REGIONAL ADVISORY GROUP WORKSHOP ON FAITH ACTORS FOR CHILD RIGHTS AND WELL-BEING

Enhancing Collaboration and Positive Change for Adolescent Girls in South Asia

Group Photo: South Asia Regional Advisory Group

13th – 15th August 2023
Cinnamon Lakeside Hotel; Colombo, Sri Lanka

Contents

List of Abbreviations

FPCC	-	Faith and Positive Change for Children, Families and Communities
RAG	-	Regional Advisory Group
SAR	-	South Asia Region
MFACC's	-	Multi-Faith Action Coordination Committees
ROSA	-	Regional Officer for South Asia
JLI	-	Joint Learning Initiative on Faith & Local Communities
RfP	-	Religions for Peace
FBO/FBOs	-	Faith Based Organisation/s
FL / FLs	-	Faith Leader/s
PHC	-	Public Health Care
DRR	-	Disaster Risk Reduction
CSO /CSOs	-	Civil Society Organisations/s
MHD	-	Mind Heart Dialogue
SBC	-	Social Behaviour Change
JOC	-	Journey of Change
SAR	-	South Asia Region

Glossary of Terms

Zero-dose -   The children missing out on life-saving vaccines.

Jirga   -   a meeting held to resolve disputes which have an ad-hoc membership in Pashtoon culture.

Shura   -   A council or group of Legislators/ Faith Leaders people who discuss issues.

Ulema   -   A body of Muslim scholars and Faith Leaders recognised as having specialist knowledge of Islamic sacred law and theology.

Khutbha-   A Sermon

Background

The Faith and Positive Change for Children, Families and Communities initiative (FPCC) aims to move beyond single-sector, single-faith, small-scale, ad-hoc and sometimes instrumentalist approaches of faith engagement in development and humanitarian work. FPCC is an initiative with three main partners and multiple collaborating partners worldwide. Alongside UNICEF, Religions for Peace (RfP) is the interfaith convening partner for the global initiative. The Joint Learning Initiative on Faith and Local Communities (JLI) is the knowledge partner for the initiative. JLI also helps to bring the coordinated voice and inputs of FBOs into the partnership initiatives.

The FPCC model incorporates three main components: 1) faith-centered research and mapping to ensure evidence-based and contextually appropriate approaches, 2) experiential training of FPCC facilitators to ensure interactive and reflective Mind-Heart Dialogue approaches to address issues affecting children and 3) establishment of sustainable inter-faith coordination and partnership mechanisms for on-going planning, implementation, and oversight. At the country level, this includes faith groups, FBOs, and UNICEF country office staff linked to existing country-level inter-religious Councils. At the Regional level, Tripartite Advisory groups (RfP, JLI/FBOs and UNICEF are being established to guide and support the roll-out of FPCC. First piloted in ESAR (East and Southern Africa) and WCAR (West and Central Africa), FPCC is now being replicated in South Asia, Middle East and North Africa (MENA) and Latin America and the Caribbean (LACR). Elements of FPCC are also being implemented in ECAR (Europe and Central Asia) with a primary focus on migrants and Refugees and in East Asia and Pacific (EAPR).

In May 2022, the regional faith engagement strategy and roadmap for South Asia was developed at the regional faith engagement forum in Kathmandu, Nepal, followed by the convening of the Regional Advisory Group for South Asia through a virtual gathering held in October 2022. This workshop report encompasses the proceedings of the latest RAG SA workshop on faith engagement and child rights and well-being to enhance collaboration and Positive Change for Adolescent Girls in South Asia, held in Colombo, Sri Lanka in August 2023.

(See Annexure 1 – The Agenda for a detailed version.)

DAY ONE

(See Annexure 2 – Presentations for DAY 1)

1. Faith and Positive Change in South Asia

The Objective of the Regional Advisory Group (RAG) Meeting

- bring together members of the RAG for Faith and Positive Change for Children, Families and Communities Initiative (FPCC) and key stakeholders.
- Address challenges faced by children, especially adolescent girls, in South Asia.

- Recognize the influence of faith actors in shaping social norms and promotion of positive behaviours.

- Foster high-level reflection, discussions, and collaboration for positive social change.

- Enhance partnership and coordination through dialogue.

- Guarantee & Promote positive behavioural change for children, families, and communities in faith based communities of South Asia

Expected impacts and results

- Reflect on joint work and commitments, focusing on children's well-being, adolescent girls rights and violence against children.

