things, but the glory of kings is to search things out.

Matthew 13:23

As for what was sown on good soil, this is the one who hears the word and understands it. He indeed bears fruit and yields, in one case a hundredfold, in another sixty, and in another thirty."

Proverbs 1:5

"A wise man will hear and increase learning, And a man of understanding will attain wise counsel."

Devotion 2: Human Dignity

Bible texts

Genesis 1:26-27

Then God said, "Let us make man in our image, after our likeness. And let them have dominion over the fish of the sea and over the birds of the heavens and over the livestock and over all the earth and over every creeping thing that creeps on the earth." So God created man in his own image, in the image of God he created him; male and female he created them.

John 10:10

The thief comes only to steal and kill and destroy. I came that they may have life and have it abundantly.

1 Corinthians 3:16

Do you not know that you are God's temple and that God's Spirit dwells in you?

Mark 2:13-17

He went out again beside the sea, and all the crowd was coming to him, and he was teaching them. And as he passed by, he saw Levi the son of Alphaeus sitting at the tax booth, and he said to him, "Follow me." And he rose and followed him. And as he reclined at table in his house, many tax collectors and sinners were reclining with Jesus and his disciples, for there were many who followed him. And the scribes of the Pharisees, when they saw that he was eating with sinners and tax collectors, said to his disciples, "Why does he eat with tax collectors and sinners?" And when Jesus heard it, he said to them, "Those who are well have no need of a physician, but those who are sick. I came not to call the righteous, but sinners."

James 3:9-10

With it we bless our Lord and Father, and with it we curse people who are made in the likeness of God. From the same mouth come blessing and cursing. My brothers, these things ought not to be so.

Quran texts

Surat 17 verse 70

"وَلَقَدْ كَرَّمْنَا بَنِي آدَمَ وَحَمَلْنَاهُمْ فِي الْبَرِّ وَالْبَحْرِ وَرَزَقْنَاهُمْ مِنَ الطَّيِّبَاتِ وَفَضَّلْنَاهُمْ عَلَى كَثِيرٍ مِمَّنْ خَلَقْنَا تَفْضِيلًا"

"And We have certainly honored the children of Adam and carried them on the land and sea and provided for them of the good things and preferred them over much of what We have created, with [definite] preference".

Surat Araf verse 11

"وَلَقَدْ خَلَقْنَاكُمْ ثُمَّ صَوَّرْنَاكُمْ ثُمَّ قُلْنَا لِلْمَلَائِكَةِ اسْجُدُوا لِآدَمَ فَسَجَدُوا إِلَّا إِبْلِيسَ لَمْ يَكُنْ مِنَ السَّاجِدِينَ"

And We have certainly created you, [O Mankind], and given you [human] form. Then We said to the angels, "Prostrate to Adam"; so they prostrated, except for Iblees. He was not of those who prostrated.

Surat Sad verses 72-73

"فَإِذَا سُوِّيْتَهُ وَنَفَخْتُ فِيهِ مِنْ رُوحِي فَقَعُوا لَهُ سَاجِدِينَ (٧٢) فَسَجَدَ الْمَلَائِكَةُ كُلُّهُمْ أَجْمَعِينَ (٧٣)"

"So when I have proportioned him and breathed into him of My [created] soul, then fall down to him in prostration." So the angels prostrated - all of them entirely.

Devotion 3: Reproductive health

Quran texts

Surat Luqman verse 14

"ووصينا الإنسان بوالديه حملته أمه وهنا على وهن وفصاله في عامين أن اشكر لي ولوالديك إلي المصير"

And We have enjoined upon man [care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination.

El Nasani, El Gihad book, El Aglouni in Kashf El Khifaa 1/403 No 1082

" الجنة تحت أقدام الأمهات "

"Heaven is under the mother's feet"

Surat Al-Baqara-233

"والوالدات يرضعن أولادهن حولين كاملين لمن أراد يتم الرضاعة، وعلى المولود له رزقهن وكسوتهن بالمعروف، ولا تكلف نفس إلا وسعها، لا تضار والدة بولدها ولا مولود له بولده وعلى الوارث مثل ذلك، فإن أرادا فصلا عن تراض منهما وتشاور فلا جناح عليهما، وإن أردتم أن تسترضعوا أولادكم فلا جناح عليكم إذا سلمتم ما أتيتم بالمعروف واتقوا الله واعلموا أن الله ببما تعملون بصير"

Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period]. Upon the father is the mothers' provision and their clothing according to what is acceptable. No person is charged with more than his capacity. No mother should be harmed through her child, and no father through his child. And upon the [father's] heir is [a duty] like that [of the father]. And if they both desire weaning through mutual consent from both of them and consultation, there is no blame upon either of them. And if you wish to have your children nursed by a substitute, there is no blame upon you as long as you give payment according to what is acceptable. And fear Allah and know that Allah is Seeing of what you do.

Bible texts

Luke 14:25-30

For which of you, desiring to build a tower, does not first sit down and count the cost, whether he has enough to complete it? Otherwise, when he has laid a foundation and is not able to finish, all who see it begin to mock him, saying, 'This man began to build and was not able to finish.'

I Corinthians 7: 1-5

Now concerning the matters about which you wrote: "It is good for a man not to have sexual relations with a woman." But because of the temptation to sexual immorality, each man should have his own wife and each woman her own husband. The husband should give to his wife her conjugal rights, and likewise the wife to her husband. For the wife does not have authority over her own body, but the husband does. Likewise the husband does not have authority over his own body, but the wife does. Do not deprive one another, except perhaps by agreement for a limited time, that you may devote yourselves to prayer; but then come together again, so that Satan may not tempt you because of your lack of self-control.

Hosea 1:8

When she had weaned No Mercy, she conceived and bore a son.

Devotion 4: Responsibility to act

1 John 3:17-18

But if anyone has the world's goods and sees his brother in need, yet closes his heart against him, how does God's love abide in him? Little children, let us not love in word or talk but in deed and in truth.

Luke 10:30-37

Jesus replied, "A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him and departed, leaving him half dead. Now by chance a priest was going down that road, and when he saw him he passed by on the other side. So likewise a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion. He went to him and bound up his wounds, pouring on oil and wine. Then he set him on his own animal and brought him to an inn and took care of him.

Luke 4:18-19

"The Spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim liberty to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the year of the Lord's favor.

Proverbs 31:8-9

Open your mouth for the mute, for the rights of all who are destitute. Open your mouth, judge righteously, defend the rights of the poor and needy.

Isaiah 1:17

Learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow's cause.

Quran texts

Surat Taubah verse 105

"وَقُلْ اَعْمَلُوا فِى سَبِيْلِ اللّٰهِ عَمَلَكُمْ وَرِسُوْلُهُ وَ الْمُؤْمِنُوْنَ , وَ سَتُرَدُّوْنَ اِلٰى عِلْمِ الْغَيْبِ وَ الشَّهَادَةِ
فِيْنَبِّئُكُمْ بِمَا كُنْتُمْ تَعْمَلُوْنَ"

And say, "Do [as you will], for Allah will see your deeds, and [so, will] His Messenger and the believers. And you will be returned to the Knower of the unseen and the witnessed, and He will inform you of what you used to do."

Surat Al-Mu'minuun, verse 51-52

"يٰۤاَيُّهَا الرِّسْلُ كُلُوْا مِنَ الطَّيِّبٰتِ وَ اَعْمَلُوْا صٰلِحًا، اِنِّىْ بِمَا تَعْمَلُوْنَ عَلِيْمٌ"

[Allah said], "O messengers, eat from the good foods and work righteousness. Indeed, I, of what you do, am Knowing. And indeed this, your religion, is one religion, and I am your Lord, so fear Me."

Surat Maun verse 1-7

أَرَأَيْتَ الَّذِي يُكَذِّبُ بِالْإِيمَانِ
 فَذَلِكَ الَّذِي يَدْعُ الْيَتِيمَ
 وَلَا يَخْضُ عَلَى ظَعَامِ الْمَسْكِينِ
 فَوَيْلٌ لِلْمُصَلِّينَ
 الَّذِينَ هُمْ عَنْ صَلَاتِهِمْ سَاهُونَ
 الَّذِينَ هُمْ يُرَاءُونَ
 وَيَمْنَعُونَ الْمَاعُونَ

Have you seen the one who denies the Recompense? For that is the one who drives away the orphan and does not encourage the feeding of the poor. So woe to those who pray [But] who are heedless of their prayer - those who make show [of their deeds] and withhold [simple] assistance.

Annex 8: Family planning and reproductive health: a medical perspective

Defining family planning and reproductive health

The definition of reproductive health according to the International Conference for Population and Development (ICPD) is:

"Reproductive Health is a state of complete physical, mental, and social well-being—and not merely the absence of disease or infirmity—in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if and when and how often to do so".

This means that:

Reproductive health is concerned with more than family planning and child spacing. It is a life-cycle issue starting early in childhood and continuing till advanced age. It is about maintaining optimal health in all issues related to women's and men's reproductive organs. This means ensuring that the reproductive organs are healthy throughout the individual's life-cycle, i.e., making sure that they develop and function properly, and addressing medical problems in a timely manner. When examining reproductive health issues in a community it is important to look at local practices that promote and interfere with the optimal development and functions of reproductive health.

Reproductive health also concerns how the function and development of reproductive organs affects the life style and daily activities of each individual. It is important to remember that there are social determinant of reproductive health including their socio-economic status, level of education, family, social, cultural obligations and practices.

It is an individual's choice and a human right issue.

The components of family planning and reproductive health include:

- Quality family planning services;
- Promoting safe motherhood: pre-natal, safe delivery and post-natal care, including breastfeeding;
- Prevention and treatment of infertility;
- Prevention and management of complications of unsafe abortion;
- Safe abortion services, where not against the law;
- Treatment of reproductive tract infections, including sexually transmitted infections;
- Information and counselling on human sexuality, responsible parenthood and sexual and reproductive health;
- Active discouragement of harmful practices, such as female genital mutilation and violence related to sexuality and reproduction.

Basics of anatomy of the female reproductive system:

The female reproductive system consists of the following parts, see figure (1):

- **Two ovaries:** They are in the pelvic cavity; one on the left side and the other on the right side. Their functions are: Production of ovum, and secretion of female hormones (oestrogen, progesterone).
- **Fallopian Tubes:** Two tiny tubes, connecting each ovary to the uterus. Their functions are: Transport the eggs from the ovary to the uterus. They are where the fertilization occurs as the sperm fertilizes the ovum, in the outer third of the tube.
- **Uterus:** Muscular organ that is equal in size to a hand palm (in its normal condition) and is able to extend and expand during pregnancy to be suitable to the size of a foetus as within nine months it fills the entire abdominal cavity. Its functions are: Sheltering the foetus throughout the pregnancy period and delivering the new-born at term.
- **Vagina:** This is a tube of 8-10 cm length that can expand and extent. It connects the uterus and pudendum. It is where sexual intercourse or sexual connection occurs.
- **Vulva:** The external organ of the female reproductive system. Its basic function is to protect the internal organs of the reproductive system and it plays a key role in the process of sexual intercourse.

