

**Panel 3: “The Critical Role of the Faith Community and Civil Society”**

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**Speakers:**  
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**Kay Warren,**  
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**Carolyn Woo,**  
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ANNOUNCER: Ladies and gentlemen, please welcome back to the state Femi Oke.

MS. OKE: We're back for a second round. So this afternoon and this morning, I've been counting how many people have walked across this stage, not counting the five you are about to see – do come along and join us and sit here, Bishop Sunday; the second one from the end.

So not counting these five, so far today 31 people on stage. I admire your stamina. You're very impressive.

I know I really shouldn't say this because it's not about competitiveness. It's about being collaborators. But these give are absolutely critical because what we're talking about and what they actually represent is the critical role of faith-based communities and civil society. And not the gap they fill but the function that they fulfill.

It's a huge job for the leaders of the world, for governments, for NGOs, for organizations to really try and do what we're trying to do here for our call for action on child survival. How audacious is it for us to think that we could save 5 million children's lives. It's not something that governments can do by themselves.

So I wanted to inspire you with this panel. And I think you won't be let down. Let me introduce them to you. Do you see how brilliant they are? I don't know whether they sent each of them a memo. But they are completely color-coordinated. I'd like to see a government panel do that for you. And so, sitting right next to me, Bishop Sunday from Nigeria. welcome again.

BISHOP SUNDAY ONUOHA: Thank you.

MS. OKE: Bishop Sunday is the executive director of the Nigerian Interfaith Action Association. It is the largest Christian-Muslim collaboration in history. Welcome.

BISHOP ONUOHA: Thank you.

MS. OKE: And next to the bishop, we have Kay Warren. She's the co-founder of Saddleback Church. It is a large church based in California. And when I checked out how large, 20,000 people go to that church every week. And I just checked with Kay; I was like, gee, I think this is a typo. I don't think 20,000. Is it 2,000? She said – no, no, no, no; 20,000. So for our constituents, look at that potential. It's amazing. Welcome, Kay.

And then next to Kay, we have Cleopatra John. She's the director of Ureport in Uganda. Now, Ureport you're about to hear a little bit more about. But it's a program that allows citizens of Uganda to report on community issues and also community needs. Cleopatra John, thank you for joining us.

Carolyn Woo is the president of the Catholic Relief Service and their mission is to assist the poor and the vulnerable around the world. And it really is the international humanitarian agency of the Catholic community here in the United States.

And then at the very end, we have Ishtiaq Mannan. He is from Save the Children. He heads the Maternal & Child Health Integrated Program Project in Bangladesh. Ishtiaq, thank you for being here.

So, this conversation is about what is possible. What can these faith-based communities, these civil society communities, do that nobody else can do?

Bishop Sunday, I'm Nigerian – also British as well – Nigerian. So I know the church, the mosque is a big deal in Nigeria.

BISHOP DR. SUNDAY N. ONUOHA: True.

MS. OKE: And there are about 150 million Nigerians. A lot of them are very faithful. So that is a huge group of people that you could potentially mobilize. Tell me more about that and what you've been doing.

BISHOP ONUOHA: Well, the truth is that every week, on Friday, people just go to mosque. Nobody asks them to come; they come. And on Sundays, no invitation, they come to church. And so we have that good constituency in our hand to work together.

People, we never agree in theology. People would never agree in creed. But when people are crying, you don't need any dictionary to define tears. People are crying. And so, our business as people of faith is to see where people are, identify their pain and suffering, work together and address it.

And one of those that we just took up, through the help of the World Bank, is on malaria, because we realize that mosquito goes to the mosque on Friday – (laughter) – and the same mosquito on Sunday goes to the church. (Laughter, applause).

And because mosquito does a lot of good interfaith – (laughter) – we then decided to approach mosquito from interfaith angle and to attack mosquito. And we have the success story to tell.

MS. OKE: That's just – I'll come back to you, Bishop Sunday, in just a little while, because I want you to tell me how you managed to find passages in the Quran and passages in the Bible about the mosquito that helps you spread malaria nets –

BISHOP ONUOHA: There is mosquito in the Quran and in the Bible, I'll tell you.

MS. OKE: Oh, my goodness. OK. (Laughter.) How is that for a tease? We will come back to you.

