

ANNUAL REPORT 2008



PARTNERS IN POPULATION AND DEVELOPMENT

ANNUAL REPORT 2008

PPD - A Permanent United Nations Observer

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Acronyms & Abbreviations

AFPPD	Asian Forum of Parliamentarians on Population and Development	IM	Instant messaging
AIDS	Acquired Immunodeficiency Syndrome	IPPF	International Planned Parenthood Federation
ARIPO	Africa Regional Intellectual Property Organization	JICA	Japan International Cooperation Agency
ARO	Africa Regional Office	MC	Member Country
ASRH	Adolescent Sexual and Reproductive Health	MDG	Millennium Development Goal
AU	African Union	NGO	Non Governmental Organization
CIDA	Canadian International Development Agency	NTF	National Task Force
DFID	Department For International Development (UK)	PCC	Partner Country Coordinator
EAC	East Africa Community	PI	Partner Institution
EARHN	East African Reproductive Health Network	PoA	Program of Action
ECOWAS	Economic Community of West African States	REC	Regional Economic Community
ED	Executive Director	RH	Reproductive Health
FGM	Female Genital Mutilation	RHCS	Reproductive Health Commodity Security
FP	Family Planning	RHSC	Reproductive Health Supplies Coalition
HIV	Human Immunodeficiency Virus	SADC	Southern Africa Development Community
IBP	Implementing Best Practices	UNFPA	United Nations Population Fund
ICPD	International Conference on Population and Development		

MESSAGE FROM THE CHAIR



H.E. Ghulam Nabi Azad
Chair, PPD Board & Honorable Minister
Ministry of Health & Family Welfare
Government of India


I am pleased to present to you the Annual Report of PPD for the year 2008. As you are aware, India was elected Chair of PPD for the coming 3 years in November 2008 in Kampala, Uganda. Much of the credit of all the accomplishments during 2008 goes to the previous Chair of PPD Her Excellency Ms. Li Bin, the Minister of National Population and Family Planning Commission (NPFPC) of the Government of the People's Republic of China for her leadership. As India takes over the Chairmanship, I am confident that PPD will move further and attain greater success. I commit to provide all assistance and support needed to promote South-South Cooperation in the areas of Reproductive Health, Population and Development and to PPD. We are faced with ever increasing challenges to meet both ICPD Goals and the MDGs; the road ahead is furthermore confounded with emerging issues like climate change, food crisis, environmental degradation that continue to impinge on progress. We acknowledge the value added of PPD as a Southern led and Southern run organization and we are confident that the South-South initiative would help alleviate many of the problems of developing countries.

PPD cannot bring changes on its own and it is for this reason that the organization has continued to work closely with its member states, partners institutions and funding organizations in finding ways to advance system-wide coherence at the global, regional and national levels. It is my sincere belief that the major development challenges we face today can only be addressed successfully with all the member states acting together in harmony. If we can combine our national strengths, and effectively exchange our expertise and experience, we will be doing justice to those we aim to assist. We have built a good partnership, yet we have much to do to advance an inclusive and sustainable mechanism that offers opportunities for all our member states and their peoples.

As the Chairperson of the PPD Board, I am honoured to have the opportunity to oversee the role policy and the operation of the organization. The Chair of the Board has a strong determination to support and assume even more outstanding roles of the organization. On this occasion, I would like to thank the PPD networks, which include

member states, international organizations & institutions, government agencies, donors and private sectors for their kind cooperation. We have confidence that our work during the past year will provide a firm basis for our future as the symbol of excellence in Reproductive Health, Population and Development in the world.

I also would like to reiterate my sincere support and encouragement to the Members of the Board and their peoples and PPD staff to move forward for greater advancement in the promotion of South-South Cooperation.


Ghulam Nabi Azad

Chair, PPD Board & Honourable Minister
Ministry of Health & Family Welfare
Government of India



Harry S. Jooseery
Executive Director
Partners in Population and Development

STATEMENT FROM THE EXECUTIVE DIRECTOR

I would like to welcome the new chair of PPD, H.E. Mr. Ghulam Nabi Azad, Honourable Minister, Ministry of Health and Family Welfare, Government of India and wish him very productive years ahead. I am confident that India would lead PPD to greater heights for the coming three years. I would like also to welcome all the new executive committee members and wish the new executive team plenty of success. I take this opportunity to thank the past executive team and the former chair of PPD H.E. Dr. Li Bin, Honorable Minister, NPFPC, China for all the accomplishments made during their tenure of office.

