



Programme Assessment

South-South and Triangular Cooperation
Strategic Partnership with
Muslim Religious Leaders in Family Planning

MINISTRY OF STATE SECRETARIAT
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Assessment Report
South-South and Triangular Cooperation
 Training on Strategic Partnership with Muslim Religious Leaders in
 Family Planning

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The Team commenced work on the 7 April through 15 July 2018. The programme assessment involved literature review, international and in-country missions, travel to the selected countries for programme assessment, interviewing resource persons, programme recipients and consultations with UNFPA Implementing Partners and off-site work through email, skype conference and teleconference for data collection as well as the finalization of the assessment report.

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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARMM	Autonomous Region of Muslim Mindanao
Bappenas	Badan Perencanaan dan Pembangunan Nasional- National Planning and Development Agency
BDA	Bangsamoro Development Agency
BDP	Bangsamoro Development Plan
BCC	Behaviour Change Communication
BKKBN	Badan Koordinasi Keluarga Berencana Nasional – National Family Planning Coordination
PNPB	Badan Nasional Penanggulangan Encana – National Disaster Management Agency
BPS	Badan Pusat Statistik – Statistics Indonesia
CBO	Community-Based Organization
CITC	BKKBN's Centre for International Training and Cooperation.
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRH	Centre for Reproductive Health
CSAI	Chad Supreme Council of Islamic Affairs
DFID	Department of International Development
EMDA	Ethiopian Muslim Development Agency
FBOs	Faith-Based Organizations
FP	Family Planning
FPAN	Family Planning Association of Nepal
GDP	Gross Domestic Product
GOI	Government of Indonesia
GOP	Government of the Philippines
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
ITP	International Training Programme
MOH	Ministry of Health
MDGs	Millennium Development Goals
MIC	Middle Income Country
MOU	Memorandum of Understanding
MRLs	Muslim Religious Leaders
MSI	Marie Stopes International
NCT	National Coordination Team
NGO	Non-Governmental Organization
OST	Observation Study Tour
PLCPD	Philippines Legislators Committee on Population and Development
PopCom	Population Commission
PRJMN	Indonesia's Midum Term Development Plan
RH	Reproductive Health
SSTC	South-South and Triangular Cooperation
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UGM	University of Gajah Mada
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund

Assessment Report

Strategic Partnership with Muslim Religious Leaders in Family Planning

I. Executive Summary

Indonesia is a low-middle income country with the sixteenth largest economy globally and the largest economy in South East Asia. Over the past two decades, Indonesia has experienced generally strong economic growth, a reduction in poverty and significant improvements in other key areas of social development, including access to education, health and other social services. As a result, Indonesia has made considerable progress in reaching its Millennium Development Goals laying a good foundation upon which to build their Sustainable Development Goals.

In recent years, Indonesia has adopted a stronger international development programme through South-South and Triangular Cooperation (SSTC) to share best practices with other countries. The Government of Indonesia (GoI) has instituted a National Coordination Team (NCT), comprising of Ministry of Foreign Affairs, Ministry of State Secretariat, National Development Planning Board (Bappenas), and Ministry of Finance to guide and oversee the implementation of SSTC programme, in collaboration with technical agencies. Under the current GoI strategy on SSTC there are several flagship programmes that include family planning implemented by BKKBN. In the family planning area, there are two areas of SSTC focus, the Strategic Partnership with Muslim Leaders in Family Planning and a Comprehensive, Rights-based Family Planning Training programme.

The strategic partnership with Muslim Religious Leaders (MRLs) started in 2013 and up to the present date, the programme has been attended by more than 209 participants from 20 countries in Asia and Africa. In 2018, the GoI and UNFPA decided to carry out an assessment of the SSTC on Strategic Partnership with MRLs programme, in Indonesia as well as selected recipient countries e.g. Nepal, Ethiopia and Chad who have regularly sent trainees to the Indonesian MRL training programme. The outcome of this assessment, together with the results of an earlier assessment on a bilateral SSTC programme between Indonesia and the Philippines on partnership with MRLs will be fed into the Inter-Ministerial Conference on SSTC on Population and Family Planning that will be held in Bali in the second half of 2018 by the GoI and UNFPA.

UNFPA Indonesia has provided technical support to the SSTC on strategic partnership with MRLs during its 8th country programme of assistance (2011-2015) and 9th country programme (2016-2020).

Key Recommendations:

The training course:

1. There still exists some conflicting views and perspectives among a few religious leaders on Islam and family planning. However, based on observations of managers and those who work at the community level, the SSTC training on engagement of MRL in family planning has contributed to raising awareness of

the religious leaders and the community that Islam is not against family planning. It is, therefore, recommended that the Gol and UNFPA should continue their collaborative efforts to convene, support and promote the training course on strategic partnership with MRLs in family planning annually. However, taking into consideration the changing environment and the emerging issues, the course content should be reviewed and revised regularly to ensure it remains relevant to recipient countries.

2. At the recipient country level, the managers of institutions involved in family planning, as well as those who attended the training programme were pleased with the training. It appeared that the SSTC programme on partnership with MRLs met the needs and expectations of the recipients as well as the programme managers.
3. To further support the former trainees to implement their Action Plans and pursue their advocacy efforts on FP in the perspectives of Islam, it is recommended to provide further training to them on advocacy methods and skills at the country level. The Population Commission in the Philippines, for example, has developed and convened advocacy training for the former trainees with satisfactory results.
4. Some managers suggested that consideration should be given to conducting the training programme at the recipient country level which could enable more participants to attend the training and consequently reduce cost. Based on the above, the Assessment Team recommends that while the SSTC programme should be convened annually in Indonesia, BKKBN and UNFPA country offices should explore the possibility of conducting follow up workshop/courses at the recipient country level to reach more participants.

The course participants:

5. It is recommended that the organizers (Ministry of State Secretariat, BKKBN and UNFPA) should prepare and apply more detailed selection criteria for screening of the applicants to ensure more suitable participants attend the training. In this connection, the organizers should encourage participation of more female religious leaders (since number of female religious leaders attending the course is low), community leaders and members of media organizations to the training course.
6. For selection of motivated and suitable SSTC training participants, it is recommended that serious consideration should be given to the following:
 - Inclusion of selected legislators and government decision makers;
 - Inclusion of young MRLs from Indonesia and the recipient countries to create learning opportunity for the new generation of religious leaders;
 - Increasing participation of more women MRLs and community leaders;
 - Selection of open minded credible MRLs and community leaders;
 - Giving priority to the selection of those MRLs and community leaders who are also leaders or members of social networks or local media organizations; and
 - Collaboration between the sending and receiving countries to coordinate selection of suitable participants to the training.

7. When trainees from Francophone countries from Africa attend the training course, it is recommended that BKKBN provide simultaneous translation from English to French or Arabic throughout the training as the majority of them may not be fluent in English. Similarly, it is recommended that all the course reference materials and presentations should be translated to French or Arabic.

The training content and methodologies:

8. To ensure seamless linkage between the classroom theoretical sessions and the field visits, prior to each training course, there is a need for the resource persons and the organizers to meet in order to review and re-organize the content thus ensuring better linkages and connections of the theoretical sessions with field observations.
9. Similarly, it is recommended that the organizers and trainers review the qualifications and experiences of the applicants prior to each course and re-organize the content of the sessions and the programme of field visits to ensure the content completely matches with the levels and the expectations of the participants.
10. As suggested by some of the trainers and course participants, consideration should be given to extending the duration of the course by two more days. This will allow inclusion of new sessions and more interactive methodologies in the course.
11. Given the ever-changing social environments in countries with Muslim populations, the Assessment Team recommends inclusion of a session on emerging issues, in particular radicalism in Islam. The session should address how to deal with radical and fundamental views and beliefs among the MRLs and the members of the Islamic community.
12. As trainees largely work as advocates and change agents in their countries, it is essential to enhance their knowledge and skills in advocacy methods. It is therefore recommended to include a session on advocacy in the training course.

Training Materials:

13. While the existing training materials for MRL training are relevant to the course objectives and have rich content, to make the materials more “readable” and effective, it is recommended that the text should be rewritten in a user-friendly language supported by examples and case studies. This may further encourage the trainees to read all the course materials and to use them in their own countries for community education on family planning.
14. The Assessment Team is of the opinion that there is a need to print selected texts from Qur’an and Hadiths that are most relevant to family planning, on flipcharts or flashcards with translations and interpretations. This will allow the participants to refer to the selected texts with ease, whenever they need. It is also important that the sources of all quoted Hadiths should be provided.

15. The Team also feels that there is an urgent need for video materials. Statements and presentations of well-known muftis and maulanas on the subject of family planning and Islam on video, could be of high interest and a source of further knowledge for the trainees. There is also a need for simple video materials on how to deal with misconceptions and rumours on family planning in the community.

Implementation of follow up activities and action plans at the country level:

16. As a follow up to the training in Indonesia, several countries such as the Philippines, Chad, Nepal, Niger, Guinea and others have conducted similar training in their own countries for large number of participants. This is an excellent indication that the Indonesian SSTC training for MRLs has been successful in encouraging further training on strategic partnership with MRLs in family planning. It is recommended that the success stories such as these should be captured systematically as case studies for discussion and analysis during the training course in Indonesia.
17. Country level experience suggests that following the training in Indonesia the trainees need strong support from their respective institutions to implement the action plans prepared during the course. It is recommended that from the onset, the organizers of the SSTC training should obtain commitment and support of the institutions to help the trainees implement their action plans.
18. The Philippines have adopted an excellent approach to ensure the action plans are implemented at the country level. They often select a mixed group of trainees such as high-level administrators, programme managers and religious leaders from the same locality. The group develop their action plans as a team during the training and implement them when they return. This encourages team work and ensure sustainability of the programme. It is therefore recommended that BKKBN should share this approach with the recipient countries and encourage them to send multi-disciplinary teams of trainees from the same programme.
19. Some Religious Leaders stated that the term “Family Planning” is not acceptable in the Muslim communities and suggested that it should be replaced with another term such as “reproductive health” in the title of the training programme. While this was the view of only a few MRLs, the suggestion could be considered as it may help the programme become more acceptable at the recipient countries level as well as facilitate the expansion of topics of relevance beyond family planning
20. The Assessment Team recommends that BKKBN should collect feedback and suggestions from former trainees on strategies and approaches that have worked in the field and collect their views on how to further improve the SSTC training of MRLs. Information obtained could be used to further improve the training content as well the field activities.
21. BKKBN should encourage recipient countries to develop papers/presentations on their experiences in engaging religious leaders in family planning for presentation at the international conference to be held by UNFPA and its partners in September 2018 in Bali, Indonesia.

Areas for future SSTC:

22. South-south and triangular cooperation in population and reproductive health area should be broadened to include new topics and new countries through bilateral and multilateral arrangements. For example, the programme on strategic partnership with religious leaders in family planning could include Malaysia, Bangladesh and possibly Iran. Thailand might be interested to have a bilateral programme similar to that of Indonesia and Philippines programme for their southern Muslim provinces.
23. It is recommended that the governments of Indonesia and Ethiopia could consider entering into a bilateral SSC agreement aimed at creating stronger partnership with Muslim religious leaders in support and promotion of family planning in Ethiopia. There appears to be a scope for the Indonesian religious leaders to collaborate closely with Ethiopian Muslim Development Agency and assist in the development of effective strategies for a comprehensive family planning programme, including adolescent reproductive health in schools and training of FBOs (Islam and other faiths).
24. As part of the on-going bilateral SSTC between Indonesia and the Philippines it is recommended to include humanitarian response in disaster situations. Both countries are disaster prone and have gained valuable lessons and experiences in the past years. Experience sharing could help both countries to fine-tune their plans and methodologies for preparedness and response with the aim of making them more responsive and effective.
25. Analysis of the impact of demographic changes and its implication on national policies and programmes is an important area, especially for countries that have experienced demographic changes in recent years due to their successful family planning programmes. Possible countries could be Indonesia, Thailand and Vietnam.
26. Many countries in Asia have experienced impressive economic growth over the last two decades that could be attributed in part to demographic changes that have facilitated growth and supportive policies. The Indonesia's Ministry of National Development Planning is of the opinion that demographic dividend is an important area for SSTC among countries who have experienced demographic changes. These countries need to come together and decide on the investments that are needed to attain the demographic dividend.
27. Another area of high priority could be addressing the Youth Development Index through the SSTC modality. Countries in the region and beyond need to address the Youth Development Index focusing on all composite index of 18 indicators that collectively measure multi-dimensional progress on youth development. SSTC modality can create opportunities for countries with similar needs to share their experiences and develop plans to achieve the indicators.
28. Population Aging is a major concern in the region for many countries such as Indonesia, Thailand, Viet Nam and others. While population aging has been discussed in many regional meetings, limited broad-based action plans have

been implemented by the countries. Countries that will face population aging in the coming decade could come together through SSTC arrangement for sharing their experiences and lessons learned. Countries need to work together to develop and implement comprehensive policy frameworks and provide financial and human resources, as well as the institutional arrangements needed to implement the national policies and plans of action on aging.

29. The Centre for Reproductive Health, Faculty of Medicine of University of Gaja Mada has identified two areas for future SSTC in the region and beyond. These include: (1) Development of standardized guidelines on service data/statistics for improving monitoring and evaluation systems for development; and (2) SSTC training of trainers on post abortion care, given the acute problem of post abortion complications in many countries in this region as well as in Africa. The training would help to give the providers necessary knowledge and skills to provide life-saving post abortion care to women.

II. Background to Indonesia's South-South and Triangular Cooperation programme

A. An Overview

“South-South and Triangular Cooperation” (SSTC) or “South-South Cooperation” (SSC) in population and development has become an increasingly critical means to strengthen partnerships for the achievement of the Sustainable Development Goals (SDGs). The formation of SSC can be traced to the Asian–African Conference that took place in Bandung, Indonesia, in 1955 which is also known as the Bandung Conference.

South-South Cooperation is a process whereby two or more developing countries pursue their individual or collective development through cooperative exchanges of knowledge, skills, resources and technical know-how. It is a broad framework for collaboration among countries of the South in the political, economic, social, cultural, environmental and technical domains. Involving two or more developing countries, it can take place on a bilateral, regional, sub-regional or interregional basis.

The key principles of SSC are:

- “Cooperation between equals, based on horizontality; that requires countries to collaborate as partners.
- Cooperation based on the construction of consensus;
- Cooperation based on the principle of equity; which is exercised in such a way that its benefits are equitably distributed among all participants.”