- Identify actions to address declining immunisation rates and health outbreaks through faith actors.

- Plan further actions to enhance adolescent girls' well-being in the region.

- Strategize engaging key faith actors, including women and youth, and supporting community resilience.

- Promote collaborative and community-based approaches for a safe environment for children's potential.

Next Steps

Since the expansion of FPCC to SA in 2022, the initiative is now in its second year. The Regional Advisory Group will focus on:

- Strengthening regional tripartite coordination and planning

- Strengthening regional capacity for FPCC Training at Scale

- Supporting theme-specific training through the identified partner in agreed pilot countries

- Country Level Tripartite Coordination Mechanism

- Coordinated actions for the rights and well-being of children, families, and communities and promotion of positive change in faith-based communities

- Monitoring, Evaluation, Documentation and Learning

A brief on FPCC's Journey of change and Mind Heart Approach

- FPCC Journey of Change is an evidence-based programming model for strategic faith engagement, developed by the core global partners (UNICEF, JLI & RFP) for achieving Social and behavioural change through the influence of Faith actors and their interaction with the broader community. The JOC encapsulates a more profound and comprehensive way of working intended to be adapted by national and local contexts and customized to suit specific thematic areas, such as protection, education, emergency, health, etc.

- The Mind-Heart dialogue is the centre of FPCC's JOC. It is an evidence-based reflective and experiential learning process exploring faith convictions, lived experiences and knowledge to influence positive social and behavioural change. It supports faith groups and development partners to work together to protect and empower children, families and communities. Mind-heart dialogue engages participants holistically, with faith underlying both parts.

The FPCC Action Plan and RAG SA's Terms of Reference

- The South Asia FPCC's regional action plan operates under eight pillars that detail actions around coordination mechanisms, capacity strengthening, regional resources and tools, community engagement, knowledge management and monitoring and evaluation over three years. *(see Action plan and RAG ToR under reference Document at the end of this document)*

2. Linking FPCC to Community Resilience

Session Brief:

- South Asia is home to 25 percent of the world's population across eight countries. Its diverse communities are exposed to natural, man-made and/or external crises. As per the global risk index, five of eight countries in the region are ranked either high or very high in terms of multi-hazard risks, with Afghanistan coming in second in the world. In 2022, more than half of South Asia's children were affected by emergencies.

- As such, countries need to build resilience. Resilience is the ability to prevent, resist, absorb, adapt, respond, and recover positively from any crisis at different levels, from individuals, families, and communities to in-country systems.

"In the context of Bangladesh, resilience is to attain some capacity in the face of disaster or any vulnerability. This capacity will assist people in crisis and those involved in the decision-making or implementation processes. The mechanism enables people to adapt to the changing environment".

~Sanjit Das, Bangladesh~

- Individual
- Family, friends, personal reference network
- Community
- Institutions, services, civil society
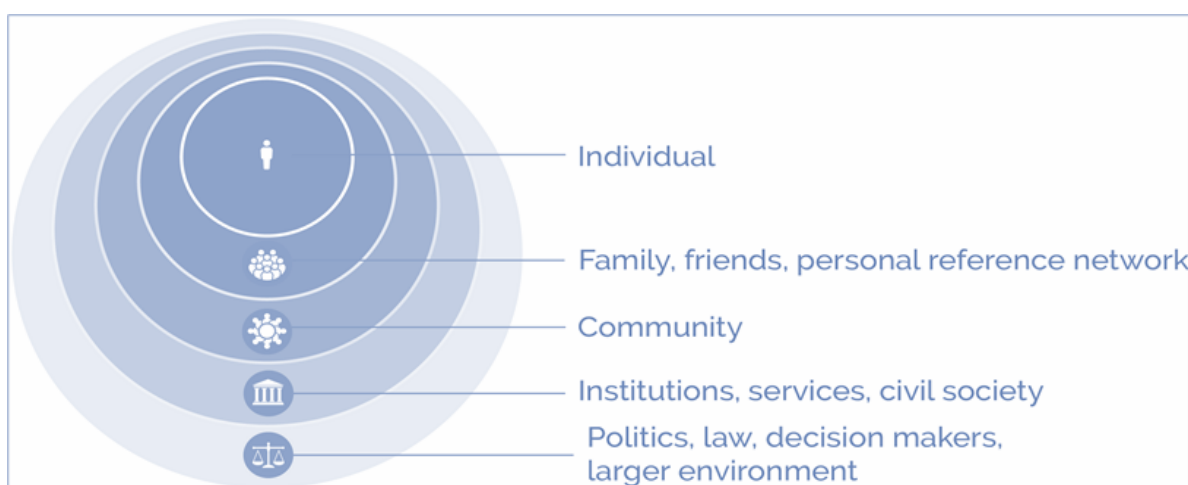- Politics, law, decision makers, larger environment