2008 has been the first year of the implementation of PPD's new strategic Business Plan (2008-2011) and I am happy to note that a substantial number of activities have been undertaken in the area of advocacy, capacity building, exchange of experiences and technologies and documentation. Two new countries have joined PPD in 2008, namely Ethiopia and Ghana and I wish to welcome them in the PPD family. They have already started to be very active and have organized national workshops on South South Cooperation involving all stakeholders in the respective countries. Indeed PPD organized a series of workshop in its member states for creating a National Support Structure for the promotion of South South Cooperation. These workshops have helped to enhance participation of stakeholders and also promote national ownership for South South Cooperation. We are happy also to note that the commitment of PPD member states has tremendously increased.

PPD with assistance from the Government of Uganda organized in 2008 an International Forum on "ICPD@15:Progress and Prospects" in Kampala. "The Kampala Declaration" that emerged from that forum rekindled commitments of PPD member states to reactivate efforts to meet ICPD goals and emerging concerns. In 2008, PPD developed a new capacity building plan which captures the needs of all our Member States in terms of capacity building at individual, institutional and systems level. PPD's advocacy work to promote reproductive health in its partner countries and globally went on in full swing and we have watched with delight the vigor and enthusiasm our development partners showed towards PPD's work even in this period of economic crisis. We highly appreciate that China and India had doubled their contribution to PPD as from 2008 and Thailand has also increased their contribution by 15%.

PPD in 2008 has worked closely with several international agencies, including UNFPA, the Hewlett Foundation, Venture Strategies, the Lucile Packard Foundation and WHO, in promoting and implementing the goals of ICPD and the MDGs through South South Cooperation and in particular in the areas of training and capacity development, exchange of information, reproductive health commodity security, and policy dialogues. I would like to take this opportunity and thank the Governments of all our Member States for their support and contributions to the promotion of South-South Cooperation. The inputs from our Honourable Board Members and the Partner Country Coordinators (PCCs) have indeed been instrumental in our endeavor, and we are thankful to them for their assistance and support during the South South National Workshops, other programs and for their valuable comments and suggestions during the development of the Strategic Business Plan.

I am also thankful to all my staff in Dhaka, New York, Kampala and China for their support and assistance to me personally. We cannot, in the light of daunting challenges, continue to act routinely. We need to show distinctiveness, farsightedness and wisdom. I have firm conviction that PPD will remain a forerunner in the promotion of South-South Cooperation in the field of Reproductive Health, Population and Development. We need your support and assistance. South-South Cooperation thrives best when it meets the shores of the North and blends into indistinguishable movements. PPD waves towards North-South-South stretches.

Thank you to all our well wishers.



Harry S. Jooseery

Executive Director

Partners in Population and Development



**Member Countries of
PARTNERS IN POPULATION
AND DEVELOPMENT**



WHAT PPD IS ALL ABOUT

A South South initiative in response to the ICPD goals

Partners in Population and Development (PPD) is an intergovernmental organization created specifically for the purpose of expanding and improving South-South collaboration in the fields of Reproductive Health, Population, and Development. PPD was launched at the 1994 International Conference on Population and Development (ICPD), when ten developing countries from Asia, Africa and Latin America formed an intergovernmental alliance to help implement the Cairo Program of Action (PoA). This PoA, endorsed by 179 nations, stressed the need to establish mechanisms to promote development through the sharing of experiences in Reproductive Health (RH) and Family Planning (FP) within and among countries, and to promote effective partnerships among intergovernmental organizations, governments, nongovernmental organizations (NGOs), research institutions and the private sector. During the five-year review of the implementation of the PoA (Cairo+5), representatives at the June 1999 Special Session of the United Nations General Assembly not only documented renewed commitment to the goals of the ICPD, but also encouraged intensified support of South-South Cooperation (SSC).

Para 14.6 of ICPD PoA clearly states that, "...more attention should be given to South-South Cooperation as well as to new ways of mobilizing private contributions, particularly in partnership with nongovernmental organizations. The international community should urge donor agencies to improve and modify their funding procedures in order to facilitate and give high priority to supporting direct South-South Cooperation arrangements....South-South Cooperation at all levels is an important instrument of development."