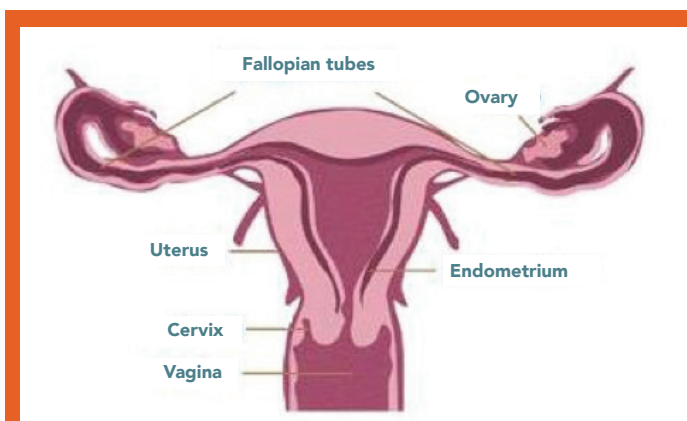


Figure (1) The female reproductive system

Physiology of the female reproductive system:

Ovulation:

- Ovulation occurs when a mature ovum is released from the ovary.
- This process is controlled by special hormones secreted by the pituitary gland in the brain. Such hormones stimulate the growth of the number of female ova in the ovary.
- Approximately at the middle of the menstruation, a mature ovum penetrates the ovarian wall where the fallopian tube picks it up.
- Ovulation occurs only once per month.

How does menstruation occur:

- During the first half of the menstrual cycle, the ovary secretes the oestrogen hormone that stimulates the growth of the inner lining of the uterus (endometrium).
- Following the ovulation and during the second half of the menstrual cycle, the ovary secretes the progesterone hormone along with the oestrogen hormone that fills the blood vessels and glands in the uterus lining, and increases the growth of the endometrium.
- Close to the end of the menstrual cycle, if pregnancy does not occur, blood oestrogen and progesterone decrease to low levels; because of degeneration of the corpus luteum, which secretes oestrogen and progesterone. As a result, the top layers of the endometrium are shed, and menstrual bleeding occurs and lasts for 3 – 5 days.

Basic anatomy of the male reproductive system:

The basic function of the male reproductive system is to produce the masculinity hormone that is responsible for masculinity characteristics and formation of sperm cells in sufficient number, to be then transferred during sexual intercourse into the female vagina. The male reproductive system consists of internal and external organs.

The male reproductive system includes the following: (see figure (2)):

- **Testicles (testes):** These are two oval shaped glands, which lie behind the penis in a pouch of skin called the scrotum. Sperm cells are formed in the testicles and are too tiny to be seen by the naked eye. The two testicles secrete the male hormones that cause the changes associated with maturity and the distinctive features of masculinity in the male body.
- **Spermatic cord:** Each cord consists of semen tube, vein, artery and nerve. The spermatic cord rises from the testicle to the top scrotum and adheres to the pelvic wall from inside till it reaches the seminal vesicle.
- **Seminal vesicle:** This is a cyst located behind the bladder. It secretes a seminal fluid that feeds the sperms during its journey in the male reproductive system and keeps sperms to the time of intercourse.
- **Ejaculatory duct:** A canal that transfers sperm with the seminal fluid to the external urethra during ejaculation at the end of the sexual intercourse.
- **Prostate gland:** A gland under the bladder that secretes the seminal fluid that nourishes sperms. The prostate gland secretes a light alkaline liquid called prostate liquid and forms the largest part of the seminal fluid.

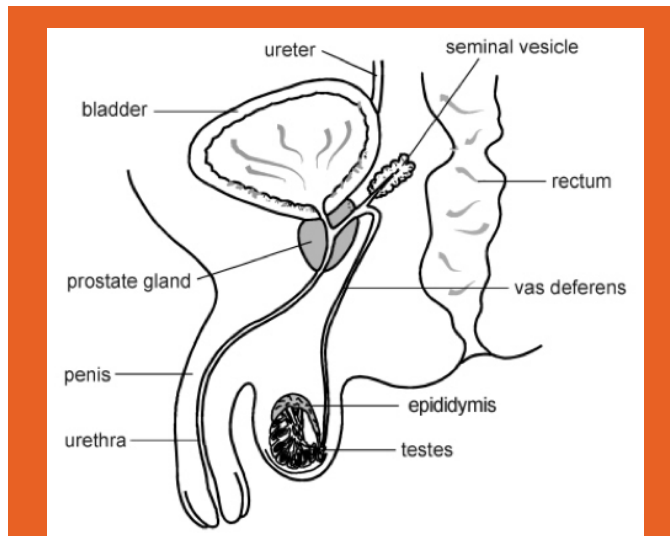


Figure (2) The male reproductive system

How does pregnancy occur?

Male reproductive cells (sperms) travel up the female vagina after ejaculation to enter the uterus through the cervix, then into the fallopian until they meet a mature ovum from the ovary after ovulation. During the journey of sperms, they undergo some changes to be able to penetrate the ovum membrane in a process called sperm capacitation.

In the outer third of the fallopian tube, the head unites with the oocyte (fertilization) and the fertilized ovum is pushed towards the uterine wall where it sticks and grows to become an embryo.

Risks of frequent pregnancies

It is important to be aware of the risks of frequent pregnancies:

Failure to practice family planning expedites deterioration of a woman's physical and mental health. It can also make her unable to assume her daily activities. Therefore, failure to practice family planning with a suitable number of children and failure to rest between each pregnancy entail many negative consequences.

First: Consequences of frequent pregnancies on the mother's health:

- Calcium deficiency that leads to fragile bones and increasing back and pelvis pain as well as inability of a woman to restore her body fitness.
- Anaemia that weakens the mother and makes her unable to efficiently perform her daily activities.
- Mothers become more vulnerable to many diseases like haemorrhoids, uterine prolapse, inflammation of gallbladder, fall of hair, tooth decay and malnutrition diseases.
- Close pregnancies lead to several risks that a mother may suffer during gestation and delivery, including: Bleeding, eclampsia, puerperal fever, and malpresentation or malposition of the foetus in the womb that could lead to obstructed labour.
- Close pregnancies can cause the mother to be unable to participate in her family life.
- Vaginitis (vaginal inflammation) that may occur during labour or attempted abortions may lead to cervix inflammations (ulcer).

Second: Consequences of frequent pregnancies on the child:

- Frequent pregnancies may lead to premature labour (low birth weight) and the baby will be at risk of suffering from various diseases and a high neonatal mortality rates.
- A crowded house with a big number of children reduces the child's share of care and tenderness. This, in turn, affects their health and mental condition.
- A child's exposure to injury during delivery because of obstructed labor as a result of frequent and close pregnancies.

Third: Consequences of frequent pregnancy on family and society:

- Population increase that reduces an individual's share of food and social services.
- Having many children negatively affects the family income. The amount of money spent on raising many children in low living standard families could offer better living standard if spent on fewer children.
- Large families result in over-crowded limited homes, which negatively impacts individuals' behaviour at an early age, and may lead to violence, sexual abuse among the children.
- Consumption of the resources and services available in the society.
- Increased negative effect on the environment.

Therefore, it is necessary to encourage pregnancy spacing.

Family planning and mothers' health:

Family planning has several advantages for mothers' health including:

Reducing the complications of pregnancy and labour:

Family planning prevents frequent pregnancies and thus reduces the risks that may occur as a result of closely-spaced pregnancies and labour including: Eclampsia and puerperal fever, antepartum, intrapartum and postpartum bleeding, anaemia, rheumatoid arthritis, intrapartum infection, and obstructed labour.

Reducing maternal mortality rate:

Full care of the mother during pregnancy helps prevent malnutrition related diseases and reduces the risks of complications that follow pregnancy and labour. This in itself reduces maternal mortality rates.

Other benefits of contraception pills:

- Prevent ovarian cancer, endometriosis, uterine fibroids and benign breast lumps.
- Reduce menstrual disorders, i.e. pains and cramps (dysmenorrhea), and regulate menstrual cycle.
- Reduce anaemia caused by the heavy menstruations.
- Used in treatment of some pathological cases like endometriosis.

In addition, using condoms during intercourse has several advantages:

- Prevents sexually transmitted diseases.
- Reduces cervical cancer probabilities.
- Only available means of protection against HIV/AIDS.

Family planning and child health:

Family planning has several advantages for child health including:

Reduces neonatal mortality rates; because of:

- Health and nutritional condition of the pregnant mother is reflected on the foetus and affects its wellbeing. This is because the child's structure starts in the uterus before birth. If a mother is tired and exhausted from a previous pregnancy, and is still weak but gets pregnant again, this may result in spontaneous abortion, foetal death or delivery of a low birth weight baby who has little chances to survive or who is more vulnerable for diseases.
- Family planning enables mothers to normally breastfeed their babies to the maximum possible period. This reduces the health problems resulting from early weaning because of another closely-spaced pregnancy without being able to take care of. Early weaning increases the baby's probabilities of diseases and death.
- Studies have proven that child mortality rate is almost doubled when pregnancy spacing is less than two years.

Improves child health:

- This can be realized by availing better sound nutrition during their early formation period. This reduces their risks of getting nutrition deficiency diseases and provides them with suitable healthcare.

Improves child social conditions by:

- Providing them with an opportunity for better education, health and social care, and psychological stability under parental care.

Family planning (contraception) methods:

We will review different types of family planning methods, advantages and side effects, as well as the contraindications of each of them separately.

Which contraception method is right for you?

Several factors should be considered for choosing the right contraception method. These factors include a woman's health conditions, how long the couple has been together; whether this is the first pregnancy; whether the woman is a nursing mother; the woman's age and number of previous births, whether the costs of this method is financially affordable and acceptable or psychologically acceptable.

Types of contraception methods:

- (1) Natural methods: (breastfeeding, coitus interruptus, and safe periods)
- (2) Barrier methods: (chemical and mechanical barriers)
- (3) Hormonal methods: (tablets, injection, implants)
- (4) Surgical methods: (occlusion of fallopian tubes in women or spermatic cord occlusion in men)

(1) Natural methods:

A) Breastfeeding:

Breastfeeding is a temporary and effective method for contraception that women can depend on within the first 6 months after delivery with certain conditions.

Breastfeeding is used as a contraceptive method depending on the fact that full breastfeeding produces hormones that prevents menstruation. As a result, pregnancy will not occur as there is no ovum to be fertilized by a sperm.

Efficiency: Absolute breastfeeding is proven effective in contraception by about 85%- 90% during the first 6 months of delivery, according to the following conditions:

- Frequent breastfeeding upon the baby's desire, not only at certain times defined by the mother.
- The baby is not given any other oral feeding than natural breast milk during the first six months;
- No menstruation occurs at all during the 6-month period. When menstruation returns, then ovulation is also resumed and the method's efficacy reduces.

Advantages:

- Reasonably effective.
- Easy to use and inexpensive.
- Have many advantages to mother's and child's health and protects the child from infections and gastro- enteritis.

Disadvantages:

- None, except for being valid as contraceptive only for a short period.