We're going to stay in Africa, Kay, because you travel around the world to speak and also to do a lot of the community work that you do, so you're going to take us to Africa for your story of inspiration.

KAY WARREN: Well, the story of inspiration for me I think that launched me into the child survival was sitting in Mozambique on my first trip to Africa, and I met a woman who was HIV positive. Her husband was HIV positive. He had a mistress who was HIV positive, and together they had had a baby who was HIV positive.

And this woman that I met, Flora (sp), who had now become infected through her HIV-positive husband, was telling me of how her husband wanted to bring his HIV-positive mistress and their HIV-positive baby into her home, and she was already dying.

And when I said to her, Flora, I'm going back to my country; what can I say to the women in my church of how they can pray for you? And her response was – I really thought she would say something like, pray that my rat of a husband dies quickly, you know, for doing this terrible thing to me and subjecting me to this terrible illness and this indignity of bringing his mistress into our home. I thought she might say, pray that I can find the medication that I need.

But, instead, what she said was, would you ask the women in your church to pray for my children, she said, because I don't know what's going to happen to my children when I die. She said, my neighbors are not going to want to take them when they find out that I died of AIDS.

It was the first time I'd ever heard that. It was the first mother I've ever heard make that plea to me, and yet I've heard it now around the world: What will happen to my children when I die? And it launched a fire inside my heart that said, I'm not content with that question being unanswered, or that the children who die – whose parents die and leave them will go to an orphanage or to the street.

That's not the answer that I want. It's not what I would want for my children. I've had breast cancer. I would not want that question of what will happen to my children to be, I don't know, or no one will take them. And so, we began an initiative – an orphan-care initiative at Saddleback Church to make sure that children – vulnerable children left behind find homes and families.

MS. OKE: And we will hear more about that in just a moment. It's like a soap opera, isn't it?

Moving on to Cleopatra John, the U Report scheme is fascinating. I've never heard about it before. You were involved. Can you share it with our audience?

CLEOPATRA JOHN BYARUGABA: In Uganda we believe that in every home there is a mobile phone. It might be as big as a piece of soap, it might be as small as a chip, but it is a mobile phone. And we believe, with a mobile phone, we're able to reach every home in Uganda.

And what the youth have done in Uganda is we share on issues that we care about. And what happens is we are able to play our constructive role in society, because as young people, we know where we want our country to be, and we can only do this by playing our role, being one step ahead of the rest of the people in Uganda. And we share this using the U Report. We are 125,000 young people that respond to messages every day through U Report.

MS. OKE: So, Cleopatra, give us an example. What kind of messages are you texting to each other, and why are you doing that?

MS. JOHN BYARUGABA: My favorite question was about breast-feeding. And in Uganda, believe me, mothers feed their children every kind of food – hard food, beans – (inaudible) – every kind of food you would think about. And these are children before six months of age.

And we noticed from the messages we received that 60 percent of the people were feeding children on hard solid food. And we responded back and told them mothers should feed their children before six months of age on breast milk. So we are able to let the mothers, the children and the young people, who also become mothers at a very early age, feed their children on the best type of food, and that is breast milk.

MS. OKE: I love that. You know, my mother used to give me a chicken foot to suck on instead of a pacifier, but I also had breast milk too, so I think that's probably why I turned out so well. (Laughter.) I think your report came a little bit too late for my mother. Nigerian mothers, do not give your daughter chicken foot to suck on. (Laughter.) Where were you, Cleopatra, when I needed you?

Carolyn, we're going to go to Nicaragua for your story.

CAROLYN WOO: I just want you to know that this is a panel of civil society and interfaith where it is thriller – every story has been a thriller. So this is the first forum, I want you to note, that we could actually be thrilling and scintillating. (Laughter.)

So, I'm going to take you to Nicaragua, in a part of Nicaragua where it's very rural and there's no transportation. So, just think about that. It is a community where the child mortality rate, the infant mortality rate, is about four times the ideal rate. Think about that.

And then think about the fact that what are the – what is the most available and under-used resource in that community? Men. Men. (Laughter.) They are there and

they are underutilized, really, in this whole program about improving mothers' and infants' health.