Figure 1 : SEM model

- Resilience is a coping mechanism from an adverse situation to normal life. It is also a learning process for communities. The Socio-Ecological model (SEM) lists five ways resilience corresponds with each level. At the community level, four key elements contribute to building resilience: the availability of resources, the competencies and knowledge of the community to use these resources, formal and informal networks to integrate resources, and the sustainability and availability of the resources.

A perspective on faith and resilience

"Where there is action, there is intention. Where there's a will, there's a way. The willfulness of an individual, society, or institution is a requirement. Intention needs an ideology faith. A will leads to planning, followed by knowledge, learning, resources, strategies, and action plan and then reconstruction, rehabilitation and so forth. In the background, there is dogma, a metaphysical power which is faith. Faith ensures the need to live accountability towards another's life. Faith will be the driving force to survival".

~Dr Atta Ur Rehman, Pakistan~

- "Resilience is everybody's business". Therefore, it involves a multistakeholder approach. These also include the governments, institutions, faith actors, and religious leaders coming together to build resilience. The workshop will enable the teams to develop means and ways for faith actors to contribute to community resilience.
- Faith provides a unique perspective on community resilience emphasizing trust, patience and perseverance in facing life challenges and adversity.

3. Adolescent girls thrive with faith.

Addressing priorities to accelerate children, adolescents and especially girls' rights and well-being.

Session Brief:

- There are around 6.19 million adolescent girls (aged 10-19) in the world, out of which 29% live in South Asia. These girls are susceptible to child marriages, teenage pregnancies, discontinuing school education, and experience gender-based violence. The gender digital divide was most visible during the global COVID-19 pandemic. Girls from rural areas, poor households and who are out of school are the most vulnerable to becoming child brides, teenage mothers and victims of GBV. The lack of access to education and digital infrastructure further exacerbates adolescent girls' vulnerabilities.

- Faith leaders are custodians of customary law, trusted community figures and are tied to economic and political systems. Hence, they remain vital figures who can advance gender equality. In several projects across the borders, faith leaders have intervened to address issues such as girls' education, child marriages, FGM, menstruation stigma, honour killings, and harmful norms and practices.

Comments / Feedback from Participants

▪ Data and statistics are essential pieces of information that assist in developing initiatives for adolescent girls. However, the authenticity of the data should be verified and shared (explicitly citing the example of the Fatwa issued on the reintegration of Yazidi Girls back into their communities). The information used for the RAG workshop was extracted from the UNICEF data portal.

"Adolescence is a time of change for a girl. The challenge is what religion imposes on girls on how to conduct themselves, limiting their relationship with the divine and spiritual self. The approach is from a misguided protectionist perspective that limits the child's potential, perspective, and choices. We should reflect on how we guide them to discover their fullest potential through spirituality".

~Mr. Suchith Abewickreme, Sarvodaya~

▪ There should be country/context-specific priority lists to address issues of the girl child with short- and long-term objectives. Since adolescent boys go through similar issues in the region, a more inclusive approach should be taken to work on adolescent issues.

▪ There are wars between ideas, which hinder achieving specific objectives. The linkages between secular and religious approaches need to be identified to establish coping mechanisms.

Advancing the priorities for Adolescent girls – Discussions, SWOTs & Action Plans

▪ The following practical considerations were considered vital to addressing adolescent girls' issues effectively.

  o The support and will of the ruling governments are imperative. Countries such as Afghanistan and Pakistan are susceptible to regular regime changes hindering the sustainability of plans.

  o Sharing lessons learnt, regional experiences, and good practices for programme improvement.

  o Adopting a transformational approach. E.g. World Vision's transformational approach requires faith leaders and communities to experience a transformation within themselves. 10,000 male and female faith leaders to be trained in Afghanistan. Creating a sense of shared values among communities irrespective of differences in faith.

  o Establishing country-level action plans directs all agencies to avoid working in silos, improve coordination and collaboration.

  o Inter-intra community and religious networks should be brought together and strengthened to ensure the sustainability of initiatives. For, in Moldova, the faith leaders came forward to assist the Ukrainian refugees and the communities were, in return inspired. The interfaith council was established to improve collaboration and coordination of efforts.

