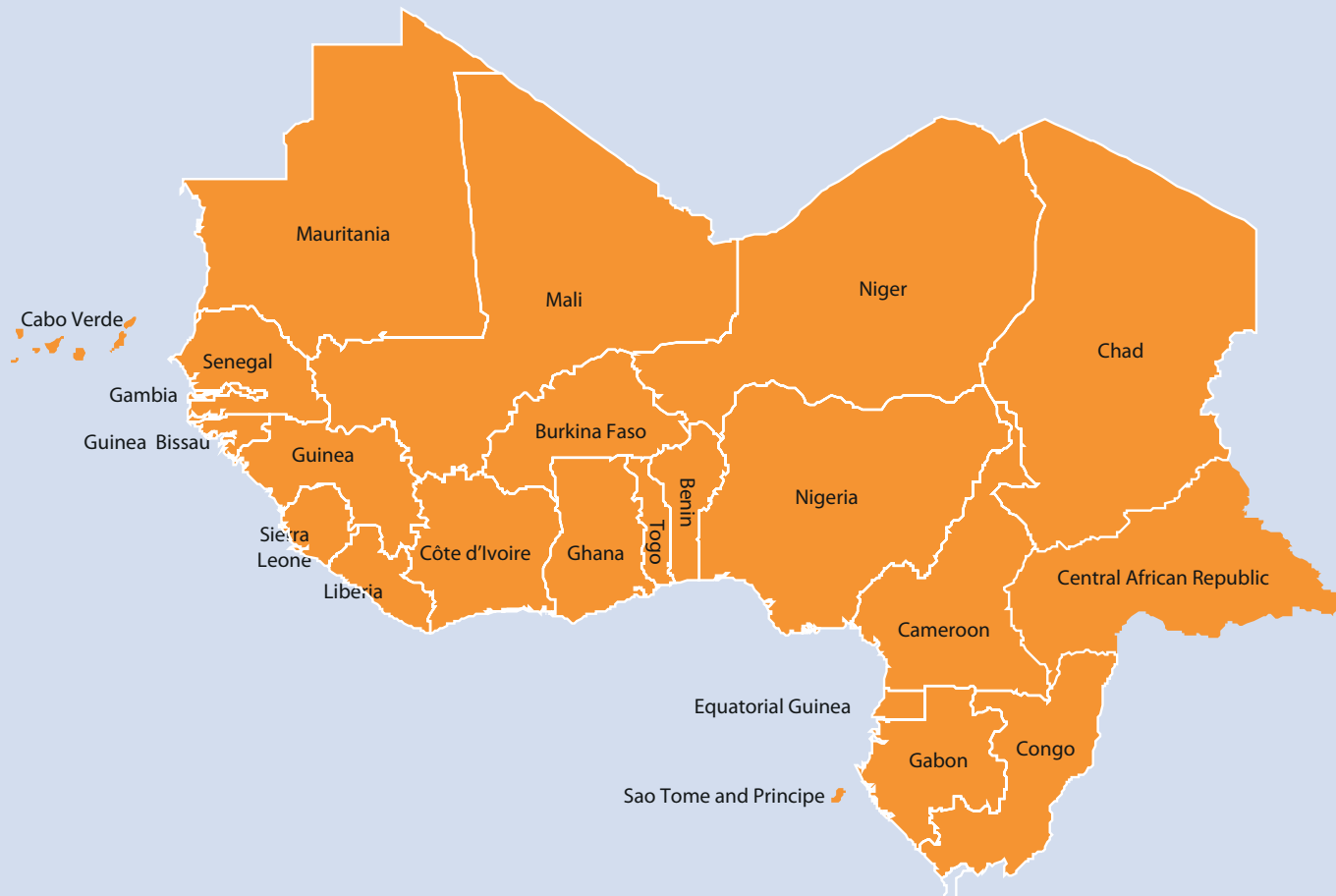




**Regional consultative meeting with
Faith-Based Organizations and Leaders**
on Reproductive Health and the
Demographic Dividend



United Nations Population Fund
West and Central Africa Regional Office



“ Religious leaders are key actors for boosting the long expected changes in individual and community behaviours towards improved, effective and sustainable use of reproductive health services.
Mabingue Ngom, Regional Director, UNFPA