So, this is a pilot program funded by USAID that involves about 130,000 people. It's a small innovation project, 130,000 people. And it's a whole idea where we engage men and try to understand their perspective, have them design a program and identify the intervention behavior that will bring about dramatic change. So I'm going to stop right there.

MS. OKE: Excellent. Very nice.

And, finally, Ishtiaq, you're going to take us into the community in Bangladesh for your story.

ISHTIAQ MANNAN: Yeah, right; yeah.

I work for Save the Children. It works, actually, with a large number of about – last year it worked with 7 million individuals, motivated them, and also at the national level launched about 80 advocacy initiatives. But out of more than a hundred countries where Save the Children works, I'm bringing you a small story from Bangladesh.

Just a while ago you heard from minister of health from Bangladesh that there are such stories from the point of view that we have achieved – we are very much on track to achieving MDG 4 – have been successful in producing the under-5 mortality as well as the maternal mortality. So, this story that I bring in is a story of community engagement, community empowerment.

Just to give you a little bit of context, in the rural Bangladesh scenario, about more than 70 percent of the deliveries take place at home, and there is no very active formal private sector. We are struggling with the health workers' visitation at home to take commodities, supplies and counseling messages out there.

So the problem was what to do to make sure that these women, these families are getting services? And the problem is not only with the supply side; there is a demand generation problem as well. So, what we've started doing, in fact, started mobilizing the community.

Mobilizing the community by whom? We picked up, through the help of the local government, community volunteers who are truly unpaid volunteers, who were trained to mobilize their own community. So it's using communities' own resources to empower the community to teach the community.

And this large fleet – I can give you an example of two districts where there is a large fleet of 12,000 volunteers who are mobilizing the community, organizing community action group, both for men and women and also mixed groups.

But that's not the beautiful part of it. The beautiful part of it is that these community volunteers every month meet with – formally meet with the local community health workers of the Ministry of Health. We call it community micro-planning.

In this meeting they share information like which pregnant woman out there, which children has not been immunized, what are the drop-offs. So these type of exchange of information also creates an informal accountability framework.

This morning we have been listening to accountability, accountability, but in this community micro-planning system, which was an innovation, we found that an informal accountability framework, the service provider, is being accountable, answerable to the service recipients. And that creates an increase in coverage, increase in quality of care.

And it's not only one example. The similar model have been used in successful immunization program throughout the country by different civil society and nongovernmental organizations. And I'll talk later on about how that really influenced the national policy and how the Ministry of Health has taken over that lesson into their strategy to deliver services.

MS. OKE: Excellent.

So, we start with some really tangible examples of what's possible, what's happening around the world, and all coming from civil society, faith-based organizations.

Bishop Sunday, I've covered many stories about distributing mosquito nets around the world and the benefits that that can have. I've never heard of a group looking in the Bible or the Quran to encourage people to put their mosquito net up every evening. This is kind of incredible –

BISHOP ONUOHA: It is.

MS. OKE: – that you did it. Where did you even start with this?

BISHOP ONUOHA: Well, we started from where the people were at, because every person, every day, every week, almost every moment has a moment of encounter with God. Sometimes many of us are afraid about talking about God. Well, you talk about Him involuntarily.

And we thought the best thing is to start from where people were at, always. People have something – they respect something. They honor something they revere. If one is a Muslim, he respects his imam. If somebody is a Christian, he has some respect for his pastor.

So we assembled some imams to develop a sermon that we preached in a mosque, and they put it together. We called some pastors together and they put together a sermon that could be preached in the church revolving around mosquito.

And the greatest surprise, the imams were able to put together Quranic verses that has to do with health and life. And the pastors were able to produce Bible passages that have to do with health, and including a verse in the Bible where somebody has malaria.

MS. OKE: No way.

BISHOP ONUOHA: I'm telling you.

MS. OKE: (Chuckles.) OK.

BISHOP ONUOHA: And so, we put together the sermons in this booklet. We reached out to the communities.

The World Bank was not afraid. They gave us resources. We went into the communities, preached, educated the people. And the data that was collected after we had reached out to the communities after one year showed the reduction of malaria attack in those two – three states in Nigeria. And those states – you can ask the World Bank – those states – Akwa Ibom state. Another state is Kaduna. And the other state is Benue state.

