

# *“The community trusts us.”:* Faith-based organisations’ role in advancing SRHR globally



## Summary of a Multisectoral Analysis



People  
Change  
the World

Diakonia

act  
Church of Sweden



Karolinska  
Institutet



## Introduction

*Disclaimer: This summary and accompanying project report do not capture all the complexities around the intersection of faith and SRHR but present an overview and snapshot of some perspectives raised by the interviewees. Religious landscapes are diverse, complex, contextual, and constantly evolving; and FBOs, faith actors and faith communities take many shapes and forms and stakeholder roles. These findings do not claim to be representative of anyone other than the interviewed organisations. Please also note this summary incorporates some broader recommendations and language than the project report to speak to a larger audience.*

Around the world, there is a vast ecosystem of religious actors involved in delivering services, influencing norms, and advocating for policy change related to sexual and reproductive health and rights (SRHR). Despite this, the role of Faith Based Organisations (FBOs) in SRHR is not well understood. This joint project carried out in 2022-2023 by Act Church of Sweden, Diakonia, Islamic Relief, Pingstmissionens Utvecklingsamarbete (PMU), and academics at Karolinska Institutet<sup>1</sup> (Appendix 1) identifies processes, challenges, and successes of FBOs when implementing SRHR programming in religious contexts. The outcome – which is based on interviews with staff from 11 FBOs (in Benin, Kenya, South Sudan, Sudan, Sweden, and Zimbabwe) – can help deepen the understanding of the roles that FBOs play in advancing people’s access to and exercise of SRHR. Below is a brief summary of findings from the interviews and a webinar discussion about the project results.

One set of interviews was held with representatives from the four Swedish FBOs (one Muslim and three Christian) who were part of initiating the project, all of whom work in partnerships with FBOs across the world. Another set of interviews was held with representatives from seven of the organisations that the Swedish FBOs partner with, all of whom work directly with and in communities. The latter group consists of three Muslim organisations (in Kenya, South Sudan, and Sudan), two Christian organisations (in Benin and Zimbabwe), one interreligious regional African organisation, and one non-religious feminist NGO in Zimbabwe who works within religious communities.

---

<sup>1</sup> These institutions make up the Social and Religious Norms Working Group of the Swedish Platform for Global SRHR

## A. Findings from Interviews with African FBOs Working with and in Communities

As mentioned above, the interviewed organisations are diverse in composition, location, religious and ideological basis, ways of working, and more. However, they all work directly with and within communities.

### 1. What makes FBOs uniquely able to work effectively on SRHR in these contexts?

We found that what makes FBOs in these contexts well positioned to work on SRHR has to do both with their characteristics as organisations and the ways in which they work.

- **FBOs are based in the communities.** This allows them to connect with people and rights holders which makes them well positioned to understand their needs and how to address them. In doing so, they **earn the community's trust.**
- FBOs tend to focus on **supporting the most marginalised in the community** and on eliminating power imbalances that breed inequality.
- FBOs generally have a **unique understanding of the time span needed to build acceptability** within a community and are committed to sticking to the course.
- FBOs often take a **long-term approach** and use **holistic methods** that speak to different aspects of people's lives. One concrete example is the "caravan approach", an initiative that brings together medical practitioners, theologians, and demographers, etc. to literally travel as a caravan, through communities and speak about contextually sensitive topics such as sexual and gender-based violence (SGBV). With such collaborations in place, FBOs have the potential to create **safe spaces for community members** to discuss and seek SRHR care.
- FBOs have the knowledge and skills to build their arguments **in favour of SRHR based on religious as well as scientific texts.**
- FBOs have **networks and relationships with faith leaders**, who in turn have power and influence of/ the ear of large constituencies.
- FBOs **understand local norms and customs** and are well suited to adapt to such needs – such as having only women or only men work on certain issues to make a message more effective in a given context.
- Given that health facilities in many contexts are often faith-based, engaging with the faith-based health sector is crucial to ensure SRHR for all. Moreover, FBOs working with faith-based health services can provide a good bridge given their shared values which can allow for more easily initiated collaborations.
- In addition to their organisational structure, they often also have a **large volunteer structure, which allows them to mobilise a significant number of people.**

## 2. What are some of the challenges FBOs encounter when working in and with communities?

Transforming norms is slow and difficult work, and even more so when those norms relate to dimensions of the human experience that are considered sensitive, controversial, or even taboo.