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Dr Mohamed Ibn Chambas
Special Representative of the
Secretary General and Head of the
United Nations Office for West
Africa (UNOWA)

This brochure presents highlights of the regional consultative meeting on reproductive health and demographic dividend that was held in Dakar, Senegal, from 26 to 27 October 2015 with Faith-Based Organizations (FBOs) and leaders. This meeting of fourteen ECOWAS members and Mauritania aimed at building and expanding partnership with non traditional actors to ensure that UNFPA interventions align with the sustainable development goals and targets for 2030 as well as Agenda 2063 of the African Union.

Involving FBOs and leaders in these efforts is crucial. They are key opinion leaders and role models. They influence the way communities engage with and decide on issues. They also influence the way communities accept health services. Hence, the Dakar meeting gathered Faith-based organizations and technical and financial partners (AfDB, IDB, UNOWA, UNICEF, OAFSA, UNAIDS, UNDP, WB, URI, USAID, Ouagadougou partnership, DFID, France, European Union, etc.) to understand and underline the key role their support to Member States plays in creating synergy to achieve the demographic dividend.

The United Nations Office for West Africa (UNOWA) is fully committed to supporting UNFPA, ECOWAS member states and Mauritania in their efforts on policy dialogue, advocacy, resource mobilization and the implementation of country action plans. UNOWA understands the interplay between health, development and peace. It acknowledges there are strong linkages between these processes and the theme of the consultative meeting. UNOWA intends, therefore,

to be an active player in this initiative. For, there can be no development without peace and good health.

In this respect, we urge all partners to support country action plans, in particular UNFPA, whose commitment is crucial. UNFPA has established the United Nations Inter-Agency Working Group on engagement with faith-based organizations for sustainable development. It plays a coordinating role within this platform of ten United Nations sister agencies. The need to work with faith-based organizations, among the key players for change at the community level, should no longer be a matter for debate. Instead, it should be a systematic and deliberate commitment of partners aiming at the same objective.

This is even more necessary today with the existence of a regional platform for sharing knowledge between faith-based organizations and leaders, generating evidence from successful experiences, challenges and lessons learned on the demographic dividend, and understanding the interrelationship with reproductive health and maternal and child health. To strengthen the partnership between FBOs and governments, country action plans have been developed to cover the period from 2016.

The Dakar consultative meeting came up with the Dakar Declaration of FBOs. This is going to be key instrument for supporting policy dialogue, advocacy and resource mobilization for the country action plans.



His Royal Highness, Dr. Haliru Yahaya, Emir of Shonga, Nigeria. Prof. Awa Marie Coll Seck, Minister of Health and Social Welfare, Senegal

“ If our population growth is not backed by education, health or employment, we may have a young population in disarray with no real opportunity to build the country or the continent.
Prof. Awa Marie Coll Seck, Minister of Health and Social Welfare, Senegal

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Mabingue Ngom, Regional Director, UNFPA. Prof. Awa Marie Coll Seck, Minister of Health and Social Welfare, Senegal. His Excellency Mohammed Boun Abdallah Dionne, Prime Minister, Senegal. His Royal Highness, Dr. Haliru Yahaya, Emir of Shonga, Nigeria.

At a time when the international community is poised and hopeful about the transition from the millennium development goals to achieving the sustainable development goals by 2030, Africa must address a fundamental question on how to bring significant and sustainable improvements to people's lives with the current prospects for population growth.

Huge needs exist for education, training, employment and health, including reproductive health. At the same time, there is wide **agreement today that public health, population issues and economic performance are interrelated**. Five in every 100 people in the world are in West Africa. By 2030, this ratio may increase to six in every 100 persons.

West Africa has one of the highest fertility rates. And with the drop in mortality levels, the region is facing rapid population growth, especially among the youth who are gradually going to join the working age population and aspire to be part of the domestic economy. This high ratio of healthy working age youth is an opportunity and the core element in the concept of the demographic dividend (DD).