And so, we have such success stories that have followed our intervention as faith leaders. I believe that faith leaders have so much to offer, and sometimes we do not utilize them.

I was sharing with a friend, when we talk about economic indicator, economic indicator. And I said, a pastor will tell you when the economy is bad and when the economy is good. When the economy is good, on Sunday after church service, count the offering, the offering will be big. (Laughter.) And when the economy is bad, the offering is low. So every week I can give you the economic indicator of the society. (Laughter.)

MS. OKE: So you have preached a malaria sermon.

BISHOP ONUOHA: Exactly. Jesus says, I have come that you will have life, so that you have it abundantly. So, mosquito is a terrorist. (Laughter.) And I do not know of any terrorist attack that has killed 300 people in a year. And so, mosquito kills 300,000 Nigerians every year, so mosquito is a terrorist. (Laughter.)

MS. OKE: You know, I can't argue with that.

BISHOP ONUOHA: Oh, go ahead. (Chuckles.)

MS. OKE: I love this. See, this is the whole thing about, it's perspective. It's a different way of working at a challenge. This is a really different way.

Kay, we stopped at the idea that you saw that children in many places around Africa were suffering. And you said, this is not good enough; we can help. That's where we stopped. Then what happened?

MS. WARREN: Well, then what happened is that we began to study, what are the best practices in caring for children, and learned pretty quickly that around the world we're encouraging people to do what we don't even do in the United States anymore. We don't encourage orphanages and institutional care in the United States.

It's not good enough for our children, and yet around the rest of the world that's what many export or teach or expose as the way to help children, is to put them in an orphanage or an institution or a group home. And we said, if that's not good enough for our children, it's not going to be good enough for the world's children.

And so, we began to apply that best practices. And, for instance, in Rwanda, where adoption is a complicated process, especially after the genocide, making sure that children are united with families that may have been separated during that time, that there was something that church members could do.

See, there will never be enough professionals. There will never be enough professional social workers who could go through and make sure that children had the right birth certificates or the right documentation.

But when you can train church members to be lay social workers, then church members can be the ones who come and help families do the correct trace, so that you can find out if a child – if they can be reunited with existing family, and that family is strong enough and able to take care of them. And if not, that those children can then be ready for international adoption, or intra-country adoption for families that would be willing to do so. If not, definitely then adopted.

But that's something that church members can be trained to do. They won't be professionals but they will do the job of a social worker in a place where there will never be enough trained social workers.

MS. OKE: I feel that there might be some discomfort in coming to churches, to synagogues, to mosques for help. Why do you think that is?

MS. WARREN: Actually, I think that the church and the faith community has been the center of community life for thousands of years. I think maybe in the Western world, in the Northern Hemisphere we're maybe a little uncomfortable, but I think around the rest of the world the faith community is where you go when you are sick. The faith community is where you go when there is needed education or people are in dire straits. There is, actually, I think, a pretty high comfort level in going to the faith community.

And so, let's take advantage of that because the church is in every corner of the world. We talked yesterday at Frontiers in Development that the church is present in nearly every little corner, even if there's not a post office or a school, certainly not a hospital, but there is going to be a church. It may be a stick hut. It may be people gathered under a tree, but there are churches, and to use those.

And it's not just churches. It's the faith community. By the time you combine that, I think it's like 600,000 Buddhists and 800,000 Hindu, and 1.7 billion Muslims in the world, and 14 million Jews. And you combine that with the 2.3 billion Christians – we've pretty well covered the globe with the faith community. And so, to use the faith community as a resource for children is powerful.

MS. OKE: When Cleopatra was speaking, I could hear this real passion in her voice, and it's the passion of youth and possibility, and nothing is impossible.

MS. JOHN BYARUGABA: Yeah.

MS. OKE: I miss that voice, actually. (Laughter.) Do you mind if I ask you how old you are?

MS. WARREN: I am 27 years old.

MS. OKE: OK. You also – I didn't tell you this at the beginning, but Cleopatra is also a Scout. And so, I remember when I was in the Girl Guides, I would collect tins of beans for harvest festival and distribute them. What Cleopatra does is pretty remarkable, because she is the water sanitation and hygiene specialist, as a Scout.

