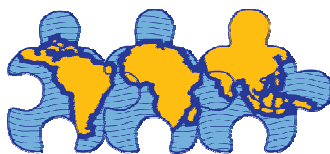


Annual Report 2000



Partners in Population and Development

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Foreword

South-South cooperation uses existing skills and experts in developing countries to disseminate knowledge and transfer modes of best and most effective program and project practice. By accurately identifying technical and training needs, it aims to create a new generation of leaders and planners who will help each other to create dynamic, but also realistic solution to the needs of people in developing countries.

Within the context of reproductive health, South-South cooperation takes on particular resonance and significance. Reproductive health programs, including the continuing fight against HIV/AIDS, seek some very particular answers to some very important attitudes and practices. Our broad remit now extends to many aspects of reproductive health including access to essential health commodities - an issue that Partners in Population and Development (**Partners**) is now focusing on at regional and international levels.

This year's **Partners** Annual Report profiles an important and extremely busy year for the organization. A year when a Global Leadership Program was established and where **Partners** facilitate and encouraged new projects in all regions of the developing world.

In November 2000, the **Partners** Board adopted a Statement On Access To Reproductive Health Care and Essential Commodities and a five year Strategic Plan. These two policy documents will guide us into this millennium with a focus and agenda designed to help organizations, institutions and individuals to take active part in South-South exchange and cooperation.

We thank our donors, supporters, project managers in member countries, partner NGOs and Secretariat staff, all of whom are helping us to make South-South co-operation an attainable and empowering model of development in reproductive health.

Dr. Ismail Sallam
Chair - **Partners** Board

Ambassador Simon A. Bullut
Secretary - **Partners** Board

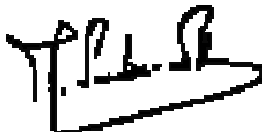
Message from the Executive Director

Successful South-to-South cooperation is based upon mutual trust and commitment to jointly agreed goals. It must be strategically planned and implemented with political, technical and operational commitment at several levels. This year's Partners Annual Report shows us how this is being achieved and how we must build on these existing successes to create further solidarity of purpose and greater access to sustainable and empowering reproductive health programs across the developing world.

Partners continues to provide solutions to the reproductive health needs of the many millions of women, men and young people in developing countries. These solutions, a selection of which is profiled in this Annual Report, include training, institution and capacity building, advanced education and research, and communications and awareness raising.

In the coming year, we at Partners will consolidate our rapid expansion with the help of our new International Advisory Committee, and seek out new partnerships with the private sector and other stakeholders. We will also begin preparations for Cairo +10 , a review process that will show us all how much we have achieved but also how much still needs to be done for the many millions, notably young people, who have yet to benefit from the expectations of the International Conference on Population and Development Program of Action.

During 2000 Partners mobilised generous contributions from existing and new donors including the Rockefeller Foundation, the UK Government's Department for International Development (DFID), the European Commission, the Hewlett Foundation and the Bill and Melinda Gates Foundation. Partners Member Country governments have committed their own resources to help improve capacities within their own, as well as other developing countries. It is only thanks to this support and the guidance of our Chair, Professor Ismail Sallam, and our Board Members that we have achieved so much during 2000, and I take this opportunity to thank all these institutions and individuals for their time, commitment and vision.



Balla Musa Silla
Executive Director

Partners Mission and Structure

Established in 1994, Partners in Population and Development (**Partners**) is an inter-governmental alliance of developing countries with the specific mission of promoting and improving the transfer of knowledge, expertise, and skills in population and reproductive health through South-to-South collaboration. **Partners** Member Countries believe that by sharing their expertise, they can transform reproductive health goals outlined in the International Conference on Population and Development (ICPD) Program of Action into reality.

As of 2000, **Partners** membership counts 16 developing countries - Bangladesh, China, Colombia, Egypt, the Gambia, Mali, Mexico, Morocco, India, Indonesia, Kenya, Pakistan, Thailand, Tunisia, Uganda and Zimbabwe. Collectively, these countries represent over half of the world's population. **Partners** is also working with non-member countries in all regions of the South.

Partners welcomes new members to increase the momentum of its efforts. **Full Membership** is open to governments of developing countries and countries in transition that have demonstrated a strong commitment to the ICPD Program of Action. Members contribute US\$ 20,000 annually to the organization's budget and must also be prepared to invest human and financial resources in support of their participation in the activities of **Partners**.

Associate membership is open to organizations which actively support the work of the member countries and the Secretariat. These may be regional or national non-governmental organizations, development organizations, private foundations, or research and training institutions.

The **Partners** Board consists of Ministers of Health, Population and Planning Commissions and other high ranking government officials from all 16 countries. These Board Members have ensured a high level of political commitment to the work of **Partners** at local, national and international levels with the help and support of Partner Country Coordinators (PCCs). These PCCs are appointed by each country's Board Member and act as a link between the Member Country and the **Partners** Secretariat. The PCCs help to broaden the **Partners** network by liaising with a wide spectrum of civil society and institutions both nationally and internationally.