- FBOs often work in rural and middle- or lower-income areas, where there is **no or minimal access to public health facilities, including SRHR care**, either because they do not exist or because the cost is so high that it becomes inaccessible.<sup>2</sup>
- In these areas, many women and girls face different forms of **SGBV** and harmful practices including child or forced marriage, early pregnancy, rape, etc., and **perpetrators are rarely brought to justice due to more limited access to criminal justice systems**. Furthermore, in areas where there is low acceptability of family planning, intimate partner violence can increase if women try to access family planning services.
- FBOs often work in **communities where SRHR is contextually sensitive, making it controversial and taboo**. Such beliefs and practices can manifest themselves in patriarchal faith institutions, restrictive gender norms, the promotion of mandatory heterosexual and monogamous behaviour or abstinence before marriage, and the objectification or sexualisation of women.
- In some communities where partners work, it might be contextually sensitive to openly discuss LGBTQIA+ rights or abortion rights. This can contribute to the perception of SRHR issues **as an all-or-nothing ‘package’**, which can make FBOs’ work very challenging. Instead of being willing to focus on those issues that could be acceptable to work on within a community, for instance gender-based violence or access to family planning services, they instead refuse/are reluctant to work on any SRHR-related issue because of the association with contextually sensitive issues.
- It is, however, important to note that **the presence of conservative views in communities are not always religious views. It is crucial to unpack values and norms in a community as they are influenced by many internal and external factors, where religiosity is one.**
- **Moreover**, sometimes faith actors can be progressive actors in a wide range of settings, including both religious and secular contexts.

---

<sup>2</sup> Faith-based health services account for a significant portion of health services in many countries in the world, including in both high income to low- and middle-income contexts. Therefore, they are an important aspect of faith-based actors’ work in SRHR. In 17 countries in Sub Saharan Africa, over 8000 health assets are specifically Christian “owned.” These include non-profit hospitals, health centres, clinics, community health, health worker training and drug supply organisations. They operate under a wide range of partnerships and agreements within their government or regulatory framework. They are trusted partners due to their longevity in communities and integral to health systems and emergency or pandemic response. Clear data on ownership and public/private partnerships (PPP) will help ensure that planning is well done, misinformation is reduced and resources deployed appropriately, both generally and in times of health emergencies.

### 3. What are some of the institutional challenges that FBOs face?

In addition to the above-mentioned challenges in communities, FBOs also face barriers within their own institutions, as well as externally in the political, cultural and funding landscapes of which they navigate.

- **Community trust building work is slow work, but funding cycles conclude rapidly.** Working on changing norms and building acceptability to SRHR programming and initiatives within a community takes time, and FBOs must do a lot of work to sensitise and mobilise the community, including leaders in religious and other relevant institutions. Grants are often for short periods of time, and when it takes six months to a year to **get community members on board** with a project idea, a two-year grant does not leave enough time to implement a project and to see full results on trust and norms change.
- For the community, this means that **projects are often scaled down or closed completely, leaving many people and rights holders who were benefitting without services or support.** This can have extreme ramifications in many cases such as when FBOs are providing SGBV case management. For the organisation, this means **staff are constantly applying for funding and have less time and resources to actually do the work.**
- FBOs apply for funding in an environment where religion is politicised, and **secular donors might be hesitant to support religious actors,** or at other times have unrealistic expectations of what SRHR results FBO's can reach in religious communities with limited time and funding. But **FBOs cannot act effectively to enact change and ultimately reach these expectations without the appropriate funding.** Inherent in this funding challenge is **the need for decolonising aid discussions to take place** - discussing who sets the agenda, decides the priorities, where, and why.
- Building and anchoring a **commitment to SRHR programming within FBOs themselves** may take time and effort.
- **Those who oppose SRHR,** including anti-rights actors who actively perpetuate stigma and misinformation around SRHR **are very well funded, coordinated and strategic across regions and globally.** This entails that FBOs working for, and having the potential to work for SRHR, are always working against the current/in an uphill battle. Therefore, FBOs work may be dedicated to countering such discourses instead of focusing on implementing SRHR aligned programs.