Advancing Reproductive Health, Population, and Development

The ten founding members (Bangladesh, Colombia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia and Zimbabwe) were countries that had received international recognition for advancing development through their successful population policies, family planning programs and health services. Since then, the organization has expanded to include Benin, China, Ethiopia, the Gambia, Ghana, India, Jordan, Mali, Nigeria, Pakistan, Senegal, South Africa, Uganda and Yemen, broadening the reach of PPD to over half of the world population.

A Unique Organization

The concept of South-South Cooperation in the fields of population and development is not new. However, earlier exchanges of experiences and technical know-how between developing countries tended to be adhoc and consisted mostly of short-term training and study tours. Usually, these were donor-initiated and donor-driven. Unlike other organizations, however, PPD does not merely incorporate or add a South-South dimension to its program, but develops mechanisms that help institutionalize South-South cooperation and thus taps considerable, but still underutilized resources for development in a systematic way. In fact, PPD is the first and only organization devoted entirely to fostering long-term South-South partnerships in RH/FP. It is important to note that PPD does not confine its activities to its members alone: on the contrary, it is the organization's explicit philosophy to reach out to NGOs, training institutions and governments of other developing countries to share the available resources, capacities and experiences.

WHAT PPD IS ALL ABOUT

The Substantive Focus of PPD

All Member Countries (MCs) are committed to the implementation of the PoA agreed upon in Cairo. This includes, among other things, improvements in the eradication of poverty, the advancement of gender equality and equity, the empowerment of women through education, training and awareness of their rights, universal access to quality RH care services, and the promotion of freedom of choice and the absence of coercion in Family Planning. Within this overall framework, PPD gives priority to the following program areas:

1. Integration of ICPD Goals and MDGs
2. Promotion, integration and strengthening of sexually transmitted disease (STD) and HIV/AIDS prevention and care within RH structures
3. Provision of FP and RH services aimed at the special needs of male and female adolescents
4. Improving Reproductive Health Commodity Security (RHCS)
5. Improving Gender Equality
6. Strengthening Adolescent Sexual and Reproductive Health (ASRH)

In addition, there are several crosscutting areas including the empowerment of women and concerns for the girl child, or the prevention and eradication of all kinds of violence against women.

An Organization Building on Comparative Advantages

1. PPD represents the political will of its Member Countries (MCs) to improve RH and FP in a self-determined and sustained manner.
2. PPD provides a climate of mutual trust, respect and openness which places it in a unique position to address culturally sensitive subjects. PPD was established on the premise that scarce resources need to be pooled and shared for maximum cost-effectiveness.
3. PPD's Observer status at the UN provides a platform for MCs to voice their opinion on global issues and advocate in favor of issues of their interest
4. PPD members are willing to commit their own resources to help improve capacities not only within their own but also within other developing countries.

"MOBILIZING RESOURCES FOR DEVELOPMENT IS ONLY PART OF THE SOLUTION; IT IS EQUALLY URGENT TO USE THEM EFFECTIVELY. UNITED NATIONS AGENCIES, FUNDS AND PROGRAMS MUST BETTER COORDINATE THEIR ACTIVITIES, PARTICULARLY IN THE AREA OF SOUTH SOUTH COOPERATION, TO ADDRESS DEVELOPMENT CHALLENGES THAT ARE BEYOND THE CAPACITY OF ANY ONE COUNTRY TO TACKLE ALONE.

UNITED NATIONS SECRETARY GENERAL, BAN KIMOON
"The state of South South cooperation," 19 december, 2008

WHAT PPD IS ALL ABOUT

The "Value Added" of PPD

In addition to the uniqueness of its mission, mandate and structure, several factors contribute to adding value to PPD:

1. PPD takes a long-term approach to cooperative research, training and information exchange.
2. PPD develops programs and projects that the countries themselves desire. This invariably brings the kind of political commitment necessary for impact and sustainability.
3. Since PPD Board Members are usually the highest-ranking officials in the Reproductive Health or related Ministries in their countries, they can easily engage in dialogue with counterparts in other countries. Because of their positions, PPD Board Members not only possess the most relevant knowledge and overview of their countries' priority needs and opportunities, they are also in the best position to facilitate action.
4. Through its Board Members, PPD is most advantageously placed to have an impact on policy improvement - another crucial element for developing successful programs.
5. PPD has a country Coordinating Mechanism constituting of senior government officials and focal institutions from MCs, which help efficient implementation of PPD's South South Programs at the national level
6. PPD does not work with governments alone. It strives to engage the whole spectrum of civil society - from research and training institutions (Partner Institutes or PIs) to the private sector - in forming partnerships to improve the sexual and reproductive health of the poor. By working through PPD, donors too are able to have access to partnerships throughout society.
7. PPD has long term and effective collaborative partnerships with the premier level training and research institutes which help capacity development at individual, institutional and systems level of the MCs
8. PPD has the capability to mobilize Reproductive Health commodities between the MCs to improve access within the developing nations
9. PPD is in a unique position to address highly sensitive cultural issues, such as the involvement of religious leaders in RH programs, or adolescents' sexual and reproductive rights - still considered taboo in many societies. Such issues do not hamper PPD's intentions to promote Reproductive Health and Family Planning within different cultural settings.