*Knowledge for the South – Regional exchange of solutions,
City of Knowledge Panama 2015*

Promoting and supporting south-south cooperation is not new in the UN system. Established in 1974, the United Nations Office for South-South Cooperation works to support countries' efforts to manage, design and implement south-south cooperation policies and initiatives through the identification, sharing and transfer of successful Southern-generated development solutions. (ssc.undp.org). Similarly, the UNFPA's South-South Cooperation Strategy is premised on the notion that countries facing common challenges and seeking to achieve common goals can make faster progress through shared learning and experiences. Evidence presented at the UNFPA Global Consultation on South-South Cooperation showed that many Southern countries have knowledge to share with other nations, both North and South. South-South Cooperation initiatives at UNFPA typically entail securing resources, advocating alliances, mainstreaming SSC in development cooperation and implementing SSC agreements.

The UNFPA Strategy on SSC conforms with General Assembly resolution 64/222, which adopted the 2009 Nairobi Outcome Document on South-South Cooperation and recommends that all SSC initiatives should be: (a) nationally owned and demand driven, so that countries set agendas free of conditionality and sensitive to the national context; (b) partnerships of equals, based on trust, mutual benefit and equity; (c) focused on mutual development through the sharing of experiences, technology and skill transfers, training and research; (d) committed to results and mutual accountability; and (e) complementary to other modes of international cooperation.

B. Background

The Government of Indonesia views the SSTC as complementary to the Indonesian policy of partnership among all nations. The SSTC initiative was first included in the Medium-Term Development Plan 2010-2014 (RPJMN) and is also a component of the current RPJMN (2015 – 2019). To provide effective support to the SSTC programme, the government in 2010 established a National Coordination Team of SSTC consisting of Ministry of Foreign Affairs, Ministry of National Development Planning, Ministry of Finance and Ministry of State Secretariat. To operationalize its policies and plans, the NCT has three working groups on: (i) Capturing demand; (ii) Programme and funding; and (iii) Monitoring and evaluation, public relations and knowledge management.

Funding for Indonesia's SSTC comes from several sources which include: (i) State budget funding; (ii) Triangular partnership funds and international development partners; (iii) Cost sharing with beneficiary countries; (iv) Private sector funds; and (v) Trust funds.

The types of support provided by the Indonesia's SSTC include assistance projects, equipment support, internship programmes, seminars, workshops, study visits, training and experts dispatch to beneficiary countries.

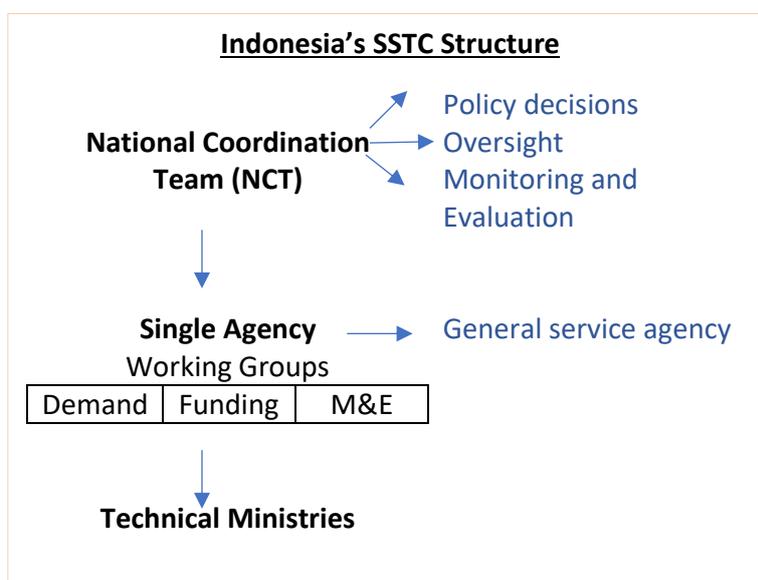
Following the comparative studies and analyses, a series of 10 workshops related to institutional strengthening to help identify and formulate the ideal form of a Single Agency to undertake the implementation of the SSTC programme was convened recently. These workshops

identified five areas that need to be considered in the establishment of country's SSTC Single Agency which include: (i) Institutional Set-up; (ii) Legal and Regulatory Framework; (iii) Capacity Building; (iv) Cooperation Model; and (v) Financing and Budgeting Mechanism. (*Indonesia's SSTC Annual Report 2016*)

The Single Agency is expected to be established and functioning in the second half of 2018 with the development of a strategic plan as its priority.

In the current strategy there are three flagship programmes that include (i) Development issues; (ii) Good Governance and Peace Building; and (iii) Economic issues that includes sharing of knowledge on engagement of community and religious leaders in family planning being implemented through the BKKBN's Centre for International Training and Cooperation.

One of the internationally recognized success stories in Asia is the Family Planning (FP) programme of Indonesia that commenced in 1970. Despite many social and religious



challenges, the Gol was able to embark upon an effective and elaborate national programme which reached the district and village levels. The success of the programme attracted the international community to visit the country and study the programme's successful strategies and activities. It could be said that the influx of visitors from various countries to learn from Indonesia about family planning was the beginning of the SSTC programme of Indonesia in family planning. Overall, the key strategies of the programme included high-level official visits, training on family planning from the perspectives of Islam, observation studies and internships.

Based on BKKBN's Centre for International Training and Collaboration's records, during 1980s and 1990s, around 5,119 programme managers and executives (64% male, 36% female) from 92 countries visited Indonesia through the Observation Study Tours and International Training Programmes to share their experiences and learn new strategies in population and family planning programme management. According to BKKBN's database of August 2014, 31.76% of participants were middle-level managers, 28.72% programme officers, 20.53% health personnel, 11.37 high-level managers, 2.6% religious leaders, 1.5% staff of NGOs, and 3.52% teachers/lecturers/journalists/information officers.

The South-South and Triangular Cooperation initiative in Population and Family Planning is undertaken by BKKBN's CITC which has the main task of promoting and strengthening international collaboration with focus on capacity building. Each training programme follows a standard approach of: (i) didactic knowledge enhancement (40%); (ii) field study observation (50%); and (iii) Action Plan preparation (10%).

A 2011 assessment, *International Training Programme: Past, Present and Future*, identified capacity building as a key strategy to enable the BKKBN to perform its role in SSC. The study further underscored the need for building capacity of the new generation of SSTC managers and facilitators as well as upgrading the training materials reflecting how to respond to the changing environment and how the new programme of BKKBN would benefit the participants of SSTC. Similarly, the study emphasized the need to improve the marketing and promotion of the SSTC through different channels, including the government channels i.e. Indonesian Embassies through-out the world, the regional institutions and the channels of international development partners including UNFPA.

After the introduction of the decentralized government system in the late 90s, the programme experienced setbacks and the number of officials from other countries visiting Indonesia's family planning programme substantially reduced. As a partner to the government SSTC programme, UNFPA Country Office in Indonesia through its 8th Country Programme (CP8), 2011-2015, and recently through its 9th programme (2016-2020) provided technical and financial assistance to revive the SSTC programme. In 2013 two new training programmes under the SSTC was initiated, the Strategic Partnerships with Religious Leaders in Family Planning and the Comprehensive Training on Right-based Family Planning, in collaboration with the Centre for Reproductive Health (CRH), Faculty of Medicine of University of Gajah Mada.

Based on the findings and recommendations of the assessment of BKKBN's International Training Programme conducted in 2011, the training on partnership with MRLs was designed with focus on strengthening the knowledge of Muslim leaders in Family Planning, Reproductive Health and gender through a structured programme of training and visits to Family Planning service delivery sites. The training for MRLs

includes two components: the multilateral component which is in fact the continuation of the BKKBN's International Training Programme and the bilateral SSTC between Indonesia and the Philippines, which is a new initiative started in 2012. Both include sessions to clarify Islamic perspectives on family planning as well as visiting field-based Islamic institutions engage in promotion and provision of family planning services.

After six years of programme implementation, the Ministry of State Secretariat (Gol designated focal point for SSTC in population and family planning), BKKBN and UNFPA office in Indonesia decided to carry out an assessment on SSTC strategic partnership programme. It was decided that the field assessment should be conducted in three countries; Nepal, Ethiopia and Chad. Since the assessment of the bi-lateral programme with the Philippines on partnership with MRLs was conducted about 3 years ago, it was agreed to collect further updates from the Philippines and incorporate selected findings and recommendations of the Philippines programme into the report of this study.

Refer to Annex i - TOR, Assessment of SSTC programme on Strategic Partnership with Muslim Religious Leaders in Family Planning

The Assessment Team was composed of officials from the Ministry of State Secretariat, Ministry of Foreign Affairs, BKKBN's CITC and an international consultant. The Team focused on collection of data and information at three levels:

- The former participants of the programme - to obtain their feedback on the training course and to ascertain to what extent they have become engaged in partnership with MRLs after the training, in their respective countries;
- The training organizers and resource persons - to obtain their perspectives on the training course content and structure and to ascertain their views on the participants of the programme; and
- Country Managers and Officers - to obtain their views on the SSTC training programme, the change in the overall knowledge of the former trainees on the role of MRLs in FP, their attitude and their level of engagement in the programme.

The information collection was carried out through face to face interviews, interviews through skype, teleconference and email communication. Two types of questionnaires were also used, one to obtain feedback from the course participants and the second to get the views of the managers and officers from the recipient countries on the quality of training as well as the change in the overall knowledge and attitude of the trainees. The questionnaires were designed to gather information on the relevance, acceptability, effectiveness, sustainability and the overall outcomes of the programme. These were also used as interview guide when interviewing the respondents directly. The assessment exercise used the assessment criteria as elaborated in the Terms of Reference drawn up by UNFPA office in Indonesia.

Refer to: Annex I, TOR Assessment of SSTC programme on Strategic Partnership with Muslim Religious Leaders in FP and

Annex ii, Assessment Questionnaires.

In Indonesia, the Assessment Team held discussions and consultations with the high-level planners as well as senior staff of technical ministries, the organizers and resource persons of the SSTC programme. In the three selected countries, the Team met with the former participants (over 40) as well as the directors/managers (over 80) of their respective Departments.

Information on the number and percentage of former trainees interviewed or completed the questionnaire are as follows:

**Data gathering from the former trainees through direct interviews and questionnaires
(Actual numbers and percentages)**

No	Country	Total attended the programme 2013 - 2018	Interviews & questionnaires	Percentage
1	Nepal	25 *	13	52.00
2	Philippines	29 *	10	34.48
3	Ethiopia	9	5	55.50
4	Chad	18	13	72.20
	Total	81	41	50.61

* The total number of participants in April 2018 (when assessment was conducted) was 25, additional 5 participants attended the MRL training later in the year

* The total number of participants when the bilateral SSTC in the Philippines was assessed in September 2014. The total number of those who attended the programme between 2013 to 2018 is 65.

It is expected that the findings of this study will be presented to the Inter-ministerial Conference on South-South and Triangular Cooperation on Population and Family Planning. The conference is planned for September 18-20 in Bali, Indonesia to discuss emerging population and development issues influencing the 2030 Agenda and to share selected best practices to enable the establishment of a more shared, coordinated and informed platform for greater results, impacts and reach. The conference will also provide a forum for consensus building in the lead up to the South-South Cooperation High Level United Nations Conference in Buenos Aires, Argentina, in March 2019 (Buenos Aires Programme of Action - BAPA+40).

III. SSTC Training on Strategic Partnership with Muslim Religious Leaders in Family Planning

A. The Programme

The development and promotion of international cooperation among developing countries has been a key element of Indonesian Government policies for the last thirty years. The SSTC programme on Strategic Partnership with Muslim Religious Leaders in Family Planning which started in 2013 has attracted over 200 participants from countries in Asia and Africa. The SSTC programme which is organized jointly by the Ministry of State Secretariat, BKKBN and UNFPA is based on the BKKBN's successful experience of working with religious leader in family planning. In keeping with its vision of strengthening its role in the region and sharing the lessons learned in development, Gol offers the lessons learned from partnership with religious leader through this SSTC programme.

The programme has three interrelated components: (a) capacity building through training; (b) field observations and information gathering from programme practitioners in the field; and (c) development of action plans by country participants based on their training and observations in Indonesia, for implementation in their respective countries. In the initial first two years, the countries sending participants to the programme were paying for the tuition fees and UNFPA for travel and allowances of the participants. Since 2015, the government of Indonesia started to provide partial scholarships to the participants which covers the tuition fee, accommodation, local transportation and incidental costs while UNFPA covers the international travel, participants' allowances and the cost of consultants for monitoring and evaluation of the programme.

Overall, the SSTC programme on strategic partnership with MRLs is carried out through the following three modalities:

- Multi-lateral programme: Scheduled programme offered annually
- Bilateral programme: An MOU specifies the type and schedule of cooperation
- Tailor-made programme: Designed specific to the needs of a requesting country

Objectives:

- To enhance participants' knowledge (through training and observation) about the Indonesian strategic partnership with MRL in family planning; and
- To enable participants to apply lessons learned in designing action plans for their respective countries.

Participants:

The participants include Muslim religious leaders, religious scholars, mid-level managers/programme officers in government and non-government organizations involved in planning and implementation of population, family planning and reproductive health programmes. The total number of participants selected for SSTC programme for each course is between 20 to 25. The participants are expected to meet the following conditions:

- “1. be nominated by their respective Governments and UNFPA Country Offices;
2. have at least three (3) years of actual working experience in the field of population, family planning and family development;
3. be preferably under fifty-eight (58) years of age;
4. be in good health, both physically and mentally in order to complete the course (proven by medical record); and
5. not be pregnant.”

(BKKBN Information package for the trainees)

In total (combination of the three modalities mentioned above), 209 participants, 144 male and 65 females from 20 countries in Asia and Africa have attended the programme between 2013 and June 2018. About 48% of the participants were government officials, programme officers, administrators, community leaders, medical officers and interpreters and about 52% were MRLs, Islamic scholars, researchers, lecturers and staff of Ministries of Religious Affairs. *Refer to Annex iii - A detailed list of programme participants by country.*

In the recipient countries, selection of participants for SSTC training on engagement with MRLs is largely done by the governments and the organizations that financially support the participants. It should be noted that among the 209 trainees in the past 6 years, only 30% were female participants underscoring the need that selectors should give due consideration in selection of women leaders including those who are actively involved in promotion of maternal health and family planning in the country. While there is no official selection criteria at the country level, one officer from a country visited during the assessment stated that the following indicators are used for selection of candidates for attending the programme:

- Influential community and religious leaders;
- Muslim religious leaders who are not supporting family planning programme;
- Selection of UNFPA and partner agency staff who are working with and managing programmes targeting religious leaders;
- Selection of government officials who are involved in family planning/maternal health/gender programmes;
- Only one government official in a group; and
- Not to include candidates who have been in the same programme before.