So you really have that concept of what civil society can do. Can you outline for us how you take on issues that are different from the way that the government takes on issues?

MS. JOHN BYARUGABA: One of the main and the most important things for me as a young person, as a U reporter, is that I am able to reach out to every part of the community, because, one, I am young; two, I have peers; and, three, I go and vote in elections. So what happens is that, at the end of the day, I know the person I have voted for. And using the U Report as a communication tool, I'm able to hold the person I have given my vote responsible.

Like, I walk right into a clinic and there are no tablets. There is no voluntary testing and counseling. There are no malaria drugs. I sent to U Report, and the U Report office and the staff sent all these messages to my representatives in parliament. So they are able to act and able to hold Ministry of Health accountable: Why aren't there drugs in a clinic?

When there is immunization and polio vaccination going on, U Report sends out all this information to 125,000 young people, and they act. They go out into the

community and encourage mothers to take their children for immunization. We're able to know that, at the end of the day, as young people we are doing our part. We are making sure these young people have – they have been born and they have a birth certificate.

We are able to know that even when my parent dies, I am able to have a death certificate for my father, because at the end of the day I keep track of what is happening in my home, around my community. And in case there are no drugs in the clinic, I text U Report. They send to Ministry of Health, and Ministry of Health responds as soon as they can. And, for me, I am doing my part in the community.

The second thing, as a water sanitation and hygiene specialist, we know that in Uganda there are very, very many places where there's no access to clean water. And mothers use water a lot for cooking, for washing, for making sure the home is running every day. And with our young people, with the U reporters, we ask them questions like, is there flowing – is there water flowing in the taps? So they go and check and check out. And they say yes or no and respond back.

And what happens is we're able to map out on the map of Uganda and know that this particular part is very critical; there is no safe water, or this part has enough water. And at the end of the day we're able to meet and respond to the needs of the community initially, because we know where the problem is so we're able to direct resources, and then hold the government accountable for whatever is lacking in our community, just with a mobile phone that is charged, and that's all.

MS. OKE: Cleopatra, when you speak I smile all the time. I love it. (Chuckles.)

I know your president pretty well. How are they reacting to you mobilizing and taking on issues that really are important, that the government also takes care of? You're kind of showing them up, right?

MS. JOHN BYARUGABA: For us, we work in partnership with UNICEF, so all the responses that we get and all the solutions that we get actually go to UNICEF, which really cares about confidentiality.

So what happens is when maybe there is an outbreak of a disease, UNICEF then calls on, like, the other partners – Ministry of Health or even government. And the most important thing is that recently there was a youth fund. The government wanted to devote money to young people to set up businesses. And the qualifications were very, very high, and yet in Uganda not everybody is educated.

So, with U Report we sent out messages to all our U reporters, and their response was that government should just reduce a little lower the qualifications so that young people can access this fund and set up their own project. And as I speak now, it was reduced to all-level certificate, and very many young people are actually having access to the youth fund.

So, I know that when I speak out, my voice is hard, and certainly the government and everybody responsible acts on what I say as a young person.

MS. OKE: OK, so this is the only panel today that has a special walk-on guest. Our special guest is Rabbi Joseph Potasnik. He was slightly delayed by his flight, but please make him very welcome as he joins us onstage. (Applause.)

RABBI JOSEPH POTASNIK: Thank you. Thank you.

MS. OKE: Let's move on. And I want to head back in to Carolyn – to talk to Carolyn about organization, because when we're talking about civil society, we're talking about faith-based organizations, then people aren't necessarily paid to do the work. You're going into the community.

How do you feel comfortable and confident that, for instance, the Catholic Relief Service actually has the ability, the infrastructure to take on big problems like cutting down the number of children who die under the age of 5?

MS. WOO: The most important thing about organization is not organization. It is, how do you become part of the community? How do you show enough respect for their culture, for their problems, for the resources that they have to solve the problem their way, and let them design the problem?

And I want to go back to the story I brought. In a few days it is going to be Father's Day. So, this story is about helping men be fathers, and putting fathers back into the formula of a healthy family, and using their culture and using their love in order to really bring about dramatic results.