Membership in PPD

PPD welcomes new members to increase the momentum of its efforts. Full Membership is open to governments of developing countries and countries in transition who have demonstrated a strong commitment to the ICPD PoA. Members contribute a minimum of 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 agenda to fulfill the ICPD and MDG goals. Countries like China and India contribute US\$ 40,000 each yearly and others are encouraged to act likewise. Member countries appoint a representative to the PPD Board, usually the highest ranking officials in charge of RH matters, i.e. Minister or government leader of similar rank. They also designate an official to function as Partner Country Coordinator (PCC). The PCC is the focal point for developing and implementing South-South Collaborative programs.

WHAT PPD IS ALL ABOUT

VISION

TO DRIVE THE GLOBAL REPRODUCTIVE HEALTH AND POPULATION AGENDA TO ATTAIN SUSTAINABLE DEVELOPMENT BY YEAR 2014

MISSION

TO ASSIST EACH MEMBER COUNTRY AND OTHER DEVELOPING COUNTRIES TO ADDRESS SUCCESSFULLY THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, INCLUDING FAMILY PLANNING AND HIV/AIDS, POPULATION AND DEVELOPMENT CHALLENGES THROUGH SOUTH-SOUTH COLLABORATION BY RAISING A COMMON VOICE AND SHARING SUSTAINABLE, EFFECTIVE, EFFICIENT, ACCESSIBLE AND ACCEPTABLE SOLUTIONS CONSIDERING THE DIVERSE ECONOMIC, SOCIAL, POLITICAL, RELIGIOUS AND CULTURAL CHARACTERISTICS OF OUR COUNTRIES.



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HIGHLIGHTS OF THE YEAR 2008

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CONGRATULATIONS TO...



ETHIOPIA AND GHANA

At the Annual Board Meeting of PPD in 2008, Ethiopia and Ghana expressed their intention to join the organization which was approved unanimously by all Board Members. H.E. Dr. Li Bin, Chair, PPD Board and Minister of NPFPC (National Population and Family Planning Commission of China), Government of the People's Republic of China and Mr. Harry S. Jooseery, Executive Director of PPD welcomed the new members and wished a more concerted effort for the development of RH in the Africa region. PPD coverage now with Ethiopia and Ghana on board, has increased to more than 57% of the world population.

HONOURS TO TUNISIA

Tunisia has received yet another distinction from a major international body. The United Nations has awarded Tunisia with the South-South cooperation Prize. During a ceremony held at the headquarters of the United Nations in New York, on the occasion of the UN Day of South-South cooperation, Mrs. Nabih Gueddani, the Managing Director of the Tunisian National Board for Family and Population (ONFP) was awarded the prize in recognition of its success in setting up the 'Kollo project', a trilateral cooperation program between Tunisia, Niger and the United Nations Population Fund (UNFPA) for maternal health, which Tunisia helped set up in the town of Kollo in Niger.

CELEBRATING THE 15TH ANNIVERSARY OF PPD & ICPD - HONORING THE PIONEERS

International Forum on ICPD @ 15

The imperatives of globalization together with a redefinition of the Reproductive Health and Population environment and emerging issues like food security, climatic change, ageing population and migration, urge for a review of global population and development agenda specifically to address the needs of developing countries and the most vulnerable population. South-South Cooperation is a modality of change and a strategy for action and reaction for and among developing countries. It has a proven record of effective sharing of experience and best practices, transfer of skills and technologies and is destined to play a leading role in development cooperation initiatives and in making meaningful impact.

In this context, PPD iorganized an International Forum on "ICPD at 15: Progress and Prospects" in collaboration with the Government of Uganda on 24th and 25th November 2008 in Kampala, Uganda. The objective was to analyze the achievement of ICPD as we move towards its 15 years commemoration in 2009, discuss the emerging issues and propose concrete actions to achieve its goals, with particular emphasis on the South-South initiative. More than 200 participants attended the forum.

