



South-South Cooperation as a Mode of Engagement

Innovative Programme Solutions



South-South Cooperation as a Mode of Engagement: Innovative Programme Solutions

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Foreword

This publication, along with an earlier volume in 2018, showcases inspiring stories of commitment and excellence in South-South cooperation. We hope the promising partnerships highlighted offer insights and lessons that encourage further fruitful cooperation among countries of the Global South.

The 18 cases documented in the pages that follow focus on population and housing census; sexual and reproductive health, including maternal health, family planning and midwifery services; gender-based violence prevention and response, and issues related to youth and ageing. The publication also includes brief highlights of UNFPA's response to the COVID-19 pandemic.

Just over 75 years since the founding of the United Nations, the world is facing a time of great disruption, compounded by an unprecedented global health crisis with severe economic and social impacts. The COVID-19 pandemic is a stark reminder of the need for cooperation across borders, sectors and generations. Now more than ever, the world needs to come together. This spirit of shared responsibility will also determine whether we achieve the Sustainable Development Goals in the midst of new challenges to populations, communities and families.

In 2019, the Second High-Level United Nations Conference on South-South Cooperation marked the 40th anniversary of the adoption of the Buenos Aires Plan of Action on Technical Cooperation Among Developing Countries. Discussion focused on the opportunity South-South cooperation presents to achieve the 2030 Agenda for Sustainable Development, the globally agreed blueprint for peace and prosperity for people and the planet. South-South and triangular cooperation is also crucial for realizing the goals of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which guides UNFPA's work.

As a United Nations agency working in more than 150 locations, with a global network of country and regional offices, UNFPA is well positioned to locate where the best technical knowledge exists and to support the sharing of that knowledge, ideas, and solutions.

As we look to accelerate progress towards the 2030 and ICPD agendas, we need to work together to build on development successes from the South and to share them widely through strengthened cooperation. It is our hope that this publication illustrates why that is so important.

Dr. Natalia Kanem

Under-Secretary-General of the United Nations
Executive Director, UNFPA



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UNFPA Executive Director, Dr. Natalia Kanem, during the SSC agreement signing with the FIOCRUZ President, Dr. Nísia Trindade Lima. July, 2019

South-South Cooperation Into the Decade of Action

As the world enters into the final and seemingly most challenging decade in the drive to achieve the goals of the 2030 Agenda for Sustainable Development, a familiar mechanism has gained greater mandate and momentum. South-South Cooperation (SSC) is about collaboration among developing countries. Its importance has been recognized in major multilateral agreements, not only in the landmark Programme of Action of the 1994 International Conference on Population and Development (ICPD POA) but also in the recent Second UN High-Level Conference on South-South Cooperation (BAPA+40). The United Nations Secretary General António Guterres characterized SSC's role in today's development agenda as offering a "unique pathway" that accelerates the global efforts towards the achievement of the Sustainable Development Goals.¹

While its mandate and conceptual underpinnings have been established decades ago, SSC's significance for global development has been bolstered more recently. The global South has recorded among the highest economic growth rates in history, lifting a huge swath of humanity out of poverty. A large number of developing countries have accumulated and are eager to share their knowledge and resources for development with other countries in similar contexts. The number, nature and scope of such partnerships have expanded greatly, and many have gone beyond regional boundaries and traditional partners.

The United Nations, with its global knowledge of partnership needs and opportunities, leverage its convening power to advocate for and facilitate SSC. At UNFPA, SSC has been made into one of the strategic modes of engagement in its current Strategic Plan 2018-2021. This move is consistent with the 2030 Agenda elevation of partnership and cooperation to a strategic goal (SDG17). It is also a response to the directives from the Quadrennial Comprehensive Policy Review of the United Nations Development System to, "mainstream and enhance support to South-South and triangular cooperation at the request, ownership, and leadership of developing countries."²



A structural element to this strategic move, UNFPA established the Inter-Country Cooperation Office within the Policy and Strategy Division (PSD/ICCO) to take the lead in promoting SSC by systematically addressing those needs and undertaking complementary initiatives. UNFPA has demonstrated its leadership in setting up inter-country cooperation in order to achieve national and international goals in

¹ UNSG remarks during the observance of the International Day of South-South Cooperation on 12 September 2019 ([link](#))

² UNFPA Strategic Plan - Annex 4: Business Model

the areas of reproductive, maternal, newborn and child health, gender equality, youth empowerment, ageing, as well as the use of population housing and census data for national development planning and implementation. This publication contains an illustrative set of successful or ongoing South-South partnerships in these areas.

In 2020, UNFPA conducted an organization-wide formative evaluation of its SSC implementation in order to reflect on its progress thus far. This evaluation has identified opportunities for improvement such as the need for raising awareness and providing practical guidance to partner-countries. It generated actionable knowledge such as the need to raise capacity of staff and offices in facilitating SSC, to generate and share the knowledge of potential SSC partnerships that are available, and to provide the platform with which potential partners may find and initially interact with each other.

Aligning its SSC implementation with UN reforms and the need to closely coordinate programme implementation with the rest of the UN system, UNFPA actively participates in efforts to produce the UN System-Wide Strategy for SSC. Informed by UNFPA's internal SSC Strategy, the UN System-wide Strategy ([link](#)) seeks to incorporate SSC into the UN system policies, programmes, strategic frameworks and other planning instruments, including the crucial UN Strategic Development Cooperation Framework. The Strategy also seeks to promote synergy across the UN through more effective knowledge sharing, joint programming, and harmonized operational modalities.

Pursuant to the strategic need for a coordinated approach for sharing SSC knowledge and opportunities, UNFPA collaborated with the UN Office for South-South Cooperation and other agencies in the creation of a global and multi-agency platform for sharing SSC solutions, the South-South Galaxy ([link](#)). Designed to be used by any UN, developmental and national agencies, the online platform provides knowledge sharing and partnership brokering services.



As the world faces significant challenges in its Decade of Action, including the COVID-19 pandemic, more than ever, we need to strengthen and use as leverage inter-country partnerships to find synergy, share knowledge and raise national capacities. South-South cooperation presents a viable mode of engagement to accomplish this objective. For inquiries, please contact PSD/Inter-Country Cooperation Office at icco.office@unfpa.org.



Celebrating SSC for the next generation at the 40th Anniversary of the Buenos Aires Plan of Action (BAPA+40). Argentina, 2019

A Growing Momentum for Inter-Country Cooperation

South-South and Triangular Cooperation Facilitated by UNFPA



This represents 107 countries involved in SSTC initiatives that have been documented by the Inter-Country Cooperation Office of UNFPA. There are other initiatives in the pipeline that will involve more countries. The network is growing.



MAPS AND DESIGNATIONS. The designations employed and the presentation of this map in this publication do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. All references to Kosovo shall be understood to be in the context of UN Security Council resolution 1244 (1999).

Global South Solidarity for a COVID-19 Pandemic Response

COVID-19 struck the world totally unprepared. The novel nature of the virus was equated with almost none to limited knowledge of how to contain it and curb its rapid spread. Countries at all stages of the pandemic tried to deal with the crisis almost on an adhoc evolving and unprecedented emergency basis. Under such a situation, countries that were first hit by the crisis were better placed to gather critical epidemiological, medical and preventive information that can be shared with others. It is in this context that UNFPA acted fast and responded in a timely, systematic and inclusive manner to bring together knowledge and expertise from the Global South to guide its country offices and programmes. This sharing of experience and perspectives on how best to deal with the pandemic in affected countries in the South was deemed instrumental.

In alignment with the UN Framework for the Immediate Socio-Economic Response to COVID-19, UNFPA quickly organized a number of webinars to connect countries particularly those from the South to share knowledge and experience on how to handle the virus in ensuring safe pregnancy and birthing. In collaboration with sister UN agencies such as UNICEF, WHO/PAHO and UNOSSC, UNFPA mobilized experts from different continents to share their scientific knowledge and experience and indicate their expectations of the UN agencies during and post COVID-19 to assist them in combating the virus. This effort has also generated knowledge on how to deal with affected health systems, particularly in the areas of maternal and child health.

Based on the above effort, the following observations and expectations were made by the health workers from the South as critical to

enhancing critical service delivery in the time of this pandemic:

First, **Global Humanitarian Response**: The UN has taken the lead in providing resources and assistance where needed. Although the amount of resources needed is much more than what the UN can provide, it is nonetheless appreciated by the recipient countries. Sharing of information and in-kind resources through South-South cooperation has alleviated the resource gap. It has also increased programme efficiency and reduced duplication of efforts in figuring out the response in humanitarian situations caused by the pandemic in the South.

Second, **Partnerships**: Disease respects no borders. This unprecedented pandemic shows that no country could win the battle alone. The need to work together, build partnerships and support multilateralism to build a global community of health for all has never been greater. The crisis itself generated the sense of urgency to pursue all partnership opportunities, so the UN needs to harness this global momentum. The unique nature of South-South cooperation has the ability to be more flexible, adaptive and timely in the context of this pandemic response.

Third, **Experience Sharing**: As COVID-19 is a new disease, one of the biggest challenges faced by countries is the novelty and uncertainty of the disease. Therefore, experience sharing among the developing countries who have less than ideal health facilities is a critical means to address COVID-19. Opportunities offered by SSC cannot be emphasized enough and makes a strong argument for the need to be innovative in handling the challenge. For example, in addition to the



Health worker attending to mother and newborn in Wuhan, China. 2020

traditional in-person seminars, dialogues and “Best Practices”, countries can take advantage of the new digital technologies such as online webinars and workshops, social media such as Facebook and Twitter. As the youth are considered trailblazers in this digital frontier, they can more strategically target sharing best practices and exchange dialogues, with UN support.

Fourth, **Technical Guidance**: The fear and the demand for knowledge caused by the pandemic generated an overwhelming amount of misinformation and misconceptions that made the people more confused. UN agencies enjoy trust across the world and are expected to provide reliable information. UN agencies can organize more scientific research on MCH and RH in responding to the challenges post COVID-19. The role of UN agencies in this regard is essential and unmatched.

Fifth, **Capacity Building**: The pandemic has further aggravated the low capacity of health systems around the world. Developing countries need to redouble their efforts to systematically upgrade the

national capacity for MCH and RH. The UN needs to promote the establishment of more effective Centers of Excellence as one of the effective ways to build national capacity, also learning from the experience of successful centers that already exist.

Sixth, **Sustainable Financing**: COVID-19 pandemic is causing severe disruption and damage to the world economy and will bring larger financial gap in achieving the SDGs. Ensuring sustainable financing for MCH and RH programs by 2030 remains very critical and requires more than ever, innovative programme solutions and stronger advocacy for all types of viable partnerships – particularly triangular and South-South cooperation.



**COVID-19
RESPONSE**

THAILAND: LAO PDR

Social Return on Investment in Maternal Health

Mothers and their newborns are direct beneficiaries of quality service from trained midwives.



This initiative has been ongoing since the end of 2017 and was completed in 2018. Its key partners included the Royal Government of Thailand, the Thailand International Cooperation Agency (TICA), the Ministry of Foreign Affairs and the UNFPA Asia and Pacific Regional Office. Using the Social Return on Investment (SROI) methodology on the experience of Lao People's Democratic Republic, the project was able to measure the immediate impact of resource investment on the institutional capacity development resulting from Lao PDR's midwifery education programme.

CONTEXT

To address issues of cost-effectiveness and programme impact, TICA and UNFPA started a collaboration in 2017 to measure return on investment with a view to demonstrating value for money and how that evidence can be used to mobilize additional resources.

For this specific case study, the midwifery programme in Lao PDR was selected for analysis with support from the Lao PDR government, TICA and UNFPA who have jointly invested in comprehensive programme management. The analysis included unpacking programme design,

needs assessment, planning and implementation, monitoring and evaluation processes.