Information about the training course is often disseminated by official letters to the countries by UNFPA. Agencies in countries assess the relevance of the training to the country needs and consequently nominate candidates to attend the programme. At present, there is no website containing information about the programme.

The training programme: Structure and Methodology

The training is designed to contribute to the objectives of the SSTC programme. The key methodologies of the training course include lectures/presentations by resource persons supported by PowerPoint presentations and Question and Answer sessions. Some of the key topics of the course content include the following:

- Family planning and Islamic perspectives;
- Fetwa on family planning;
- Strategies and approaches of partnership with religious leaders in family planning; and

- Philosophies, strategies, and roles of Indonesian religious organizations supporting and providing family planning services.

Each of the above sessions is followed by Q&A. Subsequently, the participants are grouped by their countries to develop the action plans elaborating how they would engage with religious leaders in their respective countries' population and family planning programmes. The last activity will be field observation and includes visits to field-based Islamic institutions, Islamic hospitals, clinics and community organizations. The allocation of training time for the three components of the programme is 40% for knowledge enhancement through classroom sessions; 10% for preparation of action plans; and 50% for field study/observations.

Duration:

Duration of the training is 7 days including local travel. The breakdown is as follows:

- Theory - 2 days
- Field visits - 3 days
- Action plan preparations - 1 day
- Local travel - 1 day

Training Materials:

BKKBN and UNFPA have developed several types of materials in written format to provide clear guidance on family planning within the Islamic perspective to the participants thus enabling them to work as planner/programmers, knowledge managers and advocates in their respective countries. The materials include:

1. Strategic Partnership with Muslim Religious Leaders in Family Planning (course brochure)
2. South-South and Triangular Cooperation. Sharing Indonesia's best practices on population and family planning with the world (brochure)
3. Family Planning, Reproductive Health and Gender: Islamic Perspective (guidelines)
4. Strategies and Approaches in Partnership with Muslim Religious Leaders in Family Planning (guidelines)
5. Who says Family Planning is Haram? (book)
6. Syar'ī Laws (Islamic Teachings) on family planning (Booklet)
7. Sharing Indonesia's Best Practices with the World (video)

Training outcomes:

The outcomes of the training are to: (a) enhance understanding and appreciation for the family planning within the Islamic perspectives among participants; and (b) the strategic action plans detailing strategic issues, activities, partners, timeline, type of support needed, funding and responsible Institution/person. The participants are expected to implement the Strategic Action Plans with support from their offices and share with BKKBN the results, impacts and reach of their activities. *Refer to Annex iv, Programme Agenda and Annex v, SSTC training on Comprehensive Right-Based Family Planning.*

IV. Selected countries for assessment of Strategic Partnership with MRLs

The GoI and UNFPA office in Jakarta decided to select a few countries for field assessment that have consistently sent recipients to the partnership with MRLs training programme which included: Nepal, Ethiopia and Chad. Since the Philippines bilateral programme on strategic partnership with MRLs was evaluated in September 2014, it was decided to combine the key findings and recommendations of the Philippine programme assessment with this report to provide a wider perspective on the outcomes of the partnership with MRL programme.

A brief description of the selected countries and their programmes in particular partnership with MRLs in family planning is provided below:

A. Nepal

The Federal Democratic Republic of Nepal is a landlocked country in South Asia. With an estimated population of 28.98 million, *World Bank (2016)*, it is 48th largest country by population and 93rd largest country by area.

The new constitution of Nepal adopted in 2017 establishes it as a Federal secular parliamentary republic divided in seven provinces. The move from a unitary to a Federal structure will require massive reorientation of the institutions, systems, work cultures and style of functioning. The government has determined 753 local levels (293 municipalities and 460 rural municipalities) in the 7 provinces. Local governments have now the full-fledged responsibility of all development and service delivery functions.

As per the Nepal's Population Census 2011, about 4.4% of the population in Nepal or 1,164,255 are Muslims with 579,501 female and 584,754 male. Majority of Muslims in Nepal reside in Terai region (lowland region in southern area) of the country.

In the past 6 years UNFPA Nepal has supported a total of 30 participants (29 male and 1 female) to attend the SSTC training on partnership with MRLs through tailor-made and regular training programmes. The participants included government officials responsible for family planning and working with community organizations, selected members of the community, religious leaders and UNFPA staff.

UNFPA office often works closely with the former trainees and follow-up on the implementation of action plans and other activities in the Muslim communities. In 2016, the action plan prepared by trainees was transformed by UNFPA into a 5-year funding proposal and submitted to the local office of the UK Department for International Development (DFID) for funding. The plan received funding for five years, 2016-2020 which is currently being implemented by UNFPA and Marie Stopes International (MSI) Nepal in the selected districts. The project includes district level orientation of members of Muslim communities, advocacy around family planning, including discussions with Maulanas, Madrasa, and parents of Muslim girls to disseminate family planning related messages. The project also encourages MRLs to promote FP through their sermons during religious events and various gathering. Annually the project holds over 30 community-based orientation sessions on FP for both men and women.

One of the key events of the project was a national workshop on Engaging Religious Leaders to Address Unmet Need for Family Planning in Nepal, organized in Kathmandu in August 2017 by UNFPA and MSI. It was attended by 34 participants representing government and Muslim Religious leaders from national, provincial as well as four project districts. The workshop was facilitated by three resource persons from UNFPA and BKKBN Indonesia. The participants also included field and regional level staff of UNFPA and MSI. Similar to the training in Indonesia, at the end of the national workshop in Kathmandu, the participants developed action plans to further disseminate the Islamic values and teachings on reproductive health and family planning in their respective districts/communities.

UNFPA office carries out monitoring of the programme through compilation of clinical data and information from outreach activities. The Demographic Health Survey (DHS) in 2006, 2011 and more recently 2016 suggest modest improvements among Muslim communities on several key RH indicators between 2006 and 2011. The increase could be due to several factors such as improvement in education status, field level outreach activities, the media etc. However, the project on engagement with MRLs in FP may have contributed to some extent to the improvement of RH indicators.

The UNFPA supported programme of population and reproductive health is carried out and implemented at the community level through the government system and a number of partner agencies who have networks of field workers reaching down to community level. In addition to the Ministry of Health's Family Health Division, UNFPA works collaboratively with several agencies namely, Department for International Development (DFID), Family Planning Association of Nepal and Marie Stopes International Nepal, on the engagement of MRLs in Family Planning. A brief description of the programmes of these agencies is given below:

Family Health Division, Ministry of Health: The head of the Family Health Division discussed the latest indicators based on 2011 and 2016 DHS. He was concerned that the overall Contraceptive Prevalence Rate (CPR) in Nepal has been stagnant for the past 10 years at about 43%. Among the Muslim communities the CPR is about 22% (2011 DHS), the Total Fertility Rate (TFR) is very high compared to national figure (4.9% and 2.3% respectively). The Ministry of Health has done some localized surveys that show women are interested to practise family planning. It was noted that during the national workshop for MRL on FP, the female community leaders were positive on family planning but some of the religious leaders were challenging their views.

At the district level, family planning workers deliver family planning messages through mother's groups and other community channels to all religious groups including Muslim communities.

Department for International Development (DFID): The Department for International Development (DFID) leads the UK's work and provides support to alleviate poverty and disease, mass migration, insecurity and conflict. The DFID local office works with the government and other development agencies in Nepal including UNFPA on maternal health and family planning issues.

DFID agreed to provide funding for a five-year programme submitted by UNFPA in 2016 aimed at building partnership with religious leaders in family planning which included orientation and training at the community level on Islam and family planning. The programme also supported a national workshop on “Engaging Religious Leaders to Address Unmet Need for Family Planning in Nepal”. DFID programme manager stated that he was impressed by the religious leaders and Muslim community members’ interest and commitment to the family planning issues. The programme has supported development of materials on Islam and FP for community education as well as guidelines for facilitators.

Family Planning Association of Nepal: Family Planning Association of Nepal with its 30 branches and Central Office has made significant contributions in delivering reproductive health and rights, including family planning.

FPAN has been engaged in working with the MRLs as important change agents in the community. Similarly, FPAN has trained and used Muslim peer educators for provision of information dissemination and support of family planning. FPAN is of the opinion that Nepal Muslim community and the leaders are not conservative and therefore their support could be enlisted through presentation of evidence and motivation. FPAN has positive experiences in working with MRLs and engaging Muslim peer educators for community education in family planning.

Marie Stopes International (MSI), Nepal: Marie Stopes Nepal is providing services to meet the needs of women, men and young populations. MSI teams are increasing awareness and understanding of contraception, particularly targeting the under-served, marginalised and hard-to-reach populations in Nepal focusing on reducing maternal mortality rates, as well as increasing the prevalence rate of the use of modern contraception.

MSI partnered with UNFPA in organizing and managing the national conference on partnership with MRLs on addressing the unmet need in family planning in 2017. MSI feels that in future the local municipality representatives should be involved in the training of MRLs to gain better understanding of the FP and the role of religious leaders and more importantly to give a supporting hand in the implementation of family planning programmes at the community level.

B. Ethiopia

Ethiopia is a country located in the Horn of Africa. With the population of about 105 million, Ethiopia is the most populous landlocked country in the world and the second-most populous nation on the African continent. The Total Fertility Rate in Ethiopia fell from 5.4 in 2005 to 4.1 in 2014, and by 2016, there was an increase in the use of contraceptives, mainly injectable and implant, to 38%. The maternal mortality ratio is 676 per 100,000 live births.

Led by the Ministry of Health, the family planning and reproductive health programme has become a national priority in Ethiopia. To promote RH/FP programme, the government is providing contraceptives services free of charge to the community. In addition, the Ministry of Health has a health extension system that essentially trains women in various regions to become extension workers to promote RH/FP specially in Muslim majority regions. Some of the former trainees have been active in advocacy efforts through workshops and

gatherings involving religious leaders. The Ministry of Health programme also involves the Ethiopian Muslim Development Agency (EMDA) and the Muslim Religious Leaders.

In 2013, using the reference materials of the SSTC training for MRLs in Indonesia, the Islamic Supreme Council in Ethiopia pronounced a Fatwa on Family and Marriage in Islam which essentially states that family planning could be practised by the Muslim families and it is the responsibility of both husband and wife. (an earlier Fatwa had established that practise of family planning was the responsibility of women only). The Fatwa is being disseminated and promoted by the Ethiopian Muslim Development Agency and the Pathfinder among the religious leaders and the local communities.

The existing challenges in the implementation of the family planning programme in the country are mainly cultural. In some regions, especially those dominated by Muslim communities, there is still a strong preference for large families and despite the decrease in fertility rate, the number of children born to a woman is still high. In addition to this, some religious leaders are reluctant to promote and provide information related to family planning, but they are prepared to give consent if Muslim couples intend to practise family planning. Based on the views of programme managers and the former trainees, the MRLs in Ethiopia are not against family planning but they do not give voluntarily information on the practice of family planning to the community.

UNFPA is the key partner of the Ministry of Health in reproductive health and family programme area. Through its 8th country programme (2016-2020), UNFPA is providing technical and financial assistance focusing on maternal health, family planning, adolescents and youth sexual and reproductive health, women's rights, prevention of gender-based violence and population data. For implementing its programme, UNFPA works with Ministry of Health, Ministry of women, children and youth affairs, HIV/AIDS prevention and Control offices, Family Guidance Association of Ethiopia, Central Statistical Agency, Vital Events Registration Agency, Universities, civil society organisations and others.

The programme managers and those who attended the SSTC in Indonesia feel that there is still a need for further collaboration between Indonesia and Ethiopia in the area of reproductive health and family planning. For example, there is a scope for the Indonesian religious leaders to collaborate closely with the Islamic Supreme Council in Ethiopia and the Ethiopian Muslim Development Agency to develop appropriate strategies and modalities for the promotion and implementation of a comprehensive family planning programme. The biggest challenge is to change the mindset of the community to practise family planning. This could be achieved through the network of health extension workers with strong support from the Ethiopian Muslim Development Agency and other partners. Given the need, there seems to be a scope for the governments of Indonesia and Ethiopia to enter into a bilateral SSC agreement similar to the bilateral agreement between government of Indonesia and the Philippines to create stronger partnership with Muslim religious leaders in family planning in Ethiopia.

Another area of close collaboration could be Adolescent Sexual and Reproductive Health programme in schools. This is considered as a long-term venture to further enhance the Ethiopian community's awareness on pertinent issues of reproductive health including family planning. Similarly, further collaboration is needed for training of not only Muslim Religious Leaders but

religious leaders of other faiths and the Government officials. Assistance is also needed for the development of a comprehensive policy on reproductive health and family planning in Ethiopia.

Ethiopia has sent a total of 9 participants to the SSTC training on MRL in Indonesia in 2014 and 2016 (7 male and 2 female) from Ethiopian Muslim Development Agency and Ethiopian Islamic Affairs Council together with managers and programme officers. Overall, there is an appreciation for the Indonesian SSTC programme on strategic partnership with MRLs in FP.

C. Chad

The Republic of Chad is a landlocked country in Central Africa. It is the fifth largest country in Africa in terms of area. With the population of over 13.6 million inhabitants (53% Muslim population), Chad has ranked 185 out of 188 on the human development index in 2015. Given its high fertility rate (6.4 children per woman) and a population that is extremely young, it is expected that the population would double in the next 20 years. Achieving a reduction in mortality rates and reaching the demographic dividend will be challenging given the current high fertility rates. Despite efforts, the level of maternal mortality is still very high (860 per 100,000). According to a study in 2015, the country is also facing a high prevalence of gender-based violence. Furthermore, Chad continues to face serious security crises owing to Boko Haram attacks and kidnapping of adolescent girls and women.

UNFPA office in Chad through its 7th programme of assistance (2017–2021) provides support to the government in sexual and reproductive health, adolescents and youth, and gender equality and women empowerment. UNFPA's Country Programme 2017-2021 seeks to strengthen behaviour change communication on family planning with the involvement of traditional and religious leaders, and in partnership with the World Bank-funded "Sahel Women Empowerment and Demographic Dividend (SWEDD) project", which aims to help accelerate demographic transition to harness the demographic dividend.