H. E. Mrs. Janet Museveni speaking in the forum



The Participants

CELEBRATING THE 15TH ANNIVERSARY OF PPD & ICPD - HONORING THE PIONEERS

The Forum was formally inaugurated by Honourable First Lady of the Republic of Uganda- H.E. Mrs. Janet Museveni, in the presence of H.E. Dr. Stephen Malinga- the Ugandan Minister of Health, PPD Chairperson and H.E. Dr. Li Bin- Minister of National Population and Family Planning Commission of China, UNFPA Deputy Executive Director Mrs. Pumina Mane, PPD Executive Director Mr. Harry Jooseery and Regional Director PPD ARO, Dr. Jotham Musinguzi.

Other participants included Ministers, PPD Board Members, and senior officials including PCCs, Members of Parliament, high level representatives from donor agencies including Packard Foundation, Hewlett Foundation, Venture Strategies and representatives of international and national non-governmental organizations, resource persons and members of the academic community. The participants at the International Forum reviewed, discussed and made recommendation on the salient issues such as Reproductive Health and Population; HIV/AIDs; Reproductive Health Commodity Security; and new and challenging issues such as climate change. After two days of intense deliberations, the forum adopted the Kampala Declaration.

Honors to PPD Pioneers

Six pioneers in the international population field of the ICPD, PPD and South-South Cooperation were also honoured during this ceremony. The forum conferred upon these illustrious persons a commemorative plaque and a certificate of excellence. H.E. Mrs. Janet Museveni, Honourable First Lady of Uganda handed over the Commemorative Plaques and PPD Chairperson H.E. Dr. Li Bin handed over the Certificate of Excellence to the awardees.

The Awardees were-

Professor Dr. Haryono Suyono

Former Minister for Population and Minister for People Welfare Government of Indonesia and
Chairman, Damandiri Foundation, Indonesia

Currently the Chairman of Damandiri Foundation, Professor Suyono also served as Deputy Chairman, National Family Planning Coordinating Board (NFPCB) from 1972 to 1983 and became the Chairman of NFPCB. Prof. Suyono served the Government of Indonesia as Minister for Population from 1993 to 1998 and as Minister Coordinating for People Welfare from 1998 to 1999. Prof. Suyono has been associated with numerous



The Ugandan First Lady H.E. Mrs. Janet Museveni with the recipients of the Award of Excellence

CELEBRATING THE 15TH ANNIVERSARY OF PPD & ICPD - HONORING THE PIONEERS

national and international organizations and has contributed significantly to the field of Population and Development. Currently he is the President of Indonesian Sociological Association, Deputy Chairman of Stroke Foundation, President of Indonesian National Committee for Social Welfare, President of Scout Friendships, and Member of AUICK, Kobe. Prof. Suyono served as President of Indonesian Demographic Association, President of ICOMP, Chairman of Indra Foundation and was Founder and Secretary General of Partners in Population and Development from 1995 to 1998. For his lifelong achievements in the Population and Development sector, Prof. Haryono Suyono has received numerous prestigious awards.

Dr. Nafis Sadik

Former Executive Director
UNFPA and Special Advisor to the UN Secretary General
Special Envoy for HIV-AIDS in Asia and the Pacific

From 1954-1963, Dr. Sadik served as civilian medical officer in various Pakistani armed forces hospitals, and was Pakistan's Director-General of the Central Family Planning Council (1966-1970). She joined UNFPA in 1971, and served as its Executive Director from 1987 to 2000. She was the first woman in the United Nations, to head one of its major voluntarily-funded Programs. Following her retirement in 2000, Dr. Sadik was appointed by the UN Secretary-General as Special Advisor, with responsibilities as UN Special Envoy for HIV-AIDS in Asia and the Pacific. Dr. Sadik is well-known for her dynamism and guiding force in the field of maternal and child health, reproductive and sexual health, and is a strong advocate for education and prevention of HIV-AIDS. Under her leadership as

Secretary-General of the International Conference on Population and Development (ICPD), held in Cairo in 1994, the approach to reproductive health which includes empowering women through education and economic opportunity, was unanimously agreed to by the international community. It is under her leadership that the South-South Initiative was included in the ICPD PoA in 1994, following which PPD was formed. As a staunch supporter of South-South Cooperation, she has always been by the side of PPD as a guiding force since 1994. Her special assistance to PPD especially in the early years was instrumental in the growth of PPD.