So, in a place, in these communities where there are very bad roads, where women die on the way, if they have any type of emergencies, how do you access men to become part of the solutions?

And so, this is a project where we work with the village elders, and they were the ones who recruited the men. They went to their sons, they went to their sons-in-law. They engaged them, gave them information. They were then organizers of a class of men by men. And then they started looking at problems. They designed interventions.

So, just to give you some sense, two things. One is, what did they do? The solutions that they came up with was at the household level. Like, they got a lot more information about what they need to do differently during the pregnancy.

The second one is, at the community level, how do they organize themselves, for example when they have an emergency? And one of the things they identify is that there are now men who are the strong men. They can carry the woman who is in difficulty. And they identify who has a truck. And they connect with neighboring communities. So

you have a chance to go through that emergency. And, finally, how do you engage the health facilities with the help of the ministries of health?

You may just look at it and say, well, so what? What is the outcome that are achieved? So, for example, in this community now, 95 percent of all births have a birth plan, which means that they look ahead to see, where should the birth take place? Should it be in a birthing house? Should it be in a clinic? And also, what happens if there are particular emergencies: Who will look after the different children?

There's a lot of behavioral change during pregnancy. There is a culture where sometimes men actually find their wives to be very ugly when they're pregnant, and they would have girlfriends. And so now the men, after they learn about these things and actually help with the chores, they do some of the heavy work.

And now men participate in the deliveries. About 11 percent participate. And there are still cultural practices that prevent them from going in, but they're now beginning. And about 20 percent of them will go with their wives to the consultations before there is a birth. We also see, for example, the number of women who are now having deliveries in hospital is up 60 percent, because men are the ones who make these decisions.

So I just want to say that it's not for us to go in and tell them what to do. It's for us to go in and access the respect and the culture, which is already in their culture, and help them own the problem. And then the process really is for men to father, and then father into the formula of the family.

MS. OKE: Ishtiaq, you mentioned something that was very important, which is the idea of what you are doing in the community then influencing policy. That's huge. Can you just expand on that a little bit more and maybe give us an idea of how we might be able to do that by the civil society or faith-based communities; how we go from beyond the, we've got this, you know, we have our communities, to then influencing better practices, policies, hierarchy?

MR. MANNAN: Yeah, that's great, and that's exactly where I was planning to go from the story ahead. I mean, it's a tremendous example of mutual partnership between the community, the civil society and the government.

It's also understanding the comparative advantages the Ministry of Health understands, and that understanding is very important, that community mobilization, the community engagement, the igniting the power of the community is not the specialty of the ministry of health.

So they have to depend on the civil society, power of civil society unique approaches. And a good thing is that, very innovatively and like many other countries like India, in the immunization program, the community volunteers, the community

institutions, religious institutions like mosques were used to reach the huge number of children and families.

And, in fact, this power of community has been understood and replicated and adopted in the national policy. If you remember the minister of health speaking about the community clinics, recently in the last four years the government has started community clinics for every 6,000 population. This is a new initiative by the government.

Now, the beauty of these community clinics are that the land of these community clinics are donated – are donated by the community. The building is built by the government. The supply is given by the government but they're managed by the community groups.

This is the first time in the history of Bangladesh that, in a formal health system scenario, the community has been given a very proactive and a very important role. So this is how civil society initiatives, nongovernmental organizations work in the community, actually informed and changed and shaped the national policy to reach out the entire community and population.

So this is a very good practical example. And you can also shape it or frame it in a way of partnership. I see this partnership with five characteristics: partnership between the civil society and the government. It's non-antagonistic. It's not that the civil society is always playing a watchdog role; it's a partnership process. That's the kind of paradigm shift in understanding that civil society is not only watchdog; it's a non-antagonistic partner to the government.

And then, this partnership is also complementary. What the government cannot do, civil society can join hands. What the civil society cannot do, and shouldn't do, the government can join hands there.

Then there is the sense of ownership from the community part of it. You just think about a remote rural areas in Bangladesh in the northeastern Assamic border, where areas goes under water for six months of the year. Now, in the middle of the night, if a woman is having a bleeding or just given birth to a child who has just asphyxiated, what are you going to do there to transfer the woman or the asphyxiated newborn to a facility where it will take maybe six hours to come to a district hospital?