Within the government system, the key partners of UNFPA are the Ministry of Health, Ministries of Education, Youth and Women which implement the programme through their networks of offices and field workers reaching to all regions in the country. The Ministry of Health has a national Reproductive Health programme which includes family planning.

Another partner, outside the political arena, is Chad's Supreme Council for Islamic Affairs (CSAI) and a large number of its affiliate Islamic associations. CSAI and its affiliates are particularly active and hold a progressive vision that is very open to family wellbeing, family planning and other related issues. In the words of the President of CSAI, "Islam encourages family planning and any initiative for women's wellbeing". Under the overall guidance of the Supreme Council an Islamic health centre in Ndjamenas main mosque is established which includes a section for mothers and children. There is also a corps of female preachers, which has a membership of over 3,000.

Supreme Council is the highest Islamic authority in the country. All other religious organizations are operating under the direction of the Supreme Council. It provides support to the implementation of the UNFPA assisted reproductive health and family planning and contributes to the achievement of the programme

targets of increasing family planning acceptors, reducing the maternal mortality and increasing the anti-natal care in the country.

There is also a network of religious schools for women throughout the country. Through these schools, religious education is also carried out specifically for women, two days a week that includes promotion and education on family wellbeing and family planning.

Care International and its affiliated organisations are working on a number of development projects including reproductive health and family planning in collaboration with UNFPA. The World Bank also provides support to a project on women's empowerment and demographic dividend which aims to help accelerate demographic transition to harness the demographic dividend in the country.

Generally, there is no opposition to family planning by the religious leaders and the Muslim communities as they understand that family planning is not haram in Islam. The increase in number of pregnancies is simply because of cultural believes and preference for larger families. It has been established that family planning does not mean birth control. However, Islam, "allows people to delay the process of birth temporarily in order to space pregnancy periods, or stop them for a given period of time" (*Imam El Hadj Moustapha GUEYE, Imam Mouhamadou Takhiyou KANE, Argumentaire Islamique sur l'espacement des naissances, la planification familiale selon l'Islam, January 2015, World Faiths Development Dialogue*)

An international symposium on "Islam, Demographic Dividend and Family Wellbeing" took place in Ndjamen, from 25 to 27 July 2017, at the initiative of the Government and the Chadian Supreme Council for Islamic Affairs (CSAI), and with the financial and technical support of UNFPA and the World Bank. The event brought together more than 1,200 Muslim leaders including civil society organisations, faith-based associations from 20 countries and a strong presence of women preachers from 26 regions of Chad. A resource person from BKKBN CITC was also invited to facilitate the sessions. The objectives were:

- to harness the potential of religious leaders to contribute towards Demographic Dividend capture; and
- to strengthen the capacities of the religious leaders to enrich debates on Family Planning issues.

The symposium acknowledged that for addressing family well-being and family planning there is a need to involve: the religious leaders who are expected to be on the forefront of efforts for the information and awareness of faith communities; the government as their role is vital for creating an enabling environment for freedom of expression, relations between social groups, and compliance with human rights; and the development Partners and Aid agencies, such as UNFPA and the world Bank, who have a special roll in facilitating and supporting national events and programmes.

The key strategies recommended by the symposium included:

- Advocacy/awareness activities for creating enabling environments to promote family planning initiatives on maternal health and family well-being, actions and policies to eradicate all forms of violence against women.

- Promote a holistic understanding of family well-being including Family Planning which accords equal importance to economic, social, political, environmental, cultural and technological issues.
- Scale-up initiatives which appears to be yielding good results.
- Introduce innovations and launch new initiatives on a large scale.
- Highlight the need to monitor/evaluate in order to draw lessons that can be shared, or to make adjustments where needed.

The Ndjamena Declaration was adopted at the end of the symposium proceedings. The Declaration recognizes that family planning is accepted by Islam for spacing births, maternal and child health and voluntary choice for individuals. The Declaration further recommends strengthening the technical capacities of imams, religious leaders, Islamic media for communication to promote social change and behaviour favourable to the demographic dividend, universal access to health including reproductive health and family planning, prevention of radicalization and extremism. *(unofficial translation from French)* The Declaration of the International Symposium which involved the religious leaders from all Central and West African countries and endorsed by the Chadian Supreme Council of Islamic Affairs is an important document that could be used for advocacy on family planning among the religious leaders and the Islamic communities.

Chad has sent a total of 18 participants to the SSTC training on MRL in Indonesia between 2015 and 2018 with 12 female and 6 male. The participants represented the Higher and Regional Councils of Islamic Affairs, Union of Preacher Women, League of Ulamas and Preachers and religious scholars and preachers.

The Indonesian SSTC training programme on strategic partnership with MRLs in family planning is highly appreciated by the programme managers and the former trainees. They consider the whole programme as an excellent learning opportunity. After returning to the country all former trainees actively implemented the action plans prepared during the training. The Chad's Supreme Council of Islamic Affairs is supportive of the family planning programme and as such, there is no problem in implementing the action plans on family planning prepared by the former trainees. Since the maternal mortality rate is high in the country, the MOH and the Supreme Council consider that a strong family planning programme is one of the measures to reduce the maternal mortality ratio.

The Action Plans prepared by the trainees get financial and technical support from the Supreme Council and UNFPA for implementation. Key activities of the plans include advocacy on family planning issues and behaviour change communication interventions through the networks of partner agencies in the capital city and other cities/communities throughout the country.

Usually, after the trainees' return, the Supreme Council organizes a conference/meeting in the central Mosque to allow trainees to present the outcome of the training programme in Indonesia and discuss the key activities that the trainees found to be relevant to the needs in Chad. Following the presentations, small group discussions are organized to discuss and prioritize the activities and agree on implementation modalities.

D. Philippines

The Philippines has an estimated population of 100.9 million of which 5.57% are Muslims, based on the 2010 Census of Population and Housing and residing

mostly in the Autonomous Region in Muslim Mindanao. In 2017, total fertility rate was at 2.7, modern contraceptive prevalence rate at 40 percent, and unmet need for family planning among married women at 17 percent. Adolescent girls are vulnerable to unintended pregnancy because they lack the information and access to services that enable them to make informed decisions about their sexual and reproductive health.

The evaluation of the UNFPA 6th Country Programme underscored the need for a SSC programme to enable the relevant agencies to learn best practices and experiences from other countries. Subsequently, SSC was one of the strategies for knowledge sharing and learning was included the UNFPA 7th Country Programme Document. In 2012 a memorandum of understanding was signed between Indonesia and the Philippine aimed at sharing and applying good practices in population, family planning, reproductive health and gender mainstreaming between the two countries. The Philippines Population Commission has allocated dedicated funds to support this initiative for coordination meetings, capacity building activities, advocacy, establishing pilot sites and monitoring and evaluation. The collaboration will be extended for another five years, commencing 2018.

Even before the start of the bilateral SSC project with Indonesia, the Population Commission was supporting initiatives for working with Muslim leaders in family planning. A noteworthy achievement of the efforts of the government and the Mayors in the Muslim Mindanao included pronouncement of two Fetwas on family planning and model family from Islamic perspectives. The first Fetwa was pronounced in 2003/2004 on family planning and reproductive health and the second in 2015 on Model Family in Islam and includes other related issues such as gender-based violence (GBV), early and forced marriage and teenage pregnancy. Dar al-Ifta (an educational institution and a centre for Islamic legal research) which is a national entity, was involved in the preparation of the second Fetwa. Endorsed by the Grand Mufti in Egypt, both Fetwas forms the religious bases for the advocacy and programme activities on family planning. Through the pilot sites, the Fetwas are being disseminated to MRLs and the community. At this stage, there is no information to determine the extent of which the Fetwas are presented through the Khutbahs by MRLs in the Mosques. (Khutbah serves as the primary formal occasion for public preaching in the Islamic tradition).

Following the signing of MOU on SSTC between the governments of the Philippines and Indonesia, to implement the programme in the Autonomous Region of Muslim Mindanao, the Population Commission set up a Technical Working Group and established five pilot sites with Pilot Action Teams (one in each of the five provinces of Mindanao), for engagement with MRLs in family planning at municipal level. Since 2012, the following pilot sites are actively working on promotion of family planning through MRLs and community leaders:

1. Upi Municipality, Maguindunao Province
2. Ditsain Ramain Municipality, Lana Snu Province
3. Panglima Sugala Municipality, Tawi Tawi Province
4. Akbar Municipality, Basilan Province
5. Hadji Panglima Tahil Municipality, Sulu Province

During the programme assessment in 2014 it was noted that the former trainees considered the various SSTC training programmes effective and relevant to the needs in ARMM. The assessment also found out that the success of the

programme was due to commitment of the government at the national level and the Mayors of the five provinces, and effective engagement with influential religious and community leaders. The assessment mission noted that the trainees who attended the BKKBN SSTC training in Indonesia were selected from each of the five pilot sites and included members of the local governments, religious leaders, health personnel and members of NGOs. This allowed them to work as one team to discuss and analyse the new experiences during the training, developed practical action plans and implement them at the community level as a team, upon their return. As one of the key functions of the trainees is advocacy on family planning, the Population Commission conducted training on advocacy methods and techniques for the trainees upon their return to the Philippines to enable them to become effective advocates.

Since the start of the bilateral programme between Indonesia and the Philippines, numerous SSTC training, visits and internships between the two countries have been carried out. An example of SSTC activities included:

- Strategic partnership with MRLs on family planning (in Indonesia);
- Adolescent Sexual and Reproductive health (2 times in Philippines, 2 times in Indonesia);
- Internship for Youth Leaders (in Indonesia);
- Decentralization internship (in the Philippines);
- Exchange of good decentralization practices (in Indonesia);
- Bridging Leadership in Health Governance (in the Philippines);
- National advocacy workshops in the Philippines that were facilitated by Indonesian resource persons (religious leaders).

In addition to the above, there were regular bi-annual meetings for joint reviews and planning, between BKKBN and the Population Commission.

V. Findings of the Assessment on Strategic Partnership with MRLs

A. Feedback from the organizers and the resource persons

The SSTC training on strategic partnership with MRLS is organized by the BKKBN Center for International Training and Collaboration (CITC) on Population and Family Planning. The main task of the Centre is to promote and strengthen international collaboration with focus on capacity building. CITC has extensive experience in planning and conducting training and study tours for the international visitors to the BKKBN's family planning programme. For undertaking training on partnership with MRLs in FP, the Centre has selected a team of resource persons from eminent scholars and Muslim leaders from universities and Muslim organizations in Indonesia.

The views and suggestions of the resource persons on the content, the participants, structure of the course, methodologies and the course materials are elaborated below:

Training Content

The resource persons felt that the training is comprehensive and addresses all the components of reproductive health and family planning as well as the rationale and methodologies of strategic partnership with MRLs. However, there is still a need to review, refresh and improve the training content with new materials. One resource person suggested that as an introductory training, the course is excellent but perhaps consideration should be given at some stage to design and provide another higher-level training on this subject. To improve effectiveness of the training, the resource persons felt that it would be better if the duration of training is extended just by a couple of days. Extending the course duration was also recommended by almost half of the former trainees interviewed during the assessment.

Another suggestion concerning the content of the training was to include a session on emerging issues, in particular radicalism in Islam. It was further suggested that the session should address how to deal with radical views and believes among some of MRLs and members of the Islamic community.

Composition of trainees

The resource persons were not sure if the course participants are screened by the organizers since the training participants are a mix group of managers, religious leaders, academicians etc. at varying levels of knowledge on family planning and the Islamic perspectives. The trainers felt that some groups include religious academicians which requires discussion on the issues at a much deeper level. A suggestion was made that it is essential to analyse the trainees first and then, design the training suitable to their levels. One resource person suggested that the basic training should be offered for general participants working with MRLs and another more advanced training for religious scholars and leaders. This would also allow appropriate selection of resource persons to conduct and facilitate the training. Some felt that having a mix group could also be beneficial since the participants can learn the views and perspectives of each other.

One resource person mentioned that the Philippines often send mixed groups of trainees including high-level administrators, programme managers and religious leaders to attend the training together. The group develop their action plans as a team and implement them when they return. This encourages team work and ensure sustainability of the programme. A suggestion was made that BKKBN should

encourage countries to send teams of trainees from the same programme to enable them to develop better action plans during the training and implement their plans effectively when they return home.

The resource persons felt that those who attend the training are often experienced individuals and have good knowledge of the issues. On the issue of a session on radicalism, it was emphasized that the resource persons need to be well versed with religious texts and arguments to deal with the issues in the classroom. A resource person recommended that BKKBN should include young religious leaders from Indonesia to the training to expand their knowledge and perspectives on family planning and Islam. This could also serve to expose the young MRLs to various issues being raised in the class and to training them as future resource persons of the MRL training. This matter was also discussed with the BKKBN Deputy for Training and Research and his staff. In principle, he agreed with this approach but needs to investigate the budgetary implications.

A suggestion was made that since the government is providing scholarships to those who are interested to attend the programme, the organizers should develop and use detailed selection criteria to ensure the applicant have experience in dealing with the issues of family planning and Islam and can contribute to the discussions during the training. As female participants are a few in numbers, it was also suggested that BKKBN should collaborate with the countries and encourage participation of more female scholars and community leaders to the training course.

Structure of the course

The first two days of programme is devoted to classroom presentations and discussions on salient features of family planning programme in Indonesia, Islamic perspectives on family planning, challenges and strategies of involving MRLs in FP and role of Islamic organizations in family planning in Indonesia.

The last classroom session is on preparation of Action Plans by participants who work in their country groups and develop strategic action plans for implementation in their own countries. In this session participants review and analyse the best practices from Indonesia and select strategies that are relevant to their countries. The resource persons felt that ideally, the action planning session should be at the end of the training to allow participants to use the lessons learned from the classroom sessions and their observations from field visits and formulate their plans. However, based on the current training structure, the action planning session takes place before the field observation. The resource persons also felt that it is very important that the relevant departments of the government in the recipient countries and the UNFPA country offices should support the participants to implement their plans soon after their training in Indonesia.

Some resource persons felt that there seems to be a disconnect between some of the classroom sessions and the field observations. To ensure seamless connection between theoretical sessions and the field visits there is a need for the resource persons and the organizers to meet before each training to discuss and organize the training sessions focusing on linking the theoretical sessions with observation visits of institutions and field activities. It was also noted that, as part of the course methodologies, group discussion is not used, perhaps because of the tight schedule of the course. The resource persons felt that group discussion is a very important methodology since it provides an excellent opportunity for the participants to discuss and analyse issues and draw conclusions collectively, thus benefiting from knowledge

and experiences of each other. If the course duration is extended as suggested, group discussion could be accommodated.