PROGRAMME APPROACH

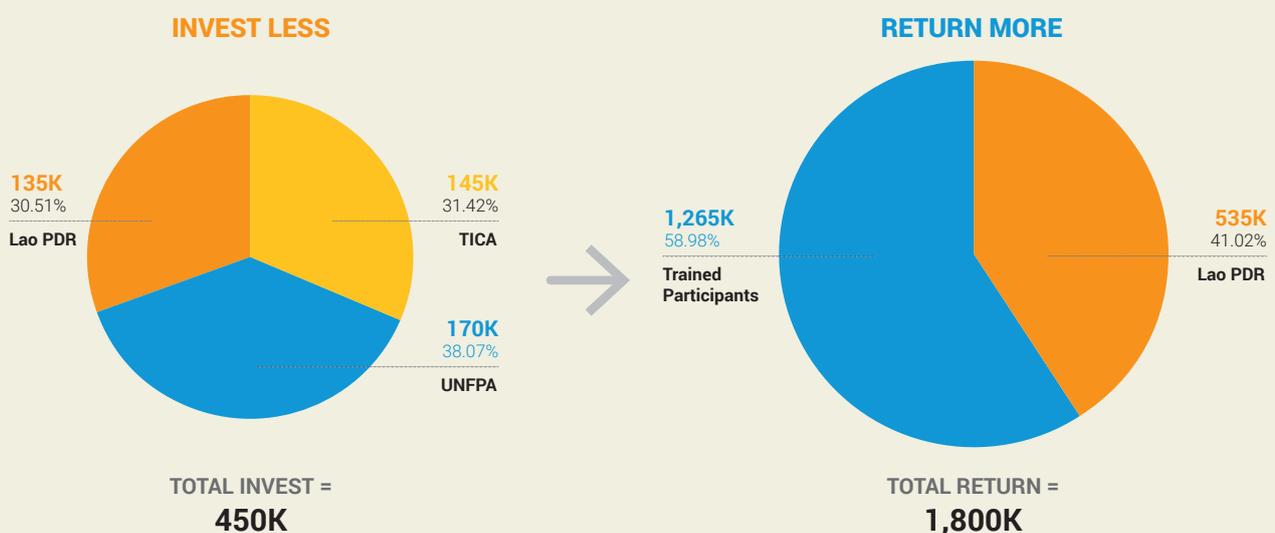
To probe the cost-effectiveness of the initiative and the value provided to different stakeholders and beneficiaries, the SROI exercise drew on the quantitative analysis of surveys and key informant interviews. It focused specifically on activities to improve midwifery education according to standards set by the International Confederation of Midwives and the World Health Organization. Close coordination with UNFPA's country office in Laos, as well as a series of questionnaires, meetings and interviews, helped ensure that relevant stakeholders would agree on and endorse the SROI results.

The SROI studies found a significant and substantial return of investment from the programme. The total investment of USD 450,000 created a social value of nearly USD 1.8 million. Each dollar invested generated nearly 4 additional dollars.

This value stemmed from 93 per cent of trained Laos participants having increased self-confidence in the midwifery profession, 63 per cent having greater capacity to contribute to their institutions, 29 per cent having better job prospects, and 24 per cent having better abilities to contribute to their community. The SROI confirms that South-South collaboration equipped midwifery educators with knowledge and expertise in line with international standards. Nursing and midwifery institutions have benefited greatly from improved skills and staff quality, and many innovations have emerged. These include: 1) work with medical doctors to train midwives at health centers and district hospitals; 2) the exchange of teachers; 3) an exclusive breastfeeding project; 4) educational videos and micro teaching; and 5) a network of competent teachers. This network helped to stimulate interactions among trained midwifery teachers on technical updates, sharing of good practices, collective solutions and recommendations to policy regarding midwifery education.

In recent decades, Thailand's international development cooperation efforts have progressed considerably. UNFPA has supported

Every **\$1** invested  creates **\$4** social impact 



SROI demonstrates impact of SSTC resource investment on sustainability of programmes.

4 STAGES OF SROI ANALYSIS



The key to a successful SROI is participatory analysis that engages all partners in the entire process.

the Government to take a leading role in sub-regional, regional and global initiatives to exchange successful experiences and technical knowledge, especially on maternal health care and services. The Thailand Maternal Health Programme is globally recognized for its successful efforts to significantly reduce maternal mortality. With a rate of 24.6 maternal deaths per 100,000 live births, Thailand is already considerably below the Sustainable Development Goal target of 70 deaths per 100,000 live births.

From 2012 to 2017, UNFPA and TICA allocated from USD 60,000 to USD 80,000 per year to provide technical support to partner countries. Between 2015 and 2017, through Government cost-sharing, USD 450,000 went towards improving human resource skills and systems.

Concerted collaboration on the human resources component of the midwifery programme in Lao People's Democratic Republic began in 2015 with a needs-based prospectus tailoring the initiative to national priorities. Participatory curricula were developed for human resource professionals, including a four-month course for 11 managers of midwifery schools and colleges, and a six-month training for two groups of 52 midwifery educators from all 11 midwifery educational institutions. Participatory monitoring and evaluation took place periodically to adjust activities based on needs and demands. Subsequently, Lao PDR's high-level officials made a study visit to Thailand to learn about its nurse midwifery systems and maternal health programme. The Faculty of Nursing at Thailand's Khon Kaen University became a major source of technical advice.

The compelling findings of the SROI analysis provide TICA, UNFPA and the Government of Laos evidence to recommend continued investment in midwifery educators and institutional capacity development in Lao PDR. Since the South-South model is effective and makes efficient use of Thailand's existing expertise as well as financial resources, it has potential over time to deliver long-term and sustainable results in a number of areas, not only in maternal health, but more broadly, in sexual and reproductive health.

A limitation of the exercise, however, is that the SROI was only used to analyze the immediate impact of trained midwifery educators and policy makers. Further measurement, in terms of impact on maternal mortality and lives saved, is recommended after three years, in order to further measure the impact of midwifery education policy and system on lives saved by the trained midwifery educators.

For UNFPA, changes in the funding structure of the country programme in Thailand underscore the imperative to pursue more multilateral partnerships or co-financing. The programme now has a clear case for continuing to advocate and mobilize resources for South-South projects, including with civil society networks and private sector firms in Thailand and other countries. UNFPA offices play vital roles in providing extensive technical support on the SROI initiative, offering evidence-based policy development assistance to TICA on South-South initiatives, and advocating further South-South resource mobilization among government and other partner organizations.

The SROI analysis done on Lao PDR serves as a solid basis for applying the methodology for SRH programmes in the region. Similar South-South and trilateral cooperation initiatives are currently being explored with other countries in the region. Earlier efforts involved working with the Government of Bhutan to develop institutional capacities in its maternal health programme, and plans are underway to undertake a similar exercise in Timor Leste. However, due to the COVID-19 pandemic, these plans are currently on hold.



93%
increased
self-confidence
in midwifery profession



29%
increased
employability
prospects



63%
increased in
capacity to
contribute to their
organizations



24%
increased
in capacity
to 10 contribute
to their communities

Impact achieved through investment in the Laos midwifery education.

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A practice session on IUD insertion through anatomical models. Yogyakarta, Indonesia, July 2018

INDONESIA: AFGHANISTAN, BANGLADESH, EGYPT, GHANA, LAO PDR, MYANMAR, PAKISTAN, PAPUA NEW GUINEA, SRI LANKA, TIMOR LESTE

Center of Excellence on Unmet Need for Family Planning

Started in 2014, the Indonesia Center of Excellence (CoE) has been providing support to many countries in addressing unmet need for family planning (FP). Its active south-to-south partners include the Indonesian Faculty of Medicine, University of Gadjah Mada, BKKBN, the Ministry of State Secretariat, and various partners in Afghanistan, Bangladesh, Egypt, Ghana, Lao PDR, Myanmar, Pakistan, Papua New Guinea, Sri Lanka, and Timor Leste, with relevant support from UNFPA Asia and Pacific Regional Office and its country offices.



CONTEXT

Despite all the evidence that FP contributes to reduction in maternal mortality and morbidity as well as neonatal, infant and child mortality, investment in FP both by countries and donors have decreased in the last two decades. The progress of FP indicators has stalled in many developing countries, with Indonesia being no exception. Consequently, the number of women of reproductive age who want to avoid pregnancy but not using a modern contraceptive method remains high. In 2017, the total number of women who had unmet need for FP reached 215 million. Although this is lower compared to 2014 data of 225 million, the figures are about the same as it was in 2009. In Africa, 47% of women who do not want to become pregnant – 58 million in 2017 – either use no contraceptive method or use traditional methods. In Asia, the proportion of unmet need for family planning was 20%, equivalent to 132 million.

In most countries of the developing world, unmet need for FP causes unwanted pregnancies and may also increase abortion rates, which is sometimes unsafe and can lead to maternal death. Women with unmet need for FP account for 84% of unintended pregnancies. Increased contraceptive use may reduce abortion rates. Unfortunately, unmet need for FP is also influenced by religious and cultural factors related to general disapproval of pregnancy prevention and use of contraceptives. It is also affected by method-specific barriers to use such as access, perceived effectiveness and safety, perceived and actual side effects of use, appropriateness, familiarity, and convenience.

It is important that unmet need for FP is addressed by medical personnel. However, one of the major gaps in accessing FP services is the lack of skilled providers who can offer a range of services, including long-acting and permanent methods of contraception, counseling about informed choices, the possible side effects and what to do when these arise.

Family planning is key to achieving the SDGs and is a strategic investment in future generations. FP

is critical to achieving the demographic dividend in most countries with high fertility.

PROGRAMME APPROACH

To cope with unmet need for FP, many countries have turned to Indonesia's Center of Excellence for programme solutions. The government of Indonesia has long-standing partnerships in the region and beyond with relevant institutions and with UNFPA. Joint activities have focused on development of curriculum and training modules, procurement of training supplies including anatomical models, and identification of training facilities, trainers and facilitators.

South-South and triangular cooperation (SSTC) is among the priority policies of the government of Indonesia. It has been a world leader in this type of collaboration since the time of the 1955 Bandung Conference, considered to be among the earliest SSC conferences. This high-level commitment makes such programmes very promising, with a greater chance of sustainability.

This specific FP collaboration was formalized and established through a Memorandum of



Dr. Muhammad Nurhadi Rahman of UGM providing individual coaching to the SSTC participants. Yogyakarta, Indonesia, October 2019

SSTC participants discuss FP Monitoring and Evaluation with Prof Dr. Siswanto Agus Wilopo of UGM. Yogyakarta, Indonesia, October 2016



Understanding between the Dean of Faculty of Medicine, University of Gadjah Mada (UGM), the Chairperson of National Population and Family Planning Board (BKKBN), and the UNFPA Representative in Indonesia. Established in 2014, it is formally named, Indonesia's Center of Excellence for SSTC on Comprehensive, Rights-based Family Planning, and is being managed by UGM. The primary goal of the CoE is to provide quality FP training and other essential managerial competencies to health workers. It has active support from this tripartite as well as the Indonesian Ministry of State Secretariat. The Center designs and organizes capacity building programmes for medical personnel in developing countries and helps them prevent adverse maternal health outcomes by reducing unmet need for family planning.

The curriculum and contents of the SSTC are designed on the principle of performance-based learning, enabling each participant to have different

learning pace. Each participant is nurtured by different trainers/facilitators to ensure that the programme meets their specific needs. The focus of the course is on the tasks, knowledge, skills and activities needed to enable the trainee to be a skilled FP service provider. Appropriate hands-on experience is provided through individual practice using anatomical models for each contraceptive method, which enables the trainees to acquire the needed skills, with immediate and constructive feedback. Only after mastering the learning, can they proceed with the hands-on experience through patients. The practice with patients is done with tight procedures and supervision by the CoE trainers.

Most of the training materials used have been developed or adapted from the training resource packages started by USAID, WHO and UNFPA. Specific materials on the Indonesian FP programme, behavioral change communication (BCC), reproductive health commodity security

(RHCS) and monitoring and evaluation were developed by trainers for these specific sessions. In addition to face-to-face sessions, all the teaching-learning materials and evaluation processes are accessible on line before, during and after the formal training sessions. This accessibility is helpful to all trainees as they are able to review the training materials prior to attendance, and especially, after they return back to their respective countries. Their continuous feedback on the materials while being used also ensures regular updates and communication with the trainers.

The Center of Excellence provides 18-day training to the medical personnel from other developing countries, with a maximum of 10 participants for each batch of training. UNFPA provides technical assistance in the preparation and implementation of the SSTC Training. BKKBN and Ministry of Secretariat, provides scholarships yearly to the best candidates from other developing countries to join the SSTC training. This in-person attendance at this prestigious training institution is among the incentives offered to participants by this programme.

In the last five years, from 2015 to 2019, there have been five batches of training, comprising of 39 medical doctors and ob-gyns from ten countries of Asia and Africa. The CoE also holds national training for other faculties of medicine from different universities throughout Indonesia, using an international standard of curriculum and design that is used for the SSTC training. Upon returning back to their respective countries, feedback received by the Center indicate participants' satisfaction and eagerness to apply their improved knowledge and skills.

“The knowledge and skills I acquired from the training at the SSTC has helped me to further train 550 health professionals on various types of contraceptive methods. This has helped significantly reduce the number of maternal and infant deaths in my locality, and the country as a whole. Also, the health professionals who have benefited from my knowledge and skills have also made family planning services more accessible to other clients.”

Dr. Barihama Adam of Ghana

(Testimony from a former participant in the Center of Excellence)



SSTC participants during a session on Applied Anatomy and Physiology, with Dr. Ova Emilia, Dean, Faculty of Medicine, Gadjah University. Yogyakarta, Indonesia, 2016

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Dr. Natalia Kanem welcomed Dr. Nisia Trindade Lima (center), president of FIOCRUZ, Brazil, and other dignitaries to UNFPA HQ during the signing of the SSC MoU, July 2018.