Located in Dhaka, **Bangladesh**, the Partners Secretariat facilitates the South-to-South exchange of resources and information in the form of technical assistance, fellowships and training, models of effective reproductive health programming and the organization of Country Member seminars, meetings and workshops.

Partners specific focal areas of work are:

- the integration of reproductive health into family planning programs
- adolescent sexual and reproductive health
- the reduction of maternal morbidity and mortality
- the prevention of HIV/AIDS and other sexually transmitted infections and care for people with HIV/AIDS.

Partners encourages South-to-South collaboration in these fields that will provide long term and sustainable possibilities and solutions, and create mutually beneficial local, national and regional partnerships

Mission Statement

The mission of **Partners** is to help implement the Cairo Program of Action by quickly expanding and improving South-to-South collaboration in the fields of family planning and reproductive health.

Each Partner will strengthen institutional capacity to undertake South-South exchange activities and will rapidly expand the number of South-to-South training and consultative programs.

Long term collaborative arrangements will be encouraged.

The **Partners** Secretariat will provide a central point for networking among Partners and for identifying opportunities for South-to-South exchanges and sources of financial support.

International Advisory Committee

With the growing scope and complexity of Partners substantive South-to-South programs around the world, the creation of the organization's International Advisory Committee (IAC) in 2000 came as a welcome source of guidance on programs, training and other issues. The IAC consists of eminent policy makers and experts in the fields of population, reproductive health and strategic leadership from both the developing and developed world.

At the meeting in Thailand, the IAC reaffirmed Partners role in:

- Assisting developing countries on agenda setting and prioritisation of reproductive health interventions.
- Focussing on the new Partners Global Leadership Program in terms of shared vision on how participating training institutions need to change and develop curricula to accommodate the specific needs of participants on this Program
- Renewing commitment for using research in action programs and catalysing the involvement of policy makers in setting relevant research agendas at national and regional levels
- Attending to the development of future leadership in reproductive health from the private sector and also non-governmental organizations
- Involving key stakeholders in reproductive health - especially women, young people and policy makers - in all program design, implementation and evaluation
- Increasing communication, networking, information sharing among all stakeholders in reproductive health
- Implementing an urgent review of the serious problem of shortage of commodities in reproductive health and creating national and regional action plans to redress this shortage

New consensus on health commodities

Based on recommendations made at the Partners International Advisory Committee and Partners Executive Committee meetings in August 2000 in Cairo, a Special Session on commodity issues was organized in conjunction with the Partners Board Meeting held in Beijing in November 2000. This Special Session generated a Beijing Statement on Access To Reproductive Health Care And Essential Commodities which was signed by all members of the Partners Board and will now be used by Partners as a mission and strategy for future work on this issue.

Partners Beijing Statement on Access to Reproductive Health Care And Essential Commodities

Drugs and Commodities

We note that:

The cost of drugs and commodities for reproductive health is beyond the affordability of countries in the South.

We acknowledge that:

The quality of production is a critical element in the acceptability of any product, and that manufacture of drugs and commodities for reproductive health is taking place in some of the member countries.

We call upon:

Pharmaceutical agencies present in the member countries to give consideration to quality production at rates affordable to the member countries and the South.

We urge:

Member countries to advocate for a reduction in the cost of commodities and drugs through bulk purchasing.

We urge:

Member countries to advocate for the development and adoption of protocols for certifying quality production, information sharing, marketing and procurement of drugs and commodities for sexual and reproductive health.

We urge:

Member countries to note those aspects of international trade agreements, World Trade Organization (WTO) limitations and TRIPS restrictions which may adversely affect their access to essential drugs and commodities for reproductive health. Member countries and other countries of the South are called upon to protect their existing and future capacity to provide essential drugs and commodities at the lowest possible cost. This protection should include rights to parallel importation, compulsory licensing and local manufacture of essential drugs and commodities.

HIV/AIDS

We are deeply concerned that:

Nearly 29% of people with HIV/AIDS reside in member countries, and that the majority of the citizens of member countries have no access to affordable care options.

We note with concern that:

Vaccine development research in member countries is based on subtypes not prevalent within member countries.

We advocate for:

Solidarity, and a louder and stronger political voice from the South on matters concerning prevention and care for HIV/AIDS-related ill health.

We urge:

All member countries to scale up and replicate the established, effective prevention and care models existing in other member countries such as Thailand and Uganda

We call upon:

The international community to free resources and technology for the research of AIDS vaccines on relevant subtypes.

We urge:

The international community to increase their response to the HIV/AIDS epidemic, particularly for combating opportunistic infections and for anti-retroviral drugs.

Resource Access

Partners joins other developing countries in lobbying and advocating for debt relief/annulment to enable the poorer South to maximize their limited resources to expand and strengthen reproductive health, population and development programs.

The **Partners** strategy should therefore incorporate mechanisms to explore access and utilization of funds released as a result of debt annulment, and further strengthen and improve sustainable South-to-South programs in reproductive health, population and development.