#### 4. What Strategies do FBOs Use to Overcome Challenges?

FBOs are diverse, and they use a broad range of strategies to navigate the challenges they face. These can include:

- Respecting social norms and values to gain the respect of communities.
- **Being clear and transparent about what part of SRHR the work is relating to and what contextually relevant language needs to be employed in each context to ensure buy in.**
- Collaborating across sectors with civil society, other religious actors as well as government and public sector.
- Engaging in international and regional policy spaces for SRHR, such as through conferences.
- Having a deep **understanding of what stakeholders in a religious community connect with and how**, and identifying important stakeholders within a religious community that will open the doors to ensure buy-in and larger acceptability.
- **Using contextually relevant language and considering religious, cultural, and tribal norms in communication and outreach.** With this said, **using a hybrid approach to communicate information through both religious teachings and scientific facts** has been useful to FBOs in their work.
- **Ensuring that authorities can keep up with increased demand as FBOs strengthen referral pathways to health systems.** For example, if an organisation is going to raise community awareness of rape and the importance of reporting it, they need to inform the health centres and local authorities of this so that these institutions can keep up with the new demand in survivor services.
- **Working directly with religious and community leaders, who can identify those most vulnerable in the community and bring forward and influence community perspectives on SRHR.** Such leaders can rally more allies than FBOs could alone. Religious leaders specifically have an unmatched ability to ground information in religious doctrine or culturally relevant language, making it relevant, understandable, and trustworthy to the community members. For example, an informant noted that when speaking about the negative outcomes related to the stigmatisation of sex workers, certain religious leaders have referred to Jesus' relationship with Mary Magdalene.
- Conducting peer education and **recruiting, training, and engaging men to be gender champions.** To change patriarchal norms, all genders must be involved in the work.
- Addressing lived experiences of people in the community in question. For some of the FBOs interviewed, **COVID-19 served as their first encounter with SRHR issues as SGBV, child marriage, and adolescent pregnancy rose to a level unseen before.** Addressing this reality became an effective entry point for discussion amongst leaders themselves and in the communities.

- **Working with institutions**, such as governments, to ensure a system is in place to support women who speak up, supporting policy makers when targeted by opposition groups, involving religious leaders in awareness raising campaigns, and engaging health facility management committees.
- **Working with communities** such as on advocacy and awareness campaigns and focusing on issues present in the community – shying away from controversy, use community-based approaches (change beliefs of own people), empowering good practices (skills building), and being transparent/consistent with intervention limitations.
- Carving out their space in the sector. FBOs need to remain diligent in finding strategies to effectively counter the opposition, for example employing multisectoral dialogues on how to combat misinformation. This requires a large and proactive investment in strategic communication with an effort to show the plurality of religion and the existing constructive voices from this sector that are doing impactful work.

## **B. Findings from Interviews with Swedish FBOs Partnering with Community-based FBOs**

The four Swedish FBOs who are part of the Social and Religious Norms Working Group of the Swedish Platform for Global SRHR, and who initiated this project with Karolinska Institutet, were also interviewed. Like the others, the Swedish FBOs are also different types of organisations and the extent of their direct involvement at the community level varies. However, they are all in partnerships with FBOs directly engaged in communities.

### **1. What are some of the challenges Swedish FBOs face within their own organisations?**

- **SRHR may not be a priority in the organisation.** This leads to lack of awareness, silence, and stigma, employees not having sufficient time to dedicate to work on SRHR, and a culture where speaking out for SRHR priorities leads to a conflict within the organisation.
- When the Swedish FBO is a member of a longstanding large church network spanning diverse international contexts, they often find themselves **in the company of very conservative churches**, and there is a clash of perspectives and positions on SRHR-related issues.

### **2. What are some of the challenges that Swedish FBOs encounter in working with partners?**

- The Swedish FBOs need to navigate being true to the organisation's position and values and the **risk of being perceived as too secular or too progressive** by partners.

- Swedish FBOs are sometimes **accused of being 'too influenced' by SIDA.**
- **There is a lack of theological language and definition on SRHR within the mainstream.**
- Conversations between the external funder and grantee are **never fully horizontal.**
- **As the priority is to do no harm,** Swedish FBOs have to make sure not to put partners at risk. And considering the shrinking space on SRHR, risk analysis is crucial when conducting SRHR work in faith settings.