Training materials

While rich in content, the packaging and presentation of the current course materials on family planning and Islam need to be further improved since the trainees may not find the materials appealing and easy to use. The text should be rewritten in a user-friendly manner supported by examples, case studies and illustrations to encourage the trainees to read the materials. Similarly, there is a need to print selected texts from Qur'an and selected Hadiths that are most relevant to family planning, on flashcards with translations and interpretations. This will allow the participants to refer to the selected texts with ease, whenever they need. It is also important that the sources of all quoted Hadiths should be provided. The resource persons also highlighted the need for video materials and stated that presentations and statements of well-known muftis (Muslim jurist expert in the religious law) and maulanas (Muslim religious leader), on the subject of family planning and Islam on video, could be of further interest to the participants and could serve as a good source of further knowledge for them. Similarly, the need for materials on how to deal with misconceptions and rumours was highlighted.

It was noted that one of the main books on the subject of Islam and family planning entitled *Family Planning and the Legacy of Islam*, by Dr. Abdel Rahim Omran, consultant to the International Islamic Centre for Population Studies and Research, Al-Azhar university, Cairo, is not among the course reading materials. The book review suggests that "this book is the result of a massive research project, gathering fourteen centuries (the seventh to the twentieth) of views on family formation and planning, as expressed by leading Islamic theologians and jurists. The work has been discussed and shaped at each stage by a committee of Islamic experts representing the majority of the Muslim countries. The book provides a much-needed source of reference and will be of equal value and interest to professionals in health care and development work and to those working in the academic disciplines." (www.google.books review) The resources persons felt that this book should be included in the list of reading materials for the course although it has been cited as a reference in all course materials developed by BKKBN and UNFPA.

B. Feedback from the managers and participants from the recipient countries

The feedback from the managers and participants of the course is grouped under the following categories of: relevance of the Indonesia's SSTC MRL training to country needs; efficiency and effectiveness of the SSTC training course; sustainability of partnership with MRLs programme; and Government commitment to partnership with MRLs in family planning.

The feedback from the managers and former participants were obtained through face-to-face interviews, group interviews and questionnaire methods.

Relevance

The programme managers of UNFPA who attended the MRL training in Indonesia were of the opinion that the training was very useful and relevant to the needs in the countries and the jobs of participants. The former trainees from the Autonomous Region of Muslim Mindanao, Philippines, the trainees from Chad and Ethiopia considered the training programme highly successful and relevant to their needs, an

excellent learning opportunity and beneficial to the government and stakeholders in establishing policies and programme on family planning. Similarly, a group of former trainees who are working at the district level in Nepal explicitly stated that they liked the training, it was relevant to their jobs and the training enhanced their knowledge and confidence.

Some trainees liked the question and answer and group work sessions on preparation of action plans. They felt that the trainers were skilful in imparting effective knowledge and made the sessions lively and interesting through application of various training techniques. Majority said that the resource persons were articulate, paid attention to the information needs of the trainees and used effective presentation/teaching methods. Participants from Chad liked the clarity of presentations on family planning and Islam and presentation of various topics based on the sharia. They also suggested that the time of the session on reproductive health and family planning including contraceptives and their side effects should be further extended. It was also suggested to include in the course content a presentation on the Islamic point of view on various types of contraceptives to further clarify which contraceptives are permitted to be used in Islam.

Majority of participants liked the practical sessions e.g. visiting clinics and interacting with service providers. These sessions enabled them to visit various sites to observe activities and interact with communities. They were able to see how the theories presented and discussed in the classroom were applied in practical field activities such as the family planning services delivery by religious organizations. Some liked interaction with religious leaders and to see how they explained family planning within Islamic perspectives and adapt their religious teachings to address and promote wellbeing of families and individuals. Some liked visits to the adolescent centre/clinic and adolescent reproductive health services delivery, pre-marriage counselling and visiting a health centre in the Mosque. Two participants liked visiting a mobile sterilization van, and vasectomy and recanalization services. In contrast, what the participants didn't like were just a few issues. Most of the trainees from Chad said that lack of simultaneous translation from English to French or English to Arabic was a major problem and only a few resource persons could speak Arabic. Similarly, all the course reference materials and presentations were in English only that were of little use to most participants.

On the length of the training course, about half said it was appropriate while others felt it was short. One suggested that training should be at least 15 days. All who attended stated that the training was well organized, and they would recommend the course to others who wish to be engaged in promotion of family planning through religious leaders.

When asked if the content of the training was practical and applicable to their countries, most said it was applicable, some felt that the content was applicable only "to some extent". A few stated that the socio-economic situation of Indonesia is very different from their countries and consequently the programme strategies and approaches developed and used in Indonesia may not be fully applicable in other countries.

A group of three religious leaders stated that overall training in Indonesia for MRLs was relevant and useful. The resource persons were fixable and accommodating

which created a positive and conducive environment for learning. One MRL questioned why no participants from Gulf countries attended, either as trainer or just as participants in the training course. Another MRL stated that he benefited from the training but there was some confusion about the authenticity of some of the Hadiths. He said his question about the authenticity of Hadiths cited in support of family planning was not fully explained. There was a similar comment from one participant from Chad who said that some of the Hadiths used in the training maybe only partially correct. A suggestion was made that since the term “Family Planning” may not be acceptable in some Muslim communities the term should be replaced with another term such as reproductive health in the title of the training programme.

When former trainees were asked what new topics/issues should be included in the training, some suggested a session on how to work with local governments and enlisting their support as they felt that government support is necessary for the implementation of the programme. To further highlight the notion that family planning is allowed in Islam, the trainees suggested that there should be more evidence, such as relevant quotations from Al-Qur’an and authentic Hadiths. Suggestions were also made to include videos of well-known Maulanas speaking about family planning and Islam should be prepared and used in the training. Concerning the new topics, some suggested inclusion of information on child marriage and GBV in Islam, interactive discussions of case studies on success stories, common challenges and effective strategies and solutions.

When asked how to further improve the training programme, the respondents had a number of suggestions. Some said, there should be a presentation on how Gol works with other non-Muslim religious leaders in promotion of family planning, what are the common issues or problems and how they are addressed. Some stated that presentation of concepts and theories should not take more than 20% of training time. The training should allocate more time for field visits, group discussions, presentations on success stories, challenges and solutions. The respondents also suggested that there should be more gender balance among the participants of the programme and the need for BKKBN to frequently contact the former trainees to obtain their feedback, updates and information on strategies and approaches that have worked in the field. This could be used to further improve and enhance the training content. For further effectiveness of the training course the participants from Chad recommended that simultaneous translation service, especially when participants from Francophone countries attend the course, should be provided. They further suggested that the reference and presentation materials should be translated to French or Arabic languages as well.

Efficiency and Effectiveness

Almost all participants from the four countries covered during the assessment believed that the SSTC training of MRLs in Indonesia was efficiently planned and executed. They agreed that the training was effective with useful and practical content that enabled them to develop action plans for implementation.

The district programme managers in Nepal felt that the training in Indonesia was an incentive and made those religious leaders who attended the programme more active in their communities to support and promote family planning on voluntary basis. Since the training helped to clarify the misconceptions on family planning and Islam, the MRLs have been able to better increase the awareness of family planning

among the community members. Interestingly, data from 2011 Nepal demographic health survey showed an increase in percentage of births assisted by skilled birth attendants in the Muslim communities and an increase in the number of women whose family planning needs are met. Similarly, the Family Health Division of Ministry of Health informed the evaluators that based on some localized surveys by the ministry, Muslim women at the community level are interested to practise family planning. While these findings could not be directly attributed to the training course on engagement of MRLs in FP, it is possible that the programme has made some contributions. Similarly, in other countries covered by the assessment, the former trainees stated that as a result of the programme in Indonesia they have become more engaged in partnership with MRLs and promotion of family planning. Trainees from Ethiopia stated that they "...have gained better knowledge and motivation and want do something"; however, the action plans prepared by trainees have not been fully implemented yet. In Chad, almost all participants have implemented their action plans prepared during the training.

The UNFPA Representative in Nepal believes that the training is useful as it creates incentive and motivation among participants and provides them with skills in communication and advocacy on family planning. Furthermore, UNFPA feels there could be other possibilities, such as training of selected local institutions by BKKBN, for conducting MRL training for a much larger number of community leaders in the country. Similar views were expressed by the former trainees working at district level who felt it was more advantageous if Ulama and trainers from BKKBN come to Nepal to engage with a larger group of MRLs and train them on Islam and family planning. They believe BKKBN's experience in changing social and behavioural norms is very useful and many could benefit from BKKBN's experience sharing. Similar views were also expressed by the former trainees from Ethiopia.

Concerning the issuance of Fetwas (religious decree) that family planning is permitted in Islam, some of the former trainees working at the district level in Nepal stated that they work closely with MRLs to encourage them to pronounce Fetwas in support of family planning issues while in the Philippines two Fetwas have already been pronounced one in 2004 and the second more recently in 2015 on family planning and model family (including child marriage and GBV). However, there is no information on the extent of which the Fetwas are presented through Khutbahs (formal occasion for public preaching) by MRLs. The former trainees from Ethiopia stated that the training materials from Indonesia were used as resource materials in the preparation of a Fetwa on Family and Marriage in Islam which was issued in 2013. In Chad while there is no official Fetwa, the Declaration of the International Symposium on Islam, Demographic Dividend and Family Wellbeing which was endorsed by the Chadian Supreme Council of Islamic Affairs serves as an important religious document and could be used as basis for advocacy on family planning among the religious leaders and the Islamic communities. The Declaration recognizes that family planning is accepted by Islam for spacing births, maternal and child health and voluntary choice for individuals. The Symposium was attended by Muslim religious leaders and scholars from 20 countries including the West and Central African countries. An Indonesian MRL also served as a resource person during the workshop.

According to the Family Planning Association the Muslim religious leaders in Nepal are not conservative and therefore their support could be enlisted through

presentation of evidence and arguments based on Islamic perspectives. FPAN has overall positive experiences in working with MRLs in family planning. However, one former trainee said that some of the Hadiths cited during the training in support of the family planning were not acceptable by MRLs in the country. Similar view was expressed by a former trainee from Ethiopia that still there are some MRLs who are not fully convinced that Islam is not against family planning.

Overall, those who attended the training in Indonesia stated that they have learned a number of useful lessons from the training which they have applied to their work. These include:

1. Planning projects and activities at the community level, programme implementation and monitoring.
2. Interaction with MRLs, Madrasa secretary and teachers, Muslim health service providers and Muslim women.
3. Formation of male and female community groups including orientation of key persons on RH/FP and access to FP services which has resulted in increase in the number of FP users within the Muslim communities.
4. Deployment of Muslim leaders as facilitators especially those who had effectively communicated that family planning methods (Condom, Implant, IUSC and Pill) are not banned by the religion.
5. Presentation/communication on Islam and age of marriage, reproductive health and family planning in Islam.
6. Implementing the workplan prepared during the training, designing and implementing activities at the field level. Some former trainees believed that these activities have resulted in some increase in utilization of family planning services in their localities.

Sustainability

Most trainees have tried to implement the lessons and experiences learned during their training in Indonesia; however, since the group members often came from various organizations with diverse responsibilities, the group often failed to work together as a team and carry through the implementation of the action plans they prepared. Some of the trainees said that there was a need for someone in the group to take the responsibility of bringing the group together to implement the plan. Similarly, a suggestion was made that there was a need for gaining support of the organizations involved for allocation of financial resources needed for implementation of the programme.

Following the training in Indonesia, a number of countries have conducted national workshops to involve more MRLs at the national level. The countries include the Philippines, Nepal, Chad, Niger, Guinea, Mali. These workshops were a direct result of the SSTC training of MRL in Indonesia which aims to ensure further sustainability of the programme in several countries.

In 2015, the trainees from Nepal identified one of the course manuals entitled "*Family Planning, Reproductive Health and Gender: Islamic Perspectives*" as a useful tool for orientation and training of local Muslim religious leaders in FP and Gender. With UNFPA support the manual was translated in local languages and printed. Prior to the printing, manual was further reviewed by religious leaders to ensure it was culturally and religiously relevant and acceptable to the community.

Currently, the manual is being used for orientation/training of community groups by field workers and religious leaders. This is an excellent example of knowledge sharing which was made possible by the SSTC training in Indonesia. Similarly, in Ethiopia, the training materials provided by BKKBN have been used for preparation of a Fetwa on family planning as well as the implementation of a project in Somali Region among the Muslim population.

Most of former trainees from the Philippines, Nepal, Ethiopia and Chad who attended the SSTC training in Indonesia (religious leaders, community leaders) are still engaged in family planning and facilitate discussions and conduct sessions on family planning and Islam in various orientation and training programmes. In Nepal, field level monitoring visits by district officers suggested that advocacy on family planning and the number of orientation sessions on Islam and FP are on the rise.

In countries covered in this assessment, the SSTC training materials are still being used in various national workshops and community orientation sessions. Similarly, majority of trainees are still engaged in some way or another, as facilitators, trainers or managers of projects aimed at partnership with MRLs in family planning.

During an interactive discussion in Nepal with some of the former participants, the following key issues were highlighted:

- All former trainees said they gained useful information and knowledge about the religious perspectives on family planning and were motivated to become more engaged and help with the implementation of the programme;
- They felt support of the government authorities at all levels is desperately needed for implementation of the programme specially at the community level;
- They were of the opinion that currently the religious leaders are not involved or consulted in planning of maternal health and family planning programmes. Their involvement will ensure sustainability and lasting engagement of MRLs in family planning;
- They believed that the voluntary work carried out at the community by those who were trained will gradually lose momentum. Regular refresher training or motivation sessions for MRLs are needed.

High level support:

In Indonesia, the importance of SSC is fully realized in government policies and programmes. A high-level inter-ministerial National Coordination Team has been established to provide an overarching policy direction and guidance for the SSTC programme which among others, includes the Strategic Partnership with MRLs in family planning for which the GoI is providing partial scholarships for the trainees. Similarly, in the Philippines, SSC is one of the strategies for implementation of policies and programmes of the Population Commission with dedicated budget.

At the provincial level in the Muslim Mindanao, Philippines, the local governments are providing support, including funding to establish the pilot sites and convene community orientation sessions on family planning within the Islamic

perspectives. Similarly, in Chad the government commitment is very strong. It is also interesting to note that the majority of trainees from Chad were female.