BRAZIL: NATIONAL INSTITUTES OF HEALTH IN ANGOLA, CABO VERDE, GUINEA BISSAU, MOZAMBIQUE, SÃO TOMÉ and PRÍNCIPE, SENEGAL

Reference Centre for SRH and Rights

3 GOOD HEALTH
AND WELL-BEING



This partnership started in 2019 with a global Memorandum of Understanding signed between Fundación Oswaldo Cruz (FIOCRUZ) and UNFPA. The joint engagement involves representatives from several health institutions in Africa, notably Angola's Ministry of Health and the National Department of Public Health; Cabo Verde's National Public Health Institute and Ministry of Health and Social Security; and Mozambique's Ministry of Health. Initial similar discussions are underway with the Ministries of Health of São Tomé and Príncipe, Guinea Bissau and Senegal.

CONTEXT

Some 830 women and adolescent girls die each day from preventable causes related to complications of pregnancy and childbirth. Ninety-nine per cent of all maternal deaths occur in developing

countries. Addressing preventable maternal deaths requires coordinated and multisector responses, considering the dynamic interaction of vulnerability factors such as: economic and socio-

cultural determinants of health; gender, income, ethnic-racial and territorial inequalities; analysis of the root causes; socio-epidemiological contexts for sexual and reproductive health; and the state of national health systems. It demands a complex and delicate integration between local interventions and a global effort to ensure universal, comprehensive and timely attention to pregnancy and childbirth.

The commitment of the countries involved in this partnership to end preventable maternal deaths has served as an impetus for dialogue between and among these partner institutions, capitalizing on the high level of technical expertise of FIOCRUZ. With UNFPA support, the Foundation has been able to bring together different countries through a harmonized strategy focused on ending maternal deaths. Angola was the very first country to express a formal request to be engaged in the project, although many other countries have been part of initial dialogues and identification of priorities. The high engagement of the

partners and the existence of common challenges were determinant factors in building synergy among the partners involved.

PROGRAMME APPROACH

To facilitate collaboration between concerned countries, the idea of a Reference Centre came about anchored on the International Conference on Population and Development (ICPD) as the basis for its larger agenda and framework for collaboration. Hence, it has been named the ICPD Reference Centre for Sexual and Reproductive Health (SRH) and Rights. The initiative is based on similar collaborative solutions developed by UNFPA using an international platform for different levels of decision making. It demonstrates a good practice to organize, qualify and respond collaboratively to needs of national partners in responding to SRH and rights.



Dr. Nisia Lima, President of FIOCRUZ welcoming SSTC participants from Africa, UNFPA, and FIOCRUZ during the SSTC Workshop at the Centre. Rio de Janeiro, Brazil, October, 2019



*Participants in front of the FIOCRUZ Headquarters.
Rio de Janeiro, Brazil, October 2019.*

Within this framework, members of the Community of Portuguese Language Countries (CPLP in Portuguese) have developed a response framework to enhance health systems. Together with Brazil's FIOCRUZ, many dialogues and proposals for interventions from countries such as Angola, Cabo Verde and Mozambique were designed to guide cooperation modalities. The solutions sought by partners were geared towards a coordinated response starting with identifying gaps in the health care chain to strengthening the national health systems. This is meant to provide quality services to women during pregnancy and childbirth. The successful interventions developed by FIOCRUZ in different Brazilian territories have served as a basis for complementing or redesigning national policies and programmes of other countries. This collaborative spirit serves as the rationale for this South-South and triangular cooperation.

The ICPD Reference Centre for Sexual and Reproductive Health (SRH) and Rights aims

primarily to strengthen national health systems to better respond to SRH issues and to more effectively reduce preventable maternal deaths in CPLP countries. In this sense, FIOCRUZ acts as a centre for sharing experiences for African countries, which in turn also share good practices and methodologies among themselves. The construction of a physical centre is not foreseen as yet so FIOCRUZ is providing support virtually by facilitating the networking and knowledge sharing through a common cooperation governance platform. The collaborative work focuses on organizing demands related to surveillance on maternal deaths, technical training in analyzing contexts; planning, managing and evaluating interventions within the health system; monitoring clinical practices and security indicators; and sharing instruments and methodologies that ensure the promotion of community participation and organization.

At a global level, the ICPD Reference Centre is responsible for advocacy, political dialogue

and forecast governance through an Executive Secretariat, composed of representatives of FIOCRUZ and UNFPA, and a Steering Committee with representatives from government counterparts and other UNFPA partner countries. At a national level, the ICPD Reference Centre ensures the continuity of the cooperation by mobilizing national actors to construct and strengthen national health observatories focused on maternal deaths surveillance, producing evidence and intervention plans on pregnancy, childbirth and postpartum, covering topics such as obstetric emergencies, high-risk pregnancy and adolescent pregnancy, among others.

In these partnerships, areas of common interest include education, training and research opportunities, a greater focus on technical professionals and managers working in maternal health, co-designing of projects and events at local, regional and global levels, and the development of flagship programs that further advance partnerships around the sustainable development goals.

Capitalizing on the great experience of FIOCRUZ in international cooperation, particularly in dealing

with different actors in varying contexts, the promising innovative element to this cooperation is the emphasis on elaborating integrated solutions that take into account the high level of adaptability to other contexts. This also means ensuring the participation of multiple players in different situations and identifying local responses to regional and global issues. Besides the *Distance Learning Course on Surveillance of Maternal Death and Performance in Mortality Committees*, other innovative proposals are being made available to CPLP countries. The programme also includes the education and formative technologies developed by FIOCRUZ tailored to the national health specificities of each country. These include the virtual campus, mentoring of class tutors, and a digital library that can be made available to partners on demand. Overall, this initiative seeks to strengthen national alliances for health and to intensify the role of maternal deaths local committees. It is hoped that this could further improve ways for tracking and monitoring the causes of preventable maternal deaths, and upgrade the information chain available for health professionals, practitioners and decision-makers.



The SSC workshop participants during an informal discussion at FIOCRUZ. Rio de Janeiro, Brazil. 2019

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**BOSNIA and HERZEGOVINA: ARMENIA,
AZERBAIJAN, GEORGIA, KAZAKHSTAN,
KYRGYZSTAN, MOLDOVA, NORTHMACEDONIA,
SERBIA**

A Network of Healthy Ageing Centres



Women enjoying embroidery at a park in front of the Healthy Ageing Centre, Modriča, BiH, June 2016

This partnership has been ongoing since 2017 under the auspices of the NGO “Partnership for Public Health” in Bosnia and Herzegovina (BiH), with UNFPA support. In addition to BiH, the other countries involved are Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, and Serbia. Collaborating partners in these countries include their respective ministries of labor and social policy, local governments, centres for social welfare, and non-government organizations working with older persons.

CONTEXT

Fast economic progress and improved living conditions in developed countries, along with family planning, extended life expectancy at birth and low fertility have contributed to steady population ageing. This is considered by far the greatest achievement in human development. The

same pattern at even greater pace is now observed in developing countries and countries in transition. It is expected that on global level the number of persons over 60 will triple from 600 million to almost 2 billion by mid-century. The percentage of

persons aged over 60 will double from 10% to 21% of the overall population.

With the number and proportion of older persons growing faster than any other age group, there are concerns about the capacities of societies to address the challenges related to sustainable human development. This increase in the number of older persons relative to the total population also implies that the number of younger people is decreasing, thus shrinking the proportion of working-age population and increasing the old-age support ratio. Governments fear that diminishing tax returns at country level could jeopardize provision of services especially health care and social welfare, as well as affect pensions.

Most countries in Eastern Europe and the Caucasus are ill prepared to face the challenges of ageing population, and also do not recognize the potentials that an ageing society can contribute to society. Public administration capacities remain limited and often, outdated systems and approaches constrain the adoption of advanced evidence-based policies and programmes for this age group. As a result, older persons remain living in dire conditions with small pensions and insufficient health care services and inadequate housing, especially in rural areas. Furthermore,

mental health issues are becoming more and more widespread as a consequence of the lack of socialization of older persons, lack of inter-generational support and abandonment due to the trend of long-term out-migration of younger family members. Population ageing is putting economies of developed countries and those in transition, to a huge test.

PROGRAMME APPROACH

The Healthy Ageing Centres developed in Bosnia and Herzegovina have proven to be a highly successful model to show how strong societal and cultural values can support older persons. Several countries in Eastern Europe and the Caucasus have expressed interest to learn more about the operational modality of such Healthy Ageing Centres. A network of these centres has emerged through direct exchange of experiences and lessons learned between and among these countries.

The methodology for establishing Healthy Ageing Centres was first developed by the NGO “Partnership for Public Health” in Bosnia and Herzegovina in 2009. Ever since, the initiative has gained high interest among municipal authorities resulting in the opening of a network of 12 such



Presentation of Healthy Ageing Centres to representatives of local governments in North Macedonia. June 2018

centres across the country. The methodology is innovative as it builds capacities of older persons for social engagement, voluntarism and active/healthy ageing at very low costs. On the assumption that physical premises are available and could be easily equipped, the monthly operating costs of each centre per older person is approximately 4 EUR or only 1% of the average salary in the country.

The operating costs for these centres per each participating older person are lower than a single medicine used for treatment of any chronic illnesses.

The methodology for establishing the network of Healthy Ageing Centres is very simple and requires only initial capacity building in the management of these centres. The consecutive work is largely based on voluntarism and requires little investment with a lot of added value to the community and society at large.

It is evident that this network also aims to promote the physical and mental health of older persons. As their illnesses are often associated with loneliness, providing them with opportunities to be active and to voluntarily engage in community development initiatives can have positive impact. Inter-generational support during this stage of life is also an important consideration and can help them cope with the realities of growing old.

The initiative has been successful for many reasons. First, it is tapping on the fact that older persons have capacities that can be nurtured for their own self-development, health and well-being. Second, this active participation in the society brings dual benefit - to society in general and to the individual in particular. Third, the initiative also promotes gender equality as the centres tries to address the needs of all older people, and provide opportunities for men and women alike. In the past, community associations and groups were mostly composed of and led by men. Moreover, these centres give older persons a chance to learn about and use modern technologies that enable them to communicate with their family and friends. It is common for these older people to



After an informal education class followed by a discussion on prospects of opening a Healthy Ageing Centre in Skopje, North Macedonia, June 2018



Musicians performing for representatives of University College London after a survey on the Centre's effects on the wellbeing of older persons. Modriča, BiH, February 2019

have children and grandchildren who are residing in other countries. In this age and time, this additional skill to use computers, phones, and social media is a valuable life skill. Access to communication becomes critical also especially during emergencies, or during this time of the Covid-19 global crisis, when older persons are highly advised to stay at home. This allows them to stay connected, while being safe at home.

UNFPA CO in Bosnia and Herzegovina continues to collaborate closely with the NGO "Partnership for Public Health" in their policy and advocacy work in the country. As a result, the network of Healthy Ageing Centres has expanded from its initial group to another 11 locations in the country over a period of 11 years, some of them with UNFPA support. Many more local communities have expressed interest to open such centres in their areas. At the Ministerial Conference on Ageing in Lisbon in 2017, upon hearing about the concept and experience of BiH, delegations from the region showed high interest in replicating the initiative in their respective countries.

In 2018, initial transfer of knowledge and experiences has been organized in cooperation with the Government of North Macedonia. Similarly, in 2019, a workshop on healthy ageing was organized in cooperation with UNFPA Regional Office for Eastern Europe and Central Asia (EECA RO) and the UNFPA Country Office (CO) in Georgia for various partners in nine countries of Eastern Europe and the Caucasus. Already, the UNFPA Georgia CO has supported the opening of the first centre with additional plans to establish a full network of such centres in the country. With UNFPA support, the network continues to grow and prosper in support of older persons.

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“South-South collaboration and triangular cooperation must be advocated for to provide effective opportunities for experience sharing and lesson learning between countries. The South-South collaborations increase the regional pool of knowledge and ensure that any potential mediating efforts are implemented within similar environmental contexts, often improving chances of success.”

“There is a need to prioritize the full potential of South-South cooperation for censuses. It should be a key strategy of UNFPA for this round of census. Successful South-South cooperation efforts and exchanges could include the analysis, dissemination and use of census-related data. In addition to NSOs, UNFPA should also consider a wider range of stakeholders (e.g. line ministries, CSOs, academia etc.) in census-related South-South cooperation initiatives.”

Adapted from the UNFPA Strategy for the 2020 Round of Population & Housing Censuses (2015-2024), UNFPA, July 2019. (Link)



Young African statisticians that participated in and observed the digital census process in Lesotho, 2016.