So you need something out there, and you need to build the community capacity, and that's exactly what we are doing in Bangladesh, having a complementary sense of responsibility and responsiveness and responsive partnership.

MS. OKE: Let me bring Rabbi Joseph Potasnik into the conversation. He's the executive vice president of the New York Board of Rabbis. I think of it as a union of rabbis. Have I got that vaguely right?

RABBI POTASNIK: Right. Further, it's many locals with one union.

MS. OKE: Right.

RABBI POTASNIK: And thank you for not referring to me as the lay rabbi. That would make me very nervous. (Laughter.)

We have over 800 rabbis of all the different denominations, and the word “partnership,” which was mentioned a few times today, is extremely important. Let me tell you one story that I think really embodies the spirit of what we should be about.

I was invited to the installation of Archbishop Edwin O’Brien. He is now with the Church of the Holy Sepulchre in Jerusalem. And the service was at St. Patrick’s Cathedral. When I arrived that day, I happened to have an extra ticket. And there was a woman who was Catholic who wanted to enter and she didn’t have a ticket. And she said to me, does anyone have an extra ticket? I said, I have one.

And I gave it to her and she said, “Oh, my Jesus bless you.” And she said, by the way, who are you? I said, I’m a rabbi. She said, a rabbi? Only in New York, for a Catholic to get into St. Patrick’s Cathedral do you need a rabbi to give you a ticket, right? (Laughter.)

And I think of that story so often because that really is what this has to be about. The call for survival when it comes to children or all human beings is not a Christian issue or a Jewish issue, a Muslim issue, or any other faith group. It’s our issue.

My parents came to this country after the war. They lost five children during the Holocaust. The first group to reach out to them were the nuns of St. Mary’s Church in Lynn, Massachusetts. And when we had a Passover Seder not long ago, one of our guests was a former slave of the Sudan. His first name is Simon.

And there I thought, looking at him sitting at our table, my family coming to this country, rehabilitating their lives because of others, we have a responsibility. Some people ask, what can I do, and they do nothing. And there are others who ask, what else can I do, and they do much. So the world “else” is very important.

I was on a New York City bus recently, and there was a person sitting in front of me who kept his eyes closed for the trip. And as I was leaving the bus I turned to him and I said, I just noticed; why do you keep your eyes closed during the entire trip? He said, sir, I do that because I hate to see women stand. And he was sitting there – (laughter) – and he was sitting there with his eyes closed, not being concerned about the discomfort of other people.

And I say, as a faith community we need to show that there is a place where we can all come together. We put our denominations aside and we can demonstrate to the world that sometimes 1 and 1 equals 1, when there’s a oneness of spirit. Thank you. (Applause.)

MS. OKE: See, that was worth waiting for, was it not? (Laughter.) Excellent.

So I am going to do a little round robin, and I'll come back to you, Rabbi. So you've got a little thinking time, although I don't think you need that much thinking time. I think you think on your feet. But I asked the panel earlier if there was one thought they wanted to leave you with, what would it be?

Ishtiaq?

MR. MANNAN: Yeah, taking out from the partnership concept to something that links up with this morning's call, I will love to quote from "Alice in Wonderland" where it was said by Lew Carroll that we have to run faster and faster to be in the same place.

Now, just think of the situations in Asia and Africa. So, the community that – those are lagging behind in terms of child survival. We really have to run faster and faster, and in order to do that, unless and until you engage the huge power and huge possibility and potential of the community and make a good, effective partnership, it's very difficult to come to the same place. Thank you. (Applause.)

MS. OKE: And that was Ishtiaq Mannan. He's the Save the Children head of Maternal & Child Health Integrated Program Project in Bangladesh. Thank you for being on the panel.

So next we go to Carolyn Woo. She's the president of the Catholic Relief Service.

Carolyn, what's your final thought on where –

MS. WOO: I would say –

MS. OKE: – where we could fit in to a call for action?

MS. WOO: I would say remember the incredible resources which are within the community, and in particular, in this case, the family unit as a very powerful unit in terms of bringing about a better quality of life and health.