While the level of commitment among other countries might vary, it could be said for certain that the level of commitment among the 20 Asian and African countries that have regularly nominated officials and religious leaders to attend the MRL training in Indonesia is high, at least at the level of the ministries or departments. Several countries have also conducted follow up national workshops and training programmes on family planning and Islam, which is a further testimony to their commitment to the partnership with MRLs in family planning.

While the assessment of sustainability in relation to the whole SSTC was beyond the scope of this assessment, overall the assessment exercise found out that at least in countries where the programme was reviewed there was political will (policies, funding and pronouncement of Fetwas on Family Planning in the perspective of Islam), supportive environment (institutions and dedicated staff) and regular dialogue with Muslim religious leaders on family planning which are the essential factors that could lead to effective and lasting partnership with MRLs in family planning.

VI. Observations and Recommendations

The training course:

1. There still exists some conflicting views and perspectives among a few religious leaders on Islam and family planning. However, based on observations of managers and those who work at the community level, the SSTC training on engagement of MRL in family planning has contributed in raising awareness of the religious leaders and the community that Islam is not against family planning. It is therefore recommended that the GoI and UNFPA should continue their collaborative efforts to convene, support and promote the training course on strategic partnership with MRLs in family planning annually. However, taking into consideration the changing environment and the emerging issues, the course content should be reviewed and revised regularly to ensure it remains relevant.
2. Overall, the managers of institutions who are involved in the programme, as well as those who attended the training programme were pleased with the training. It appeared that the SSTC programme on partnership with MRLs met the needs and expectations of the recipients as well as the programme managers.
3. Based on the observations of programme managers, the training has also provided incentive and motivation among those who attended the training. During the training, the participants prepared action plans based on Indonesia's successful strategies for partnership with MRLs and upon returning to their respective countries implement the plans or at least, carry out advocacy and promotion of family planning within the perceptions of Islam. To further support the former trainee to pursue their advocacy efforts with greater results, further training on advocacy methods and skills should be provided to them at the country level. The Population Commission in the Philippines, for example, has developed and convened advocacy training for the former trainees with satisfactory results.
4. More than half of the former participants from the four selected countries felt that the duration of MRL training in Indonesia was appropriate, the training contents were relevant to the needs of their countries and the methodologies used during the training programme were effective. However, slightly less than half of the participants suggested that the duration of the training should be extended. The trainees liked the presentations methods and the trainer's facilitation skills. Field observations, visiting clinics and discussions with service providers were activities liked by most of participants attended the programme.
5. Some suggested that consideration should be given to conducting the training programme at the recipient country level which could enable more participants to attend the training and consequently reduce cost. Based on the above, the Assessment Team recommends that while the SSTC programme should be convened annually in Indonesia, BKKBN and UNFPA country offices should explore the possibility of conducting follow up workshop/courses at the country level to reach more participants. The 2017 successful workshop on Engaging Religious Leaders to address Unmet Need for Family Planning in Kathmandu, the national Symposium on Islam, Demographic Dividend and Family Wellbeing for

MRLs in Chad, the workshops in Mindanao, Philippines, the workshops in Niger and Guinea are excellent examples of such follow up training. This is also an indication to the success of GoI SSTC programme on partnership with MRLs that triggered further action in several countries.

6. Similarly, the Assessment Team supports a statement of MRL workshop in Nepal that “the national level conferences and workshops with involvement of MRLs, Islamic scholars, and government planners can help to widen the perspectives of those MRLs who still hold opposing views on the subject of Islam and family planning. National workshops could be useful in providing an opportunity to discuss supportive and opposing views and create a more comprehensive understanding of the issues.” The Assessment Team recommends that such workshops should be supported technically and financially by BKKBN and UNFPA country offices respectively.

The course participants:

7. Since the government of Indonesia is providing partial scholarships to those who are interested to attend the programme, it is recommended that the organizers (Ministry of State Secretariat, BKKBN and UNFPA) should prepare and apply more detailed selection criteria for screening of the applicants to ensure more suitable and motivated participants are selected to attend the training. In this connection, the organizers should collaborate with countries and encourage participation of more female religious leaders, community leaders and members of media organizations to the training course.
8. It is also recommended that BKKBN should include young religious leaders from Indonesia to the training to expand their knowledge and perspectives on family planning and Islam. This could also serve to identify suitable candidates and to train them to become future trainers/resource persons for the SSTC training on engagement of MRLs in family planning.
9. In addition, for selection of more motivated and suitable SSTC training participants, it is recommended that serious consideration should be given to the following:
 - Inclusion of selected legislators and government decision makers;
 - Inclusion of young MRLs from Indonesia and the recipient countries to create learning opportunity for the new generation of religious leaders;
 - Increasing participation of more women MRLs and community leaders in the training;
 - Selection of open minded credible MRLs and community leaders; and
 - Giving priority to the selection of those MRLs and community leaders who are also leaders or members of social networks or local media organizations.
10. When trainees from Francophone countries attend the training course, it is recommended that BKKBN provide simultaneous translation from English to French or English to Arabic as majority of may not be fluent in English. Similarly, it is recommended that all the course reference materials and presentations should be translated to French or Arabic.

The training content and methodologies:

11. To ensure seamless linkage between the classroom theoretical sessions and the field visits, prior to each training course, there is a need for the resource persons and the organizers to meet in order to review and reorganize the content thus ensuring better linkages and connections of the theoretical sessions with field observations.
12. Similarly, it is recommended that the organizers and resource persons review the and qualifications and past experiences of the applicants prior to each course and reorganize the content of the classroom sessions and the programme of field visits to ensure the content completely matches with the levels and the expectations of the participants.
13. As suggested by some of the resource persons and course participants, consideration should be given to extend the duration of the course by two more days. This will allow inclusion of new sessions and more interactive methodologies in the course structure.
14. Given the ever-changing social environment in countries with Muslim populations and as alluded to by some of the resource persons, the Assessment Team recommends inclusion of a session on emerging issues, in particular radicalism in Islam. The session should address how to deal with radical and fundamental views and believes among the MRLs and the members of the Islamic community.
15. Misunderstanding and lack of knowledge on family planning and contraceptives could serve as a barrier during the training. It is recommended to engage medical doctors/gynaecologists to the training course to expose the Muslim religious leaders to scientific, medical as well as clinical issues and to further enhance understanding of family planning among them.
16. As trainees largely work as advocates and change agents in their countries following the training, it is essential to enhance their knowledge and skills in advocacy methods. It is therefore recommended to include a session on advocacy in the training course.
17. It was also noted that in the current structure of the training, group discussion method is not used. The resource persons felt that group discussion is an important methodology since it provides an excellent opportunity for the participants to discuss the issues and find solutions collectively, thus benefiting from each other's knowledge and experience. It is therefore recommended that group discussion method should be used in the training course for MRLs.

Training Materials:

18. Preparing and packaging up-to-date and user-friendly training materials could be an excellent way of sharing knowledge and know-how with the trainees and through them, to the people in their countries. For example, the BKKBN training manual on *Family Planning, Reproductive Health and Gender: Islamic Perspective* has been translated in local language in Nepal and being used by some Muslim leaders a resource material. While the existing training materials for MRL training are relevant to the course objectives and have rich content, to make

the materials more “readable” and effective, it is recommended that the text should be rewritten in a user-friendly language supported by examples, case studies and illustrations. This may further encourage the trainees to read all the course materials and to use them in their own countries for community education on family planning issues as indicated in the example from Nepal.

19. The Assessment Team is of the opinion that there is a need to print selected texts from Qur’an and Hadiths that are most relevant to family planning, on flipcharts or flashcards with translations and interpretations. This will allow the participants to refer to the selected texts with ease, whenever they need. It is also important that the sources of all quoted Hadiths should be provided.
20. Furthermore, since the authenticity of some of the Hadiths cited during the training was questioned by a few MRLs, it is recommended that BKKBN include information about the sources of each Hadiths in all training materials.
21. The Team also feels that there is an urgent need for video materials. Statements and presentations of well-known muftis and maulanas on the subject of family planning and Islam on video, could be of high interest and a source of further knowledge for the trainees. There is also a need for simple video materials on how to deal with misconceptions and rumours on family planning in the community.
22. It was noted that one of the key books on the subject of Islam and family planning entitled *Family Planning and the Legacy of Islam* by Dr. Omran, the International Islamic Centre for Population Studies and Research, Al-Azhar university, Cairo, is not in the list of the course reading materials. As the book is highly relevant to the course, it is recommended that it should be included among the reading materials for the course although it has been cited as reference in the course materials.

Implementation of follow up activities and action plans at the country level

23. As a follow up to the training in Indonesia, several countries such as the Philippines, Chad, Nepal, Niger, Guinea and others have conducted similar training in their own countries for large number of participants. Some countries have even invited the BKKBN’s senior resource persons to join their faculty in conducting the MRL training. This is an excellent indication that the Indonesian SSTC training for MRLs has been successful in developing understanding of and encouraging further training on strategic partnership with MRLs in family planning. It is recommended that the success stories such as these should be captured as case studies for discussion and analysis during the training course in Indonesia.
24. Country level experience suggests that following the training in Indonesia the trainees need strong support from their respective institutions/offices to implement the action plans prepared during the course. It is recommended that from the onset, the organizers of the SSTC training should obtain commitment and support of the institutions to help the trainees implement their action plans prepared during the training.

25. Furthermore, it is also recommended that the course announcements and the criteria for scholarships should make it explicit that the participants are expected to apply the relevant lessons learned from the SSTC training to their own countries and report back to BKKBN. In this process, the recipient governments should be encouraged to support the trainees to implement their action plans.
26. The Philippines have adopted an excellent approach to ensure the action plans are implemented at the country level. They often send to the training a mixed group of trainees including high-level administrators, programme managers and religious leaders from the same locality. The group develop their action plans as a team during the training and implement them when they return. This encourages team work and ensure sustainability of the programme. It is therefore recommended that BKKBN should share this approach with the recipient countries and encourage them to send teams of trainees from the same programme.
27. Some agencies working at the community level (e.g. Family Planning Association of Nepal) has trained and engaged Muslim peer educators in family planning. Since the peer educators are selected from the community level and know the local dialects, they can work easily with the community to broaden their knowledge and combat misconceptions. It is therefore recommended that countries use the same strategy and support training of more Muslim peer educators in family planning.
28. Some Religious Leaders stated that the term “Family Planning” is not acceptable in the Muslim community and suggested that it should be replaced with another term such as “reproductive health” in the title of the training programme. While this was the view of only a few MRLs, the suggestion could be considered as it may help the pogramme become more acceptable at the recipient countries level.
29. The Assessment Team found out that family planning is still a sensitive issue among some MRLs and Muslim communities. It is recommended that governments and institutions involved in family planning programme should develop stronger partnerships and alliances with those Muslim religious leaders who have supportive views on Islam and family planning and help disseminate their views and messages among the Muslim communities.
30. Similarly, it is recommended that institutions working on family planning should identify influential MRLs and increase their involvement in the national and regional events on family planning, as well as their participation in the further training/workshops.
31. The Assessment Team recommends that BKKBN should collect feedback and suggestions from former trainees on strategies and approaches that have worked in the field and collect their views on how to further improve the SSTC training of MRLs. Information obtained could be used to further improve the training content as well the field activities.
32. BKKBN should encourage recipient countries to develop papers/presentation on their experiences in engaging religious leaders in family planning for presentation

at the international conference to be held by with UNFPA and its partners in September 2018 in Bali, Indonesia.

Areas for future SSTC

Given the importance accorded to SSTC by the Indonesian Government, UNFPA office in Indonesia is fully engaged with the Indonesian National Coordination Team (NCT) and in particular, the Ministry of State Secretariat and BKKBN to identify, develop and share with other countries the Indonesian experiences in development through the SSC mechanism. The role of BKKBN in this process is particularly important since in the past several decades, through its Center for International Training and Cooperation it has developed extensive experience in packaging and sharing Indonesian experiences and lessons learned with other middle-income countries. In this context, the Ministry of State Secretariat, BKKBN and UNFPA in consultation with the Gol technical ministries, should further explore SSTC opportunities between Indonesia and other countries as there seems to be many areas in the development field that have the potential of being developed into a SSTC programme. Some of these opportunities are discussed below:

33. SSTC in population and reproductive health area should be broadened to include new topics and new countries through bilateral and multilateral arrangements. For example, the programme on strategic partnership with religious leaders in family planning could include Malaysia, Bangladesh and possibly Iran. Thailand might be interested to have a bilateral programme similar to that of Indonesia/Philippines programme for their southern Muslim provinces.
34. The Assessment Team found out that there is a strong need for further collaboration between Indonesia and Ethiopia in the area of reproductive health and family planning. There appears to be a scope for the Indonesian religious leaders to collaborate closely with Ethiopian Muslim Development Agency and assist in the development of effective strategies and modalities for the promotion and implementation of a comprehensive family planning programme, including adolescent reproductive health in schools and training of FBOs (Islam and other faiths). Given the above, it is recommended that the governments of Indonesia and Ethiopia could consider entering into a bilateral SSC agreement aimed at creating stronger partnership with Muslim religious leaders in support and promotion of family planning in Ethiopia.
35. As part of the on-going bilateral SSTC between Indonesia and the Philippines it is recommended to include humanitarian response in disaster situations. Both countries are disaster prone and have gained valuable lessons and experiences in the past years. Experience sharing could help both countries to fine-tune their plans and methodologies with the aim of making them more responsive and effective. Similarly, data collection methodologies and techniques in disaster situation (suggested by Indonesian Central Bureau of Statistics) could be another possible area for SSTC.
36. Furthermore, CBS nominated two other areas for possible SSTC that includes (1) Violence Against Women survey using WHO methodology which has been used by many countries and allows comparison of the findings among countries; and (2) Pity corruption survey given the extent of pity corruption in many developing countries.
37. Analysis of the impact of demographic changes and its implication on national policies and programmes is an important area especially for countries that have

experienced demographic changes in recent years due to their successful family planning programmes. Possible countries could be Indonesia, Thailand and Vietnam. In 2010, the Thailand's National Economic and Social Development Board (NESDB) and UNFPA conducted an in-depth analysis of demographic changes by a multi-disciplinary team (demographers, economists and social scientists) composed of national and international experts. The report of the study and its policy recommendations was adopted by the government as a reference document for the country's 5-year development plan.