(B) Coitus interruptus:

Coitus interruptus (withdrawal method) is like other contraception methods. If not properly used, it is likely to result in a pregnancy. This especially applies to men who cannot fully control themselves during the intercourse and thus, some sperms might be ejaculated before withdrawal. Those men will certainly fail to adopt this method. In most cases, the reason is ejaculation before withdrawal of the whole penis from the vagina. In addition, some men's semen contains strong sperms that, even if few, can lead to pregnancy. Therefore, this method should be used along with other supportive method.

C) Safe period:

This method depends on the assumption that: an ovum cannot be fertilized after 36 hours of being released from the ovary, and the sperm does not live in the female reproductive system for more than three days at most, and ovulation occurs 14 days before menstruation.

Therefore, this method is valid only for women who have regular menstrual cycles, ranging between 28-32 days. Women should be well educated to be able to mark the dates of the beginning and end of a menstruation to be able to determine the days of her safe period.

Ovulation often occurs between day 11 and day 18. In order to be more cautious, one could add two extra days before and after, i.e. calculate the safe period before day 9 and after day 20 when couples could have relatively safe intercourse.

Advantages:

- Does not require drugs or medicines, so it is inexpensive.

Disadvantages:

- Effective as a contraceptive only by 60%.
- Requires high level of culture and perception.

(2) Barrier Method:

This method aims at preventing the sperms from reaching the ovum whether by mechanically insulating it by a barrier or by killing and exhausting it by a chemical substance so as not to complete its journey into the uterus to meet the ovum, or by changing the endometrium so it does not have the morsel attached to it.

(A) Chemical barriers:

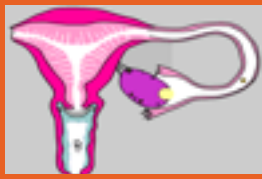
Chemical barriers are sperm-killing substances, available as tablets, creams, gels or foams. They are pharmaceutical compounds that contain substances to kill morsel in the vagina. They can be used as different pharmaceutical drugs inserted in the vaginal cavity such as creams, tablets or foams that have rapid effect and can be placed in the vagina 10 minutes before intercourse; or vaginal contraceptives that should be placed at least one hour before sexual intercourse. These contraceptives are inserted into the vaginal cavity before starting the sexual intercourse, and are recommended to be left there for 6 hours after intercourse. Bathing is not recommended, especially vaginal wash after intercourse because bathing will dilute the spermicide effect before killing the sperms.

Disadvantages:

- Using barrier methods before sexual intercourse may spoil the incidental or spontaneous intercourse and may lead to loss of the pleasure of sexual intercourse.
- Failure probability ranges between 9 to 32% in comparison to other contraceptives.

(B) Mechanical Methods:

Condom



Vaginal ring



Intrauterine device (IUD)

Figure (3) Mechanical barrier methods

Barriers include:**Condom:**

This is a rubber sheath that fits over erect penis to prevent the sperms from entering into the vagina. It is the most commonly used mechanical method. It is a male contraceptive method. For a successful use, it should be fit over erect penis to prevent the sperms from leaking into the vagina. Condoms should only be used once lest it can tear.

Advantages:

- Inexpensive
- Helps with some cases of premature ejaculation
- It does not have harmful effects on health, and may even prevent sexually transmitted diseases.
- Comfortable for the women, as it lays contraception responsibility on men rather than women.

Disadvantages:

- Not 100% guaranteed
- Delays sexual intercourse because it needs to be fixed first
- Reduces orgasm of the couple, especially men

The female condom is the same functionality as the male condom, but female condoms are inserted in the vagina before intercourse.

Diaphragm:

This is a rubber ring worn inside the vagina to prevent the passage of sperms; i.e. to prevent the occurrence of fertilization. However, the success probabilities of this method are very low. The ring is usually made of plastic or rubber with a slight solid edge. It should be inserted inside the woman's vagina under the cervix so that it completely blocks the vaginal canal. The physician should show the woman how to use it. The ring should be used with cream or gel that kills the sperms. Before using the ring, it should also be cleaned daily.

Advantages:

- Comfortable for women
- Does not have health effects so long as it is properly used

Disadvantages:

- The woman needs to be educated enough to know how to use it
- Unguaranteed, especially when used without spermicide

Intrauterine device (IUD):

An intrauterine device is made of inert plastic material, which is inserted into the uterus. There are different types of IUDs, as some metals were added to them such as copper or silver to enhance their efficiency and extend their lifetime. Also, slow-absorbed progesterone hormone was added to IUDs to have a double effect, as it is useful in reducing the menstrual bleeding quantity, which is considered one of the side effects of IUDs.

Advantages:

- Neither man or women feel its existence.
- Can be used for a long period of time that may extend to ten years
- The woman can forget about it if it does not cause her any trouble

Disadvantages:

- Increasing the menstrual bleeding which may lead to anaemia.
- Colic in the lower abdomen and back pain in some cases.
- May cause reproductive system inflammations in which case it should be removed immediately
- May cause ectopic pregnancy (pregnancy outside the uterus) in rare cases.
- May cause blocking of fallopian tubes, as a result of failing to treat inflammations once they occur which could lead to infertility.
- Pregnancy may occur by 2% with zero negative effects on the embryo.
- IUD may penetrate the uterine wall and enter the pelvic cavity in very few cases. If it is not properly inserted.

Contraindications of IUDs:

- Suspected pregnancy;
- Reproductive system infections;
- Menstruation disorders;
- Fibroid tumours;
- Previous ectopic pregnancy; or
- The IUD should be examined by sonography after its insertion to ensure it is placed properly inside the uterus.

(3) Hormonal methods:

(A) Contraceptive pills:

Contraceptive pills are an effective and safe method to delay the first pregnancy. Contraceptive pills if properly prescribed do not cause complications for the women using them. Also, fertility rates get quickly back to normal after suspending the use of pills. However, first time users of contraceptive pills should be aware of their side effects such as nausea and dizziness, especially at the beginning of using the pills. However, with the regular and continuous use of pills, these symptoms often lapse within two to three months. In addition, the woman who chooses to use the pills must be aware that she has to take one pill every day regularly whether there will be intercourse or not.

(B) Contraceptive injections:

Injection is one of the contraceptive methods suitable for a young woman to delay pregnancy. Injection could be taken every month, two months or three months.

The injection result is effective and guaranteed if taken in due time. However, the couple who chooses to use contraceptive injection to delay pregnancy should know that fertility restoration to normal rate may be delayed for few months from the date of the last injection. It is important for the couple to know this fact so that they do not listen to what may be said to/about them if pregnancy is delayed for this period. Claims that injections cause infertility are false. However, the injection side effects include irregular period, spotting or increase of menstrual bleeding.

(C) Implants:

There are two types of subcutaneous implants: "Norplant and Implanon" which are capsules placed under the skin at the top of the arm using local anaesthesia. Subcutaneous implants are effective contraceptive methods. The difference between the two types is that Norplant consists of 6 small capsules whose effect lasts for five years, while Implanon is one capsule whose effect lasts for 3 years. This method can be used by young women. Fertility returns to its normal state upon suspension of their use (by removal from under the skin using local anaesthesia).

(4) Surgical methods:

For women, this method includes a procedure called tubal ligation, where the two fallopian tubes are tied to prevent the sperms from reaching the ovum, and thus prevents fertilization. For men, the procedure is called "vasectomy" where vessel that transfers the semen from the testicle to the seminal vesicle is cut or tied. The seminal vesicle function is to store and feed sperms until they are released during intercourse by contracting the prostate three lobes. Cutting the seminal cord prevents the sperm release.

Advantages of this surgical method:

- almost 100% successful.

Disadvantages:

- Probabilities of pregnancy again are very low and expensive whether by microscopic surgery to repair the fallopian tubes in women or the seminal vesicle in men; or by in vitro fertilization "IVF". Both procedures are expensive and have low pregnancy rates.

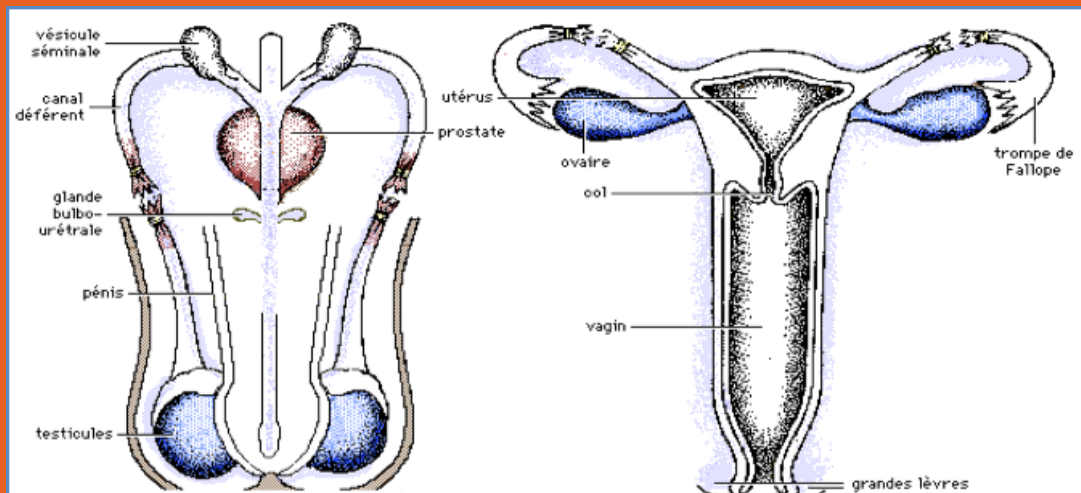


Figure (4) Surgical methods

(5) Emergency contraceptives:

The methods can be used in case of emergency, such as:

- Intercourse without using a contraceptive beforehand.
- Failure of one of the barrier methods to prevent pregnancy (e.g. condom tear).
- Rape where pregnancy can accidentally occur.

Types of emergency contraceptives:

- Emergency contraceptive pills (Prostenon and Contraplan tablets).
- IUDs: can prevent implantation of the fertilized ovum to the uterine wall.
- Hormonal contraceptive pills that are administered in high doses.

These methods should be used as early as possible, preferably within 72 hours after the unprotected intercourse.

Science is constantly evolving. There are modern methods that have been already experimented and others that are still under experimentation. Doses are currently being decreased and complications are being reduced. Modern methods include very thin condoms made of polyurethane which is thinner than the current manufacturing material (latex) with better texture and less sensitivity to heat and oils. Also, there are vaginal rings which slowly secrete progesterone hormones, some types of IUDs are smaller in size and more effective, and the progesterone-only pills for lactating women.

Annex 9: Handout: Benefits of Child Spacing

There are many benefits to Healthy Timing and Spacing of Pregnancy:

For newborns, infants and children under five

- Fewer pre-term births
- Fewer deaths
- Fewer babies who are too small or underweight
- Allows babies to breastfeed for longer periods of time

For mothers

- Women are physically, emotionally, and financially better prepared
- Fewer pregnancy complications
- Allows mothers to focus on newborns and other activities
- Very beneficial to postpartum women (women up to 6 months after delivery). They especially need time to recover from their most recent birth and time to spend with their infant and small children

For fathers

- Helps men protect the health of their wives and children
- Allows men to prepare for children emotionally and financially

For communities

- Reduces illness and death among mothers, infants and children
- Reduces poverty and improves the quality of life for all
- Allows girls and women to complete school and get qualified to participate in the work force and labour market.