### 3. What are some of the challenges Swedish FBOs encounter when working in and with communities?

- Some communities may perceive SRHR to be a **"Western agenda."**
- **There is a lack of a common language** to discuss SRHR.
- **Authorities may be reluctant** to talk about SGBV/collaborate with survivors.
- In very conservative contexts, it can be **difficult to find female staff** who can get access to and gain trust from women community members.
- **Training male staff** to women's needs and priorities can be a difficult task.
- Conservative family/marriage norms lead to **silence and taboos**, which in turn can lead to conflicting programme / community messaging.
- Often the **'No sex before marriage' norm** makes it difficult to address some SRHR issues.
- **Women are often absent** from community-level decision-making.
- Some rights are **not allowed** to be discussed. To expand, it might be challenging to use rights- based framings of SRHR issues due to possible backlash or cultural norms.

### 4. What strategies do Swedish FBOs use to overcome challenges?

Like the partner FBOs, the Swedish organisations have also identified several strategies that allow them to move beyond the challenges listed above. These can include:

- Building strong **internal alliances** with religious leaders and external collaborations.
- Having an **official SRHR position as it enables dialogue to have a clear position.**
- **Understanding the community and using acceptable language** as a discussion entry point, including theological and contextual interpretations of religious texts which addresses communities' reality.
- **Working gradually and consistently with community leaders** to establish trust.
- Working with religious leaders, including to **strategise against anti-rights actors.**
- Learning lessons over time regarding how to communicate best with partners and **setting realistic objectives/timelines.**
- Seeking **external support** through connecting with other local organisations.
- Engaging with the right stakeholders within faith institutions to ensure buy-in and support.



- Working with **trusted non-faith sources** like community role models, women’s NGOs, the Ministry of women’s / children’s affairs, traditional leaders, local governments and medical providers conveying messages.
- Engaging communities with **respect and curiosity**.

### **C. Points Made in Webinar Discussion about the Project Findings**

In 2023, the above findings were presented in a webinar attended by 64 participants from many different countries, representing organisations spanning governmental, academic, and non-governmental sectors, including the FBOs interviewed for the project. During the webinar, a video message was shared from one of the interviewed organisations (a feminist organisation in Zimbabwe); a panel discussion was held between representatives from SIDA, Karolinska Institutet, and Act Church of Sweden; and there was space for comments from the audience. The following points were made:

#### **Importance of Engaging with Faith-Based Organisations (FBOs):**

- Engaging with FBOs is integral to advancing SRHR in communities.
- Spaces must be created/expanded that enable collective reflection on how to collaborate with FBOs in SRHR. Particularly, faith actors must be invited into existing SRHR spaces to strategise.
- Faith actors exist within various community structures and take on many roles from the health sector to civil society and academic institutions.
- Faith actors and religious leaders should not be assumed to be inherently uninterested in engaging with SRHR, as they play a large role in maintaining community well-being.

#### **Investment in Capacity Building and Resources:**

- The SRHR community must properly invest in equipping faith actors with information, skills, and capacities necessary to support their congregations.
- FBOs must be able to access long-term, consistent, and flexible funding.

#### **Collaboration and Partnerships:**

- Actors are utilising diverse strategies tailored to communities they engage with to create significant work within the “moveable middle.”
- More opportunities for collaboration between secular and faith-based actors in this space are necessary to foster mutual understanding of needs.
- Transparency regarding FBOs’ definitions of SRHR is crucial in building collaborations.
- Localisation is important to the SRHR agenda.
- If SRHR is not intentionally addressed by progressive actors, conservative organisations with restrictive agendas will continue to alter the conversation and subsequent programming.

### **Research and Understanding:**

- There is a need for further research to unpack norms and understanding regarding SRHR in religious contexts.

### **Overall Project Recommendations**

To advance SRHR globally, we recommend that actors across sectors work collaboratively to implement the recommendations from this research and the webinar from the local to international level. For more discussion on each of these points, please read **“The community trusts us”: Faith-based organisations’ role in advancing SRHR globally. A report from a multisectoral project** by Act Church of Sweden, Diakonia, Islamic Relief, Pingstmissionens Utvecklingsamarbete (PMU) and Karolinska Institutet, as part of the Swedish Platform for Global SRHR, Social and Religious Norms Working Group.

### **Appendix 1. Authors of the report:**

Act Church of Sweden

Diakonia,

Islamic Relief,

PMU,

Karolinska Institutet: Rachael Sorcher, Elin C. Larsson, Karin Båge, Sibylle Herzig van Wees



People  
Change  
the World

# Diakonia

**act**  
Church of Sweden ✝



**Karolinska  
Institutet**