To make the best of this opportunity, there are some key entry points to work on as from today, such as improving public health, especially for the youth, reducing infant and

maternal mortality, providing quality reproductive health and educating the constituencies concerned, especially girls.

If we are to achieve this, **faith-based organizations and leaders must play a crucial role**. They are key role models and opinion leaders. They influence the way their communities engage with and decide on issues. They also influence how well these communities accept health services.

Joining hands with UNFPA, the Government of Senegal, currently the ECOWAS Chair country, organised a consultative meeting with faith-based organisations and leaders to involve them in improving the lives of women and youth people via empowerment, access to health services, education, training and employment in the context of the demographic dividend (DD). The DD plays a catalytic role in economic growth that is driven by harmonious development of human capital through investments to change the population structure, improve service coverage and develop human resources.

The Dakar consultative meeting triggered strong commitment from leaders and organisations, ECOWAS Member States and Mauritania to improve the lives of women and youth by empowering them and giving them better access to health services, education, training and employment.

FROM A CRITICAL SITUATION TO A PROMISING FUTURE

The experiences shared at the meeting presented an overview of each country's epidemiological, demographic and reproductive health status as well as the role of faith-based organizations and leaders.

The presentations highlighted several similarities and huge disparities as well, particularly on maternal mortality. In ratio terms, these ranged from 1072 deaths per 100,000 live births in Liberia to 341 deaths per 100,000 live births in Burkina Faso. Infant mortality varied between 27 per 1000 in Togo to 94 per 1,000 in Guinea Bissau. Ghana reported the lowest fertility rate of 4.2 children per woman and Niger the highest with 7.6 children per woman. Contraceptive prevalence was generally very low in all the countries, with a region-wide average of 14.2 per cent. Ghana reported the highest rate of contraceptive use at 27 per cent, while Guinea being at the lowest level at 6.0 per cent.

The **population growth** rate was still a major concern in all the countries, the presenters reported.



Cheikh Mahi Cisse, Director African - American Islamic Institute, Senegal.
Iman Omar Diène, Senegal.
Angela Martins, Head of Culture Division, African Union



Press Conference of Ministers and religious authorities

HARNESSING REPRODUCTIVE HEALTH FOR PROSPERITY

Health issues are among the major concerns of Governments and their partners. The most common diseases, including reproductive health conditions and diseases, still affect the vulnerable and underprivileged communities in West Africa. Government responses to these challenges have over the years failed to yield the expected results.

The communities at the meeting committed to jointly develop and implement adequate solutions to young people's health and employability.

The faith-based organizations and leaders at the meeting stated clearly that **no divine religion opposes reproductive health**.

They concluded, therefore, that to benefit from the demographic dividend, it is crucial to invest more in maternal and child health (MCH), reproductive health (RH), youth education, particularly for girls so that they stay in school, and to create jobs. They agreed also on the key need to overcome all barriers preventing youth and women from quality reproductive health services.



HOW REPRODUCTIVE HEALTH INFLUENCES DEMOGRAPHIC DIVIDEND

Changing a population's age structure (lowering fertility and mortality) may induce a demographic transition, the key first step to realizing the potential for demographic dividend.

The drivers of change in this regard are **reduced maternal mortality** and improved youth access to health services, quality entrepreneurship training and **education for girls**, prevention of early marriages and gender-based violence.

Particular emphasis must therefore be given to **gender throughout** the social and economic development process.



Mabingue Ngom, Regional Director, UNFPA.



Prof. Awa Marie Coll Seck, Minister of Health and Social Welfare, Senegal



His Excellency Mahammed Boun Abdallah Dionne, Prime Minister, Senegal

THE DEMOGRAPHIC DIVIDEND

The demographic dividend is a socio-economic concept. It describes the economic benefit derived where a relative increase in the working age population occurs with a decrease in under-15 youth, creating an opportunity for quicker economic growth and human development. This frees up more resources for investment in economic development and family wellbeing. To benefit from the demographic dividend, action is needed in four areas:

- ▶ **Health:** for youth access to family planning and reproductive health services
- ▶ **Education:** for girls to spend more years in school, get education in high-growth sectors and meet labour market demands
- ▶ **Economy:** for decent jobs accessible to both women and men
- ▶ **Governance:** for a healthy and stable political environment conducive to transparency, gender-responsive governance and accountability.