Annex 10: A Document On Human Fraternity For World Peace And Living Together – English version

INTRODUCTION

Faith leads a believer to see in the other a brother or sister to be supported and loved. Through faith in God, who has created the universe, creatures and all human beings (equal on account of his mercy), believers are called to express this human fraternity by safeguarding creation and the entire universe and supporting all persons, especially the poorest and those most in need.

This transcendental value served as the starting point for several meetings characterized by a friendly and fraternal atmosphere where we shared the joys, sorrows and problems of our contemporary world. We did this by considering scientific and technical progress, therapeutic achievements, the digital era, the *mass media* and communications. We reflected also on the level of poverty, conflict and suffering of so many brothers and sisters in different parts of the world as a consequence of the arms race, social injustice, corruption, inequality, moral decline, terrorism, discrimination, extremism and many other causes.

From our fraternal and open discussions, and from the meeting that expressed profound hope in a bright future for all human beings, the idea of this Document on *Human Fraternity* was conceived. It is a text that has been given honest and serious thought so as to be a joint declaration of good and heartfelt aspirations. It is a document that invites all persons who have faith in God and faith in *human fraternity* to unite and work together so that it may serve as a guide for future generations to advance a culture of mutual respect in the awareness of the great divine grace that makes all human beings brothers and sisters.

DOCUMENT

In the name of God who has created all human beings equal in rights, duties and dignity, and who has called them to live together as brothers and sisters, to fill the earth and make known the values of goodness, love and peace;

In the name of innocent human life that God has forbidden to kill, affirming that whoever kills a person is like one who kills the whole of humanity, and that whoever saves a person is like one who saves the whole of humanity;

In the name of the poor, the destitute, the marginalized and those most in need whom God has commanded us to help as a duty required of all persons, especially the wealthy and of means;

In the name of orphans, widows, refugees and those exiled from their homes and their countries; in the name of all victims of wars, persecution and injustice; in the name of the weak, those who live in fear, prisoners of war and those tortured in any part of the world, without distinction;

In the name of peoples who have lost their security, peace, and the possibility of living together, becoming victims of destruction, calamity and war;

In the name of human fraternity that embraces all human beings, unites them and renders them equal;

In the name of this fraternity torn apart by policies of extremism and division, by systems of unrestrained profit or by hateful ideological tendencies that manipulate the actions and the future of men and women;

In the name of freedom, that God has given to all human beings creating them free and distinguishing them by this gift;

In the name of justice and mercy, the foundations of prosperity and the cornerstone of faith;

In the name of all persons of good will present in every part of the world;

In the name of God and of everything stated thus far; Al-Azhar al-Sharif and the Muslims of the East and West, together with the Catholic Church and the Catholics of the East and West, declare the adoption of a culture of dialogue as the path; mutual cooperation as the code of conduct; reciprocal understanding as the method and standard.

We, who believe in God and in the final meeting with Him and His judgment, on the basis of our religious and moral responsibility, and through this Document, call upon ourselves, upon the leaders of the world as well as the architects of international policy and world economy, to work strenuously to spread the culture of tolerance and of living together in peace; to intervene at the earliest opportunity to stop the shedding of innocent blood and bring an end to wars, conflicts, environmental decay and the moral and cultural decline that the world is presently experiencing.

We call upon intellectuals, philosophers, religious figures, artists, media professionals and men and women of culture in every part of the world, to rediscover the values of peace, justice, goodness, beauty, human fraternity and coexistence in order to confirm the importance of these values as anchors of salvation for all, and to promote them everywhere.

This Declaration, setting out from a profound consideration of our contemporary reality, valuing its successes and in solidarity with its suffering, disasters and calamities, believes firmly that among the most important causes of the crises of the modern world are a desensitized human conscience, a distancing from religious values and a prevailing individualism accompanied by materialistic philosophies that deify the human person and introduce worldly and material values in place of supreme and transcendental principles.

While recognizing the positive steps taken by our modern civilization in the fields of science, technology, medicine, industry and welfare, especially in developed countries, we wish to emphasize that, associated with such historic advancements, great and valued as they are, there exists both a moral deterioration that influences international action and a weakening of spiritual values and responsibility. All this contributes to a general feeling of frustration, isolation and desperation leading many to fall either into a vortex of atheistic, agnostic or religious extremism, or into blind and fanatic extremism, which ultimately encourage forms of dependency and individual or collective self-destruction.

History shows that religious extremism, national extremism and also intolerance have produced in the world, be it in the East or West, what might be referred to as signs of a "third world war being fought piecemeal". In several parts of the world and in many tragic circumstances these signs have begun to be painfully apparent, as in those situations where the precise number of victims, widows and orphans is unknown. We see, in addition, other regions preparing to become theatres of new conflicts, with outbreaks of tension and a build-up of arms and ammunition, and all this in a global context overshadowed by uncertainty, disillusionment, fear of the future, and controlled by narrow-minded economic interests.

We likewise affirm that major political crises, situations of injustice and lack of equitable distribution of natural resources – which only a rich minority benefit from, to the detriment of the majority of the peoples of the earth – have generated, and continue to generate, vast numbers of poor, infirm and deceased persons. This leads to catastrophic crises that various countries have fallen victim to despite their natural resources and the resourcefulness of young people which characterize these nations. In the face of such crises that result in the deaths of millions of children – wasted away from poverty and hunger – there is an unacceptable silence on the international level.

It is clear in this context how the family as the fundamental nucleus of society and humanity is essential in bringing children into the world, raising them, educating them, and providing them with solid moral formation and domestic security. To attack the institution of the family, to regard it with contempt or to doubt its important role, is one of the most threatening evils of our era.

We affirm also the importance of awakening religious awareness and the need to revive this awareness in the hearts of new generations through sound education and an adherence to moral values and upright religious teachings. In this way we can confront tendencies that are individualistic, selfish, conflicting, and also address radicalism and blind extremism in all its forms and expressions.

The first and most important aim of religions is to believe in God, to honour Him and to invite all men and women to believe that this universe depends on a God who governs it. He is the Creator who has formed us with His divine wisdom and has granted us the gift of life to protect it. It is a gift that no one has the right to take away, threaten or manipulate to suit oneself. Indeed, everyone must safeguard this gift of life from its beginning up to its natural end. We therefore condemn all those practices that are a threat to life such as genocide, acts of terrorism, forced displacement, human organ trafficking, abortion and euthanasia. We likewise condemn the policies that promote these practices.

Moreover, we resolutely declare that religions must never incite war, hateful attitudes, hostility and extremism, nor must they incite violence or the shedding of blood. These tragic realities are the consequence of a deviation from religious teachings. They result from a political manipulation of religions and from interpretations made by religious groups who, in the course of history, have taken advantage of the power of religious sentiment in the hearts of men and women in order to make them act in a way that has nothing to do with the truth of religion. This is done for the purpose of achieving objectives that are political, economic, worldly and short-sighted. We thus call upon all concerned to stop using religions to incite hatred, violence, extremism and blind fanaticism, and to refrain from using the name of God to justify acts of murder, exile, terrorism and oppression. We ask this on the basis of our common belief in God who did not create men and women to be killed or to fight one another, nor to be tortured or humiliated in their lives and circumstances. God, the Almighty, has no need to be defended by anyone and does not want His name to be used to terrorize people.

This Document, in accordance with previous International Documents that have emphasized the importance of the role of religions in the construction of world peace, upholds the following:

- The firm conviction that authentic teachings of religions invite us to remain rooted in the values of peace; to defend the values of mutual understanding, human fraternity and harmonious coexistence; to re-establish wisdom, justice and love; and to reawaken religious awareness among young people so that future generations may be protected from the realm of materialistic thinking and from dangerous policies of unbridled greed and indifference that are based on the law of force and not on the force of law;
- Freedom is a right of every person: each individual enjoys the freedom of belief, thought, expression and action. The pluralism and the diversity of religions, colour, sex, race and language are willed by God in His wisdom, through which He created human beings. This divine wisdom is the source from which the right to freedom of belief and the freedom to be different derives. Therefore, the fact that people are forced to adhere to a certain religion or culture must be rejected, as too the imposition of a cultural way of life that others do not accept;

- Justice based on mercy is the path to follow in order to achieve a dignified life to which every human being has a right;

- Dialogue, understanding and the widespread promotion of a culture of tolerance, acceptance of others and of living together peacefully would contribute significantly to reducing many economic, social, political and environmental problems that weigh so heavily on a large part of humanity;

- Dialogue among believers means coming together in the vast space of spiritual, human and shared social values and, from here, transmitting the highest moral virtues that religions aim for. It also means avoiding unproductive discussions;

- The protection of places of worship – synagogues, churches and mosques – is a duty guaranteed by religions, human values, laws and international agreements. Every attempt to attack places of worship or threaten them by violent assaults, bombings or destruction, is a deviation from the teachings of religions as well as a clear violation of international law;

- Terrorism is deplorable and threatens the security of people, be they in the East or the West, the North or the South, and disseminates panic, terror and pessimism, but this is not due to religion, even when terrorists instrumentalize it. It is due, rather, to an accumulation of incorrect interpretations of religious texts and to policies linked to hunger, poverty, injustice, oppression and pride. This is why it is so necessary to stop supporting terrorist movements fuelled by financing, the provision of weapons and strategy, and by attempts to justify these movements even using the media. All these must be regarded as international crimes that threaten security and world peace. Such terrorism must be condemned in all its forms and expressions;

- The concept of citizenship is based on the equality of rights and duties, under which all enjoy justice. It is therefore crucial to establish in our societies the concept of full citizenship and reject the discriminatory use of the term minorities which engenders feelings of isolation and inferiority. Its misuse paves the way for hostility and discord; it undoes any successes and takes away the religious and civil rights of some citizens who are thus discriminated against;

- Good relations between East and West are indisputably necessary for both. They must not be neglected, so that each can be enriched by the other's culture through fruitful exchange and dialogue. The West can discover in the East remedies for those spiritual and religious maladies that are caused by a prevailing materialism. And the East can find in the West many elements that can help free it from weakness, division, conflict and scientific, technical and cultural decline. It is important to pay attention to religious, cultural and historical differences that are a vital component in shaping the character, culture and civilization of the East. It is likewise important to reinforce the bond of fundamental human rights in order to help ensure a dignified life for all the men and women of East and West, avoiding the politics of double standards;

- It is an essential requirement to recognize the right of women to education and employment, and to recognize their freedom to exercise their own political rights. Moreover, efforts must be made to free women from historical and social conditioning that runs contrary to the principles of their faith and dignity. It is also necessary to protect women from sexual exploitation and from being treated as merchandise or objects of pleasure or financial gain. Accordingly, an end must be brought to all those inhuman and vulgar practices that denigrate the dignity of women. Efforts must be made to modify those laws that prevent women from fully enjoying their rights;

- The protection of the fundamental rights of children to grow up in a family environment, to receive nutrition, education and support, are duties of the family and society. Such duties must be guaranteed and protected so that they are not overlooked or denied to any child in any part of the world. All those practices that violate the dignity and rights of children must be denounced. It is equally important to be vigilant against the dangers that they are exposed to, particularly in the digital world, and to consider as a crime the trafficking of their innocence and all violations of their youth;
- The protection of the rights of the elderly, the weak, the disabled, and the oppressed is a religious and social obligation that must be guaranteed and defended through strict legislation and the implementation of the relevant international agreements.