Collaboration with the World Health Organization (WHO)**We recognize that:**

Partners and WHO/RHR are involved in similar areas of health and population, thereby providing an excellent opportunity for collaboration on matters of mutual interest through which Partner and non-Partner countries would benefit.

We agree:

To sign a Memorandum of Understanding with WHO/RHR covering areas of collaboration related to institutional networking, translating research into action, capacity strengthening, dissemination and advocacy.

We recognize that:

Effective actions to reduce maternal and peri-natal mortality need to be scaled up.

We realize that:

Diseases such as TB, HIV/AIDS, malaria and reproductive health conditions perpetuate illness and premature deaths in developing countries.

We resolve to:

Support WHO's call for a "Massive Effort Against the Diseases of Poverty" and to work with WHO and other agencies in the fight against these diseases.

Fellowship and Volunteers Programs

We note with satisfaction that:

Member countries have intensified their efforts and commitment in offering fellowships to other countries in the South, irrespective of their membership status.

We recognize that:

The Partners fellowship program has become a significant mechanism for mobilizing financial and technical resources from the South.

We note that:

The Partners Secretariat has institutionalized the fellowship program by providing support for inter-country transportation and living expenses for participants.

We call upon:

All member countries to benefit from this program both as recipients and providers of fellowships.

We urge:

The member countries to consolidate the program by promoting a culture of volunteerism among technical experts from the South, willing to work in other developing countries for the local costs of the recipient country.

Partners in the New Millennium

A New Global Leadership Program

A Partners Global Leadership Program was launched in July 2000 with the objective of creating a new generation of planners, program managers, technical experts and service providers in reproductive health program design and management.

This three-year Program aims to:

- Develop the professional and technical capacity of training institutions in 12 developing countries
- Train 1,000 individuals from the public and private sector and civil society organizations
- Offer fellowships and internships for staff of development and donor agencies in the developed world
- Create cost-sharing training opportunities to be offered to government and civil society organizations in developing and developed countries
- Optimise training resources within a comprehensive framework of priority needs and with the use of appropriate electronic and other technology
- Create training modules and write up case studies of successful developing country practice to be used in training curricula

The Program represents an important departure from the unfinished agenda of the International Conference on Population and Development Program of Action and from the 'supply driven' and often ad hoc development training of recent years. The Program provides 'demand driven' training courses which focus on priority issues within respective developing country contexts. These priority issues include integrated reproductive health and family planning, safe motherhood, sexually transmitted infections including HIV/AIDS and adolescent sexual and reproductive health.

In the first year of the Program, more than 100 participants from nearly 40 countries have participated in training held in four institutes. By the end of December 2001, 12 courses will have been conducted in nine institutions in eight countries, graduating approximately three hundred trainees.

Over the course of three years, the Global Leadership Program will develop the capacity and ability of institutions to deliver effective and practical training to senior and mid-level managers. Based on multi-country experience, expertise and modules, the training is designed to open-up to these professionals the technical frontiers of reproductive health development, and give them guidance on how to become better decision makers, better implementers and better monitors of reproductive health programs in their own countries.

Building on the successes of the fellowship program

To date, the **Partners** Fellowship Program has provided nearly 200 fellowships for training in institutions in Bangladesh, China, Egypt, India and Indonesia and is expanding to accommodate increasing numbers of students and involve more and more training institutes. Since 1999 when the Program started, fellowships have been awarded to individuals from 18 developing countries, namely Bangladesh, Cambodia, China, India, Egypt, the Gambia, Indonesia, Kenya, Myanmar, Nepal, Pakistan, Thailand, Tunisia, Uganda, the Philippines, Bhutan, the Maldives and Vietnam.

The Program builds on the **Partners** ethos that existing technical expertise in the developing world should and can be used to provide low-cost, high quality training to medical and other professionals from developing countries. The Program has enabled participants to take part in training courses in reproductive health program management, non-scalpel vasectomy, HIV/AIDS prevention, management of child development programs, the role of non-governmental organizations in the provision of holistic health support to adolescent girls, and other topics related to the provision of quality reproductive health services.

This Program has proved extremely successful and benefited both participants and host institutions. Participating institutions have gained experience in providing training to international groups, while these participants have learned valuable and applicable skills for use in their own countries. Most importantly, participating countries have benefited with a new body of professionals who will contribute to the implementation of their respective national reproductive health programs. A distinct feature of the Program is a strong sense of ownership both from host institutions and also participants, which will contribute to the sustainability of the initiative.

The **Partners** Secretariat is now working to consolidate the Program by enhancing its quality and expanding its coverage. Partner Member Countries are now eager to allocate resources to institutionalize the Program within their on-going work so that fellowship-offering countries can offer training and fellowship opportunities to other developing countries in a routine manner. And several countries that are sending people on fellowships are also allocating resources to support the student whilst he or she is abroad.