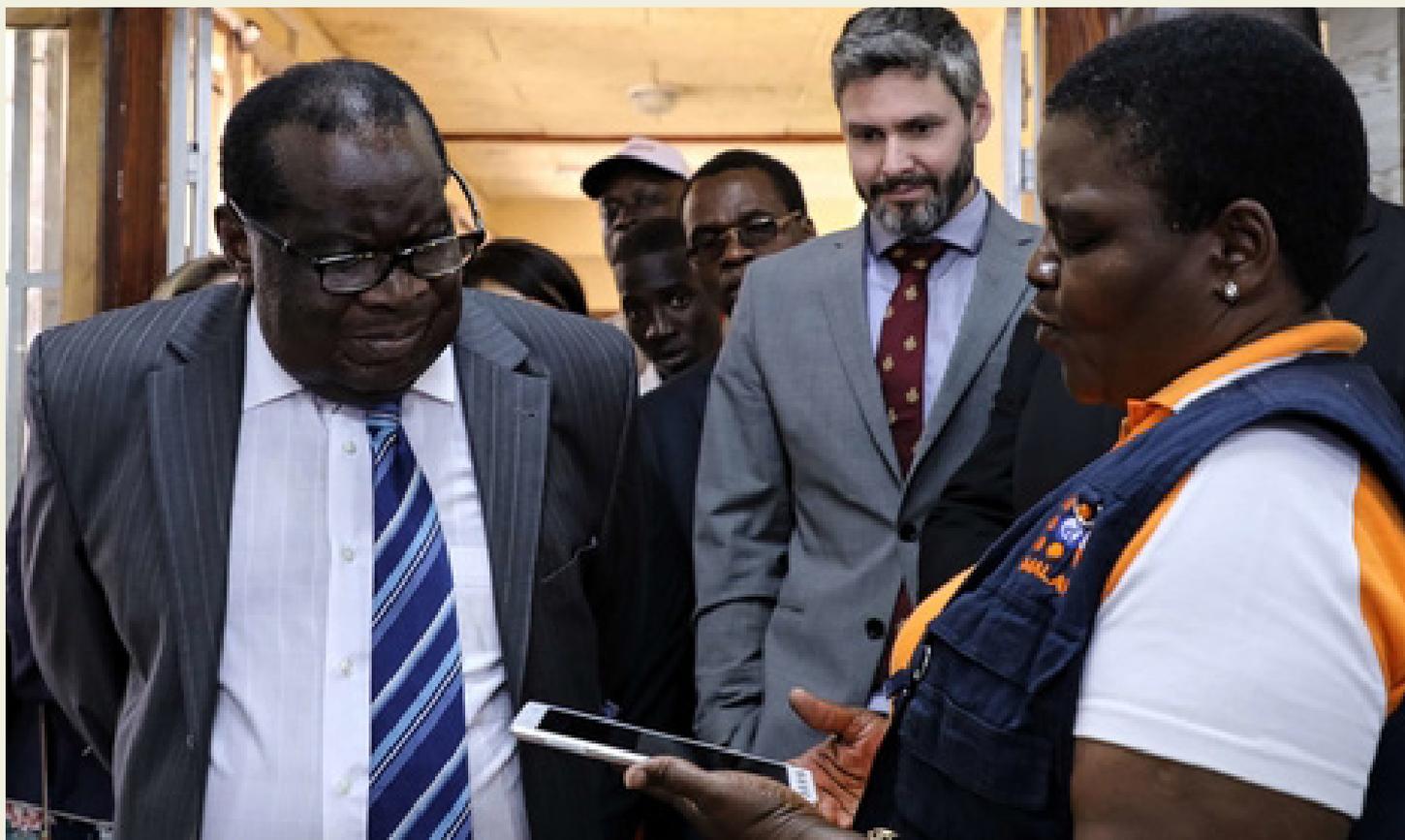
ESARO: BOTSWANA, ESWATINI, KENYA, MALAWI, MAURITIUS, NAMIBIA, SEYCHELLES, TANZANIA, UGANDA, ZAMBIA, ZIMBABWE

Knowledge and Technology Transfer for the 2020 Census Round

This is an ongoing project initiated by UNFPA East and Southern Africa Regional Office (ESARO) in 2016 to leverage South-South collaboration in at least 12 African countries to Improve planning and Implementation of the Digital 2020 Census round. Through knowledge sharing and technology transfer, the cooperation aims to yield better data to support the monitoring of SDGs in the countries of Botswana, Eswatini, Kenya, Malawi, Mauritius, Namibia, Seychelles, Tanzania, Uganda, Zambia and Zimbabwe. The key implementing partners for this undertaking are the National Statistical Offices (NSOs) in these countries, with support from UNFPA Country Offices.



Census – enumerator Kefuoe Maloi with local village member Matokelo 2020 Census Round. Mosi, Lesotho, 2016



UNFPA Malawi IT Officer, Madalo Khoza demonstrates to the Malawi Finance Minister, Goodall Gondwe, on how the census tablets work. August 2018.

CONTEXT

The countries covered by UNFPA ESARO are at different stages of socio-economic development, which is also reflected in the capacity of their NSOs to conduct the 2020 Round of population and housing censuses. While some of the countries have strong statistical systems and capacity that can be leveraged for digital census undertaking, some have limited capacity and resources. The situation calls for innovative strategies to strengthen institutional capacities for undertaking the 2020 census round across the region.

In line with recommendations of the United Nations, all countries with upcoming censuses are expected to adopt digital census, involving the use of information and communication technologies (ICTs) in the data collection process through Computer-Assisted Personal Interviews (CAPI), cartographic mapping, data processing and analysis as well as geo-spatial analysis. While this technology-based approach improves the speed of data collection,

processing and analysis and overall data quality, it also requires strengthened technical capabilities and financial resources to acquire and apply these technologies.

PROGRAMME APPROACH

UNFPA ESARO has encouraged and facilitated NSOs that have successfully conducted digital censuses to share their experiences, not only their achievements but more importantly on their challenges and how they were addressed. Lesotho and Eswatini were the first countries in the region to undertake digital censuses in 2016 and 2017, respectively, followed by Malawi in 2018 and Kenya in 2019. All of them received some support from UNFPA ESARO. Ten countries in the region - Zambia, Seychelles, Tanzania, Uganda, Botswana, South Africa, Namibia, Mauritius, Rwanda and Burundi - plan to implement their censuses between 2020 and 2022.

Peer learning, technical exchanges and sharing of computer tablets among Eswatini, Malawi and Kenya



A team of enumerators collecting population data. Malawi, September, 2018

with the other countries became highlights of this cooperation. With its digital census completed in 2017, Eswatini hosted separate teams of census managers from Ethiopia, South Sudan, Malawi and South Africa in 2018, to share their practical experiences on using computer tablets for both mapping and data collection. After its digital census in September 2018, Malawi hosted a joint mission from Zambia and Zimbabwe in April 2019 and Botswana and Mauritius in June 2019, to share their experiences on technical, logistical and administrative aspects of digital census, resource mobilization, outsourcing of cartographic mapping and developing an application for data capture. Malawi hosted other individual missions from Kenya and Namibia in January and June 2019, respectively. The Kenyan mission to Malawi, comprised of senior government officials and

members of parliament representing relevant committees, was instrumental in the government's decision to fully procure 140,000 computer tablets for its census. Following its own census in August 2019, Kenya hosted in February 2020, a joint country delegation from Botswana, Uganda, Tanzania and Liberia, in preparation for their censuses that are coming up between 2021 and 2022.

An initial set of 250 computer tablets was procured by UNFPA ESARO for use in a pilot mapping process in Madagascar in 2017. These computer tablets were later transferred to Zambia for census cartographic mapping in 2018. Encouraged by the practicality of sharing computer tablets between countries, UNFPA ESARO procured further 15,000 computer tablets in 2017 with funding from the

Department for International Development (DFID). This supplemented the already 15,000 computer tablets procured by the Malawian government for their 2018 census. At the end of the Malawi Census, the 15,000 tablets procured by UNFPA were transferred to Zambia for their 2020 Census. Even though it fully funded the procurement of its own computer tablets, the Kenyan government, following UNFPA ESARO's brokerage, agreed to donate through government-to-government arrangements, computer tablets to the following countries with upcoming censuses: Botswana (5,000 pieces); Liberia (15,000 pieces); Ghana (70,000 pieces) and Mauritius (8,000 pieces). With approximately US\$165 cost per computer tablet plus its accessories, this sharing of tablets has ensured optimal use of limited resources.

This type of SSC has demonstrated a cost-effective strategy for strengthening technical capacity for digital censuses in the region by sharing not only knowledge but physical assets for the census. In doing so, UNFPA ESARO has also enabled NSOs to benefit from the other countries on the full technical requirements for a successful digital census. This was further illustrated by the most recent technical learning exchange hosted by the Kenya National Bureau of Statistics (KNBS) in February 2020. In collaboration with UNFPA Kenya and UNFPA ESARO, KNBS developed an information package on every stage of their digital census planning and implementation, which was shared with a joint mission of NSO representatives from Botswana, Uganda, Tanzania and Liberia.

Among the key factors for KNBS' successful digital census identified during this learning exchange were: 1) proper planning, started four years ahead of the census; 2) government leadership; 3) an early and firm decision to use digital technologies in spite of the huge preparations required and limited past experience; 4) building of local capacity in digital technologies in further collaboration with two public universities; 5) building in-house capacity in CAPI programming; 6) sound recruitment guidelines, developed and implemented at national and county government levels; and 7) a strong multi-sectoral partnership with mobile phone service providers

for data transmission and with other government agencies and departments for distribution and collection of census materials.

In an anonymous evaluation conducted at the end of the 5-day Kenya digital census learning exchange among the 23 participants, it was established that a majority of the participants highly valued the opportunity for cross-learning from countries at different stages of the census process and recommended a similar organization for future learning exchanges. To further foster SCC in the region, UNFPA ESARO is pursuing the development of an online portal, with an integral community of practice, to facilitate documentation and sharing of census experiences, including aspects related to the analysis, dissemination and use of census data.



Sample of 15,000 tablets given to the Malawi Government to support the 2018 census. Zomba, Malawi, August 2018

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*An enumerator interviewing in a village.
Malawi, September, 2018*



MALAWI and ZAMBIA

Digitalizing Population and Housing Censuses

This on-going project is being implemented jointly by the National Statistical Office (NSO) of Malawi and the Zambia Statistics Agency (ZSA), with support from the UNFPA country offices in these two countries. Other international partners include Iceland, Norway, the UK Department for International Development, GIZ, US Census Bureau, Standard Bank and UN Agencies: UNDP and UN Women.

CONTEXT

The governments of Malawi and Zambia have embarked on an ambitious goal of digitalizing their population and housing censuses. Digitalization would make available population data at a faster pace with an unprecedented level of detail that could better serve the needs of policymakers and communities. As part of this effort, the NSO of Malawi made a convincing case that technology could provide the stimulus for a leap forward in developing its national statistical framework. A plan was put in place for this purpose. Zambia undertook a learning visit to Malawi to further understand the process of adopting this new census technology along its path to build a robust national statistical system with a comprehensive monitoring framework.

One of the largest obstacles to realizing this vision for censuses is the inadequacy of the infrastructure required to use digital data collection and analysis methods. The telecommunications network in Malawi is nascent and requires technological

fixes to store data collected in areas with weak or no mobile connectivity. Electricity is sporadic and hard to access areas present real logistical challenges. In Zambia, the adoption of new technologies for the various census processes also require enhancements and further investments in management, data capture, mapping, data processing and storage, which are integral elements critical to the success of this census exercise.

PROGRAMME APPROACH

Although Zambia has used new technologies such as computer assisted personal interviewing (CAPI) in recent national surveys, the country has never used this technology for the census. Thus, the application of the latest information and communication technologies such as digital mapping and Geographic Information System (GIS) presented the country with an opportunity, not only to modernize its census process, but also to support improvements in the quality, efficiency, cost-effectiveness and timeliness of census data.



This challenge led Malawi and Zambia to explore novel ways to use digital tools that mutually benefit each other's census experiences. UNFPA country offices in both countries shared this journey by partnering with the respective national statistical offices to support their first digitalized population and housing censuses. In both countries, UNFPA was the main broker in the relationships between the national implementing partners, Malawi's National Statistical Office and Zambia Statistical Agency and other development partners. In Malawi, the project was funded through a basket fund managed by UNFPA that acted as the lead agency in developing a clear joint strategy supported with technical expertise to design and implement the project.

The project partnership strategy was designed to encourage deeper regional and global cooperation and to support a longer-term vision to strengthen the national statistics infrastructure in the region. Efforts also ensured that the strategy was aligned with wider national policy development goals in both countries. At the same time, it encouraged access to peer-based expertise in the continent and globally. Experts from the US Census Bureau provided additional technical expertise to the statistical office guiding them on the right technological options for Malawi. This led to an agreement between the Government of Malawi and partners to procure 20,000 electronic tablets and power banks to support the migration to the new approach.

This revolutionary move to modernize the census of Malawi enabled real time transfer of data to servers which replaced the process of intake and data entry of forms by data entry clerks, thus, reducing timelines, budgets and errors. The computer tablets improved field management, monitoring of workflows and the timely publication of census results, way sooner and more efficiently than in previous timelines. A further 17 thematic reports on key development issues will be released in 2020-21. The collaboration also demonstrated how to maximize utility of technological hardware by facilitating transfer of the computer tablets in Malawi to Zambia in advance of the latter's census to be conducted in 2020. Malawi also plans to extend this journey towards a digital census with other five countries including Botswana, Kenya, Mozambique, Zambia and Zimbabwe.