To this end, by mutual cooperation, the Catholic Church and Al-Azhar announce and pledge to convey this Document to authorities, influential leaders, persons of religion all over the world, appropriate regional and international organizations, organizations within civil society, religious institutions and leading thinkers. They further pledge to make known the principles contained in this Declaration at all regional and international levels, while requesting that these principles be translated into policies, decisions, legislative texts, courses of study and materials to be circulated.

Al-Azhar and the Catholic Church ask that this Document become the object of research and reflection in all schools, universities and institutes of formation, thus helping to educate new generations to bring goodness and peace to others, and to be defenders everywhere of the rights of the oppressed and of the least of our brothers and sisters.

In conclusion, our aspiration is that:

this Declaration may constitute an invitation to reconciliation and fraternity among all believers, indeed among believers and non-believers, and among all people of good will;

this Declaration may be an appeal to every upright conscience that rejects deplorable violence and blind extremism; an appeal to those who cherish the values of tolerance and fraternity that are promoted and encouraged by religions;

this Declaration may be a witness to the greatness of faith in God that unites divided hearts and elevates the human soul;

this Declaration may be a sign of the closeness between East and West, between North and South, and between all who believe that God has created us to understand one another, cooperate with one another and live as brothers and sisters who love one another.

This is what we hope and seek to achieve with the aim of finding a universal peace that all can enjoy in this life.

Abu Dhabi, 4 February 2019

His Holiness

Pope Francis

The Grand Imam of Al-Azhar

Ahmad Al-Tayyeb

Annex 11: Handout: Islam in Support of Family Planning/ Child Spacing

There are no verses in the Qur'an that forbid family planning. "The silence of the Qur'an on the issue of family planning has been interpreted by many ulama to mean that the Qur'an permits family planning.

There are 32 authenticated Hadiths concerning the practice of al-azl (withdrawal of penis before ejaculation) as a contraceptive practice by Muslims at the time of the Prophet (SAW) and some of the Companions.

One hadith states:

"We [the Companions of the Prophet] used to practice al-'azl during the time of the Prophet while the Qur'an was being revealed. This information reached the holy Prophet (PBUH), but eventually he indicated it to be lawful."

Authenticated by al-Bukhari, Muslim, Trimidhi, Ibn Maja and Ibn Hanbal

"Holy prophet has prohibited conducting al-azl without the consent of wife."

Second hadith narrated by Imam Ibn Maja

From this *hadith* it is clear that Prophet (PBUH) gave his consent to this practice and issued the verdict that it was lawful, provided that the wife permitted this. This Hadith is treated as the deciding evidence in this respect. It is clear that al-azl was permitted by the holy prophet (PBUH) himself.

Former Mufti of Egypt and Grand Imam of al-Azhar University, Sheikh Jadel Haq Ali Jadeh Haq, issued a fatwa in 1979 and in 1980 in which he stated –

"A thorough review of the Qur'an reveals no text (nuss) prohibiting the prevention of pregnancy or diminution of the number of children, but there are several traditions of the Prophet that indicate its permissibility."

Sheikh Abdul Majid Salem, the Grand Mufti of Egypt, concluded

"According to Hanafi School of thought it has been proved through authentic evidence from the Holy Qur'an and Sunnah that use of birth control materials or practice of methods to withdraw spermatozoa or to create barriers for semen to prevent its mixing with ovum of woman, is legal and lawful."

Sheikh Mahmud Shaltut, former Grand Imam of Al-'Azhar, states in his famous book "Al-Fatawa":

A woman, who is suffering from infectious diseases, has many children, is very poor, or has to work so hard that she is not healthy and receives no assistance from the society or the government, may pursue any method of birth control. Our sacred Islamic laws do not prohibit it.

In any situation where a woman's life is put at unusual risk by pregnancy, scholars have given their fatwa that a birth can be stopped or controlled.

Annex 12: Family planning and reproductive health in a Protestant context – faith scriptures and their interpretation

Introduction:

Biblical texts are silent on modern contraception, neither condemning nor prohibiting contraception. They call on Christians to act compassionately and justly when facing difficult moral decisions. The scriptures call us to care for the most vulnerable and to assure access to family planning and reproductive health services and information.

God encourages planning

"For which of you, desiring to build a tower, does not first sit down and count the cost, whether he has enough to complete it? Otherwise, when he has laid a foundation and is not able to finish, all who see it begin to mock him, saying, 'This man began to build and was not able to finish.'" (Luke 14:29-30)

God is a planner, and this is emphasized throughout the Bible.

God had a plan for creation. Things weren't done haphazardly. Before creating human beings, God created everything human beings need to live an abundant life. *"So God created man in His own image; in the image of God He created him; male and female He created them"* (Genesis 1:27).

Luke 14: 28- 30 teaches on the need for effective planning *"For which of you, desiring to build a tower, does not first sit down and count the cost, whether he has enough to complete it? Otherwise, when he has laid a foundation and is not able to finish, all who see it begin to mock him, saying, 'This man began to build and was not able to finish.'"*

1 Corinthians 14:40 says "Let all things be done decently and in order".

Noah's construction of the ark is one of the greatest examples in the Bible of the wisdom of planning and preparation. *"By faith Noah, being divinely warned of things not yet seen, moved with godly fear, prepared an ark for the saving of his household."* (Hebrews 11:7) Noah had not seen the flood. He had not even seen any rain, but he was warned by God that it was coming. He took God's message seriously and, being a faithful servant, he moved as quickly as he could to prepare for the flood. He built an ark that would save the people in his household.

We need to prepare for the major events of our lives. One of the most important blessings that we may receive is a child. This blessing is not to be taken lightly. The family should plan for the birth of a child.

It is important that Churches advise and guide couples to discuss and plan their families they hope to have, putting into consideration context, available resources and their capacity to raise children. Couples must be able to offer their children good care and education.

Preparedness does not reflect a lack of faith in God. God encourages preparation.

In order to plan pregnancies properly, a woman and her partner will need to use appropriate birth spacing techniques. There are a variety of birth spacing methods a couple can discuss with a health care worker. Churches can encourage couples to seek advice on the method that is best for them. Churches can offer all methods in their health facilities.

Source: Chand, Sarla, Erb, Kathy (May 2009), "Christian Sermon Guide to Save the Lives of Mothers and Newborns A Toolkit for Religious Leaders"

God has created health workers to keep us healthy

"Hold the physician in honor, for he is essential to you, and God it was who established his profession. From God the doctor has his wisdom, and the king provides for his sustenance. His knowledge makes the doctor distinguished, and gives him access to those in authority. God makes the earth yield healing herbs, which the prudent man should not neglect; Was not the water sweetened by a twig that men might learn his power? He endows men with the knowledge to glory in his mighty works, Through which the doctor eases pain and the druggist prepares his medicines; Thus God's creative work continues without cease in its efficacy on the surface of the earth. My son, when you are ill, delay not, but pray to God, who will heal you: Flee wickedness; let your hands be just, cleanse your heart of every sin; Offer your sweet-smelling oblation and petition, a rich offering according to your means. Then give the doctor his place lest he leave; for you need him too. There are times that give him an advantage, and he too beseeches God that his diagnosis may be correct and his treatment bring about a cure. He who is a sinner toward his Maker will be defiant toward the doctor." (Book of Sirach or Ecclesiasticus 38:1–15)

Explanation

"Hold the physician in honour, for he is essential to you, and God it was who established his profession. From God the doctor has his wisdom and the king provides for his sustenance." (Book of Sirach or Ecclesiasticus 38:1–2) God created the health worker to take care of us. We should not reject or ignore this gift from God.

"God makes the earth yield healing herbs which the prudent man should not neglect; Was not the water sweetened by a twig that men might learn his power?" (Book of Sirach or Ecclesiasticus 38:4–5). God created plants that can be used to help us.

"God endows men with the knowledge to glory in his mighty works, through which the doctor eases pain and the druggist prepares his medicines." (Book of Sirach or Ecclesiasticus 38:6–7). God is our ultimate healer and acts through health workers.

In Colossians Sermon 4 verse 14, the Apostle Paul refers to Luke as a beloved physician who travelled with Paul on his missionary journeys. Paul mentioned Luke's profession because it was important— the doctor was seen as providing healing to the body in the way God can provide healing to our souls. As God created the earth, He blessed us with people who have the drive and intelligence to become healers. He populated the earth with plants that can be used to make medicines to heal us. Let us not reject these gifts but embrace them and use them to plan for our precious families.

Source:

Chand, Sarla, Erb, Kathy (May 2009), "Christian Sermon Guide to Save the Lives of Mothers and Newborns A Toolkit for Religious Leaders"

God encourages birth spacing to protect the mother's and the child's health

"When she had weaned No Mercy, she conceived and bore a son." (Hosea 1:8)

Explanation

As humans, we are among God's most amazing creations. One of the most remarkable feats we can accomplish as God's children is to produce a child. However, this gift comes with responsibility. We all need to nourish and protect our bodies.

"Do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God's." (Corinthians 6:19–20)

Paul tells us that our body is a temple, which is to be treated with respect and cared for properly. When we take good care of ourselves, we are glorifying God and celebrating His creation.

The demands on a woman's body during pregnancy, childbirth and breastfeeding are great. During pregnancy, she feeds two bodies instead of one. Taking care of the children the mother already has is also taxing on her physically. Properly spacing the births of children helps give the woman time to recover and become strong again, and enables her to properly care for an infant before she faces the demands of another pregnancy.

Health workers recommend that the safest time for a woman to become pregnant, with the least risk of death to both mother and baby, is:

- Between the ages 18-35;
- Not within 6 months of a miscarriage; -
- Not until the preceding child is at least 2 years old. And not later than 5 years (if another pregnancy/child is planned).

Pregnant women are more likely to die, lose the baby, or suffer disease if they become pregnant at the following times:

- Before age 18 - After age 35;
- Within 2 years of the previous birth;
- Within 6 months of a miscarriage;
- Have already 5 children or more.

The women in the Bible knew this, and they spaced their pregnancies.

"When she had weaned No Mercy, she conceived and bore a son." (Hosea 1:8)

"Leaning over her son, she fooled the cruel tyrant by saying in her native language, My son, have pity on me. Remember that I carried you in my womb for nine months and nursed you for three years. I have taken care of you and looked after all your needs up to the present day". (2 Maccabees 7:27)

It is not only women's role to space their births. Men and family members have a role as well:

"But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever." (1 Timothy 5:8)

God has given us the power of choice and self-discipline

But the fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, and self-control. Against such there is no law." (Galatians 5:22–23)

Paul tells us that self-control is one of the fruits of the spirit. "But the fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, and self-control. Against such there is no law." (Galatians 5:22–23) When Paul encourages us to exercise self-control, he is referring to controlling our passions and appetite. We may enjoy the beauty of marital relations as God intended to demonstrate love in our marriage, but we must be in control of the consequences. If it is not a healthy time in the woman's life to conceive a child, we must be responsible about another pregnancy. Paul also says "For God has not given us a spirit of fear, but of power and of love and of self-discipline." (2 Timothy 1:7)

In order to plan our families, we must exercise self-discipline and control. We should try to plan our families so that when we have a new baby, we do not conceive another child for at least two years. Waiting to conceive another child gives the mother time for her body to recover. It also gives her time to properly nourish her first child, and for the parents to concentrate on the health of that child. In this stage where we wish to delay conceiving another child, we should use a birth spacing technique during marital relations to avoid pregnancy. This is where we must show discipline and exercise self-control.