MS. OKE: Cleopatra John, director of U Report in Uganda, I'm already smiling and you haven't said anything, but what is your final thought?

MS. JOHN BYARUGABA: My final thought is that I am the change that I want to see today. And if I can't do it in my generation, I will not be able to do it in the next generation. Now I have the strength, now I am able, and now I am able to make a difference – just a little difference by saving just a life. (Applause.)

MS. OKE: Kay Warren is co-founder of Saddleback Church. I have to say, when I was doing my research I thought, let me just see what Saddleback is up to right now. So I was downstairs watching the digital presentation of the first part of the forum this morning. So, under Saddleback Church it says, “Sermon in process. Click to join in.” (Chuckles.) So, I can tell you’re always working even when you’re not actually there at the church.

What would be your final thought, just to remind us about faith-based communities and where they fit in?

MS. WARREN: Well, we think about the number of orphans in the world – 150 (million) – 163 million, depending on what statistic you look at, and that’s a staggering number. And I think back to that question that I mentioned to you from Flora, who said, what will happen to my children?

And while I don’t know exactly what happened to Flora’s children, I think there’s a really good chance that Flora’s children either ended up in the street or in an orphanage. And I just want to say to you that the faith community can offer an alternative to that. Children survive and thrive best in families. And the most real story I can tell you today is a story of a family who took that call very seriously, who realized that children survive best in families.

And, Cynthia (sp) – Cynthia, would you like to wave at everybody? Could you stand up? I’m embarrassing her. This is Cynthia. She is a precious friend of mine. And I think if Cynthia were to tell you her story, she would tell you that she grew up in an orphanage in Kigali, Rwanda. And if Cynthia had the option, would she grow up in an orphanage, or would she like to survive and thrive with a mom and a dad, she’d tell you she’d like to survive and thrive with a mom and a dad.

This is not just Cynthia’s story. This can be the story of millions of children around the world if we decide – if we decide – to empty orphanages and put children in families.

MS. OKE: Rabbi Joseph Potasnik is the executive vice president of the New York Board of Rabbis. And I’m going to ask not only for your closing thought, but in one sentence, if I may.

RABBI POTASNIK: No rabbi has ever done that. (Laughter.) That was good.

MS. OKE: I tried. Did you hear that backstage?

RABBI POTASNIK: I hope that wasn’t the sentence. (Laughter.)

MS. OKE: Thank you.

RABBI POTASNIK: Firstly, I was asked to invite everyone to return for interfaith reflections following the program. The interfaith reflections are going to be held here.

I would say you measure belief by behavior. It's not only what you say; it's what you do. And that's why houses of worship, all of the houses of worship, have windows, because what we say on the inside we have to see on the outside.

And we work together with UNICEF U.S. Fund. The number is, what 21,000 kids a day now die of preventable causes. We're not going to stop working together until that number is zero. (Applause.)

MS. OKE: So, we started with Bishop Sunday. We're going to end with Bishop Sunday. He's the executive director of the Nigerian Interfaith Action Association. It's the largest Christian-Muslim collaboration in history.

I'm actually going to ask you for the shortest closing sentence in history, Bishop.

BISHOP ONUOHA: Thank you.

MS. OKE: You're welcome. (Laughter.)

BISHOP ONUOHA: The shortest verse in the Bible says "Jesus wept," but I will not end that way, but to remember that when I was 5, I was weeping. Nigeria was in a civil war. And, as such, when the organizers of this program asked me to send the picture when I was 5, I had no picture when I was 5. We were in the bush. I wanted to send a picture of my son that my mother says looks like me. I said, that would be lying. (Laughter.)

And so, there are thousands and thousands of young people all over the world who are 5 who have no pictures, like me, when they are 5. And we're here together to bring hope and smiles to them. And I believe faith community can do something. (Applause.)

MS. OKE: And so, ladies and gentlemen, when they told me that I was moderating a panel with six people, I said, are you crazy? But these are six people that I would happily spend more time with. And if you see them at the forum, please do. They have so many stories and so much expertise to share. It's been an incredible privilege. And I think we managed to do it. So, the critical role of faith-based communities and civil society, thank you for being the representatives of that.

Ladies and gentlemen, your panel. (Applause.)

(Music.)

(END)