This technological innovation helped both countries on three levels. Firstly, the statistics office has demonstrated how a population and housing census can be delivered efficiently by taking the best ideas from the continent and the industry. Secondly, Malawi combined technological solutions with human ingenuity to innovatively overcome census challenges. Thirdly, Malawi, has maximized the utility of procured hardware by reaching out to and sharing its experience in digitalization and physical assets with Zambia. The computer tablets are now in Zambia where they will be an essential part of the 2020 census.



Official handover of the computer tablets from Malawi to the Zambia Statistics Agency. 2019

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IRAQ: EGYPT, JORDAN ICT Knowledge Transfer for the 2020 Census

During the conduct of the pilot census in four governorates in Anbar, Baghdad, Basra, and Erbil. November and December, 2019

In this collaboration, the Iraq Central Statistical Office (CSO) mobilized support from UNFPA Iraq to learn from the experience of Egypt and Jordan in conducting their 2020 National Population and Housing Census. Partners include the Ministry of Planning (Federal Government), the CSO, the Ministry of Planning (Kurdistan Regional Government), and the Kurdistan Regional Statistics Office (KRSO). Started in 2019, this project runs through the end of 2022.

CONTEXT

The Government of Iraq has decided to adopt electronic Census. However, the Government has limited experience in this field. At the suggestion of UNFPA, the government resorted to south-south cooperation and to solicit expertise from Jordan and Egypt who have conducted their e-Census in 2015 and 2017 respectively. Jordan and Egypt share common settings and have successfully conducted their most recent census using e-technology. Moreover, the governance structures in Iraq need further technical support on issues of procurement, human resources, ICT and GIS.

In July 2020, The Prime Minister of Iraq announced the postponement of the 2020 Census until the third quarter of 2021. Nevertheless, the preparation for the Census as planned with partners and relevant ministries continues.

to engage Census authorities. Study tours were set up for Iraq officials who visited Egypt and Jordan for onsite learning and discussions with related authorities for transfer of knowledge and skills on management, governance structures, procurement, and ICT. Several important technical documents were shared with relevant people. A number of expert group meetings in Cairo and Amman were also organized specifically one with the country office in consultation with ASRO to deliberate and learn from multiple challenges and solutions.

Training and attachments of experts facilitated exchange of experts for close on-job learning. Furthermore, the CO outsourced some expertise on ICT by engaging an international company well experienced on Census ICT who conducted a technical mission to Iraq and had series of technical discussions and provided a comprehensive report on enhancing the capacity of Iraqi CSO on information technology and GIS including procurement of ICT equipment and software as well as human resources. In these meetings and exchanges, options for speeding

PROGRAMME APPROACH

To support the needs of the country, the UNFPA Iraq country office organized a series of activities



up the use of latest technology was also addressed, including outsourcing for technical support and recruitment of international human resources. The CO also facilitated development of communication strategy to support the Census through a technical workshop held in Jordan.

Below is an excerpt from a national blog that affirms the Iraqi government's commitment to the census in line with the recommendations of the United Nations; it is also aimed at consolidating the developmental goals of the census, ensure its correct steps, in accordance with the program of the Higher Census Commission and to address the challenges that may face the census processes.

... Obtaining updated, comprehensive, and high-accuracy data on all individuals at a specific time as well as different characteristics of buildings, housing and families.

... The general population census process is a cornerstone of information gathering, and it is the only opportunity for the state to reach out to the country's population easily and responsively;

... The Census is acknowledged as an important means for providing evidence-based government services according to the size of the population and the precise determination of the deficits in housing;

... Acknowledge the importance of deciding on the legislations, laws or decisions required by the general population census, in a timely and appropriate manner and affirming a conducive work environment responding to its developments and needs;

... Commitment of the ministries and relevant bodies to provide human, material and technical resources on telecommunications and data transfer services, the geographic information system, and information technology to ensure an efficient and effective implementation of the electronic enumeration process;

... Emphasize the support to the Central Bureau of Statistics through providing the material and human requirements that secure the judicious implementation of census activities, particularly in approving the proposed financial budget and providing the necessary facilities for the proper functioning.



UNFPA Representative, Rita Columbia, meeting with the Minister of Planning, Khalid Al-Battal Najim, on Census. Baghdad, Iraq, 2020

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EGYPT: BRAZIL, CABO VERDE, SENEGAL Strengthening National Capacities in e-Census

Participating partners from Egypt, Brazil, Cabo Verde and Senegal during the 8th African Population Conference. Entebbe, Uganda, November, 2019

The Central Agency for Population Mobilization and Statistics (CAPMAS) is Egypt's National Statistical office (NSO). Facilitated by UNFPA Egypt, CAPMAS has adopted south-south cooperation to share its electronic census experience and join forces with other interested countries' NSOs to support capacity building in this area.

CONTEXT

CAPMAS undertook its first electronic census in 2017. Given that Egypt is one of the most populous countries in Africa and the Middle East, its in-depth technical know-how in censuses has earned it global and regional reputation. Its long history with censuses dates back to 1882 and the 2017 census is the 14th in its admirable record.

In 2018, the UNFPA Egypt Country Office (CO) also facilitated the visit of the Vietnam Government Statistical Office (GSO) to CAPMAS. In 2019, UNFPA Brazil CO approached the Egypt CO to engage CAPMAS in an existing SSC project. The Brazil Reference Centers in Data Collection proposed to expand its reach in Africa where it already has collaboration with Senegal and Cabo Verde.

All the facilitated SSC activities by CO were responses to ad hoc requests by other UNFPA COs that placed Egypt in the provider side in this collaboration. Recently, a formative evaluation of UNFPA's Approach to SSTC was conducted, with Egypt as one of the field-based case studies.

There are challenges to be addressed in this type of SSC, for instance, language, when it comes to exchanges between partner institutions. Also, with ad hoc and demand-driven requests, many times activities are not clearly linked to country program outputs and appropriate budget allocations. CAPMAS responds to all requests whether through UNFPA offices or directly from interested NSOs. As the conduct of census is strongly linked with the political, policy and security dimensions, the timely and efficient execution of planned activities are at times hampered or halted.

PROGRAMME APPROACH

The Reference Centers in Data Collection project was developed and implemented in partnership with Brazilian Cooperation Agency, Brazilian Institute for Geography and Statistics, and National Statistical Offices from Cabo Verde and Senegal and UNFPA Brazil. The project is a platform for the exchange of experiences, sharing of knowledge and tools and joint development of innovative approaches. Brazil initiated it in 2016 to support the NSOs of Senegal

and Cabo Verde to become Centers of Reference to facilitate the use of electronic data collection in other African countries.

Basically, the Reference Centers provide support to NSOs in the stages of census mapping, technology infrastructure preparation, data collection and societal awareness, with a steering committee to oversee its strategic and technical aspects. The project's three member countries and UNFPA Brazil CO agreed to expand its reach to other Arabic speaking countries through this cooperation with Egypt's CAPMAS.

The project used the opportunity of the 8th African Population Conference, held in Uganda last November to invite CAPMAS as a potential partner to start a new phase of cooperation. With UNFPA support for their participation, CAPMAS presented their e-census process to the three partners at the Conference and shared their operational experience in specific census aspects, particularly in training of enumerators and actual enumeration. This was timely and instrumental in helping Brazil prepare for its next census. A meeting with the African Institute for Development Policy (AFIDEP) was also held to explore their engagement in this collaboration.

In principle, the countries agreed then to hold the next steering and technical committees meeting in Cairo in 2020 during which the members will officially formalize Egypt/CAPMAS engagement. Partners also agreed to invite strategic stakeholders such as ambassadors and ministries of international cooperation and foreign affairs, to reposition the census process and ensure government endorsement. Partners agreed to develop a 2020 road map to flesh out the steps, dates, and roles, so that the visit to Cairo and the CAPMAS engagement can be formalized.

Some of the planned actions include the following: continuing the exchanges with partners through the WhatsApp social media platform; sharing of relevant documents such as the UNFPA Technical Brief on the Implications of COVID-19 on Census; and switching to virtual communication to implement the SSC, rather than wait for travel funds allocation to hold an in-person meeting during the global



Partners meeting with the African Institute for Development Policy (AFIDEP) for possible SSC engagement. Uganda. November, 2019

pandemic. UNFPA has also proposed to partners some quality assurance aspects to strengthen the SSC intervention, among them the evaluation/accreditation of the provider products, systematic solicitation of recipients' feedback on the acquired knowledge and the possibility of secondment of technical experts from the provider to support project implementation in the recipient country. Given the enormous possibilities with using an electronic data collection process, partners may also consider expanding the project scope to include surveys, and progress monitoring of relevant policies and programmes.

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ECUADOR: CHILE, GUATEMALA, MEXICO

Strengthening Census Planning



This South-South cooperation (SSC) initiative highlights how the Chilean, Guatemalan, and Mexican experiences and lessons learned helped strengthen the census planning process in Ecuador. Started in mid-2019 and expected to continue until mid-2022, this partnership is implemented by the Ecuadorian National Statistics Office (NSO), the National Institute of Statistics and Censuses (INEC) and the UNFPA Ecuador Country Office, with the support of UNFPA Regional Office for Latin America and the Caribbean (LACRO) and ECLAC.

CONTEXT

In the last three years, the Ecuadorian economy has been characterized by large macroeconomic imbalances, low GDP growth, public spending reduction, and a high level of public debt. For this reason, as part of the “Plan of Prosperity” to address the economic crisis, the government implemented austerity measures and budget cuts that impacted plans for the 2020 National Housing and Population Census. This led NSO to identify cost-cutting measures mainly by reducing the length of the census questionnaire and assessing different information processing strategies. They turned to other countries in the region to learn more about their experience in census planning which formed the basis of this SSC.

At around this time of the census planning, the Director of NSO was changed just before the experimental census in November 2019. This led to further changes in the managerial positions within the organization which had a further adverse impact on the plans. Based on the experimental census conducted in four cities last year, the NSO team also realized flaws in the procurement

process, also aggravated by the current COVID-19 pandemic. The health emergency reduced even more the availability of public funds that could be utilized for the completion of the cartographic update and training of census interviewers. These new challenges led NSO’s technicians to reevaluate the design of each phase of the census and the feasibility of various processing strategies. They looked to other countries in the region for innovative solutions.

PROGRAMME APPROACH

To address the challenges, Ecuador collaborated with Guatemala and Chile, both of which have applied different strategies in their censuses. The experience of these two countries guided the NSO in identifying the advantages and disadvantages of each strategy and provided technical advice on the best option for the Ecuadorian census. UNFPA’s technical assistance supported NSO during this contingency planning to ensure that the census is conducted as soon as possible.

Among the major efforts undertaken is the provision of technical assistance to the National

Institute of Statistics and Censuses (INEC) implemented through a three-year co-sharing agreement between INEC and UNFPA. Under this co-sharing agreement, UNFPA CO Ecuador coordinated the participation of experts from ECLAC, Mexico, Chile and the UNFPA Latin America and the Caribbean Regional Office (LACRO). A visit to Ecuador was organized in November and December 2019 which provided feedback to NSO's new Director and the technical team regarding questionnaire design, training process for the interviewers, communication, security, and logistics of the census operation. The agreement also included hiring an international expert to advise on Census Management and provide high-level technical advice to the Director of the NSO. All these expert advice and lessons generated by the experimental census guided the re-design and reduction of the questionnaire, and processing strategy for data collection, in order to decrease census costs, without compromising its quality. Remote discussions through video conferences facilitated the exchange of knowledge and technical information among the partners. The technical team in Guatemala, supported by the UNFPA CO, shared lessons learned in their 2018 census particularly in applying manual entry from paper to electronic processing of census data. The counterparts in Chile shared their know-how in applying optical scanning for data capture and lessons learned with this technique used in the Chilean 2017 Census. Both countries helped Ecuador decide on the use of optical scanning as a processing strategy for the Ecuadorian census.

To address the challenges presented by the COVID-19 pandemic, UNFPA and ECLAC, together with the Ecuadorian NSO, formed a technical group to generate strategies to complete the cartographic update with minimum number of field visits. This approach was further guided by decisions to use available technology such as satellite images, online platforms for training interviewers, and other ways to collect data remotely whenever possible. The process was also guided technically by the Population Census and Geospatial Data expert from UNFPA Headquarters. ECLAC and UNFPA LACRO further cooperated with NSO experts to

analyze and improve the quality and completeness of mortality records, in response to the COVID-19 emergency. This was done within the framework of ConVERGE ("Connecting Vital Events Registration and Gender Equality"), a partnership between UNFPA and the Centre of Excellence for Civil Registration and Vital Statistics Systems (CoE-CRVS) to ensure that CRVS systems are gender-responsive.



Meeting between Diego Andrade, NSO Director, and Juan Enrique García, census expert from Mexico. Quito, Ecuador, November, 2019

Overall, this SSC has supported a key outcome area in Ecuador's development agenda aimed at strengthening national and local capacities for the generation, analysis, use, and dissemination of high-quality disaggregated data.