South-to-South collaboration: an alternative approach to sustained improvements in reproductive health

Partners has been promoting and facilitating South-to-South collaboration as an alternative approach to sustainable development. To support this effort, in April 2000 Partners was awarded a total sum of Euro 995,500 from the European Commission (EC) and Euro 342,000 from the UK Government's Department for International Development (DFID) for a program entitled 'The South-to-South Initiative: Alternative Approaches To Sustainable Improvements In Reproductive Health'. This program is the first of its kind to use the expertise and experience of developing countries to nurture the skills and knowledge of other developing countries in the area of reproductive health and seeks to demonstrate that South-to-South exchanges are cost-effective, efficient and sustainable.

Proving that South-South works

The first part of the grant consists of five projects in the area of reproductive and sexual health. These are designed to promote and implement long-term exchanges led by six countries of the South working with sixteen organizations. The projects were officially launched at a workshop organized by the **Partners** Secretariat in August 2000. This was attended by project managers from both the implementing and collaborating agencies, and by representatives from both the EC and DFID local country offices.

During the first four months of the project cycle, that is from May to August 2000, the Secretariat developed management systems, mechanisms and tools essential for reporting, monitoring and overall accountability. Setting-up these systems and procedures was crucial for ensuring the smooth implementation of the existing projects, but also to pave the way for managing similar long-term South-to-South collaborations in the future. Given the complexity of each project and the number of organisations they involve, some projects took longer to complete all contractual arrangements, including signing of the Memorandum of Agreements (MOUs) than others. Between October 2000 and January 2001, all five projects began their implementation.

A Technical Advisory Committee (TAC) comprising of four senior experts in the area of reproductive health has been formed. The committee is responsible for providing overall guidance to the project team, both on implementation of the projects and the development of future South-to-South models.

The Global Research and Communication Program

A global research and communication component of this program seeks to identify the process required to carry out South-to-South activities, i.e. the lessons learned in setting up management systems to coordinate the collaborations. It will also identify and document the key elements of the process that are crucial to making the South-to-South approach a successful model. Finally, this component of the program will study the use and impact of these systems in building capacity of individuals and institutions to undertake and manage an increasing number of South-to-South initiatives in reproductive health and population.

The above mentioned experiences and lessons learned will be documented and disseminated to a wider audience consisting of program managers, funding agencies and the international development community in order to increase awareness and institutionalise South-to-South models as an improved and effective means of implementing reproductive health programs.

Research: a focus on safe motherhood and quality of care

Responding to the recommendations made from an Expert Group Meeting held in December 1999, Partners is now promoting South-to-South collaboration in reproductive health research and also the establishment of a Reproductive Health Research Network involving 12 developing country institutions. This collaboration includes:

- Sharing research results and findings of potential interest and of applied value to other countries and institutions
- Sharing research institutions' methodologies, instruments and tools that will avoid duplication of similar efforts by other research institutions
- Sharing documented success stories, lessons learned and innovative program interventions and policy approaches
- Sharing resources such as faculty members, researchers and students

Expert review of safe motherhood

Malaysia is a country where rates of maternal mortality have been successfully reduced from 282 per 100,000 live births in 1957 to 20 in 1998. By contrast, maternal mortality rates remain very high in other **Partners** Member Countries such as Bangladesh, India, Kenya, Uganda and Zimbabwe. In collaboration with CARE International and the International Planned Parenthood Federation (IPPF) East & South East Asia and Oceania Regional Office, **Partners** is now developing a framework for the transfer of the Malaysian experience of safe motherhood to seven other developing countries. This framework, which is based around a carefully documented expert study of the Malaysian experience, takes into account important factors in Malaysian programs, including decision makers' recognition of maternal mortality as a serious public health issue, regularly updated clinical protocol and training, and across the board quality assurance in relevant service delivery.

In December 2000, **Partners** held a strategy development workshop in Kuala Lumpur where program managers from Bangladesh, the Gambia, India, Kenya, Pakistan, Uganda and Zimbabwe discussed the practical application of the Malaysian model in their own countries. Experts from Malaysia and agencies including the World Health Organization, **Partners**, CARE International, IPPF, The Futures Group and the World Bank also participated in the workshop.

The workshop participants identified both successes and challenges to existing maternal mortality rates in their respective countries. (Table 2)

Workshop participants identified replicable dimensions of the Malaysian model and developed models for safe motherhood programs for their own countries based upon existing services and lessons learned from Malaysia.

With all workshop participants recommending a need for greater advocacy on safe motherhood, **Partners** is in the process of producing an advocacy resource on the issue, using commissioned photos of women in Bangladesh, Indonesia, Pakistan and Thailand. The Partners Secretariat is also developing pilot projects based on the Malaysian model and other relevant program components. The documented success stories and workshop findings have already been used in the Partners Global Leadership Program as case studies for models of safe motherhood programs.

Table : Safe motherhood: successes and challenges

SUCCESSSES	CHALLENGES
<ul style="list-style-type: none"> • Extensive community participation • Effective programme approaches and interventions • Trained health providers and attendance of skilled personnel at births • An organized infrastructure and logistical management of health services 	<ul style="list-style-type: none"> • Lack of awareness • Poor health infrastructures • Lack of - and unavailability of - skilled birth attendants • Poor access to quality health care services

Quality of care

Quality of care has emerged as an important component of design, implementation and evaluation of reproductive health programs. In April 2000, Partners organized an Exchange Forum On Quality Of Care in Korea. Eleven countries participated in the Forum that sought to discuss good and bad practice in quality of care in reproductive health programs. The countries were selected on the basis of their recent program measures in quality of care.