Group work 1: Country Vice SWOT Analysis

(See Annexure 3 for detailed version)

Country vice SWOT analysis was completed to identify the strengths, weaknesses, opportunities, and threats to advance adolescent girls' rights through a faith-based perspective. Some of the common issues across the region are as follows:

Strengths:

- o Faith/religion plays a vital role in all countries with established religious networks, institutions and faith leaders who remain highly respected and influential.
- o Progressive legislation exists in most countries.
- o The communities are resilient, diverse and coexist with each other.

Weaknesses

- o Harmful social and cultural norms and gender stereotypes exist in all countries, limiting gender equality.
- o There are gaps in capacities between intellectual faith leaders and traditional leaders.

Opportunities

- o Working through FBOs and FLs to advance the rights of girls was viewed as an effective step, as they are well-established at all levels.

Threats

- o All countries in the region are prone to some form of disaster or crisis, including climate change.
- o Interchangeably, most countries identified economic, social, and political crises, climate change and adverse effects of social media as weaknesses and threats. Likewise, digital technology was also considered an opportunity to advocate and create awareness of issues.

Group work 2: Country-level Action Plans

(See Annexure 4 for detailed version)

Based on the previous group work, country-wise action plans were developed to identify critical deprivations faced by the girl child and the commitments/contributions of faith leaders to address these deprivations, including further support to the FPCC. Sexual and reproductive health, GBV, education and Health, including mental health, were some of the critical deprivations listed.

DAY TWO

4. Recap from the previous day

The participants reflected on the previous day's session and concluded that one size does not fit all. Even though South Asians do share common beliefs, cultures, traditions, language, etc., each country will need to prioritise their issues and develop context-specific action plans and strategies. Tools such as the SWOT analysis assisted in identifying the overall context, further contributing to developing actions plans to advance the lives of adolescent girls. The dialogue also shifted its focus towards how faith can positively break the traditional barriers faced by girls and maximise their potential through interpreting the scriptures accurately and meaningfully. Multifaith leaders should hold governments accountable to bring in the expected outcomes.

(See Annexure 5 – Presentations for DAY 2)

5. Faith Engagement to advance Immunization and primary health care and advancing Immunization and PHC for Adolescent Girls

Session Brief:

- In South Asia, 1,287,000 children die before they celebrate their fifth birthday! 18 to 20% of these children die due to vaccine-preventable diseases, the rest due to poor access and services to primary healthcare. Community health is the cornerstone of primary healthcare.

- In 2022, The number of children vulnerable to vaccine-preventable diseases notably decreased but remains high in South Asia. South Asia bears the 2nd highest burden of under-vaccinated children for Dipthria (DTP)and the third highest burden for unvaccinated for Polio and Measles.

- Vulnerable and marginalised social conditions, lack of access to services and delivery, mis / disinformation on vaccines, gaps in human resources, partnerships and coordination are key factors hindering immunisation and primary healthcare.

- As a result, the need to vaccinate children everywhere, strengthen demand and bolster confidence, allocate more resources/funds towards immunisation and primary healthcare, and build resilience and invest in new approaches are vital action areas.

- Faith actors and Faith-based organisations can assist immunisation by
  o Leveraging their Influence as they have the trust, credibility, and moral authority over people.
  o Promoting acceptance to overcome vaccine hesitancy.
  o Encouraging positive health behaviours: integrate immunisation messages into religious teachings; endorse health practices.

- o Dispelling myths and misinformation to debunk misconceptions and amplify accurate information through sermons, teachings, and community discussions.
- o Building bridges with communities and health authorities as they possess deep connections within their communities and an understanding of local dynamics.

Comments / Feedback from Participants

- The participants shared their experiences on country-level immunisation programs. Accordingly,

  - o Faith Leaders should be involved from the initial stages of the vaccination campaign to avoid misconceptions about their involvement in the program and eliminate myths regarding the vaccine and the disease. A delayed approach causes a delayed impact.

  - o There are geographic constraints in reaching specific communities, resulting in delays in vaccination. The government agencies involved in immunisation programs should be strengthened.

  - o Locations of religious worship have been used as vaccine centres, creating community trust. However, the Faith Leaders should be well briefed with reliable and accurate information regarding the vaccine before the campaign.

  - o Immunization programs need a multistakeholder approach.

Advancing immunisation and PHC for Adolescent girls

- A summary of the discussions on issues, challenges, and opportunities around immunisation and PHC for adolescent girls.