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SRI-LANKA: VIETNAM

Knowledge Sharing on Census Digitalization



Sri Lanka school girls,

The purpose of this collaboration, initiated in 2019, was to facilitate knowledge and experience sharing through a study visit organized at the request of the Department of Census and Statistics (DCS) of Sri Lanka (DCS) to the General Statistics Office in Vietnam. It was undertaken with support from the UNFPA Country Offices in Sri Lanka and Vietnam.

CONTEXT

The Sri Lanka DCS has been conducting the census of population and housing since 1871. Over the years the DCS has implemented new methods to improve its data collection. However, improving the quality and timely release of data has proven to be challenging. For instance, in the 2010 Census round, the DCS conducted the census in early 2012 and was only able to release the data in 2014. This time lag between the time of census and release of final report was due to delays inherent in mainly in using a paper-based questionnaire,

then scanning the images to computerize the data. Errors in scanned images, and the time-consuming process for data analysis and validation posed further delays in the release of census data.

These challenges and consequent delays have affected the country's development. Untimely release and poor quality of census data, delays policy decisions regarding fertility and mortality trends, migration, education, employment, disability and housing conditions. Population projections based on availability of such data are

essential for planning public investments to ensure achievement of universal access to sexual and reproductive health and the SDGs overall.

PROGRAMME APPROACH

To support the transition to computer-assisted personal interviewing (CAPI), at the request of DCS, UNFPA facilitated connection and collaboration with Vietnam's GSO to initiate their experience sharing. The GSO in Vietnam has valuable experience in using CAPI for census as it had implemented CAPI using smartphones during its 2019 Population and housing Census.

With the support of the UNFPA country office in Sri Lanka, a delegation of 7 DCS staff (and 1 UNFPA staff) visited the Vietnam GSO in August 2019. The purpose of the 4-day (13 – 16 August 2019) study visit was to learn about Vietnam's experience in the 2019 Census and the Survey on Women's Health and Life Experience. The visit aimed to help Sri Lanka apply this learning to improve the planning and implementation of its 2021 Census. The key elements shared by Vietnam during the visit included its experiences in (1) designing the 2019 Census with application of information technology (IT) in all stages of the Census; (2) developing and using CAPI software, web form, operation website and propaganda website for the Census; and (3) the National Survey on Women's Health and Life Experience: Results of the 2010 Survey, methodology and the organization of the Second Survey.

This enabled the DCS team to understand and learn from the challenges faced by GSO in implementing CAPI. The lessons learned and recommendations shared by GSO focused on the importance of finalizing the questionnaire in advance in order to avoid making many revisions on CAPI, minimizing the number of software updates, providing guidance to enumerators on removing, installing and updating the CAPI application on their devices, conducting training classes with sufficient time for practical exercises, ensuring free storage capacity on devices to avoid losing data, data loss prevention, addressing data security issues, enhancing monitoring and supervising system. Based on these learnings, DCS

was able to assess its current implementation plan and introduce necessary adjustments. For instance, GSO had used the 'bring your own device' (BYOD) method which proved to be very challenging as the programming language of the CAPI application had to be modified to ensure compatibility with multiple operating systems. Learning from this, DCS was able to weigh the pros and cons and decide to proceed with using computer tablets as the most preferred modality. Further, DCS was able to strengthen the design of its system by making improvements to the data transferring process such as allocating time slots for enumerators to transfer data to respective supervisors, monitoring progress of field work using the Master Registry of census block database. With this new insight from Vietnam's GSO, Sri Lanka's DCS is better prepared for its 2021 census.

Both offices acknowledged the support from UNFPA which has been providing technical and financial support to NSOs. Its support to DCS to ensure that the census is of high quality, upholds international principles and standards, and produces data that can be widely disseminated and utilized for development was highly appreciated.



Senior officials of Vietnam's GSO welcoming the delegation from Sri Lanka. August, 2019.

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Participants to a technical training conducted by the project team in Saly, Senegal. November, 2017



BRAZIL: CABO VERDE, SENEGAL

Electronic Data Collection in Africa

This case highlights progress that have been made by the partners involved in advancing censuses through this South-South cooperation (SSC). These partners are the Brazilian Cooperation Agency (ABC), the Brazilian Institute of Geography and Statistics (IBGE), the National Institute of Statistics – Cabo Verde (INECV), the National Agency of Statistics and Demography – Senegal (ANSD) and UNFPA.

CONTEXT

Censuses are considered key to informing public policies and decision-making processes. The African Union 2063 Agenda has identified the availability and use of quality data as key inputs to the elaboration of effective national policies and as a basis for budget allocations and political representation.

The focus on new technologies, particularly electronic data collection, can significantly impact the quality and timeliness of censuses. The Brazil Reference Centers Project has concentrated its efforts to solving three main issues related to data collection: first, the time required to undertake a census including the preparation of national teams and put in place the technological resources needed; second, the process to complete and disseminate the data; and third, the quality improvement of the information produced. Fragmented processes and lack of resources can impact decisively on census processes and outcomes.

It is in this context, that this SSC embarked on this initiative to strengthen the National Statistical Offices (NSOs) of partner countries in Africa. This joint effort focuses on enhancing technical and institutional capacities of NSOs through a network called Reference Centers. In this project, the use of state-of-the-art technology and methodological tools can help countries in Africa and elsewhere take censuses to the next level in terms of data quality and availability.

PROGRAMME APPROACH

Although the concept and methodology of Reference Centers has been reported earlier, the emphasis on innovation and collaboration especially with Portuguese speaking countries in Africa, presents another promising SSC scenario. The Reference Centers consider these three main dimensions: the first is about using technical knowledge and best practices identified by Brazilian Institute of Geography and Statistics to adapt training materials and ensure knowledge sharing for data collection that address

local specificities; the second dimension is about participative governance, referring to the role of the Steering Committee, the Technical Committee and the dedicated workforce to monitor the project; finally, the replicability and sustainability dimension which seeks to build institutional capacity of the NSOs through a knowledge network with a group of professionals that can advance the census process as well as improve cooperation and leadership the African countries themselves.

The most innovative character of the project is its vision to create a *cascading effect*, centered on the knowledge multiplier principle. Unlike traditional SSC modalities in which countries share knowledge to meet their respective technical needs, the Reference Centers aims to create a replicable knowledge network that partner countries use to extend and further share their know-how further with other countries.

Earlier efforts have tried to expand the reach of Brazil's knowledge network to both English-speaking and Arab-speaking countries in Africa. Since 2019, the project has engaged with Egypt's Central Agency for Public Mobilization and Statistics (CAPMAS). CAPMAS has been continuously developing and sharing its technologies in electronic data collection and, in this way, adds important knowledge and experiences to the project. It is expected that the partnership will also create a multiplier effect on census capacity building in some countries of the Arab region.

In the past 4 years of the project, the following outputs have been achieved so far. More than 50 professionals from INECV and ANSD have been trained, with participation of different professionals from IBGE sectors. These professionals have the important role of sharing these technologies with other national statistics offices in the region. All training materials have been developed collaboratively with partners. A dedicated [website](#) has been set up containing all project information and relevant reference materials for engaging in this SSC. The project has also been taken as a model to design new SSC partnerships and solutions through its "reference center" model, considered as an innovative platform for organizing multiple demands beyond data collection. These reference centers have served as knowledge sharing hubs for African countries,



Reference Centres steering committee meeting held in Praia, Cabo Verde. February, 2018

thus contributing to national capacity building for censuses in the continent.

Another promising scenario with this SSC is the partnership with the Community of Portuguese Speaking Countries (CPLP). This shared language and culture present enormous opportunities for Brazil to have meaningful and sustainable partnerships with the counties in CPLP. Although the focus of this SSC is the conduct of electronic censuses and utilizing demographic data for policy-making and development planning, it could very well move into other relevant national priorities of partner institutions.

As mentioned before, sustainability is a core element of the Reference Centers project. All knowledge produced is adapted and appropriated by the partners, from the strategic vision to its operational activities. The governance modality also includes an integral monitoring strategy to guide the replication of the initiative in multiple contexts. The partner institutions, notably ABC and the UNFPA COs are working closely to ensure that accountability and sustainability measures are also built into this mode of engagement.

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Participants to the Youth4Youth Forum of the 3rd China-Africa Conference on Population and Development. Accra, Ghana, June, 2019



GHANA: OTHER AFRICAN PARTNER COUNTRIES, CHINA

A Youth4Youth Forum for Dialogue and Ideating Solutions



This South-South cooperation brought together two giants – Africa and China by providing a platform for young leaders to showcase and explore their aspirations and innovative ideas to make a strong case for inclusion of youth at all levels of society. Youth leaders came from Ghana, China, Benin, Burkina Faso, Cameroun, Chad, Côte d'Ivoire, DRC, Eswatini, Ethiopia, Kenya, Malawi, Morocco, South Sudan, Zambia. The Conference, held in 2019, had participants Youth Leader Fellows supported by and through partnerships among UNFPA Ghana, UNFPA China, AfriYAN Ghana, China Youth Network, the China Family Planning Association, Beifang International Education Group, and the Ghana Ministry of Planning, National Development Planning Commission (NDPC) and National Population Council.

CONTEXT

African youth are among the world's most vulnerable groups. Characteristic of most youth around the world, they are often excluded from policy and decision-making. Young women are more disproportionately affected due to socio-cultural factors that impede their participation, relative to their male counterparts. There is a growing need to address their limited participation in governance as well as the absence of youth-friendly spaces that can also provide access to basic services, including sexual and reproductive health. The inadequacy of these conditions for young people often result in poor reproductive health outcomes such as child marriage, obstetric fistula, teenage pregnancy and HIV among others.

In China, comprehensive sexuality education and youth-friendly sexual and reproductive health services for its young people are limited in coverage and content. Similar to Africa, the youth are largely excluded in decision-making processes,

especially those from marginalized communities. The rights of persons with disabilities (PWDs) and LGBTQI to comprehensive SRH services remain largely neglected.

Young people from the African continent and China are faced with similar social and economic challenges that prevent them from realizing their full potentials. They need avenues and platforms to express their views, discuss and create solutions, as well as form strategic and collaborative alliances, locally and internationally, in order for their voices to be heard more loudly, consistently and meaningfully.

PROGRAMME APPROACH

The core intention of the 'Youth4Youth' Forum was to bring forward youth perspectives on the global development agenda in the context of Africa and China. Through multi-stakeholder consultations, the organizers of the Africa-China Conference on Population and Development provided young

people with avenues to lead their own dialogues, foster relationships and build networks, and create opportunities for growth and development.

This first Youth4Youth Forum was convened on 23-26 June 2019 in Accra, Ghana as part of the 3rd Africa-China conference hosted by the Government of Ghana through the Ministry of Planning and the National Population Council. It was designed specifically to (1) Create a youth-led avenue for dialogue; (2) Improve young people's awareness of Programme of Action of the International Conference on Population and Development (ICPD) and of the Sustainable Development Goals (SDGs); (3) Provide a platform to showcase youth-led interventions and innovations, and (4) Build networks to influence national decisions towards the realization of gender equality. UNFPA Ghana and the China Country Office served as convenors of this event, in addition to providing technical and financial support.

The Forum attracted participation of 345 young leaders from 17 countries in Africa, plus China. The implementation process for the Forum consisted of several pre and post phases, ensuring at every stage that inputs of young people are fully reflected. This participatory approach also ensured diversity of in-person and virtual attendees to the Forum which included young people from rural areas, marginalized sectors, those living with disability as well as those out-of-school.

As a lead convenor, UNFPA Ghana worked with several youth groups and youth-led civil society organizations like the Youth Action Movement of the Planned Parenthood Association of Ghana (PPAG) and Curious Minds Ghana. At the helm of this mobilization were the Fellows of the Youth Leaders Fellowship Programme of UNFPA Ghana, who helped put together the content and structure of the Forum. In addition to facilitating visa requirements, UNFPA Ghana also arranged educational visits for the Chinese youth participants to the University of Ghana and the Disability Village.

The Forum took advantage of innovative social media to elicit the views of and interact with young people through video submissions, an online platform and a "Tweet Meet" session (utilizing Twitter). These videos were compiled into the State of the Youth Address (SoYA) that was further deliberated upon during the Forum.

An exhibition session enabled young entrepreneurs to showcase their innovations in technology, arts and crafts. To bridge the gap in access to youth-friendly SRH services, mobile health booths were also set up. Video documentation and written reports of the Forum are available online.

The Forum Declaration has been widely disseminated and used as a tool to engage relevant stakeholders. As a result, there has been heightened energy among the youth organizations. In Ghana, for example, young people provided inputs to Ghana's ICPD commitments that were subsequently presented at the Summit in Nairobi on 12-14 November, 2019. Many of the youth participants also joined a youth-led national march during the observance in Ghana of the 16 Days of Activism Against Gender-Based Violence. It is hoped that future China-Africa Conferences on Population and Development will integrate a similar youth forum component.