The Forum reviewed the current status of quality of care in reproductive health and family planning programs in these countries and assessed experience in the application of quality of care principles from country to country in the developing world. Recommendations from this Forum provide Partners with a framework for future training, capacity development, research and policy, resource mobilization and communications in relation to quality of care in reproductive health programs. (see Table 3)

The Forum also reaffirmed the importance of strategic planning for South-to-South collaboration among Partners Member Countries and also the need for Partners to continue to play a catalytic role in sharing of information and exchanges of experiences and models of good clinical and other practice.

A Partners Reproductive Health Research Network meeting in Bangkok during 2000 identified topics that will benefit from collaborative research efforts. Besides quality of care and safe motherhood, these issues include adolescent health, early detection and management of pre-eclampsia, sustainability and cost effectiveness in reproductive health programs, unsafe abortion, and reproductive health indicators. Partners is now seeking to develop research models on these issues, and to work with the World Health Organization on the promotion of

research collaboration among Partners Member Countries. A Memorandum of Understanding (MOU) to this effect was signed with WHO/RHR in December 2000.

Table 3 Quality of Care and South to South Cooperation: Recommendations for future action

TRAINING AND CAPACITY DEVELOPMENT

Develop a training module with a focus on freedom of choice in services
Regional and national collaboration in reviewing and sharing of innovative training curricula, technical manuals, training methodologies, etc.

RESEARCH AND POLICY

Collaboration in the sharing of research experience on quality of care - where appropriate - with relevant technical and research organizations
Development of suitable quality of care indicators, and replication of these indicators assessed Comparative analysis and documentation of successful country programs (China, Korea, Malaysia and Thailand)

COMMUNICATION AND EXCHANGE

Creation of a network of core institutions and individuals to facilitate exchange of new experience and knowledge on quality of care
Dissemination - at national levels - of all recommendations and conclusions from the Partners Exchange Forum on quality of care
Increased and focused advocacy and awareness raising among policy makers, program managers and service providers

RESOURCE MOBILIZATION

Increased assistance from donor and Partners Member Countries for programs relating to quality of care

Partners Member Countries in 2000

Training and exchanges in Asia and the Pacific

During 2000, the six **Partners** Member Countries in Asia and the Pacific continued exchanges of expertise and research on issues relevant to the region including young people, safe motherhood and clinical practice. In particular, provision of non-scalpel vasectomy in China and the model of safe motherhood in Malaysia provided important direction for Asian and other countries in the **Partners** network.

During the year, **Partners** in collaboration with UNFPA and Mohammedpur Fertility Research and Training Centre in Dhaka hosted an international training course in non-scalpel vasectomy (NSV) and participants from a number of developing countries took part in the training program. The Chinese expert on NSV, Dr Li Shunqiang was present as the Chief trainer for this training program.

In October, an international symposium jointly organised by **Partners** and Population Secretariat 2050, was held in Tokyo on research and policy issues relating to young people and their reproductive health. This symposium gave participants the opportunity to share their country experience of working with young and unmarried people, with each other and also with donors.

Indonesia and Pakistan signed a bilateral co-operation agreement during the year to share experiences and skills within the broad mandate of family planning and reproductive health. The agreement sought to strengthen national partnerships with reproductive health organizations in both countries, including the Indonesian Planned Parenthood Association, the Kusuma Buana Foundation, and the Association for Secure Contraception. Pakistan has excelled in training religious leaders in various aspects of family planning and reproductive health, an initiative which has resonance in a number of other developing world countries where religious leaders remain an untapped resource for support in reproductive health. In 2000, Indonesia welcomed 128 international participants from 15 developing countries on 11 different study tours. In India, a number of fellowships were taken up at the National Institute of Health and Family Welfare, the National Institute for Public Cooperation and Child Development, and CHETNA, a well-known NGO in Ahmedabad, India. The Indian Institute of Reproductive Research also held an international symposium on adolescents after which **Partners** provided a research grant on adolescent health to the Institute.

Thailand has an active training program, which during the year catered to the needs of professionals from Myanmar, Laos, Cambodia, Vietnam, Nepal, and Bangladesh. Topics covered in this international training included family planning and reproductive health programs, maternal and child health, Information Education and Communication, family planning programs, HIV/AIDS prevention, women and development, and gender and family life education. Thailand is also providing technical assistance in a joint project with Vietnam on increasing accessibility to integrated reproductive health and family planning services.

Active collaboration with national research institutes in Thailand such as the Mahidol University Institute for Population Research and the Chulalongkorn University Centre for Population Research is also providing research-based information that guides future South-to-South collaborations.