Issues	I M M U N I S A T I O N and	Solutions
— The SA region has a higher number of zero-dose and under-vaccinated children. — Vaccine hesitation is prevalent due to myths, misconceptions, beliefs, lack of knowledge/awareness, acceptance, and lack of trust. — Lack of access to services, poverty, migration		— Provide more information on health benefits. — multi-stakeholder discussions with religious, health, and community representatives — Conduct outreach activities such as awareness-raising campaigns through local groups, social media, etc. — Convey messaging through religious sermons and places of worship.
Role of Faith Community / Opportunities		**Assets and Resources**
— emphasise the value of life through scripture. — Engaging with health workers and the community.		— Human Resources – Political, local representatives, followers, community health workers, Experts, academics, religious leaders, experts, volunteers,

— Structured/institutional health meetings between health experts and faith leaders. — Induction programs on community issues to be provided to seminaries/madrassas.	**P** **R** **I** **M** **A** **R** **Y** **H** **E** **A** **L** **T** **H** **C** **A** **R** **E**	— Financial — Intellectual – OIC (Organization of Islamic Cooperation). Collaborations, — Events, religious gatherings, ceremonies, conferences, community gatherings. — Charities, schools, hospitals, faith-based organisations, institutions, — Media traditional and new media, including social media — Influence, power and transformation — Access to high-level discussions — Passion and commitment — Faith itself is an asset. — Shared lessons and resources (through FPCC)

Group work 3: Advancing immunisation and PHC for Adolescent girls.

(See Annexure 6 for detailed version)

The groups were requested to respond to the following questions based on their contexts.

1. *If a **new vaccine** was introduced, what would make you trust and promote it?*

   o Awareness raising and trust building among the community.
   o Availability of well-researched and credible information on the vaccine and its benefits.
   o Government and other institutional endorsements and approval
   o The vaccine should be readily available to the public.

2. ***How** would you promote the uptake of a new vaccine? What would you suggest to help promote a new vaccine in your country, e.g. HPV?*

   o Communications campaigns (mass media and social media) to raise awareness, educate the public, and eventually vaccinate them.
   o Identifying and mobilising influencers such as faith leaders, youth leaders, and community leaders.
   o A well-coordinated, nationwide vaccination program with broad outreach to vulnerable communities.

3. *What barriers have you experienced as faith leaders in promoting vaccine and immunisation uptake, and how have you overcome them?*

   o Addressing mis/disinformation, distrust, public perception and myths around vaccines via public awareness and vaccination campaigns.

- Capacity building of frontline medical workers and knowledge-sharing sessions for faith leaders to assist with vaccination.
- Addressing gaps in accessing and delivery of services to the public.

4. *What is required for you to collaborate with others (UNICEF, WHO, Government, etc.) to promote vaccine uptake?*

  - A well-organized multistakeholder approach to vaccination from promotion to delivery of services.
  - Adequate funding and human resources should be deployed to reach maximum outreach.

5. *What examples can we draw from your faith teachings, scriptures, and practices in supporting positive messaging around immunisation/vaccine uptake?*

  - All religions emphasise the value of life through their teachings, scriptures and practices.

6. Country Faith Engagement Coordination Mechanisms

(See Annexure 7 for a brief on the Panel Discussion.)

Session Brief:

A panel discussion was held on country faith engagement coordination mechanisms to protect child rights with a special focus on adolescent girls at the regional and national levels to explore how they were established and the way forward with a special emphasis on integrated actions to advance child rights, especially adolescent girls.

Key takeaways from the discussion:

- Faith plays a significant role in Asia; as such, in challenging contexts such as Afghanistan, working with a faith-based platform such as TAAVON has proven slow but noticeable progress in improving the lives of children.

- All countries have opted to provide capacity-building sessions for faith leaders as they need to understand and gain knowledge on issues that affect children. Special modules on how faith interacts with child rights have been developed to improve the role of faith actors in communities.

- Government ownership and endorsement are crucial in faith engagement coordination mechanisms. The role of the Ministry of Religious Affairs, the services, capacities and skills of public officials need to be leveraged for sustainability and outreach.

- Resource mobilisation (human, funds, and infrastructure) and programme integration were considered priority aspects in moving forward with country-level action plans and sustainability for faith engagement.

- In diverse contexts such as India, certain religions do not have dedicated scriptures. In these instances, extra efforts had to be channeled to research, verify and document religious teachings and practices.