The Book of Proverbs that tells us, "Whoever has no rule over his own spirit is like a city broken down, without walls." (Proverbs 25:28) While it is true that God is in control of our lives and what may happen to us, we are in control of our own actions. We have been given the right to make choices and we must exercise good judgment and be in command of our actions. Children come into our lives by the goodness and generosity of God, but we can and must control the timing of pregnancies in order to keep those children and their mothers healthy. Health workers have seen that having children very close in age can raise the risk of health problems for the mother and child.

God has given us the power to decide when we shall have a child. If we have marital relations without pregnancy spacing techniques, we may be conceiving a child. This is where we need to exercise power over our situation. We should remember the health advice of two years between birth and another pregnancy, and plan accordingly.

Self-discipline is also needed for birth spacing. God has given us a spirit that is capable of controlling our impulses and exercising self-discipline. It will take discipline to either abstain from marital relations or make sure we have the proper birth spacing tools to prevent a pregnancy when we are not ready for another child.

Source:

Chand, Sarla, Erb, Kathy (May 2009), "Christian Sermon Guide to Save the Lives of Mothers and Newborns A Toolkit for Religious Leaders"

God's command: Be fruitful and multiply

Then God blessed them, and God said to them, Be fruitful and multiply; fill the earth and subdue it..." (Genesis 1:28).

Explanation:

In exercising the free will that God gave us, we must plan our family within the context of responsible parenthood.

Family planning allows couples to anticipate and attain their desired number of children and the spacing and timing of their births. "Then God blessed them, and God said to them, Be fruitful and multiply; fill the earth and subdue it..." (Genesis 1:28).

It is our moral duty to care for our children. Planning of the family is very important, taking into consideration, context, available resources and capacity to provide for the family. The Bible says "but if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever" (1 Timothy 5:8).

Annex 13.1: Handout: Background on Catholic Social Teachings

Background on Catholic Social Teaching

Catholic Social Teaching sums up the teachings of the Church on social justice issues. It promotes a vision of a just society that is grounded in the Bible and in the wisdom gathered from experience by the Christian community as it has responded to social justice issues through history.

The four core principles of Catholic Social Teaching are:

- **The Dignity of the Human Person:** We believe that every person is made in God's image. We believe that every person has inherent dignity and every life is sacred. We see the image of God in every person, no matter their circumstance. The women, men and children most vulnerable to extreme poverty and injustice should not be hindered from living a life equal to their dignity. Children, women and men most vulnerable to extreme poverty and injustice are rich in the eyes of Jesus. We are called to be companions to women, men and children who are in vulnerable circumstances.
- **The Common Good:** We believe that humans are not only sacred but social and that we experience the fullness of life in our relationships with others. Working towards the common good requires a commitment from each of us to respect the rights and responsibilities of all people. We believe every person is entitled to share in society's resources. Every person is also responsible for sharing our society's resources – the common good - with others. This extends beyond our personal interests, and beyond national borders, to our one global human family.
- **Solidarity:** Solidarity requires that we see another person as a neighbour, a fellow human who is equal in dignity. Solidarity means recognising the responsibilities we have to each other, and taking an active role in helping others attain their full potential. This is more than just a feeling. It drives us to action. We are called by the principle of solidarity to take the parable of the Good Samaritan (Luke 10:29-37) to heart, and to express this understanding in how we live and interact with others, not as a matter of charity, but of justice. Solidarity makes it impossible for us to look away from the injustices that our sisters and brothers experience.
- **Subsidiarity:** Subsidiarity means that all people have the right to participate in decisions that affect their lives. These decisions should be made at the appropriate level, by the people most affected by the decision. It also means that those in positions of authority have the responsibility to listen to everyone's voice, and make decisions according to the common good. Partnerships and collaboration amongst groups, including all levels of government and social institutions, are necessary to work toward a shared, unified vision for society.

Catholic Social Teaching covers all spheres of life – the economic, political, personal and spiritual.

With human dignity at its centre, a holistic approach to development, founded on the principles of Catholic Social Teaching, is what Pope Paul VI called 'authentic development'.

Source: CARITAS Australia

Annex 13.2: Handout: Catholic Social Teachings on Conscience

Part three: Life in Christ

Section one: Man's Vocation Life in the Spirit

Chapter one: The Dignity Of The Human Person

Article 6: moral conscience

1776 "Deep within his conscience man discovers a law which he has not laid upon himself but which he must obey. Its voice, ever calling him to love and to do what is good and to avoid evil, sounds in his heart at the right moment. (...) For man has in his heart a law inscribed by God. (...) His conscience is man's most secret core and his sanctuary. There he is alone with God whose voice echoes in his depths." (Gaudium et Spes 16)

I. The judgment of conscience

1777 Moral conscience (Romans 2:14-16), present at the heart of the person, enjoins him at the appropriate moment to do good and to avoid evil. It also judges particular choices, approving those that are good and denouncing those that are evil (Romans 1:32). It bears witness to the authority of truth in reference to the supreme Good to which the human person is drawn, and it welcomes the commandments. When he listens to his conscience, the prudent man can hear God speaking.

1778 Conscience is a judgment of reason whereby the human person recognizes the moral quality of a concrete act that he is going to perform, is in the process of performing, or has already completed. In all he says and does, man is obliged to follow faithfully what he knows to be just and right. It is by the judgment of his conscience that man perceives and recognizes the prescriptions of the divine law:

Conscience is a law of the mind; yet [Christians] would not grant that it is nothing more; I mean that it was not a dictate, nor conveyed the notion of responsibility, of duty, of a threat and a promise. (...) [Conscience] is a messenger of him, who, both in nature and in grace, speaks to us behind a veil, and teaches and rules us by his representatives. Conscience is the aboriginal Vicar of Christ.

1779 It is important for every person to be sufficiently present to himself in order to hear and follow the voice of his conscience. This requirement of interiority is all the more necessary as life often distracts us from any reflection, self-examination or introspection:

Return to your conscience, question it. (...) Turn inward, brethren, and in everything you do, see God as your witness. (St. Augustine, In ep Jo. 8,9:PL 35,2041)

1780 The dignity of the human person implies and requires uprightness of moral conscience. Conscience includes the perception of the principles of morality (synderesis); their application in the given circumstances by practical discernment of reasons and goods; and finally judgment about concrete acts yet to be performed or already performed. The truth about the moral good, stated in the law of reason, is recognized practically and concretely by the prudent judgment of conscience. We call that man prudent who chooses in conformity with this judgment.

1781 Conscience enables one to assume responsibility for the acts performed. If man commits evil, the just judgment of conscience can remain within him as the witness to the universal truth of the good, at the same time as the evil of his particular choice. The verdict of the judgment of conscience remains a pledge of hope and mercy. In attesting to the fault committed, it calls to mind

the forgiveness that must be asked, the good that must still be practiced, and the virtue that must be constantly cultivated with the grace of God:

We shall(...) Reassure our hearts before him whenever our hearts condemn us; for God is greater than our hearts, and he knows everything.(1 John 3:19-20)

1782 Man has the right to act in conscience and in freedom so as personally to make moral decisions. "He must not be forced to act contrary to his conscience. Nor must he be prevented from acting according to his conscience, especially in religious matters." (DH 3 § 2)

II. The formation of conscience

1783 Conscience must be informed and moral judgment enlightened. A well-formed conscience is upright and truthful. It formulates its judgments according to reason, in conformity with the true good willed by the wisdom of the Creator. The education of conscience is indispensable for human beings who are subjected to negative influences and tempted by sin to prefer their own judgment and to reject authoritative teachings.

1784 The education of the conscience is a lifelong task. From the earliest years, it awakens the child to the knowledge and practice of the interior law recognized by conscience. Prudent education teaches virtue; it prevents or cures fear, selfishness and pride, resentment arising from guilt, and feelings of complacency, born of human weakness and faults. The education of the conscience guarantees freedom and engenders peace of heart.

1785 In the formation of conscience the Word of God is the light for our path,(Psalm 119:105) we must assimilate it in faith and prayer and put it into practice. We must also examine our conscience before the Lord's Cross. We are assisted by the gifts of the Holy Spirit, aided by the witness or advice of others and guided by the authoritative teaching of the Church.(DH 14)

III. To choose in accord with conscience

1786 Faced with a moral choice, conscience can make either a right judgment in accordance with reason and the divine law or, on the contrary, an erroneous judgment that departs from them.

1787 Man is sometimes confronted by situations that make moral judgments less assured and decision difficult. But he must always seriously seek what is right and good and discern the will of God expressed in divine law.

1788 To this purpose, man strives to interpret the data of experience and the signs of the times assisted by the virtue of prudence, by the advice of competent people, and by the help of the Holy Spirit and his gifts.

1789 Some rules apply in every case:

- One may never do evil so that good may result from it;
- the Golden Rule: "Whatever you wish that men would do to you, do so to them."(Matthew 7:12; cf. Luke 6:31; Tobit 4:15)
- charity always proceeds by way of respect for one's neighbor and his conscience: "Thus sinning against your brethren and wounding their conscience(...) You sin against Christ."(1 Corinthians 8:12) Therefore "it is right not to(...) Do anything that makes your brother stumble."(Romans 14:21)

IV. Erroneous judgment

1790 A human being must always obey the certain judgment of his conscience. If he were deliberately to act against it, he would condemn himself. Yet it can happen that moral conscience remains in ignorance and makes erroneous judgments about acts to be performed or already committed.

1791 This ignorance can often be imputed to personal responsibility. This is the case when a man "takes little trouble to find out what is true and good, or when conscience is by degrees almost blinded through the habit of committing sin." (Gaudium et Spes 16) In such cases, the person is culpable for the evil he commits.

1792 Ignorance of Christ and his Gospel, bad example given by others, enslavement to one's passions, assertion of a mistaken notion of autonomy of conscience, rejection of the Church's authority and her teaching, lack of conversion and of charity: these can be at the source of errors of judgment in moral conduct.

1793 If - on the contrary - the ignorance is invincible, or the moral subject is not responsible for his erroneous judgment, the evil committed by the person cannot be imputed to him. It remains no less an evil, a privation, a disorder. One must therefore work to correct the errors of moral conscience.

1794 A good and pure conscience is enlightened by true faith, for charity proceeds at the same time "from a pure heart and a good conscience and sincere faith." (1 Timothy 5; cf. 8:9; 2 Timothy 3; 1 Peter 3:21; Acts 24:16)

The more a correct conscience prevails, the more do persons and groups turn aside from blind choice and try to be guided by objective standards of moral conduct. (Gaudium et Spes 16)

In brief

1795 "Conscience is man's most secret core, and his sanctuary. There he is alone with God whose voice echoes in his depths" (GS 16).