“ We must train more religious leaders on reproductive health and allow exchanges between different countries in the sub-region to share the successful experiences in some countries.

**Reverend Pastor Mathieu FAGLA,
Global Higher Committee of the Church
of Heavenly Christianity Benin**

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FAITH-BASED ORGANIZATIONS, A PIVOTAL ROLE

Faith-based organizations are civil society organizations reputed for providing education, religious enlightenment and codes of conduct to fellow citizens. They contribute to education in all areas and ways of life. In several countries, they help strengthen health systems by building, equipping and running health facilities ranging from hospitals to health centres. They also play a key role in promoting health.

Faith-based organizations and leaders are key allies today for removing the social and cultural barriers to reproductive health. They contribute also towards peace building, social cohesion and reproductive health.

- ▶ Promoting ownership of the demographic dividend concept and the relationship between reproductive health and economic development. Building such capacity includes the allocation of resources to FBOs to function properly, improving the policy making environment, expanding and revitalizing FBOs and improving their coordination.
- ▶ Strengthening community services and access to youth-friendly reproductive health information to prevent unwanted pregnancies; improving perceptions about family planning (FP) and understanding of the interplay between maternal mortality and development; reducing mortality and morbidity associated with early marriage and female genital mutilation; and enhancing the use of modern contraceptive methods while scaling up best practices.

BEST PRACTICES, A SOURCE FOR LEARNING

The meeting identified best practices to improve **knowledge for faith-based** organizations on reproductive health; **partnership between** civil society organizations and government agencies; scaling up of reproductive health services for improved geographical coverage; advocacy towards greater community **participation** in policy **dialogue** and conflict resolution.

Ignorance and resistance to change underpinned most of the constraints and challenges reported in country experiences. Resistance to change has several different causes that include social and cultural barriers. There was also some mention of the lack of resources and training in reproductive health and family planning.

The opportunities identified were:

- ▶ **Government commitment** to supporting reproductive health, family planning and other determinants of the demographic dividend.
- ▶ Existence of plans, strategies and **policies for promoting** reproductive health and family planning.
- ▶ Availability of **evidence-based tools** for behaviour and social change communication (BSCC), such as RAPID (Resources for analysing the population and its impact on development) - the most popular model used by countries - as well as training tools and training programmes on reproductive health and family planning.
- ▶ Existence of **networks and partnerships** for collaborative work in various fields of reproductive health and family planning.



“ There is a new type of well-educated Imams, who can read between the lines and find out how things are going.

El Hadj Oumar Diène, Permanent Secretary of Imams and Ulemas in Senegal ”



“ There is support from Muslim, Christian and traditional leaders since religions and tradition are not opposed to family planning.

Dada Daagbo Hounou, Vodun Hwendo Spiritual Leader, Benin ”





A SUCCESSFUL MEETING AND STRONG COMMITMENT

The faith-based organizations and leaders expressed [interest and enthusiasm in the proceedings of the consultative meeting](#). They reflected this in the provisions of the [Dakar Declaration](#), including steps to:

- ▶ Achieve the Sustainable Development Goals (SDGs) via universal access to reproductive health, equality for girls and women, and achievement of Demographic Dividend
- ▶ Eradicate the social and cultural barriers to reproductive health services
- ▶ Contribute to provide health services by building infrastructure, training health workers and supporting the empowerment of women and girls
- ▶ Train young people and achieve the Sustainable Development Goals
- ▶ Prevent all forms of discrimination, violence, injustice and abuse of the rights and dignity of women, young girls, and families based on religion, culture and traditional customs; while also preventing manipulation, indoctrination and abuse through terrorist acts
- ▶ Combat violent extremism, radicalisation, terrorism, hatred, prejudice, intolerance and stereotyping based on religion and culture
- ▶ Protect the youth against risk factors such as drug trafficking
- ▶ Implement strategies based on successful experiences and partnerships, challenges and lessons learned on reproductive health in the context of the Demographic Dividend
- ▶ Strengthen efforts to prevent maternal, child and youth mortality
- ▶ Reinforce community leadership and commitment to development
- ▶ Promote inter-faith and intra-faith dialogue, harmony, and cooperation in Africa
- ▶ Scale up and strengthen relations between faith-based and customary organisations, ECOWAS Member States and Mauritania, UNFPA and other partners
- ▶ Mobilise investments for youth to achieve the Demographic Dividend
- ▶ Advocate to governments, particularly the Finance Ministers, so that they can obtain from the African Development Bank/Islamic Development Bank a budget line for sexual and reproductive health and the Demographic Dividend in Africa
- ▶ Develop national plans for partnership between faith-based/customary organisations, Governments and partners.