Improving adolescent sexual and reproductive health in Latin America

In April 2000, invited representatives from Colombia and Mexico met in Cuernavaca, Mexico for a documentation workshop. This workshop generated 12 success stories of South-to-South cooperation in the region, focussing primarily on the needs of young people and improvements in the quality of services in Latin American countries. These success stories are now available on **Partners** web-site.

Most young people in Latin America become sexually active at the age of 15 but they rarely use contraceptives of any sort. And this youth population has limited or no access to reproductive health information and services, a situation which is most pronounced in poorer communities.

Profamilia in Colombia, works in 30 cities running dedicated youth centres and providing awareness raising through workshops and talks in schools and outreach centres. In 1998, Profamilia provided reproductive health information to 73,000 young people, 33,000 of whom received medical care and a further 24,000 of whom received confidential counselling concerning their sexual and reproductive health needs and concerns.

At the end of October 2000, the European Commission provided **Partners** with the opportunity to work with Profamilia to profile and replicate this experience to help the youth of Ecuador, Panama and Venezuela. The main objective of this 12 month project is to increase access to services and information for the young people of four cities in four Latin American countries. In November 2000, a first workshop was held in Bogota where representatives from each of the four Latin American countries discussed the production of region-wide - and regionally applicable -resources for young people. Profamilia's rich experience in working with young people and their comprehensive list of related resources was used as a framework for these discussions. Project resources have now been developed and pre-tested in all four countries. A total of 195 local peer educators have been trained to use the project resources in the project zones in each country and complimentary training and awareness raising has been conducted with relevant local stake holders. These include local service providers, the private sector, teachers, youth groups and also parents. The project will undergo a qualitative evaluation during 2001.

Other projects started in the region during 2000 included a quality of care for service providers training and evaluation program in the Dominican Republic, Honduras and Peru, with technical assistance provided by Mexico.

Developing partnerships in the Middle East and North Africa

Egypt, Morocco and Tunisia, the three **Partners** Member Countries in the region, recognized that strengthening respective national resources for the implementation of new South-to-South projects and activities was a priority during 2000. So, during the year, efforts were made to consolidate regional collaboration between the three countries and also with other countries from the Arab World and western African francophone countries.

In May, Partner Country Coordinators from Tunisia and Morocco attended a meeting in Cairo with **Partners** Board members chaired by H. E. Professor Dr. Ismail Sallam to discuss a five-year strategic plan for the Middle East and North Africa (MENA). A MENA Region strategic plan has now been incorporated into the **Partners** five-year strategic plan that was adopted in November 2000. This MENA countries strategic plan highlights the need to strengthen national capacities for South-to-South initiatives with a focus on quality of care in Egypt, safe motherhood in Morocco and management of reproductive health services in Tunisia.

As part of the **Partners** Fellowship Program, the Cairo Demographic Centre conducted training sessions in demography and population and development for participants from Bangladesh, China, Pakistan, Thailand, Uganda and Zimbabwe.

Morocco gave priority to strengthening its capacities for conducting efficient South-to-South programs and collated a list of national institutions and experts to be involved in implementing South-to-South projects. The Directorate of Population of the Ministry of Health (the **Partners** focal institution in Morocco) established a South-to-South Unit with the objective of coordinating its activities at national and regional levels.

Morocco shared its expertise with Mauritania and Mali by offering several practical training sessions in the field of safe motherhood and emergency obstetrics care. Morocco has also assisted Djibouti in conducting a national immunisation program, while Morocco and Tunisia launched a regional project on diagnosis and prevention of sexual transmitted infections funded by the European Commission and the UK Department for International Development and coordinated by **Partners** Secretariat.

Tunisia confirmed its agreement with Niger for the launching of its South-to-South project on improving reproductive health services and reducing maternal mortality in the Kollo district of Niger. This project has financial assistance from the Government of France. Experts from both countries and representatives from the French Government attended technical meetings in Niamey in June 2000 to finalize the detailed actions and the timing of this project and to discuss project management and evaluation. The promotion of medical and pharmaceutical activities along with the improvement of Tunisian physician skills in non-scalpel vasectomy urged the Tunisian Office National de la Famille et de la Population (ONFP) to sign a Memorandum of Understanding with the State Family Planning Commission of China in March 2000.

Burkina Faso showed great interest in learning from the Tunisian experience in reproductive health program management and gender policy and signed a Memorandum of Understanding with Tunisia in May 2000. The International Training Centre in Reproductive Health of the ONFP offered training fellowships to participants from **Partners** Member and non Member countries of the Arab world belonging to the Arab world and African francophone countries. At the regional level - and based on their respective field of expertise and sharing of experience, Tunisia and Morocco developed joint activities to be conducted in the African French speaking countries with support from the government of France and other international donors.

Experiences from West Africa

Mali became a **Partners** Member Country late in 1999 and launched promising South-to-South activities at the national and regional level. In 2000, Mali worked with **Partners** Member Countries, mainly Tunisia and Morocco, to develop and improve skills and competences of medical, paramedical and social staff in charge of reproductive health programs through theoretical and practical training sessions implemented in these countries. The long and rich experience of non-governmental organizations such as "Cooperative Des Femmes Pour L'éducation", "La Sante Familiale et l'Assainissement" and the "Association De Soutien Au Developpement des Activites de Population" are capturing the interest of countries from the region to be adapted to and replicated within their own country context.