1796 Conscience is a judgment of reason by which the human person recognizes the moral quality of a concrete act.

1797 For the man who has committed evil, the verdict of his conscience remains a pledge of conversion and of hope.

1798 A well-formed conscience is upright and truthful. It formulates its judgments according to reason, in conformity with the true good willed by the wisdom of the Creator. Everyone must avail himself of the means to form his conscience.

1799 Faced with a moral choice, conscience can make either a right judgment in accordance with reason and the divine law or, on the contrary, an erroneous judgment that departs from them.

1800 A human being must always obey the certain judgment of his conscience.

1801 Conscience can remain in ignorance or make erroneous judgments. Such ignorance and errors are not always free of guilt.

1802 The Word of God is a light for our path. We must assimilate it in faith and prayer and put it into practice. This is how moral conscience is formed.

Source: Vatican: Catechism of the Catholic Church:

http://www.vatican.va/archive/ccc_css/archive/catechism/p3s1c1a6.htm

Annex 14.1: Example of a press conference agenda

Event Agenda

Press conference

Interfaith declaration on family planning and reproductive health

Date: November, 21st 2019

Time: 12:00 to 13:00 hrs

Location: Hotel Panorama, Bukavu, DRC

11h00 Welcome and Introductions

[Name to be determined], [title], [institution]

11h05 Speakers

[Name to be determined], [title], [institution]

[Name to be determined], [title], [institution]

[Name to be determined], [title], [institution]

11h25 Questions and Answers

For more information, please contact:

[Name to be determined], [title], [institution] | phone: [] | email: [] | website: [] | Twitter: []

Annex 14.2: Example of a press release

Press release

For immediate release

Interfaith Declaration: faith organisations commit to promote family planning and reproductive health in Sud Kivu.

Bukavu, November, 21st 2019 - Concerned with the world's highest maternal and child mortality, Sud Kivu's leading faith organisations have pledged to promote family planning and reproductive health. In their interfaith declaration, they commit to improve access to life saving services, information and commodities, through their places of worship, schools, health centres and other faith platforms across the province.

"It is known that better planning and spacing of births, reduces the risk of maternal and child deaths" says Abbé Paul Ntamulenga Babikire, head of the Catholic Medical Bureau, at the press conference, "yet, in Sud Kivu, too many women die during child birth, and too many children die before reaching 5 years." There is consensus amongst the Church of Christ in the Congo, the Islamic Community of Congo, the Kimbanguist Church, the Catholic Archdiocese of Bukavu, the Anglican diocese of Bukavu and the Seventh Day Adventist Church that their faith traditions encourage healthy timing and spacing of births. Cheikh Assumani Kasongo of the Islamic Community of Congo emphasizes faith organisations' responsibility to uphold human dignity. "It is faith organisations' calling to prevent human suffering where possible", he says. Therefore, after a series of dialogues, Sud Kivu's leading faith organisations have committed to:

- Provide the correct information and address misconceptions on family planning and reproductive health, in health centres, hospitals, schools, universities, places of worship, radio stations and faith platforms,
- Offer age-appropriate sexuality education in faith-based schools and universities, and
- Ensure access to services through faith-based health centres and an effective referral system.

They call on government to put in place accountable, affordable, acceptable and quality health services across the whole province. They declare their intention to collaborate with all stakeholders to achieve these objectives. They declare to put in place a one-week interfaith sensitization campaign to launch this declaration. Mgr Bahati Balibusane from the Anglican Diocese of Bukavu concludes that "only together will we be able to prevent needless deaths. Family planning education and services, including the provision of a full contraceptive mix, need to be available throughout the province. With faith organisations' major role in health and education, it is paramount that these services are offered in all health centres."

More information is available from:

[Name to be determined], [title], [institution] | phone: [] | email: [] | website: [] | Twitter: []

Annex 14.3: Example of a press package

Statistics

- Maternal mortality is high in DRC. The maternal mortality ratio is 846 maternal deaths per 100,000 live births.
- 13% of women of reproductive age (15 to 49 years) use a family planning method in Sud Kivu.
- 22% of women of reproductive age (15 to 49 years) have an unmet need for family planning in Sud Kivu. In other words, they want to use a family planning method, but they don't have access to it.
- 21% women age 15-19 are mothers or currently pregnant in Sud Kivu.
- Childhood mortality is high in Sud Kivu. 92 babies in 1,000 live births die before they are 1 year old. 139 children in 1,000 live births die before they are 5 years old.
- The total fertility rate in Sud Kivu is 7.7. It means that on average a woman has 7.7 children.
- By 2019, DRC's population has reached 86.7 million. The growth rate in DRC is unusually high at 3.27%. The population is expected to hit 90 million by 2020, and 100 million by 2024. By the year 2050, DRC is projected to have a population close to 200 million.
- Per day, there are 9,582 new babies in DRC.
- Per day, 2,204 people die in DRC.
- DRC's population is very young. Persons under 15 years account for 46% of the total population.
- Its people are extremely poor, with an extreme poverty rate of 73% in 2018, one of the highest in sub-Saharan Africa.
- In 2018, its economy grew by 4.1% after years of decline or slow growth.

Sources: Demographic Health Survey, 2013/14; United Nations population estimates and projections, 2019

Role of faith organisations

Faith actors have considerable influence on people's individual family planning and reproductive health choices.

- Religious beliefs often affect individuals' behaviours which impact health, including age at marriage, family structure and roles and preventive health practices like strategies couples use to achieve their preferred family size.
- 82% of Congolese describe religion as "very important" in their lives (Pew, 2010).
- Misperceptions about their religion's position on family planning represents a barrier to family planning uptake (Mbadu et al, 2017).

Faith actors are important in giving people access to family planning and reproductive health services:

- Faith organizations represent strong pillars of DRC's health systems, managing 40-50% of health facilities.
- In Sud-Kivu many health facilities, including faith-based facilities, offer family planning services.
- This is not representative of the whole country. In fact, only 33% of all health facilities offer family planning services in DRC.

Faith actors have political influence:

- High level decision makers' commitment to family planning is strongly influenced by factors such as prevailing cultural and religious attitudes.
- Faith actors' participation in planning, implementing and advocating for family planning services has increased in DRC.
- In 2017, Programme National de Santé de la Reproduction (PNSR) and Cordaid developed a technical brief for religious leaders to take action in support of family planning.
- In 2016 and 2017, there have been national roundtables with all major faith leaders to gain their support for family planning and reproductive health.

Annex 14.4: Press conference: Example of an advisory for speakers.

Advisory for speakers

Press conference

Interfaith declaration on family planning and reproductive health

Date: November, 21st 2019

Time: 12:00 to 13:00 hrs

Location: Hotel Panorama, Bukavu, DRC

09h30 Arrival

Please plan to arrive at 9h30. This will give us a little time to get settled, coordinate our remarks, discuss any questions and make final preparations.

11h00 Welcome and Introductions

[Name to be determined], [title], [institution] will welcome the journalists; introduce speakers; keep time; and moderate Q&A from journalists.

11h05 Speakers

Each speaker must keep to 5 minutes, and be prepared for questions and answers from the press.

[Name to be determined], [title], [institution]

- Child mortality is high : 13.9% of all children die before reaching the age of 5 years.
- Maternal mortality is high with 8 deaths in 1000 births
- Families have many children. Yet, poverty does not allow them to cater for their food, shelter, clothes, hygiene, education and health.
- Yet, the Bible is clear: "But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever." (1 Timothy 5:8).
- It is known that better timing and spacing of births, reduces the risk of maternal and child deaths.
- Concerned about this desperate situation, six faith organisations have come together to find joint solutions to addressing this problem:
 - Church of Christ in the Congo, Sud-Kivu
 - the Islamic Community of Congo,
 - the Catholic Archdiocese of Bukavu,
 - the Anglican diocese of Bukavu, and
 - the Seventh Day Adventist Church.

[Name to be determined], [title], [institution]

- It is our faith organisations' calling to uphold human dignity and prevent human suffering.
- Therefore, we have come together to better understand the contribution of family planning and reproductive health to upholding human dignity.
- The Quran is clear that family planning and reproductive health is encouraged. There is authoritative jurisprudence on all family planning methods.
- We have learnt that Christian faith traditions are equally supportive of family planning and reproductive health.

-
- Since all our faith traditions require us to preach in words and in deeds, we have discussed how to improve our contribution to family planning and reproductive health.
 - We have developed an interfaith declaration and action plans.

[Name to be determined], [title], [institution]

- Sud Kivu's leading faith organisations have committed to:
- Provide the correct information and address misconceptions on family planning and reproductive health, in health centres, hospitals, schools, universities, places of worship, radio stations and faith platforms,
- Offer age-appropriate sexuality education in faith-based schools and universities, and
- Ensure access to services through faith-based health centres and an effective referral system.
- We call on government to put in place accountable, affordable, acceptable and quality health services across the whole province.
- We are ready to collaborate with all stakeholders to achieve these objectives.
- We will put in place a one-week interfaith sensitization campaign to launch this declaration.

11h25 Question and Answer

Annex 14.5: Press conference: List of potential questions and answers.

Questions which must be answered by the facilitator

1) Questions on abortion:

This press conference is about the interfaith commitment on family planning. While abortion is a sexual and reproductive health issue, it is not part of the interfaith commitment and was not discussed during the dialogues. We recommend to ask questions connected to the main topic.

2) Questions on sexual minorities:

All present faith communities agree that their mission is to uphold human dignity of all people, regardless of who they are. This interfaith declaration is a call to everybody to promote compassionate care.

3) Questions relating to differences and divisions between faith organisations

The present faith communities agree that joint problems require joint solutions. They have worked collaboratively to develop this joint interfaith declaration. We encourage questions on the interfaith declaration.

4) Question on politics in DRC

This press conference is about the interfaith commitment on family planning. The present faith communities call on government to put in place accountable, affordable, acceptable and quality health services across the whole province. They declare their intention to collaborate with all stakeholders to achieve these objectives.

Questions which should be answered by the speakers

1) Questions on the relevance of family planning and reproductive health

The Bible and the Quran encourage responsible parenthood. Healthy timing and spacing of pregnancies allow to plan families, considering the context, existing family resources and capacities. The present faith communities agree that it is contrary to their teachings to have many children, without being able to give them shelter, food, health or education. This would contradict principles of "duty of care". In addition, all faith traditions recognize that the mother's health must be conserved. Spacing births helps the women's bodies recover from the privations of child-bearing.

Medical evidence shows that family planning and reproductive health reduces the risks of maternal and child mortality, and that it increases mother's and children's health. It is faith organisations' calling to save the lives of mothers and children.

Socio-economic evidence shows that family planning and reproductive health can contribute to a demographic dividend. Couples are able to utilise their meagre resources better in raising fewer children. The children receive better shelter, food, health and education services.

2) Questions on why this interfaith dialogue was organized.

In December 2018, a new public health law was promulgated in DRC. It gives all couples access to family planning services and information.

Given that faith actors manage between 40-50% of health facilities in DRC, the success of this law will be determined by faith actors' compliance.