UNFPA, A FACILITATING ROLE

UNFPA provides **technical expertise to institutions** to help them design and implement their plans, including resource mobilization.



► At global level, UNFPA chairs the **United Nations Inter-Agency Working Group** mobilizing FBOs for sustainable development

► UNFPA is committed to working with faith-based leaders and organisations through a **network of inter-faith actors that includes over 500 members**

► UNFPA recently forged a **partnership** with the Statistical, Economic and Social Research Centre (SESRIC) for OIC member states to establish a network of experts in reproductive, maternal, neonatal, infant and adolescent health. **The network offers a platform for managing knowledge gained from research, sharing experience and best practices between countries, and playing an advisory role for OIC member States..**

DAKAR, A TURNING POINT

The Dakar Declaration marks a turning point, an outcome designed consensually by the leaders and organizations of all the different faith groups.

These leaders and organizations are key players in and custodians of moral and religious values. They have an educational component in their day-to-day activities. They are aware also of the complex nature of women and girls' sexual and reproductive health concerns, including barriers such as cultural taboos, prejudices and myths.

They have a reputation, power and the trust of their communities. Forging a strategic partnership with them is a key first step, as efforts to implement the new 2030 Agenda for Sustainable Development are under way. Likewise, a multi-stakeholder

partnership with actors at all levels needs to be established to make this collaboration a real success.

In the wake of efforts to establish the regional platform for discussion that will find lasting solutions to the distressful state of women, children and youths' health, and to promote sustainable development, we are witnessing the advent of a new era in the promotion of reproductive health and family planning across West Africa.

Involving these faith-based leaders takes all the efforts to a whole new level. It also reinforces steps that reproductive health programme managers in many countries have been making for long to involve men as partners in family planning, most of which ended without success.



TABLE OF COUNTRY ACTION PLANS



Country	Expected results	Budget (USD)
Benin	All faith-based associations participate in RH/FP. Community based service delivery is enhanced by the FBOs concerned.	100 000
Burkina Faso	Leaders have ownership of the DD concept and the relationship between RH and development. Access to youth-friendly RH information for safe sexual behaviour is ensured. FP is understood as one of the engines of the demographic dividend. The empowerment of women and their participation in the creation of wealth is reinforced. The managerial and institutional capacity of URCB and partner entities is developed.	2 191 000
Côte d'Ivoire	Community perception of FP and its interrelationship with maternal mortality prevention and development is improved. The high rate of maternal mortality, early marriages and female genital mutilation (FGM) reduces at an accelerated rate. FBOs and leaders coordinate, monitor and evaluate DD interventions.	460 000
Gambia	The prevention of teenage pregnancies is ensured (18% GDHS, 2015). The use of modern contraceptive methods is increased (CPR 8% - GDHS, 2013). Male involvement in reproductive health is increased.	341 000
Ghana	Harmful cultural practices, such as early marriage and female genital mutilation, are tackled by religious and traditional leaders. Collaboration between Government, CHAG, COMOG and other FBOs is effective. The resources allocated to CHAG and COMOG are sufficient and regular.	616 000
Guinea Bissau	The coordination of FBO interventions on reproductive health, including family planning and education, is ensured. Safe births, attended by skilled health workers, increase through the establishment of maternity homes.	250 000
Guinea Conakry	The capacities of religious leaders are strengthened. Additional resources are mobilized. The capacity and the commitment of religious leaders and political leaders are reinforced. Faith-based networks are revitalized.	200 000
Liberia	The misperceptions on reproductive health, which hinder collaboration between FBOs and Government, are corrected. The abilities of youth to gain access to reproductive health, maternal health, neonatal health, child health and youth health services are improved	200 000
Mali	Advocacy for the establishment of a draft law on early marriage is reinforced through the empowerment of women and the demographic dividend. Actions against early marriage are promoted.	1 270 000
Mauritania	The capacities of religious leaders are strengthened. Awareness-raising activities around concepts such as FP, early marriage and early pregnancy, and access to contraceptive methods (for legally married couples) are conducted. A national advocacy and communication strategy to better involve religious leaders in promoting RH is developed.	470 000