Cross-section of youth participants at the Youth4Youth Forum. Accra, Ghana, June, 2019

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UNFPA Bangladesh team meets with Directorate for Investigation and Detective Management (DIDM) staff at the conference room of Philippines National Police headquarters, September 2019

BANGLADESH: PHILIPPINES Strengthening Police Response to GBV

This project is being implemented by the Bangladesh Police under the Ministry of Home Affairs (MoHA), with support from the UNFPA Bangladesh Country Office. It has been ongoing since 2017, in collaboration with UNFPA Philippines.

CONTEXT

Socio-cultural factors present challenges in working with uniformed services, especially in the context of gender-based violence. In Bangladesh, there is an overall shortage of female police officers, which also limits the number that can be deployed to Women’s Help Desks (WHD). Women report feeling uncomfortable accessing GBV services managed by male police officers. There are also preconceptions reported by local communities stigmatizing women seen accessing these services at police stations as “not good women”. Recently, this project further lost its momentum due to lack of initiatives by the Bangladesh police to replicate the adopted standard operating procedures (SOPs) in police stations across the country. While advocacy efforts continue with the Bangladesh Police and MoHA to deploy more women officers to the WHDs and to replicate the recommended SOPs, progress has been quite slow.

PROGRAMME APPROACH

Based on available information, the Bangladesh Police identified the Philippines as the most relevant country to learn from when it comes to GBV services being provided to survivors. The two countries exchanged information which eventually led to the establishment of this SSC, with support from UNFPA Country Offices. It was agreed by both country offices that an in-country visit should be organized to get first-hand knowledge about the experience with the police in both countries. Accordingly, a team of six members from the Bangladesh Police, MoHA and UNFPA undertook a 6-day mission to the Philippines in September of 2019. The team observed Women and Children Protection Desk (WCPD) activities, reviewed relevant documents, and engaged with WCPD officers. Of particular interest to the Bangladeshi group was the experience of Philippine police officers as first responders in handling GBV cases, the management of GBV data through



its Management Information System, and how cases are handled from the community up to the national level.

The Bangladesh initiative titled '*Sustainable initiatives to protect women and girls from GBV (STOP-GBV)*' is being implemented in 51 Police Stations, across 4 districts, including the Dhaka metropolitan area. The project aims to increase the availability of information about GBV services and to address other harmful practices. Specifically, it aims 1) To ensure a women friendly environment at the Women Help Desk (WHD) through the deployment of additional women police officers to manage the WHDs following SOPs developed by the Bangladesh Police; and 2) To replicate the WHD model in all 658 police stations across the country. As part of this initiative, there were also efforts to explore collaboration opportunities with other neighboring countries such as India, Nepal, Sri Lanka, and Indonesia.

This collaboration accomplished the following: 1) a systematic reporting mechanism developed for GBV cases, 2) increased deployment of women officers to provide services at the WCPD, and 3) a referral mechanism which operates from the community level to the national level in collaboration with the Commission on Women, equivalent to the Ministry of Women and Children Affairs (MOWCA) in Bangladesh.

The outcome of the collaboration and the country visit were presented to the Project Steering Committee (PSC), headed by the Secretary of the MoHA. This recommendations of this group included the replication of the initiative, the deployment of dedicated women officers for the WHD and the setting up of a referral mechanism in Police Stations across the country. There was also a recommendation for the Bangladesh Police to submit a proposal to MoHA for this initiative to continue. As a result, a decision has recently been made by the Bangladesh Police to replicate the WHD in the 657 police stations of the country.

The Bangladesh Police has also adopted the STOP-GBV project's requirement for a structure that provides a separate room for GBV survivors

to observe privacy and confidentiality. This has enabled the police officers to handle GBV cases with more care and sensitivity, a feature that was not previously addressed in the police infrastructure. For the first time, the Bangladesh Police has also started coordination with the MOWCA to establish a referral mechanism for GBV survivors and to engage other relevant ministries/ departments. The development of the SOP for this referral mechanism has already been initiated with technical support from UNFPA Bangladesh.



UNFPA Bangladesh team meets with Directorate for Investigation and Detective Management (DIDM) staff at the conference room of Philippines National Police headquarters, September 2019

In accordance with the decisions of the PSC and Senior Police Officials, the Bangladesh Police submitted a proposal to MoHA to create four dedicated female positions (three Sub-Inspectors and One Assistant Sub-Inspector) to operate and manage WHDs at Police Stations. This proposal is currently under review for approval by the MoHA.

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During an actual training session on safe motherhood, SSC Safe Motherhood hub. Thailand, 2019

Maulanas conducting awareness training. Kapilvastu, Nepal. 2018



IRAN: AFGHANISTAN

Training Midwives to Support Maternal Health in Refugee Settlements

UNFPA Iran's Representative, Leila Joudane engaging with trainee midwives. Tehran, Iran, April, 2019

This collaboration on midwifery education, developed between UNFPA Iran and UNFPA Afghanistan country offices is supported by the Government of Italy. The project started in 2016 and was jointly implemented by the Iran University of Medical Sciences and Kabul Medical University. The formal collaboration was completed in 2019, but exchanges continue between the two countries.

CONTEXT

The 2010 Afghan Mortality Survey placed Afghanistan's Maternal Mortality Ratio (MMR) at 638 for every 100,000 live births. Only 58 % of deliveries were reported to be attended by skilled birth attendants in 2016, and a significant number of deaths among women of reproductive age stemmed from pregnancy-related causes. It was also estimated that Afghanistan had approximately 5,000 midwives to serve a population of 30 million, way below the recommended one midwife per 175 women.

On the other hand, Iran continues to host the largest population of Afghan refugees in the world (approximately 3 million), with more than two-thirds of them not registered and exposed to health risks. When this initiative started in 2016,

up to 48% of pregnant women were delivering at home in some refugee settlements, without skilled birth attendance. While the Iranian government is actively encouraging repatriation of Afghan refugees, the health needs of this community continue to require attention, especially among pregnant women, whose deliveries know no bounds nor borders.

PROGRAMME APPROACH

The collaboration was in response to the request from the Ministry of Higher Education of Afghanistan for the training of Afghan midwives to help the country address maternal health, including Afghan refugees residing in Iran. This meant a strong recognition of Iran's achievements in maternal health, with its hundred-year track record in midwifery education. *Between 1990 and*



2016, Iran's maternal mortality ratio decreased from 120 to 19.7 per 100,000 live births, mainly the result of systemic improvements in the Iranian primary health care structure.

The Government of Italy funded this initiative which was implemented by the Iran University of Medical Sciences, one of the top medical universities under the Ministry of Health and Medical Education. The initiative had three components 1. Iran-Afghan academic collaboration on midwifery, 2. Training of Afghan refugees as midwives and 3. Developing an Afghan-friendly maternity ward in a selected hospital. This South-South collaboration highlights a good practice accomplished under the first component, academic collaboration.

In 2013, building on a previous successful collaboration on midwifery education, UNFPA supported an Iranian midwifery expert to conduct a review of the new Afghan Bachelor in Sciences midwifery degree. The outcome of this technical assistance was a set of recommendations, with support from Iranian experts, for a faculty development plan, lesson guides and assessment tools. The plan also included a series of workshops to train Kabul Medical University staff, culminating in the implementation of the Afghan faculty programme. The efforts strengthened the programme earlier developed by the Afghan Midwives Association (AMA) which elevated it to standards on the Essential Competencies for Midwives set out by the International Confederation of Midwives (ICM).

The Iran-Afghan academic collaboration in midwifery was renewed a couple of years later, with a request from Ministry of Higher Education of Afghanistan for Iranian expertise in the development of the Afghan midwifery curriculum, and in further strengthening the capacity of the faculty of the Nursing and Midwifery Department of Kabul Medical University. The faculty development plan was approved by Kabul Medical University and is currently being used in the Midwifery department.

As part of enhancing the capacity of the nursing and midwifery department of Kabul Medical, five Afghan midwives from Afghanistan also enrolled in a 2-year

Masters training programme with Iran University of Medical Sciences. After their training as community level midwives, they returned to Afghanistan to further contribute to skills development of midwives in their home country.

A project steering committee guided the implementation of this collaboration composed of the following partners: UNFPA Iran, Ministry of Health and Medical Education, Embassies of Italy and Afghanistan, Bureau for Aliens and Foreign Immigrants Affairs, Iranian Scientific Association of Midwifery, United Nations High Commissioner for Refugees and Iran University of Medical Science.



During Master of Midwifery graduation rites attended by officials from IUMS and UNFPA. Tehran, Iran, April, 2019

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BANGLADESH: INDIA

Professionalizing Midwifery to Meet International Standards

Since 2019, UNFPA Bangladesh and UNFPA India have been sharing lessons on how to strengthen the path to developing midwifery as a profession. The partnership is active although there are no major ongoing activities. The partners have reviewed its status and currently exploring prospects of further support from JHPIEGO.

CONTEXT

Midwives save lives. Well trained midwives could help avert roughly two-thirds of all maternal and newborn deaths. They could also deliver 87% of all essential sexual, reproductive, maternal and newborn health services. Yet only 42% of people with midwifery skills work in the 73 countries where more than 90% of all maternal and newborn deaths and stillbirths occur.

UNFPA country offices around the world support programmes to engage or strengthen the midwifery cadre. Bangladesh's unique comprehensive approach and commitment to international midwifery standards has resulted in the country being recognized as a knowledge resource in this field. With UNFPA support, India has reached out

to Bangladesh for a rapid snapshot analysis of ways to strengthen the role of midwives in India's health system and how better to optimize the impact of maternal health programmes. In the past, India has struggled to introduce skilled birth attendants (SBA) and maternity care providers to improve the quality of maternal and newborn health care. The Government of India has expressed full commitment to a nationwide comprehensive programme that puts midwives in the forefront of service delivery especially at community levels.

PROGRAMME APPROACH

The project aimed to assist India in identifying common barriers and challenges to strengthening



and upgrading the midwifery profession in the country. The Government of Bangladesh, through the support of UNFPA Bangladesh, graduated the first International Confederation of Midwives (ICM) standard 3-year direct entry midwives in 2015. Since then, over 4,000 midwives have graduated and over 1,100 are currently deployed. Additionally, 41 public schools are now also offering the government approved course. The programme adheres to ICM's three pillars of professionalism, namely: Education, Regulation and Association.

This successful programme also includes a newly approved accreditation process, as well as faculty mentoring. The snapshot analysis provided guidance to the collaboration which also brought together important stakeholders, including the Ministry of Health staff, the professional association, educational centres, funding institutions and other development partners. Counterparts in Bangladesh were also invited to attend and share their story during the National Consultation on the Roadmap for Midwifery held in India. This opportunity also provided Bangladesh with a broader understanding of India's overall approach to midwifery.

The knowledge sharing included the deployment of two international midwives to India who have been deeply engaged in the Bangladesh project. This allowed for a quick overview of possible bottlenecks and clarity on the midwives' scope of practice especially during emergencies. It also facilitated the work between nurses and doctors so they can operate in a more cooperative, not competitive relationship and environment. Efforts to replicate this approach may include mentoring midwives at clinical sites and midwifery educators in their educational institutions. This collaboration has greatly helped India to redirect and prioritize its resources for its midwifery programme.

This type of experience sharing has enabled the introduction of midwives on a nationwide scale over a short time period through international and multi-agency support. Since the initial consultation in Aug 2019, India has reached out a few times to colleagues in Bangladesh to continue the exchange and networking. The Government of India's commitment to its national midwifery education



Colleagues from the UNFPA Bangladesh team arrive for the knowledge sharing sessions. India, 2019

program is big – with plans to educate over 80,000 midwives in the next few years.

As many countries are currently working on midwifery projects, the replication of this SSC could benefit the UNFPA system globally. By mobilizing a core group of midwifery experts who have strong clinical backgrounds and an intimate understanding of country contexts, countries can be assisted immediately in their rapid assessments. Ideally, this could be done, with UNFPA support especially during the formulation of country programmes. This will optimize the sharing and wider application of a particular country's proven experiences and expertise, and hasten national capacity building. This collaboration has demonstrated the significant role of trained midwives in advancing maternal health.

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INDONESIA: NEPAL

Muslim Religious Leaders Engage in Local FP Actions



Students from Batik Islamic High School welcome SSTC participants from Nepal. Solo, Central Java, Indonesia, 2019



Under this initiative, the government of Indonesia provides technical assistance to the government of Nepal to improve the adoption of family planning among its predominantly Muslim Districts. This partnership is part of an on-going South-South and Triangular Cooperation (SSTC) on Strategic Partnership with Muslim Religious Leaders (MRLs) in Family Planning (FP) organized by BKKBN – the National Population and Family Planning Board, and the Ministry of State Secretariat, with technical assistance from UNFPA.