38. Many countries in Asia have experienced impressive economic growth over the last two decades that could be attributed in part to demographic changes that have facilitated growth. The Indonesia's Ministry of National Development Planning is of the opinion that demographic dividend is an important area for SSTC among countries who have experienced demographic changes. These countries need to come together and decide on the investments that are needed to attain the demographic dividend. The international conference on SSTC which will be convened in Bali in September this year could be an excellent opportunity to explore the collaboration modalities among several countries on demographic dividend. A dedicated session on demographic dividend has already been included in the conference agenda.
39. Another area of high priority is addressing the Youth Development Index through the SSTC modality. Countries in the region and beyond need to address the Youth Development Index focusing on all composite index of 18 indicators that collectively measure multi-dimensional progress on youth development in five domains of (1) education, (2) health and well-being, (3) employment and opportunity, (4) political participation and (5) civic participation. SSTC modality can create opportunities for countries with similar needs to share their experiences and develop plans to achieve the indicators. Similar to the demographic dividend, this area could also be further explored in the international conference on SSTC in the second half of this year.
40. Population Aging, which is an increasing median age in the population of a country due to declining fertility rates and/or rising life expectancy, is a major concern in the region for many countries such as Indonesia, Thailand, Viet Nam and others. For example, based on population projection by 2045, Indonesia will have 45 million people of 65-year old and older. While population aging has been discussed in many regional meetings, limited broad-based action plans have been implemented by the countries. Countries that will face population aging in the coming decade could come together through SSTC arrangement for sharing their experiences and lessons learned. Countries need to work together to develop and implement comprehensive policy frameworks and provide financial and human resources, as well as the institutional arrangements needed to implement the national policies and plans of action.
41. The Centre for Reproductive Health, Faculty of Medicine of University of Gaja Mada has identified two areas for future SSTC in the region and beyond. These include: (1) Development of standardized guidelines on service data/statistics for improving monitoring and evaluation systems for development; and (2) SSTC training of trainers on post abortion care, given the acute problem of post abortion complications in many countries in this region as well as in Africa. The training would help to give the providers necessary knowledge and skills to provide life-saving post abortion care to women.

42. Climate change and environmental degradation are due to erosion and decline of the quality of the natural environment caused by the people and affect the people. These are common concerns among almost all countries in the region. Specially, neighbouring countries that share natural resources, such as rivers, could work together through SSTC to share their experiences and develop plans for prevention of further damage to environmental resources.

TOR
Assessment of SSTC programme
on Strategic Partnership with Muslim Religious Leaders in Family Planning

Background:

The mission was one the activities under the South-South and Triangular Cooperation (SSTC) of government of Indonesia. The government of Indonesia has adopted a stronger international development programme through south-south cooperation. It has developed a National Strategy of SSC and has instituted a National Coordination Team comprising of Ministry of Foreign Affairs, Ministry of State Secretariat, National Development Planning Board (Bappenas), and Ministry of Finance.

One of the programmes of the SSTC, “Strategic Partnership with Muslim Religious Leaders in Family Planning” which started in 2013 as attracted 209 participants from 20 countries in Asia and Africa (June 2018). In 2018, the government of Indonesia and UNFPA decided to assess and evaluate the programme and compile its findings as an input to the International Conference on South-South and Triangular Cooperation to be held in Indonesia in the second half of 2018. The programme assessment is expected to be conducted in Nepal, Chad and Ethiopia. The assessment of SSTC training on MRL was carried out by a team four representing the following institutions:

1. Ministry of State Secretariat (STNEG), Indonesia
2. Ministry of Foreign Affairs, Indonesia
3. National Population and Family Planning Board (BKKBN), Indonesia
4. International Consultant, UNFPA Indonesia

Objective

As stipulated in the Terms of Reference, the assessment of SSTC programme on strategic partnership with MRLs in FP was intended to:

- a. “Assess the effectiveness of the current implementation of the SSTC in Population and Family Planning, more specifically on Strategic Partnership with Muslim Religious Leaders in FP organized jointly by BKKBN, Ministry of State Secretariat and UNFPA Indonesia; and
- b. Identify challenges and recommendations for the future of SSTC programme in Population and Family Planning, more specifically on Strategic Partnership with MRL in FP.”

Scope:

Assessment on the SSTC in Population and Family Planning, more specifically on Strategic Partnership with MRLs in FP, among others covers:

- a. “Description of the SSTC in Population and Family Planning (background, objectives, etc.);

- b. Current implementation of SSTC (activities and quality of implementation);
- c. Determination of relevance, efficiency, effectiveness, sustainability and impact and positioning of the SSTC programme (for Indonesian and for other participating countries);
- d. Challenges of the SSTC in Population and Family Planning; and
- e. Recommendations for future SSTC in Population and Family Planning, identifying modalities, future partners and areas of cooperation.”

Methodology:

Standard questions were developed based on the terms of reference of the assessment and were used for information gathering through meetings, interviews and consultations with key informants. The evaluators met with selected former participants of MRLs training participants and were interviewed. Those who could not be in the meetings were interviewed through skype or teleconference. In addition, a mini survey questionnaire was designed and sent to those who could not be reached through teleconference. Key strategies and activities of the assessment were as follows:

- Critical review and analysis of the key documents pertaining to the SSC programme;
- Information/data gathering from written reports, major document, report of meetings, workshops etc.;
- Gathering views and perspectives of programme organizers and stakeholders (in Indonesia, and recipient countries). The purpose of meetings with the organizers was to ascertain the way in which the programme was developed and carried out and results achieved;
- Travel to selected recipient countries, interview programme organizers, supporters and the former trainees;
- Key informants discussions (in the recipient countries) to obtain a broad-based view of the programme relevance and its suitability to address the critical issues/needs in the country;
- Data collection from recipients of the programme through direct interviews, teleconference and questionnaire method.

Limitations

The UNFPA country office had thoroughly planned the assessment of the SSC programme however, as with every assignment of this nature, there were a number of limitations. The following are some of them:

- The south-south cooperation initiative had reached a large number of stakeholders and beneficiaries. Due to limited time and resource it was not practical to reach all recipients of the programme. However, the design and schedule of the assessment allowed sufficient data/collection through direct face to face interviews, training evaluation forms and a questionnaire.
- Out of five pilot sites selected for the implementation of SSC activities in the Philippines, only one site was visited due to the limitation of time/resources. However, the visit allowed opportunities for interviewing the local chief executive of the municipality and his staff, members of NGOs and Muslim religious leaders who had attended the SSC training programmes.

- Although the mini survey questionnaire was emailed to all participants of the global SSC training activities, only a few were completed and returned. However, the review and analysis of the training evaluation forms provided sufficient information on the quality of training, participants learning and the relevance of the programme to the participants needs.
- The CPAP identifies a broad indicator at the output level for the SSC programme which made the assessment more challenging. Most activities and annual targets of the SSC were implemented in the last three years of the programme due to major delays in implementation of activities in the first two years;
- Similarly, under both the global and bilateral SSC a large number of activities have been undertaken however, the absence of clear and measurable indicators further complicated the assessment exercise; and
- Limitation in English proficiency of some IPs and recipients of the programme may have affected the data collection to certain extent. However, validation of information collected through meetings and consultations with UNFPA team helped to overcome this limitation.

**Questions for former participants
SSTC Training course in Indonesia on
Strategic Partnership with Muslim Religious Leaders**

1. Your nationality: _____
2. Sex: Male___ Female___
3. What is your position in your organization?
 ___ senior manager/director
 ___ middle-level manager
 ___ staff with several years of work experience
4. Was the training relevant to your current job? Yes___ No___ To some extent___
5. Did the training enhance your knowledge? Yes___ No___ To some extent___
6. Was the knowledge you gained practical and applicable to your country's situation?
 Yes___ No___ To some extent___
7. Was the experience sharing among participants useful? Yes___ No___ To some extent___
8. Was the duration of the programme: long___ short___ appropriate___
9. Was the programme as a whole well organized? Yes___ No___ To some extent___
10. Were the trainers able to present the topics clearly? Yes___ No___ To some extent___
11. Were the trainers paying attention to the information needs of the participants?
 Yes___ No___ To some extent___
12. Were the teaching methods used effective? Yes___ No___ To some extent___
13. How satisfied are you with training on the level of 1 to 10?
 Please circle your rating 1 2 3 4 5 6 7 8 9 10
14. Did you apply some of the lessons learned from training to your work when you returned?

- 14a. Was your action plan in line with your office/agency plan and programmes? _____

14b. Did you get support from your office/agency to implement the lessons learned? _____

14c. If yes what kind of support did you receive? _____

15. Does your country have a South-South Cooperation programme? Yes___ No ____

16. If no, is there a plan to initiate a SSC programme? Yes___ No_____

17. What did you like most about the training programme? Please give details

18. What did you like least about the training programme? Please give details

19. In future what topics/issues should be included in the programme? Please give details

20. Please write down your suggestions on how to improve the programme. Please give details

Thank you very much for completing the questionnaire.

Questions from Institutions
SSTC training course in Indonesia on
Strategic Partnership with Muslim Religious Leaders

1. How did you hear about the south-south cooperation training in Indonesia on Strategic Partnership with Muslim Leaders?

2. Does your office/agency have any programme to establish partnership with religious leaders in family planning

3. Why did you decide to send your staff to attend the training programme? What was your expectation?

4. After the training, did your staff talked to you about the training and discussed with you the action plan?

5. Where you happy with the outcome of the training based on the above?

6. Did you support him to implement the action plan? What kind of support did you provided to him?

**Participants of *Strategic Partnership with MRLs in Family Planning* SSTC training programme
Indonesia, 2013 – 2018
(Multi-lateral, Bilateral and Tailor-made training programme)**

No	Country	2013	2014	2015	2016	2017	2018	Gender		Muslim scholars, Religious Leaders, Researchers, members of Islamic Studies Centres	No	Programme Managers, Administrators	No
								M	F				
1	Afghanistan	0	4	2	1	0	0	7	0	Religious scholar, researcher, member ISC, prof at Islamic Uni, Director Islamic education curriculum development, Ministry of Hajj and Religious Affairs, Ministry of Education	5	Officer, Ministry of Public Health, UNFPA NPO Population and Family Planning	2
2	Algeria	0	0	0	1	0	0	1	0	Imam and Professor (Director of Religious Guidance, Ministry of Religious Affairs)	1	None	0
3	Azerbaijan	0	0	0	0	0	2	2	0	State Committee of Religious Association	1	Director of SOS Children villages	1
4	Bangladesh	2	2	0	2	0	0	5	1	Imams, Prof Islamic Uni, Ministry of Religious Affairs and Islamic Foundation	4	Director General on Family Planning (MOH), UNFPA Gender Officer	2
5	Burundi Tailor-made	0	6	0	0	0	0	3	3	Mufti/Muslim Religious Leaders, Imam of the Great Mosque	3	Government, Legal Representative	3
6	Chad	0	0	4	4	5	5	6	12	Higher Court of Islamic Affairs, Council of Islamic Affairs, Union of Preacher Women, League of Ulamas and Preachers, Religious Scholars and Preachers	16	External Relations of the Union Assaia Association, UNFPA NPO FP	2
7	Ethiopia	0	3	0	6	0	0	7	2	Director of Ethiopian Muslim Development Agency, Ethiopian Islamic Affairs Supreme Council.	3	Programme Coordinator on Adolescent and Youth Reproductive Health, UNFPA NPO on RH, FP	6
8	Ghana	0	2	0	2	0	1	5	0	Advisory Council of the National Chief Imam, Imams, Uni Development Study	5	None	0
9	Guinea	0	0	0	0	0	1	0	1	None	0	UNFPA Communication and Advocacy Officer	1
10	India	9	0	3	0	0	0	11	1	None	0	Director of Health Services, Speaker on the Legislative Assembly, Doctors and Experts on Public Health, Officials on FP, Civil Surgeon	12
11	Malaysia	0	0	0	0	0	2	1	1	Department of Islamic Development	1	Federation of RH Association	1

No	Country	2013	2014	2015	2016	2017	2018	Gender		Muslim scholars, Religious Leaders, Researchers, members of Islamic Studies Centres	No	Programme Managers, Administrators	No
								M	F				
12	Maldives	2	0	1	2	0	0	0	5	Ministry of Islamic Affairs, Lecturer at the Faculty of Sharia and Law, Islamic Studies	3	Manager on Public Health, Member of Advocacy Working Group	2
13	Mali	0	0	0	0	0	4	3	1	Ministry of Religious Affairs, Union of Muslims in Mali, Imams	4	None	0
14	Nepal	0	2	3	0	4	5	13	1	Muslim Religious Leaders, Islamic Teachers/ Trainers, Member of Islamic Association	8	Social Leader, Social Worker, MOH officer, UNFPA District officer, UNFPA ASRH	6
	Nepal Tailor-made	9	0	0	7	0	0	16	0	Muslim Religious Leaders	5	Administrators, programme officers, managers	11
15	Niger	0	3	0	5	1	2	11	0	National Islamic Council, Advisor for Religious Affairs, Islamic Association	7	MOH, Head of Family Planning, National Association of Traditional Chiefs, Councillor Principal, UNFPA Assist. Rep	4
16	Nigeria	3	0	0	0	2	0	2	3	Supreme Council for Islamic Affairs	1	UNFPA Rep, RH Specialist, Prog. Coordinator, Women's Right Advancement officer	4
17	Pakistan	0	3	1	0	1	0	5	0	Khateeb/Imam – Council of World Religion	3	Population Welfare Officer, Population Council	2
18	Philippines	2	1	3	1	0	0	5	2	Muslim Religious Leaders, Bagsamoro Islamic Development Agency, Islamic Education (Madrasah)	5	Medical Society officer, Nurse	2
	Philippines Bi-Lateral	21	5	13	16	10	0	33	32	Muslim Religious Leaders, ARMM Youth Muslim Leaders	28	LGU Leaders-Mayors, Health Officers Planning & Development, Dept of Education, Women Assembly, Adolescent Health Officer	37
19	Sudan	4	0	0	0	1	0	5	0	Muslim Religious Leaders/Imams, Director of Religious Guidance	4	Interpreter	1
20	Sri Lanka	0	0	0	0	0	3	3	0	Lecturer at the Islamic Higher Education Institute	1	MOH Programme Manager on FP, Medical Officer Maternal and Child Health	2
Total		52	31	30	47	24	25	144	65	MRLs, Muslim Scholars, Researchers	108	Officials, Prog. Managers, Administrators	101
								209					

Training programme on Strategic Partnership with
Muslim Religious Leaders
A brief outline of the programme