- The absence of or low participation of female faith leaders does not guarantee an inclusive decision-making process. Likewise, the involvement of all faith leaders is crucial at all levels of faith engagement.

- Achieving inter (between religions) and intra-religious (within religions) participation was considered a winning aspect of faith engagement initiatives.

- Lessons learned, success stories and programme materials need to be widely disseminated to be adapted and increase programme efficiency. (E.g. the *Faith for Life* initiative gained much traction in West Bengal, and a similar initiative was later adopted in Myanmar)

- Engaging with faith leaders is sometimes challenging as opposing views and resistance exist. As such, reaching consensus at each level, creating spaces for open dialogue, the presence of mediatory institutions (UN) and academic input from highly revered institutions such as the Fiqh Academy, OIC, the Pope's endorsement, etc., the support and resources from organisations such as Religions for Peace and JLI are required.

Group work 4: Country-level faith engagement coordination mechanisms

(See Annexure 8 for detailed version)

Following the panel discussion, country-wise groups were requested to work on country-level faith engagement coordination mechanisms. The groups mapped the status of their current engagements and proposed structures for faith engagement in the absence of a mechanism, or fine tuning existing structures, along with required assistance, challenges, and opportunities to drive forward the mechanism. The initiative will add to building resilience at the national and community level, systematically and building upon the existing country level faith engagement mechanisms.

Key Highlights from the group work include:

- Faith engagement coordination mechanisms are more established in India and extensively documented. The rest of the countries do not have a uniform or institutionalised faith network, which takes a needs-based, ad-hoc approach.

- However, faith organisations and leaders have strong influence over their communities and, in certain cases, also have resources which can be leveraged to advance child rights.

- Country-level faith engagement should take a multi-stakeholder approach inclusive of guidance, mentoring and technical inputs on child rights.

7. Mind Heart Methodology

(See Annexure 9 – Presentations for DAY 3)

Entrenching the Mind Heart Dialogue Methodology (Introduction)

Session Brief:

- Mind Heart Dialogue is a reflective and experiential learning process exploring faith convictions lived experiences and knowledge to the positive, social, and behavioural change.

- Multi-religious/Interfaith Dialogue refers to the positive and cooperative interaction between people of different religions, faiths or spiritual beliefs to promote mutual, shared understanding   to increase acceptance and tolerance, valuing listening, respectful presence, flexibility and openness.

- The MHD approach to faith engagement is used to analyse, plan and develop practical, self-proposed and context-specific solutions to issues affecting children related to education, health, participation, spiritual and ethical protection or in creating a safe environme

- The MHD invites the individual to use their own experience and reflections on a particular issue and relate that to present-day challenges facing children. The individual engages the _mind_ to analyse the information and situation, uses the _heart_, which consists of feelings, emotions and personal experiences, to reflect on the options available in solving the problem at hand, and finally uses their _faith_ as a basis of validating, filtering and taking a specific course of action.

- Mind and Heart approach uses social behaviour change approaches to analyse social, cultural and religious norms and practices and compare these with the recommended scientific, technical information to reinforce positive standards and practices for the well-being and lasting change of children, families and communities.

- MHD outcomes are brought about and sustained through attitudinal and behavioural change at different levels: from personal, faith group or organisational change to faith groups working with communities and in interfaith and other partnerships. It is an iterative process that could begin at any level and ripple through others. Behaviour change is a journey that takes place over time.

Group work 5: Entrenching MHD

A case study on 'Dida's Story' covering issues related to child marriage was presented, and the groups were requested to answer the three questions presented after the case study.

A Case Study – Dida's Story

1. Dida's mother has just learnt of plans to marry her off to Mr Alfonso, a prominent cattle trader in the village. She has been noticing the frequent visits by her brother-in-law to their home and every time he comes, they prefer to go and talk outside.
2. One day she decided to confront her husband who upon being questioned became violent and threatened unspecified consequences.
3. Dida's mother decided to go and seek the intervention of the head of their congregation for support.
4. When the head of the congregation visited their home, Dida's father welcomed him respectfully and gave him an audience. But he also called his brother to be present.
5. Upon interrogation, the head of their congregation realized the following factors that influenced the decision to marry off Dida:
   a. Dida's mother and grandmother were all married at the age of 13 so this is not something new.
   b. Mr Alfonso is offering a handsome dowry since Dida is an educated girl who was top of her class in the national exams.
   c. Dida's brothers also need to marry as well and they need the proceeds from Mr Alfonso's dowry payment to pay for their dowry
   d. Many girls in the community are getting pregnant at an early age and this brings shame to their family and faith.
   e. Dida's father and uncle are both accusing her mother of being influenced by outsiders and NGOs who don't understand their culture. They are planning to mobilize the community to chase away the NGOs from their village.
   f. They are contending that the government is against child marriage but not early marriage.