Country	Expected results	Budget (USD)
Niger	<p>A framework for lasting partnership with religious organizations is established.</p> <p>Religious leaders have improved knowledge on topics such as demographic dividend, population and development, reproductive health, prevention of child marriage and maternal deaths, women's literacy and girls' education.</p> <p>Increased involvement of religious leaders in social mobilization for reproductive health (pre and post-natal consultations, family planning / birth spacing), girls' education, women's literacy and prevention of child marriage.</p>	850 000
Nigeria	<p>Religious and traditional leaders are less resistant to communicating on reproductive health issues.</p> <p>Advocacy conducted to address the unmet reproductive health needs of internally displaced people.</p> <p>Reduced risk of unattended births.</p>	547 601
Senegal	<p>Religious leaders have access to a strategic framework on demographic dividend and Reproductive Health/ Family Planning programmes.</p> <p>Parents, families and community leaders in target areas promote RH/FP services, girls' education and retainment at school.</p> <p>Adolescents/youth in the intervention areas are better protected against harmful practices and cancer of the cervix through advocacy, family life education and awareness creation about the importance of immunization against HPV.</p> <p>Action plan activities are coordinated and monitored.</p>	200 000
Sierra Leone	<p>Religious groups have increased capacities to advocate the improvement of maternal health, adolescent health, and the promotion of gender equality.</p> <p>Improved knowledge on access to and use of reproductive health services and contraceptive methods recorded at rural health centres.</p> <p>Comprehensive family life education is integrated into national curricula and disseminated for implementation.</p>	300 000
Togo	<p>An inter-faith platform on RH/FP issues is established.</p> <p>Increased contraceptive prevalence to meet the country's significant unmet needs.</p> <p>Early marriages, early pregnancies and persistent gender based violence (GBV) are addressed.</p>	670 000
Regional level	<p>An annual regional meeting is organised as a platform for discussion on interesting practices and experiences at country level, and as a seminar on topics related to DD and action plan reviews.</p> <p>A secretariat is established to organize the conference, follow up on regional initiatives and promote innovative practices.</p> <p>A virtual research, documentation and experience sharing platform is established and maintained.</p>	525 000
	TOTAL	10 956 601





Christine Muhigana, Deputy Regional Director Unicef West and Central Africa
NZAU-MUTETA Ginette, Head of Health Division, African Development Bank. Paolo Zacchia, Program Leader World Bank

“ We must continue to dialogue with religious leaders because there are some who still refuse contraceptive methods out of ignorance.

Cheikh Mahaman Bachir Elh Oumar, Religious Leader, Niger

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List of Acronyms

AfDB	African Development Bank	FP	Family Planning
IDB	Islamic Development Bank	UNDP	United Nations Development Programme
WB	World Bank	TFP	Technical and Financial partner
ECOWAS	Economic Community of West African States	RH	Reproductive Health
DD	Demographic Dividend	AU	African Union
DFID	Department for International Development	UNFPA	United Nations Population Fund
SDGs	Sustainable Development Goals	UNICEF	United Nations Children's Fund
MDGs	Millennium Development Goals	UNOWA	United Nations Office for West Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS	URI	Initiative pour l'Union des Religions
OFLA	Organization of African First Ladies	USAID	United States Agency for International Development



“ Achieving the Demographic Dividend requires strong investments in health, in particular reproductive health programmes, in education with a specific attention on girls’ education and in job creation for young people.

His Excellency Mohammed Boun Abdallah Dionne, Prime Minister, Senegal ”



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