No	Activities	Duration
Day one		
	Opening of the Training	1 h
1	Indonesian Family Planning Programme	1 h 15 min
2	Salient Features of Family Planning programme in Indonesia	1 h 15 min
3	The concept of human being as Kholifah fil Ardh	1 h 15 min
4	Islam perspective on Family planning	1 h 15 min
5	Role of Nahdatul Ulama in Family Planning in Indonesia	1 h 15 min
Day two		
6	Strategy and approaches of partnership with Muslim Religious Leaders in Family Planning in Indonesia	1 h 15 min
7	Current challenges of the involvement of MRL in Family Planning	1h 15 min
8	Fetwa on family planning	1 h 15 min
9	Orientation and starting of preparation of Action Plan, Country Report	45 min
	Filed visits - Travel	
Day three		
10	Visit to Islamic Hospital <ul style="list-style-type: none"> • Observation of the Hospital facilities • Observation of Family Planning Services • Presentation on Hospital Program, Qs & As 	Morning
11	Visit Islamic Boarding School <ul style="list-style-type: none"> • Observation of an ARH Class (using Yellow Book) by an Ulama; • Observation of an ARH activities through PIK-R, Q & A 	Afternoon
Day Four		
12	KUA Activities related to Pre-Marriage Counselling <ul style="list-style-type: none"> • Observation of Pre-Marriage Counseling • Presentation of KUA Programme, Qs & As 	Morning
13	Visit Majlis Ta'lim (Islamic gathering) <ul style="list-style-type: none"> • Observation of a Majlis Ta'lim (Islamic Gathering) • Presentation and discussion with Muslimat NU, Qs&As 	Afternoon
Day Five		
14	Visit an Islamic Senior High School <ul style="list-style-type: none"> • Observation of an integrated ARH class • Observation of ARH activities through Youth Scout • Presentation of the School programme, Qs&As 	Moring
	Cultural Orientation	Afternoon
Day Six		
15	Presentation of Action Plan	2hs
16	Evaluation Session	30 min
	Closing	15 min

**Managers, Programme Officer and Responsible staff interviewed
South-South and Triangular Cooperation programme on
Partnership with MRLs in family planning**

I. Nepal (8 – 12 April 2018)

1.	Ms. Lubna Baqi	UNFPA Representative
2.	Ms. Kristine Blokhuis	UNFPA Deputy Representative
3.	Mr. Amit Dhungel	Program Officer- Family Planning
4.	Mr. Shyam Thapa	Program Analyst- GBV
5.	Mr. Chandra Mani Dhungana	Program Analyst- RHCS
6.	Ms. Latika Maskey Pradhan	Assistant Representative - Reproductive Health
7.	Mr. Bijay Thapa	Assistant Representative- Population & Development
8.	Ms. Sudha Pant	Programme Manager, Gender
9.	Mr. Narendra Mishra	UNFPA Regional Development Coordinator Janakpur
10.	Mr. Chitra Mahato	District Officer, UNFPA
11.	Mr. Mr. Niyaz Ahamed Musalman	MRL Kapilvastu
12.	Mr. Bhav Nath Jha	District Officer, UNFPA
13.	Mr. Tahir Hussain Ansari	MRL Rautahat
14.	Mr. Ram Adhar Singh	Family Planning Supervisor, Rautahat, District Health Office, Ministry of Health, Government of Nepal
15.	Mr. Kashi Pokharel	District Officer, UNFPA
16.	Mr. Deepak Karki	Health Advisor, DFID
17.	Mr. Surya Rana	Program Officer, DFID
18.	Mr. Dilli Raman Adhikari	Senior Public Health Administrator, Family Health Division, Government of Nepal
19.	Mr. Subas Shrestha	Program Director, Family Planning Association of Nepal(FPAN)
20.	Mr. Ranjit Gupta	Program Officer, FPAN
21.	Mr. Bhogendra Raj Dotel	Director, Primary Health Care Revitalization Division, Ministry of Health, Government of Nepal
22.	Ms. Sibhaa Shrestha	Outreach Channel Lead, Marie Stopes International
23.	Ms. Seema Khan	Chairperson, Nepal Muslim Women Welfare Society
24.	Mr. Nuzral Hassan Falahi	Chairperson, Nepal Interreligious Network (NIRN)
25.	Mr. Abuds Saboor	Vice General Secretary, Markazi Jamiat Ahlehadees Nepal, Kathmandu
26.	Mr. Mohammad Sanaulah	Imam, Nepali Jama Masjid, Kathmandu

II. Ethiopia (20-23 June 2018)

1.	Mr. Rakoto Victor	Deputy of Resident Representative for UNFPA Ethiopia
2.	Mr. Gamachis Galalcha Shogo	Programme Analyst UNFPA Ethiopia (former trainee)
3.	Ms. Mebrat Galalcha	Regional Programme Officer UNFPA Ethiopia (former trainee)
4.	Mr. Efrem Regassa, Oromia	Regional Reproductive Health Officer (former trainee)
5.	Mr. Tadele Kebede	Family Planning Program Coordinator, Ministry of Health
6.	Mr. Efrem Regassa Dadi	Oromia Regional Health Bureau
7.	Dr. Kidest Lulu	Deputy Director of Pathfinder (INGO)

8. Mr. Sheikh Ezedin Abdulaziz Mohammedzein Pathfinder International staff (former trainee)
9. Mr. Metiku Woldegirogis Pathfinder International staff (former trainee)
10. Excellency Indonesian Ambassador to Ethiopia and staff

III. Chad (Teleconference 26/6/2018)

1. Dr. Adam Mbodou National Programme Officer, UNFPA office in Chad
2. Mr. Adoumbe Maoura In Charge, Monitoring and Evaluation, UNFPA
3. Dr. Laly Roger Technical Specialist Reproductive Health Products, UNFPA
4. Mr. Cheikh Abdadayim Abdoulaye Ousman 1st Deputy President of the High Council for Islamic Affairs
5. Dr. Mahamat Nour Adam Sakine General Secretary of Islamic Network for Population and Development
6. Mme Amina Ahmat Moussa Deputy President of League of Ulama and Preacher Women of Chad
7. Care International office in Chad Staff
8. The World Bank office in Chad Staff

IV. Indonesia (27 May – 1 June 2018)

1. Dr. Annette Robertson UNFPA Representative
2. Samidjo UNFPA NPO for Advocacy
3. Satya Nugraheni UNFPA NPA for Advocacy
4. Ms. Ati Suwarna Dewi UNFPA Programme Assistant
5. Prof Rizal Damanik, PhD. Deputy for Training, Research and Development, BKKBN
6. Mr. Hermansyah Director, Center for International Training and Collaboration
7. Ms. Alifah Nuranti Pulin Staff
8. Ms. Nanik Purwanti Director, Overseas Technical Cooperation, Ministry of State Secretariat
9. Mr. Fahrurozy Ministry of State Secretariat Staff
10. Ms. Vimala Asty Ministry of State Secretariat Staff
11. Mr. Furqan Ia Faried A Religious Leader (Trainer)
12. Prof Dr. Amin Abdullah A Religious Leader (Trainer)
13. Ms. Alissa Wahid A Religious Leader (Trainers)
14. Ms. Woro S. Sulistyaningrum Director for Family, Women, Children, Youth and Sports Bappenas
15. Mr. Sairi Hasbullah Deputy for Social Statistics, BPS
16. Prof Dr. Siswanto Agus Wilopo University of Gajah Mada
17. Dr. Moch Adi Rachman University of Gajah Mada
18. Prof Dr. Laksono Trisnantoro UGM

V. Philippines (September 2014 and update on 29/5/2018)

1. Mr. Klaus Beck UNFPA Representative
2. Ms. Rena Dona Assistant Representative
3. Mr. Vicente Jurlano National Programme Officer, Advocacy
4. Mr. Vicente Jurlano National Programme Officer, Advocacy
(Teleconference on 29 May 2018 update on the status of the bilateral SSC MRL project)
5. Dr. Rosalinda D. Marcelino Deputy Executive Director Population Commission

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|-----|---------------------------|---|
| 6. | Lyra Borja | Planning Office III, Population Commission |
| 7. | Ms. Jackyline Robel | Planning Office V, Population Commission |
| 8. | Hon. Esmael Ebrahim | Commissioner, National Commission on Muslim Filipinos
Office of the President |
| 9. | Ms. Florence Tayson | Assistant Representative, UNFPA |
| 10. | Ms. Maria Fe Esmundo | Planning Officer, Member TWG of SSC
Commission on Population region XII |
| 11. | Mr. Elban V. Iglupas | Information Officer, Member TWG of SSC
Commission on Population region XII |
| 12. | Ms. Mariam M. Daud | Coordinator, Chairperson for RH, Member TWG of SSC
Noorusalam Central Mindanao |
| 13. | Mr. Roman A. Piang, Sr | Mayor, Upi Municipality, Maquindanao Province |
| 14. | Mr. Paulo D. Gagapa | MPCD/Population Officer, Upi Municipality |
| 15. | Ms. Anisa Taha-Arab | Muslim Religious Leader, Chairperson, Nooruslam |
| 16. | Mr. Alih Anso | President, Upi Muslim Religious Leaders |
| 17. | Mr. Anwar E. Ameril | Muslim Religious Leader |
| 18. | Mr. Datu Kaka S. Darumoyo | Muslim Religious Leader |
| 19. | Mr. Esmail Tharon | Muslim Religious Leader |
| 20. | Mr. Magardoga Karilbywn | Muslim Religious Leader |

SSTC

Comprehensive Right-based family planning Training

The success of the Indonesia's family planning programme attracted the international community to visit Indonesia's family planning programme. In 80s and 90s over 5,000 officials from 92 countries visited Indonesia through the International Training Programme (ITP) and Observation Study Tours (OST) organized by BKKBN. However, in late 90s the programme experienced setbacks and the number of visitors to the programme reduced. UNFPA through its Eight Country Programme (CP8), 2011-2015, provided support to revive the south-south and triangular cooperation in partnership with BKKBN and the Ministry of State Secretariat.

UNFPA's support to the Government of Indonesia's South-South and Triangular Cooperation programme is mainly focused on two programmes: south-south and triangular cooperation (both bilateral and multilateral) on Strategic Partnership with Muslim Religious Leaders in Family Planning through BKKBN's CITC; and the SSTC Comprehensive Training on Right-based Family Planning through BKKBN and Faculty of Medicine of University of Gajah Mada. UNFPA's support to SSTC is based on the findings and recommendations of ITP assessment report entitled *International Training Programme: Past, Present and Future*, conducted in 2011.

Comprehensive training on Right-based Family Planning

In 2014 through an international consultant, UNFPA carried out a study among several institutions to assess their capacity for conducting SSTC training on contraceptive. The consultant strongly recommended the Centre for Reproductive Health (CRH), Faculty of Medicine (FM) of University of Gajah Mada (UGM) to develop and host the comprehensive training on family planning under the GOI south-south and triangular cooperation initiative. Selection of the CRH was based on availability of full time technical staff with experience in competency-based training and contraceptive technology, access to skills laboratory, the UGM accredited CRH post-graduate course, and other relevant considerations.

Based on the above, BKKBN and UNFPA signed an MOU with the Faculty of Medicine in 2014 to formalize the process of developing and offering a comprehensive training on FP and to formally established the Centre for Reproductive Health of the Faculty of Medicine as the Centre for Excellence on south-south and triangular cooperation training on family planning. This was followed by development of curriculum and materials, training of trainers and strengthening of the facilities with training aids and equipment. Welcoming the opportunity, the Faculty of Medicine believes becoming engaged in SSTC will further motivate CRH to improve and upgrade their training on family planning to meet the objectives and standards of the Centre of Excellence.

Thus far, the CRH has been able to train two batches in 2015 and 2016 and preparations are underway for training of a new batch in 2018. The first batch in 2015 consisted of 6 trainees from Afghanistan, Timor-Leste and Myanmar and the second batch had 7 trainees from Afghanistan, Timor-Leste and Bangladesh. The candidates for the 2018 course have been screened and there will be 10 participants from Afghanistan, Bangladesh, Timor-Leste,

Papua New Guinea and Ghana. The participants from Afghanistan have been all female and from Bangladesh and Timor-Leste mostly male.

The Centre uses strict selection criteria which emphasizes that the trainees should be General Practitioners or Obstetricians & Gynecologists with at least 3 years of practical experience in family planning. The course duration is 3 weeks with 6 days training per week. The methodologies include lecture (30%), counselling and practical training on model (30-40%) and clinical training (30-40%). The Centre has developed elaborate lessons plans and training materials for all sessions of the training course. The training team is composed of specialists working in medical schools in various provinces of the country which makes the coordination of trainers schedule a difficult challenge for the Centre.

The Centre carries out pre-test and mid-training tests on the trainees to monitor their learning and skill development progress. The clinical training at the end of the course provides sufficient opportunities to assess whether the trainees have acquired satisfactory level of knowledge and skills. There is also a plan for evaluating the course 2 years after completion. This has not been carried out thus far. The director of training of Center for Reproductive Health stated that the feedback of participants concerning the course content is often positive. However, some trainees find it difficult to adjust to the new practices taught in the course as they use different methods in their own countries.

Information about the training course to countries is disseminated through the Ministry of State Secretariat and UNFPA and there no advertising of the course. However, the Centre has a website that contains information about the comprehensive training on right-base family planning.

Overall, the SSTC comprehensive training has started off very well. The course curriculum which includes lecture sessions, practical sessions on models and clinical sessions supported by lessons plan and training materials is well designed and developed. Based on the statement of the director of training of CRH, the level of satisfaction has been high among the trainees.

Recommendations:

1. The Center for Reproductive Health should conduct a post training evaluation by collecting data on former trainees' performance in their respective countries. The evaluation could gather information about the level of satisfaction of managers/supervisors of the former trainees on their knowledge and skills, their strength and weaknesses, suggestion for further improving the SSTC training on comprehensive family planning and other relevant areas.
2. The Centre for Reproductive Health of the Faculty of Medicine should be supported to develop standardized guidelines on service data/statistics for improving monitoring and evaluation systems in collaboration with selected countries in Asia and Africa. Once developed, the guidelines could be shared with countries in the region and beyond.
3. It is recommended to assist the Centre for Reproductive Health to develop a SSTC training of trainers on post abortion care, given the acute problem of post abortion complications in many countries in this region as well as in Africa. The training would help to give the providers necessary knowledge and skills to provide life-saving post abortion care to women.

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