Faith to Action Network, Cordaid and Al Azhar understood that this new framework needed to be discussed by faith organisations, both taking a medical, socio-economic and religious perspective.

The three organisations have worked together for many years. The same activity has been organized in other countries, such as Kenya.

3) What do you think about the new public health law?

It is a welcome modernization of DRC's laws on public health. We call on government to now facilitate a discussion on its application modalities in detail.

4) What is included in the interfaith declaration?

Copies of the document have been distributed. The document has two main parts: the first part is a joint commitment in support of family planning and reproductive health. The second part features concrete action plans of different faith organisations. Cite the exact commitments included in the document.

5) What does the commitment mean: "We commit to promote spacing of pregnancies and reproductive health in order to contribute to family health and wellbeing"?

This means that we will leverage faith organisations' many platforms to promote family planning and reproductive health. Faith organisations have an important societal role.

- They lead worshippers in prayers and sermons.
- They walk alongside community members "from the womb to the tomb".
- They offer health services in faith managed health centres and hospitals.
- They teach children and students in faith managed schools and universities.
- They host women's groups, men's groups, youth groups, and all sorts of other societal groups.

We will disseminate messages on family planning and reproductive health through all these platforms.

6) What does the commitment mean: "We commit to better inform all people and clarify myths and misconceptions"?

There are lots of myths and misconceptions on family planning and reproductive health. Sometimes this is due to erroneous incorrect medical information. Sometimes this is due to misinterpretations of religious texts and traditions. Sometimes this has to do with cultural practices which are not related to religion.

We are committed to train our clergy and lay leaders to provide the correct medical and religious information. We are committed to provide correct medical and religious messages through our diverse channels and platforms.

7) What does the commitment mean: "We commit to disseminate correct information in our health centres, hospitals, schools, universities, places of worship, radio stations and religious platforms"?

Faith organisations have many channels to raise awareness on health issues: health centres, hospitals, schools, universities, places of worship, radio stations, etc. We will leverage all these channels to disseminate messages on family planning and reproductive health.

8) What does the commitment mean: "We commit to provide age-appropriate sexuality education in our schools and hospitals"?

Seeking knowledge is central to the teachings of our faith traditions. Our faith encourages all people, including adolescents and youth, to acquire life giving knowledge. Accessing age-appropriate, accurate and up to date information about how our bodies function, promoting healthy sexuality and preventing violence provides young people with the knowledge to navigate the challenges of adulthood and prevent risky and unsafe behaviour.

Depending on the age of young people, different type of information must be provided. We will encourage our schools and universities to teach pupils and students about sexuality, including family planning and reproductive health, so that they can make informed decisions.

9) What does the commitment mean: "We commit to offering services in our health centres and hospitals"?

Our different faiths make it clear: we are responsible for each other's welfare. We are 'our brother and sisters' keeper. Each one of our traditions teaches that we have the responsibility of caring for each other. Therefore, from our faith standpoints, we stand in solidarity with adolescents and youth, and adults, as they negotiate family planning and reproductive health issues in life. Therefore, we have an obligation to provide family planning and reproductive services in our health centres and hospitals.

This means that we need to train health workers on health standards, ensure the supply with life-saving medicines and commodities, and ensure the highest quality of our health centres.

10) What does the commitment mean: "if our faith does not allow us to provide a specific method, we commit to put in place a referral system that refers our clients to health centres where these are available"?

Most of us support the whole range of family planning and reproductive health methods. Sometimes our faith traditions do not allow for some methods. However, we understand that our health facilities, our hospitals, our schools and universities serve whole communities, regardless of their faith. Hence, to be respectful of all faiths, we are committed to providing all available information to our clients. In case, we cannot provide one method or service, we are committed to establish a functional referral mechanism to a place where this service or method is available.

11) What does the call mean: "We call upon the provincial government to put in place accountable, affordable, acceptable and quality family planning services"?

While we manage 40 to 50% of all health facilities in DRC, we believe that public health is the government's responsibility. We are proud to help the government deliver life-saving services. However, we expect government to step up its efforts, to increase its investments into family planning and reproductive health services and make these services available to all Congolese: poor and rich, rural and urban.

12) What does the call mean: "We declare our willingness to work with all partners and stakeholders to achieve our objectives".

Despite our goodwill, we understand our shortcomings. We don't always have the skills, information and resources to live up to our calling. However, we know that there are partners in Sud Kivu with capacity building programmes for health workers. Others support service delivery. Others implement awareness creation programmes. We are reaching out a hand to these partners. Let us work together.

13) What is the methodology of the interfaith Caravan?

The Caravan includes learning, dialogue, advocacy and interfaith action.

Learning sessions included a medical and a socio-economic lecture.

Dialogue sessions included intrafaith discussions and interfaith discussions.

Advocacy included a press conference, a meeting with provincial family planning stakeholders, a visit with the provincial governor.

Interfaith action includes the organisation of a joint prayer and speech in a mosque and a joint service in a church.

Annex 15: Developing advocacy asks

In developing your advocacy asks, consider the level of decentralization. Types of decentralization include political, administrative, fiscal, and market decentralization. It is important to understand the local government authority's power in each category. Reflect on the following questions before developing advocacy asks:

Political decentralisation: Are local government officials elected or appointed? Do they consult their constituents frequently or never?

Administrative decentralisation: How much authority, responsibility and financial resources does the local government facility have in providing health services?

Fiscal decentralization: Does the local government authority have sufficient income to provide health services? Does it have authority over expenditures?

Market decentralization: How much of public service delivery is in the hands of government and how much of it is privatized?

Once you understand the role of the local government authority, check the six health systems building blocks (World Health Organisation). The following table suggests different types of advocacy asks.

Health systems building block	Possible asks
Service delivery	Ensure a full method mix is available in health facilities, increase quality of care, put in place outreaches to hard to reach communities, improve service delivery to special populations including adolescents, print and disseminate all family planning guidelines and standards.
Health workforce:	Ensure health workers are posted as per standard guidelines, train health workers, improve supervision, improve non-financial incentives to reduce absenteeism, implement a task shifting plan and train community health volunteers.
Health Information systems	Ensure health facilities are trained in the health information system, equip all facilities with necessary equipment, aggregate and utilise data to make decisions.
Access to essential medicines	Improve supply of family planning commodities, in particular at the last mile. Strengthen the capacity of health facility managers to forecast and quantify commodity needs.
Financing	Establish a budget line for family planning commodities and activities, increase available budgets.
Leadership / governance	Monitor family planning service provision, for example by scheduling health facility assessments.

Annex 16.1: Questionnaire on family health and wellbeing (pre-Caravan)

We would like to gain a better understanding of family health and wellbeing from a faith perspective.

We would appreciate that you take a little time to respond to a few questions.
Thank you very much!

Your faith

1) Please, tick what you feel most closely describes your faith?

Christian

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Adventist | <input type="checkbox"/> Baptist |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Evangelical | <input type="checkbox"/> Kimbanguist |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Methodist | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Reformed | <input type="checkbox"/> Other |

Muslim

- | | | |
|---|--|---|
| <input type="checkbox"/> Hanafi school | <input type="checkbox"/> Maliki school | <input type="checkbox"/> Shafi'i school |
| <input type="checkbox"/> Hanbali school | <input type="checkbox"/> Zahiri school | <input type="checkbox"/> Salafi |
| <input type="checkbox"/> Al-Sunnah | <input type="checkbox"/> Ansar | <input type="checkbox"/> Other |

Other

- ☐ please, specify

Your knowledge?

2) How do you rate your personal theological knowledge on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

3) How do you rate your personal medical knowledge on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

4) How do you rate your personal knowledge about DRC's legal and policy framework on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

Do you agree with the following statements?

5) Adults should have access to family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6) Your faith organisations' policies and teachings do not encourage family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

7) Your faith organisations' practice does encourage family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8) Communities share common challenges, which can only be addressed through interfaith collaboration.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Annex 16.2: Questionnaire on family health and wellbeing (post-Caravan)

In order to evaluate the Caravan, we would like to ask for your feedback.

Some questions repeat what we have asked on the first day. Please, let us know if you see a change compared to the first day.

Thank you very much!

Your faith

1) Please, tick what you feel most closely describes your faith?

Christian

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Adventist | <input type="checkbox"/> Baptist |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Evangelical | <input type="checkbox"/> Kimbanguist |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Methodist | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Reformed | <input type="checkbox"/> Other |

Muslim

- | | | |
|---|--|---|
| <input type="checkbox"/> Hanafi school | <input type="checkbox"/> Maliki school | <input type="checkbox"/> Shafi'i school |
| <input type="checkbox"/> Hanbali school | <input type="checkbox"/> Zahiri school | <input type="checkbox"/> Salafi |
| <input type="checkbox"/> Al-Sunnah | <input type="checkbox"/> Ansar | <input type="checkbox"/> Other |

Other

- ☐ please, specify

After participating in Caravan, please, rate your knowledge?

2) How do you rate your personal theological knowledge on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

3) How do you rate your personal medical knowledge on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

4) How do you rate your personal knowledge about DRC's legal and policy framework on family planning and reproductive health?

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

After participating in the Caravan, do you agree with the following statements?

5) Adults should have access to family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6) Your faith organisations' policies and teachings do not encourage family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

7) Your faith organisations' practice does encourage family planning and reproductive health services and information.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8) Communities share common challenges, which can only be addressed through interfaith collaboration.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

9) What did you LIKE most about the Caravan?

10) What did you NOT LIKE about the Caravan?

11) Do you have any recommendations or comments?

Annex 16.3: Intense Period Debrief Facilitation Instructions

Facilitation Introduction:

- We carry out short debrief meetings to assess and improve our activities.
- My role is to ask a few questions, facilitate a discussion and document its findings.

Briefly describe the context:

- What events triggered this activity?
- Why was it important to use this opportunity?

Briefly describe your advocacy action

- What was the aim of this activity?
- Who were our target groups?
- What activities did we carry out? What was planned and what wasn't?

Outcomes of the advocacy action

- Based on your observation, did we achieve our aims?
- Based on your observation, did we have the right people attending the activity? Who was missing? What was the impact of the missing people?
- What activities were critical to the success of the activity? Why were they critical?
- What went well and what didn't?
- What occurred externally that influenced the success of our work? How did we respond? How could we respond differently next time?
- Were there any opportunities to improve the outcome that we failed to leverage?
- Were there any potential barriers to the outcome that we successfully prevented?

Looking ahead

- What comes after this activity?
- What new opportunities have presented themselves after this work?
- What insights will we take away from this experience that could inform strategy development going forward?

Preparation

- How was the strategy set for this activity? Who was involved?
- Probe: Coordination, task-sharing, communication, etc.

Annex 17: Acronyms

CTMP	Comité Technique Multisectoriel Permanent (Technical Multisectoral Permanent Committees)
DRC	Democratic Republic of Congo
FP2020	FP2020 is a global partnership to empower women and girls by investing in rights-based family planning.
IUD	Intrauterine device
PBUH	Peace Be Upon Him
PNSR	Programme National de Santé de la Reproduction (National Reproductive Health Programme)
Q&A	Questions and Answers
SAW	Salla Allahu Aleyhi Wa Sallam (may God's prayers and mercy be upon him)

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