CONTEXT

Many Islamic countries or regions with majority Muslim population are facing problems with low participation in family planning programmes. The average contraceptive prevalence rate (CPR) among members of the Organization of Islamic Cooperation (OIC) is 36%, a rate much lower than that of the world average of 63%. Nepal belongs to the lower end of this CPR spectrum. Its Hindu majority population started its family planning programme in the late 1960s, but the CPR has remained at 43% in the last fifteen years. The non-use of FP contraceptives and the unmet need for FP is higher in Nepali ethnic minorities such

as Dalits and Muslims. It is lowest in the Muslim community of Kapilvastu District, but still at 26%. These communities also have the highest incidence of poverty in the country.

PROGRAMME APPROACH

Indonesia, with a population of around 267 million in 2018, has the biggest Muslim population in the world. Unlike other developing countries with predominantly Muslim populations, Indonesia has an advanced FP programme. The total fertility rate decreased from 5.6 in the 1970s to 2.28 in 2015. The CPR according to the Indonesian Demographic and Health Survey (IDHS) of 2017



SSTC participants from Nepal discussing ASRH education in an Islamic Boarding School. Solo, Central Java, Indonesia, 2019

was 57% for modern contraceptive methods and 63% for all methods. Unmet need for FP is at 10.6%. The Indonesian FP programme has been considered among the success stories in the world, largely attributed to the commitment and support from the highest religious leaders of the country.

The two biggest Muslim organizations in Indonesia: Nahdatul Ulama and Muhammadiyah have endorsed fatwas on family planning as early as in 1968 and 1969 respectively, highlighting that family planning is in line with Islamic principles. The Indonesian Council of Ulama (MUI) also endorsed several fatwas on contraceptive methods. Women Muslim organizations have also educated their members on FP through Majlis taklim Islamic gatherings. Hospitals owned by Islamic institutions provide FP services including long-term methods such as IUD, male and female sterilization.

As a part of this programme, Indonesia regularly provides 20-25 scholarships yearly to other developing countries. Since its start in 2013, Indonesia's SSTC has supported the participation of 231 participants from 22 countries in Asia and the Africa, including 16 Muslim religious leaders and 10 government officials from Nepal.

The collaboration with Nepal focuses on involving MRLs in designing country action plans and working with them at community levels. Using three different languages for simultaneous interpretation – English, Arabic and French – the SSTC employs

innovative teaching-learning methodologies and expert resource persons to discuss concepts and Islamic teachings about FP. The programme, which also includes field outreach and interaction with local Muslim leaders has increased its relevance at grassroots levels.

The action plan developed with Nepal, under this collaboration, has been transformed into a four-year project, subsequently funded by DFID and initiated in December 2016. The programme reaches out to the ulamas, men and women from Muslim communities to disseminate FP related messages. In 2019 alone, a total of 175 community-based Muslim leaders were oriented on the Islamic perspectives on FP.

As a result of this engagement, the uptake of FP among the Muslim communities has increased almost two-fold in 2019 compared to 2017. In 2017, UNFPA Nepal invited Indonesian MRLs and officers to facilitate a first ever national level workshop on FP that was attended by ulamas and government officials. In addition, a book entitled *"Family Planning, Reproductive Health, and Gender: Islamic Perspective"* developed by UNFPA Indonesia and BKKBN, has been translated into Nepali language and now being used by MRLs for community level orientation. To date, MRLs from Kapilvastu district have launched a five-point declaration to promote family well-being within their community, calling it a "Khusahal Parivar Approach" meaning, a Happy Family Approach. This has encouraged marginalized ethnic and religious minorities to prosper in four key dimensions - education, health, nutrition and finances in order to attain a happy family life. This SSC has further reduced the stigmatization of FP in local Muslim communities.

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FIJI: SAMOA

Maternal Health Services in the Midst of a Measles Outbreak

Retired Fijian midwives deployed to support maternal health services during the measles epidemic. Samoa, February, 2020

This collaboration was undertaken between December 2018 and February 2020 as a response to the maternal health needs during the measles outbreak in Samoa. The key partners in this collaboration were the Samoa Ministry of Health and Medical Services and the Fiji Ministry of Health and Medical Services, the Ministries of Health of Samoa and Fiji, and the UNFPA Pacific Sub-Regional Office (PSRO).

CONTEXT

The Samoa 2019 Measles outbreak was a national emergency which placed a very high demand on Samoan health workers who had to work round the clock on the response. Based on similar successful experiences with midwives in Tonga and Vanuatu during two cyclones that hit the Pacific between 2014 – 2017, the Government of Samoa mobilized and flew in retired midwives from Fiji to assist during this measles outbreak. As the local nurses and midwives were already overwhelmed during this outbreak, the situation created a gap in maternal health and family planning services in major facilities. To ensure continuity and quality of service, the Fiji midwives were mobilized to augment MH services through the Emergency Medical Team platform. This was coordinated by WHO Samoa following negotiations with the Fiji Government through the facilitation of UNFPA.

PROGRAMME APPROACH

As part of this effort, the UNFPA PSRO deployed ten retired highly qualified and currently licensed midwives, from across Fiji to stay in Samoa for ten weeks between December 2019 – February 2020. Their mission was to support the maternity and labor wards of the nation's hospitals as local midwives had been deployed to other areas to support the measles response nationwide. Based on the previous Tonga and Vanuatu experience, midwives with adequate skills and experience in maternal and child health and family planning were identified. All the selected recently retired midwives were licensed and had the required competencies.

This deployment was supported by the Ministry of Health Fiji in collaboration with the Nursing Council of Fiji with financial support from UNFPA. Samoa



made the request to UNFPA and the Fiji government's Ministry of Health and Medical Services as part of the response to the call for emergency medical teams.

In the past, UNFPA has supported the deployment of the midwives for Tropical Cyclone Pam in Vanuatu in early 2015, TC Winston I Fiji I 2016 and Cyclone Gita in Tonga in mid-2018. Through a partnership with the Fiji Ministry of Health and Medical Services, facilitated by the Fiji Chief Nurse, UNFPA has facilitated support during the emergency situation in these three countries to provide antenatal care, delivery services, postnatal care, comprehensive and basic emergency obstetrics and new born care, and family planning services. The approach was highly commended as an effective South-South cooperation during times of emergencies as it mitigates risk situations where health workers are overworked/overstretched to ensure continued services and effective health outcomes.

“It was God’s calling for us to serve the people of Samoa during the measles crisis. The ten weeks have been very challenging but we are happy that our mission was accomplished and has been successful,” said Ms. Uluimalolo (one of the retired nurses)

The deployment of 10 midwives to Samoa at the critical phase of the measles epidemic aimed to ensure continued access for pregnant women to emergency obstetric and newborn care services in selected health facilities. In addition, their deployment helped ensure the stabilization of essential RH services in the Samoa health facilities a time when government resources were diverted to the measles vaccination. UNFPA support at this time was critical as essential RH services had been compromised by inadequate workforce to manage pregnancy related complications. Logistically, UNFPA covered the costs of internal and international travel of the midwives as well as in-country costs through their daily subsistence allowance.

Specifically, the deployment of these retired nurses directly enabled 144 women to deliver safely via normal



A Fijian midwife counseling a pregnant woman on FP and SRH. Leulumoega District Hospital. Samoa. February, 2020

deliveries; assisted 16 Caesarean sections; conducted 534 antenatal visits, 8, postnatal visits, 535 immunized patients; and 276 family planning clients. As part of their contribution to health emergencies during humanitarian situations such as this, this approach is considered economical since they are not hired as consultants but rather as volunteers.

UNFPA also helped Samoa in finalizing the necessary terms of reference to ensure a clear scope of responsibilities for the midwives, and facilitated the logistical requirements for the mission. Coordination with WHO in Samoa was done by UNFPA in parallel, as part of the overall response coordination by the technical teams requested by the government.

The ratio of health workers to the size of the population in general is already relatively low in small economies such as in the Pacific Island Countries. This initiative helped to ensure that the ratio is augmented, and that pregnant women continue to receive safe and high-quality maternal health services during an emergency situation.

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THAILAND: AFGHANISTAN, BANGLADESH,
BHUTAN, CAMBODIA, INDONESIA, LAO PDR,
MYANMAR, NEPAL, PAPUA NEW GUINEA,
TIMOR LESTE, VIETNAM

Knowledge Hub on Safe Motherhood



Official launch
of Thailand
Network hub for
Safe Motherhood
hosted by the
Thai Government
through TICA.
Thailand, 2018

This Thailand-based network is a platform for sharing and exchanging good practices among countries faced with high maternal mortality ratios (MMRs). Coordinated by the Thailand International Cooperation Agency (TICA) as key implementor, the network involves several leading nursing and midwifery institutions, among them, the Faculties of Nursing and Midwifery of Chiang Mai University, Khon Kaen University, Prince of Songkla University; the School of Nursing and Midwifery of Ramathibodi Hospital, Mahidol University and Thailand's Ministry of Public Health.

CONTEXT

For decades, Thailand's rich experience in reproductive health, especially in maternal health, has been highly recognized. The current MMR of Thailand is 21 per 100,000 live births, a significant achievement relative to the global goal of reducing MMR to less than 70 per 100,000 live births by 2030. Many developing countries with high MMR recognize Thailand as a great source of good practices and knowledge that can benefit other countries.

From the 1980s to 2016, more than 200 international short courses on maternal health and midwifery were financially supported by the UNFPA and Thailand for overseas participants.

Courses were assigned to Thai institutions specializing in maternal health and newborn care. More than 500 participants, including doctors, nurses and policy makers, from countries with high MMR have benefitted from these offerings. The course offerings have been reviewed and vetted by leading Thai institutions as well as by UNFPA. Actual offerings of these international courses are held under the purview of the Bureau of Health and Workforce Development of Thailand's Ministry of Public Health. The training methodologies, mainly developed using institutional technology, are aligned with international standards.



PROGRAMME APPROACH

The Thailand SSC Solution Hub was designed to improve the capacity of Thailand's institutions to address the SDG challenge to end preventable maternal deaths. Through a network of pre-qualified institutions, officially recognized in 2018, the initiative aimed to (1) improve the quality of learning and practices among Thai institutions, (2) provide technical assistance to countries in need and (3) join the initiative with the TICA and UNFPA to support priority countries with high MMRs.

The current international courses also benefited from a survey in 2016 undertaken by TICA and UNFPA that reviewed the applications of Thailand-based experiences and knowledge. Feedback from respondents related to the relevance of the knowledge and experience to the context and demands of participating countries. Some observed that the offerings were too academic, too technological and difficult to apply, and suggested that the programme be based more on existing capacities of countries. These review feedback and solutions gathered were shared with Thai institutions through consultative meetings aimed at improving the quality of the knowledge exchanged with other countries.

Since its establishment, the network has benefited 48 participants from 12 countries. The first international "South-South Cooperation Solution on Preventable Causes of Maternal Death Workshop" was organized in November 2018 to provide opportunities for high MMR countries and Thailand to exchange maternal health-specific knowledge and set up technical collaborations. Sixty participants from 12 countries attended and exchanged knowledge through case presentations and discussions; bilateral consultation on maternal health issues; innovations for making motherhood safer; and aligning maternal health and midwifery education with the ICM-WHO standards.

An internationally experienced consultant with a midwifery background was recruited to assess the quality and standard of the existing maternal health courses and institutional capacities in alignment with ICM-WHO standards. Recommendations were provided to improve course quality and learning methodology which have subsequently been adjusted to be more participatory and adaptable to different country contexts. This approach also strengthened the roles



The 4th TICA Connect Five Decades of Thailand and UNFPA Partnership Advancing forwards SDGs. Thailand, 2018

of TICA and UNFPA in management and coordination of this hub. The Thailand Network on Safe Motherhood was among the Thai institutions established, with full support from the UNFPA. The selection criteria for participants have been reviewed and revised to ensure that the right candidates are selected. The monitoring of participants after they return home was also strengthened to ensure that their knowledge applications yield maximum benefit.

Three Thailand-based good practices were selected as good solutions for preventing maternal deaths: (1) community involvement in a maternal health programme by Chiang Mai University, (2) a fast-track model to reduce preventable maternal deaths by Khon Kaen University and (3) a nurse and midwifery quality assurance policy from the Thailand Nursing and Midwifery Association. All partners agreed to share tasks and contribute resources.

In 2020, because of the COVID-19 situation, an interactive online platform has been developed to enable virtual participation by institutions. COVID-19 has also been included in the course content as one of the preventable maternal death conditions. The Thailand SSC Solution Hub has been well recognized in the region, as well as globally, and the networking remains active among countries with high MMR.

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“ The multilateral development system must be better positioned to support South-South cooperation and implement the 2030 Agenda... You can count on my personal commitment to make sure the ongoing reforms of the United Nations reinvigorate our support for South-South cooperation.”

**António Guterres
UN Secretary-General speaking at BAPA+40
in March 2019.**

[Link to the video](#)



Conference participants at the Nairobi Summit, 2019.

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There is an earlier publication on South-South cooperation good practices. You may access it here ([link](#)). You may also search it online by its full title: "UNFPA South-South and Triangular Cooperation in Action: Sexual and Reproductive Health."



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