Mr. Jyoti Shankar Singh

Former Deputy Executive Director
UNFPA and PPD Permanent Observer at the United Nations, USA

Mr. Singh is the former Deputy Executive Director of the United Nations Population Fund (UNFPA). He was the Executive Coordinator of UN International Conference in Population in 1984 and UN International Conference on Population and Development (ICPD) in 1994. Mr. Singh served as Special Advisor to Executive Director, UNFPA on ICPD+5 Review from 1998 to 1999 and was the Executive Coordinator, United Nations World Conference against Racism from 2000 to 2001. Currently Mr. Jyoti Singh is the Permanent Observer to the UN for Partners in Population and Development. Mr. Jyoti Singh played a key role in the formation of PPD and has been contributing to PPD and South-South Cooperation since 1994.

CELEBRATING THE 15TH ANNIVERSARY OF PPD & ICPD - HONORING THE PIONEERS

Dr. Sara Seims

Director, Population Program
The William and Flora Hewlett Foundation, USA

Dr. Seims joined the William and Flora Hewlett Foundation in October 2003 as Director of the Population Program. Immediately prior to this position she was president of the Alan Guttmacher Institute since November 1999, where she led the organization to a greater involvement in international reproductive health issues and behavioral research in the areas of HIV-AIDS. Dr. Seims was the Associate Director of Population Sciences at The Rockefeller Foundation in New York for six years. At the Foundation, she contributed to the expansion of international collaboration in reproductive health and promoted dialogue between developed and developing nations on both programmatic and policy issues relating to women's and reproductive health. For three consecutive years she was named as one of the key actors in sustainable development. She is very much committed to promote the ICPD agenda and South-South Cooperation by Earth Times. Her support to PPD since 1994 has been remarkable and instrumental in putting PPD on the rail.

Professor Dr. Nabiha Gueddani

General Director, National Office of Family and Population
Ministry of Public Health, Tunisia

Professor Dr. Gueddani is the General Director, National Board for Family and Population, Ministry of Public Health, responsible for the National Family Planning Program and Policy Development in Tunisia; She is currently the treasurer of PPD and was its first Chair from 1995 to 1998; Previously she was the Secretary of State for the Prime Minister in charge of Women's and Family Affairs and former

Secretary of State for the Ministry of Social Affairs in charge of Social Protection and Promotion. She has and remains a fervent supporter of PPD since 1994.

Dr. Steven W. Sinding

Former Director General
of the International Planned Parenthood Federation (IPPF)
and Senior Fellow, Guttmacher Institute

Now a Senior Fellow at the Guttmacher Institute and independent consultant, Dr. Sinding retired in 2006 after four years as Director-General of the International Planned Parenthood Federation. He directed a global federation of 150 member associations and six regional offices, operating programs in 180 countries around the world. Dr. Sinding was Professor of Population and Family Health, Adjunct Professor of Public Policy at Columbia University, directed the Population Sciences program at the Rockefeller Foundation, and had a 20-year career at the U.S. Agency for International Development. In 1994 he was a member of the United States delegation to the International Conference on Population and Development at Cairo and from 1990-91 was the World Bank's senior population advisor. He has been since then an ardent supporter of South-South Cooperation for the attainment of ICPD Goals. He is one of the founding fathers of PPD and contributed immensely in providing both financial and technical support to PPD especially in the early years.

CAPACITY BUILDING EFFORTS

One of the most important lessons learned by PPD in the last few years is that despite great interest and enthusiasm among the developing countries to share their expertise, the capacity to do so is often lacking. In order to augment capacities in the three main modalities used by PPD, namely training-research and exchange of information, numerous partnerships were formed, consultative meetings held, fellowships arranged for fruitful exchanges and training programs initiated. The following is an account of PPD secretariat's efforts at promoting capacity building both through regional events and global programs.

An Action Plan to Develop Capacity

In 2008 PPD developed a Capacity Building Action Plan, which involved representatives from PPD Member States, experts and stakeholders. The Plan aims to achieve a strengthened capacity at system, institutional and individual levels in MCs for effective implementation of actions and measures to achieve the population and Reproductive Health aspects of ICPD and MDGs, through training, research, and information and experience sharing, as well as an effective networking process among the concerned institutions.