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1. *What aspects of culture and social norms are coming into play? What are the barriers to positive practices?*

   o Child marriage is normal and justified in the community. It has been a practice for generations and is deeply rooted.
   o The community is male-dominated; therefore, the decision-making power lies with the senior male family members.
   o Traditions and beliefs are deeply inculcated in the community and cannot be challenged.
   o Early marriage is a better option than the family being put to shame by a pregnancy out of a marriage.
   o the dowry system where the family uses the girl as a transaction and poverty acts as a major barrier to girls.

2. *Where are the enablers of positive practice in Dida's situation? How are the enablers coming out and being challenged? Can you think of other examples from your own experience?*

- o Dida's mother stands by her daughter as she, too, was a child bride and understands the consequences of an early marriage. But there's a lack of agency and power for women and girls within the family and community.
- o The religious leader understands the local context and the cultural underpinnings for Dida's situation.
- o Local institutions such as the NGO and the school are making a difference in girls' lives. However, education is used to leverage dowry, and NGOs are looked down upon as cultural disruptors.
- o There is clear legislation on the minimum age of marriage, but it is misinterpreted by the locals based on biases. E.g., The delay in marriage may lead to pregnancy out of marriage, etc. '
- o Changing harmful community practices, traditions, stereotypes, beliefs, etc., are challenging and may result in a backlash.

3. *How can Dida access and use the role and influence of faith leaders to intervene on her behalf? What power does Dida (1) have or (2) need?*

- o Faith leaders are highly respected and influential community representatives who can change harmful social norms and attitudes. These can be reinforced through the scriptures.
- o Women and girls should be part of the decision-making processes. Dida's education can influence change that education and skills can take a girl child further in life.
- o The family unit should be strengthened to build a strong community.
- o The existing legislatures can be used in Dida's favour.
- o The community needs a common platform to discuss issues, sensitised faith leaders to lead the community, and awareness raising on scriptures and laws on children.
- o The MHD method is an effective method to address similar issues.

Adapting the Mind Heart Dialogue Methodology

Session Brief:

- ▪ The Mind Heart Dialogue, which is the FPCC methodology to support   the J   ourney of C   hange, places faith, mind and heart at its core to bring about positive changes to children, families, and communities. The method uses various platforms and mechanisms to address issues affecting children and their environment to bring about transformational changes in their behaviours.

- ▪ The FPCC operates the MHD methodology based on eight (8) principles.
  1. Understand and value the transformational power of faith.
  2. Have confidence in community solutions. Adopt a respectful, reciprocal learning approach leading to mutual understanding.

3. Be mindful of power inequalities and be inclusive of marginalised groups.
4. Adopt participative planning processes valuing MIND-HEART DIALOGUE and systems strengthening.
5. Identify and discuss challenges and difficult areas.
6. Commit to evidence-based decision-making, ongoing evaluation and learning, and being informed by outcomes.
7. Explore and document new enabling and facilitation roles for global FBOs and intermediaries.
8. Work with Local Faith Actors (LFA) to build and amplify their capacity for advocacy.

Group work 6 – adopting MHD at the country level.

(See Annexure 10 for detailed version)

The country-specific groups were asked to discuss how to integrate MHD into their respective country-level action plans. The groups identified priority areas for possible MHD-led interventions, including stakeholders, partnerships, key activities, and coordination needs.

Mind-Heart Dialogue Training Process

The tentative plan for MHD training was shared as follows:

▪ FPCC supported by UNICEF, RfP, JLI and Sarvodaya(Training Institute)   in Sri Lanka, will train 3-4 master trainers from each country as National MHD Trainers during a Regional Training of Trainers. [Sep/Oct 2023]
   o The regional training will be incorporated into the regional action plan for systematic implementation.
   o The regional trainers will not take on the role of a mere trainer but will be facilitators to incorporate MHD into the broader programme initiatives at country level including: oll out the National MHD Training, Formation of MFACC's/ Country Faith engagement mechanism, roll   out and monitor the MEAL framework and embed FPCC into their existing and future interventions.
   o a competitive level of skills is expected from the regional MHD trainers, including a good command of English, prior experience of faith engagement at country level..
   o The MHD Facilitators guide will be used as a resource guide for the trainings. The guide was developed and is being updated based on the experiences in implementing MHD in Africa. The learning and documentation process will be continued for further input and improvement.