Learning from each other in Africa

During 2000, **Partners** worked with a number of regional networks in Africa to promote South-to-South collaboration. These networks included the Partner Country Coordinators in the Gambia, Kenya, Uganda and Zimbabwe who worked on regional responses to HIV and

AIDS, identifying institutions and individuals who have created successful prevention and care interventions in the region.

This South-to-South collaboration provided valuable information on existing programs that are slowing the spread of HIV/AIDS, and also useful lessons in future project design in the region. Uganda, for example, identified the following interventions as implemented by national and local institutions:

- Voluntary HIV testing and counselling as provided by Ugandan AIDS Information Centre
- Pre-adolescent and adolescent sexual health education as provided by the Straight Talk Foundation
- Care and support of people with HIV/AIDS as developed by The Mildmay International Study
- The communities care, counselling and human rights focus promoted and used by the AIDS Support Organization
- The organization and coordination of all national AIDS control programs and lessons to be learned from these programs as highlighted by the Uganda AIDS Commission

Within the context of the **Partners** Global Leadership Program, the African Partner Country Coordinators reached consensus that the priority must now be on adolescent development with an emphasis on HIV/AIDS. A total of eight Sub-Saharan African institutions have now been identified to take part in the Global Leadership Program.

In April 2000, a Zimbabwean delegation visited Uganda as part of a **Partners** Religious Leaders and HIV/AIDS project. This visit was followed by a reciprocal visit to assist the Zimbabwean United Theological College with the design of an HIV/AIDS response program for its pastoral training institute and clinic services. The results of this exercise were shared widely within the network of religious leaders in Zimbabwe. A follow up proposal is underway to implement recommendations from this two country partnership.

Partners has identified that good work and effective HIV-related interventions are being carried out in the region but are not adequately documented or being made available for replication or wider dissemination. In December 2000, **Partners** brought together 18 training and service institutions from the Gambia, Kenya, Zimbabwe and Uganda to document their experiences using pre-designed documentation tools at a workshop in Jinja, Uganda. This exercise resulted in the production of 15 success stories, which provide detail of innovative and effective low cost projects.

The majority of these projects are concerned with reaching young people with information and support about safer sexual practice and care for those people and communities in Africa who have been affected by the AIDS pandemic. They are already being used as models of excellence in a training module of the **Partners** Global Leadership Program.

In November, a high profile Nigerian delegation visited Uganda, Kenya and Zimbabwe to see population and reproductive health policy in planning in these **Partners** Member Countries. A post-tour multimedia dissemination seminar was conducted in Nigeria following which there was overwhelming countrywide support for Nigeria to pursue membership with **Partners**.

Throughout 2000, **Partners** continued work with the East Africa Reproductive Health Network (EARHN) and the Sub-Saharan Africa Reproductive Health NGO Network (SSARHNGON). The Partner Country Coordinator in Uganda is a Board member of the EARHN and has provided technical input into an EARHN five year strategic plan that emphasizes the future role of South-to-South collaboration between countries and also with the private sector and bilateral and multilateral organizations in East Africa. **Partners** and Pathfinder

International provided further technical assistance in the development of this strategic plan which recognizes the need for shared resources in the region.

SSARHNGON is coordinated by the Nairobi-based Centre for African Family Studies (CAFS). The November 1999 NGO Conference by CAFS in collaboration with **Partners** established that good governance structures and leadership were preconditions for effective partnership and the sharing of experiences between organizations. Thus a situation analysis¹ of NGO governance, leadership and sustainability was carried out in Southern, Eastern, Central, Western (Anglophone) and Western (Francophone) Africa. The results of this analysis form the basis for strategizing capacity building of NGOs in the region in preparation for effective partnerships in reproductive health.

In addition to these specific activities, a number of African nationals have been awarded fellowships to attend various training courses in selected **Partners** countries.

AFRICAN SUCCESS STORIES: SCREENING CERVICAL CANCER IN ZIMBABWE

Zimbabwe has one of the world's highest rates of cervical cancer. A pilot study by the Department of Obstetrics and Gynaecology of the University of Zimbabwe has now proved that visual inspection of the cervix with acetic acid (VIA) is a highly sensitive test for early detection of cervical cancer. The study, which was conducted in the Mutoko and Gwanda districts of Zimbabwe, also suggested that cryotherapy on any abnormal cells provides effective treatment for cervical inter-epithelial neoplasia.

Evaluation of this two year pilot project proves that VIA is an extremely useful means of detection of possible cervical cancer and could be used at low cost in most health centres in Zimbabwe and other countries in the region. The study, which was presented at the Partners Jinja workshop in December 2000, suggests that it is appropriate to incorporate VIA training into the curriculum of training institutions such as nursing and medical schools.