▪ National MHD Trainers will receive ongoing mentorship and support from the Regional MHD Team at Sarvodaya. [September 2023 to March 2024]

▪ National Mind-Heart Dialogue Trainers will lead a National Training of Facilitators organized by the FPCC – Multifaith Action Committee for Children (MFACC) [September 2023- March 2024]
   o The national trainings will be incorporated into the country action plans, including a resource plan.

- National MHD Trainers will provide ongoing mentorship and support for MHD Facilitators. [September 2023 -March 2024]

- Support Monitoring, Evaluation, Accountability and Learning (MEAL) processes [August 2023 - March 2024]

8. Stakeholder Statements

(See Annexure 11 for detailed version)

A total of 10 projects based on faith engagement models were presented, detailing their interventions, successes, challenges and way forward. The presentations demonstrated how FBOs and FLs contributed to change in the lives of their children, families and communities.

9. The way forward: Upgrading the FPCC Regional Faith Engagement Strategy for South Asia

(See Annexure 12 for a Draft Regional Action Plan and Next Steps.)

The FPCC will continue to operate as a collective where the partner organisations and Institutions will work together and take joint and collaborative leadership to achieve the eight pillars of success. UNICEF will continue to organise and/or coordinate the FPCC initiatives in the respective countries.

The RAG workshop has provided more clarity and focus on technically aligning the key priorities and interventions of country-level faith engagements. Regional-level knowledge and experience-sharing workshops assist in leveraging partnerships, forming alliances, and mobilising resources. It also enables the group to address common issues that each country might be facing. These combined efforts contribute to maximising impact and outreach.

- *Action Points:*

Action Points	Status	Responsibility and Due Date
Appoint country focal points for RAG.	Eight focal points have already been identified and are to be confirmed.	August 2023

Action Points	Status	Responsibility and Due Date
Review and comment on the Terms of reference for RAG in ROSA for finalisation. Using the feedback from provided. Follow Link: <u>Feedback form for ToR</u>	Highlighted sections include the governance of the RAG, resources, and asset mapping. *Resources can be funds, networks, knowledge, or skills. A validation process and a signoff from all members will be followed.	September 2023 Professor Bong Baybado Melissa Crutchfield RAG Focal Points (CO)
Update and finalise country action plans.	Ongoing Priority areas for adolescent girls and possible actions for initiation have been identified.	September 2023
Update and finalise the regional Action plan.	Ongoing Key areas include Coordination, action planning on country and regional level plans, MHD regional training, resource mobilisation, implementation and reporting.	September 2023

10. References / Further Reading

FPCC reference documents

1. Mind-Heart Dialogue: Facilitators' Guide for Faith Engagement
   Follow Link: <u>Mind-Heart Dialogue: Facilitators' Guide for Faith Engagement</u>

2. FPCC-Programme-Guidance
   Follow Link: <u>FPCC-Programme-Guidance</u>

3. Regional Faith Engagement Forum 2022 (within the framework of the FPCC): Summary Report, Full report and/or report and Conference Statement
   <u>Summary Report, Full report and/or report and Conference Statement</u>

4. ROSA FPCC Regional Action Plan
   Follow Link: <u>ROSA FPCC Regional Action Plan</u>

5. Term of Reference for ROSA Regional Advisory Group

Follow Link: TOR for FPCC ROSA RAG

6.   South Asia Mapping Report of Faith Actors working for Children (Aug. 2022)
     Follow Link: South Asia Mapping Report of Faith Actors working for Children (Aug. 2022)

7.   Resolutions by the IIFA on Islamic scriptures, teachings, heritage and teachings
     Follow Link: https://iifa-aifi.org/en/resolutions

11. Annexures

1. The Agenda for the Regional Advisory Group Workshop, including reference materials.
2. Presentations for Day 1
3. Groupwork 1-Country vice SWOT analysis
4. Groupwork 2-Country level Action Plans to advance adolescent rights
5. Presentations for Day 2
6. Groupwork 3- Advancing immunisation and PHC for Adolescent girls
7. Discussion brief on Country level faith engagement coordination mechanisms
8. Groupwork 4 – Country-level faith engagement coordination mechanisms
9. Presentation for Day 3
10. Groupwork 6- adopting MHD at the country level
11. A brief on Stakeholder Statements
12. Regional Action Plan