Documentation and Communication

A **Partners** strategy for documentation was developed during 2000, providing guidelines on why, how and when to document relevant data and how this information needs to be disseminated to further South-to-South cooperation. The aim of the **Partners** Documentation and Communication Unit is to develop tools and mechanisms that enable organizations and individuals working in reproductive health and development to share experiences, successes and lessons learned through South-to-South collaboration. During 2000, **Partners** continued to develop and update on-line and print tools to facilitate and drive this process of documenting South-to-South models for dissemination, information exchange and to improve technical skills among program managers.

During 2000, **Partners** continued to build the capacity of health organizations in **Partners** Member Countries to document their successes in order to promote South-to-South exchanges in reproductive health. A **Partners** Documentation Manual was produced and pre-tested in Mexico in April. The manual provides a documentation format, guidelines and questionnaire for documenting successes, and has already been used by **Partners** to document 12 success stories in Latin America and 15 in Africa. The manual illustrates how to profile successful stories by focusing on objective success indicators, key factors responsible for the success, conditions to be considered in replication including reference materials and future resources. A new **Partners** five-step South-to-South management process was also produced. This publication describes how to document unique program experiences and also how this information may be marketed to create demand for existing and nascent services.

Country briefs have now been compiled for each **Partners** Member Country that provides an overview of the reproductive health status of the country, what experiences to share and recent South-to-South activities. Other **Partners** public awareness and advocacy materials include the **Partners** Handbook, the electronic bulletin (Links), **Partners'** information kits, and a South-to-South institutional directory.

At **Partners**, communications activities go beyond basic marketing and public relations to encompass advocacy, networking, technical exchange of information, and use of new communications technologies for training and capacity building. Through its communications program, **Partners** uses new and traditional media to reach a range of audiences with different materials and messages. In 2000, **Partners** designed new ways to use new communications tools such as the Internet to give reproductive health professionals in developing countries a place to find appropriate and relevant information contributed by other professionals working in similar circumstances.

Over a period of two weeks in July 2000, **Partners** hosted a collaborative e-learning workshop to test the effectiveness of on-line interactive technical South-to-South collaboration. Participants had an opportunity to build skills to find, assess, and communicate with donors about how to fund innovative proposals for improving reproductive health services. An exciting feature of this workshop was an on-line question and answer session with representatives from the donor community. The workshop was also a model of how Internet technologies can be used to strengthen communication among people around the world with an active interest in improving reproductive health. The workshop introduced participants to a variety of on-line activities including web discussion, multi-media presentations, and practical exercises in web and email communications and discussion. The workshop evaluation was very successful, as 2 out of the 8 concept papers developed in the workshop were subsequently funded.

In the coming year, **Partners** will develop more comprehensive web links with like minded organizations, and hope to provide technical support to PCCs to ensure that they can maximize their use of web-based and email technology. One of the challenges for **Partners** is to create greater awareness about the possibilities that electronic communication present and to encourage PCCs and others to move beyond traditional means of communication and information dissemination - which should, in time, save time, resources and minimise duplication.

The **Partners** website now creates access to comprehensive resources and links relating to South-to-South cooperation and reproductive health. These resources include profiles of successful South-to-South cooperation activities and also guidelines for best modes of documentation and dissemination of on-going national and regional activities. **Partners** has also created email groups such as 'GLP-net', 'Research-net', 'Jinja-net' and 'AAClicknet' for interactive sharing of experiences between participants of all **Partners** projects and programs

Small Grants

Mainly supported by the World Bank, the Small Grants Fund is an initiative aimed at strengthening NGOs in designing innovative approaches to implement high-quality reproductive health programs. It also seeks to strengthen partnerships between governments, international organizations and NGOs in identifying new areas of cooperation.

Activities developed during year 2000 focused on three main areas:

* **Enhancement of capacity building.** - The Centre for African Family Studies (CAFS) in Kenya, is conducting an assessment of NGO governance and leadership aimed at identifying capacity building needs of participating NGOs. Countries participating in this initiative are Kenya, Zimbabwe, Senegal and Nigeria. This assessment will build each organization's capacity and will enable them to effectively participate in partnerships.

* **Promoting Gender Equity.** - The Centre for Health Education, Training and Nutrition Awareness (CHETNA) in India, conducted a workshop on "Building Perspective on Gender Equality and Empowerment for Enabling Women's Comprehensive Reproductive Health and Rights in South Asia" with the participation of Bangladesh, India and Nepal. This workshop was aimed at building a collective perspective on women's empowerment and reproductive health in South Asia, through sharing experiences and developing a common framework for an action plan.

* **Improving Adolescent Reproductive Health.** - The Mexican Foundation for Family Planning (Mexfam) conducted a "Latin American Seminar on the Production of High Quality IEC Materials on Sex Education for Adolescents and Young People". The main objectives of this seminar were to promote the exchange of experiences, as well as to develop a common framework for sex education materials for young people. Participating countries were Brazil, Colombia, Cuba, Chile, Ecuador, Honduras, El Salvador, Guatemala, Mexico, Peru and Dominican Republic.

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- Concerned Women for Family Development, (CWFD), Bangladesh
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