At a Consultative Meeting held in Bangkok in April 2008, the Capacity Building Plan was discussed. Dr. Siripon Kanshana-Deputy Permanent Secretary, Ministry of Public Health, Government of Thailand and Representative of PPD Board Member for Thailand opened the meeting. Mr. G. Giridhar- CST Director and UNFPA Representative in Thailand, Dr. Nantha Avamskul- Additional Director-General, Department of Health, Ministry of Public Health, Government of Thailand, Dr. Sopon Mekthong- Deputy Director General, Department of Health, Ministry of Public Health, Government of Thailand and the Executive Director of PPD were also present in the meeting.

China offered substantial assistance to the implementation of the capacity development plan and countries like India, Indonesia, Morocco, South Africa, Thailand and Tunisia also declared their willingness to provide additional support through training, sharing experience, provision of fellowship and other similar activities.



Thailand Consultative Meeting April 2008 in progress

CAPACITY BUILDING EFFORTS

Capacity Building through Institutionalization of Generic Modules on Population, Reproductive Health and Gender

Conscious of the need to move strategically and attain meaningful results, PPD conducted a Needs Assessment among institutions involved in Capacity Building in PPD MCs to document on their capacity building programs, the gaps and potentials. PPD also commissioned a regional inquiry and an assessment on Capacity Building gaps and needs of developing countries in Africa, Asia, Latin America and the Arab world. Through this assessment it was found that, despite impressive training conducted by PIs, most of the courses were geared to meet the needs of specific clientele, and not targeted to help build capacities to meet the ICPD goals and MDGs. Accordingly PPD developed four generic modules on selected priority themes (1. Population and Poverty, 2. Gender, 3. Reproductive Health, and 4. Historical Perspective on Population, ICPD goals and MDGs) to be incorporated and integrated into existing curriculum of PIs and to be utilized through PPD's Capacity Building program. The generic modules, were shared and discussed among all Partner Institutions (PIs).



Consultative Meeting on Networking among Partners Institutions in Dhaka, Bangladesh. 28-30 July 2008

As an immediate step after this, PPD explored with the PIs on how best to institutionalize these generic modules within the current and/or planned training activities at the institutions and on how best to help establish an effective networking system among the PIs to enable and empower them to play a significant role in addressing, both collectively and individually, the central issue of capacity building of PPD MCs. For this purpose, PPD in 2008 undertook a short inquiry among the PIs to elicit information and their experiences in the institutionalization of generic modules and networking.

To discuss the findings, exchange experiences and formulate a strategy to help move forward on these issues, a Consultative Meeting on Networking among the PIs took place in Dhaka, Bangladesh during 28-30 July 2008. A total of sixteen PIs from MCs of Africa, Asia and Arab regions participated in the Meeting and were mostly represented by the head of the individual institutions. Additionally, representatives from Government of Bangladesh, experts in the field of RH, Population and Development, as well as staff from PPD Secretariat in Dhaka, Director of PPD Africa Regional Office in Kampala, and representatives from Donor Agencies, including UNFPA and JICA participated in the meeting.

CAPACITY BUILDING EFFORTS



Dr. Bhassorn Limanonda
at the Consultative Meeting in Dhaka

As an outcome of the Consultative Meeting on Networking among Partner Institutions in Dhaka, Bangladesh, 28-30 July 2008, three networks were established as follows :

a) Anglophone Africa PPD Pls Network: composed of 1. The Centre for African Family Studies (CAFS); 2. Cairo Demographic Center (CDC, Egypt); 3. Population Studies and Research Institute (PSRI, Kenya); and 4. Institute of Statistics and Applied Economics (ISAE, Uganda).

b) Francophone Africa PPD Pls Network : composed of 1. Institut National d'Administration Sanitaire (INAS, Morocco); 2. Centre International de Formation (CEFIR/ONFP, Tunisia), and 3. Centre de Formation et de Recherche en Sante de la Reproduction (CEFOREP, Senegal);

c) Asia PPD Pls Network: composed of 1. National Family Planning Coordinating Board (BKKBN, Indonesia); 2. College of Population Studies (CPS, Thailand); 3. China Center for RH Technical Instruction and Training (CCRHTIT, China); 4. Nanjing International Training Center - Population Program (NITC, China); 5. Institute of Health Management Research (IHMR, India);

6. International Institute of Population Sciences (IIPS, India); 7. National Institute of Health and Family Welfare (NIHFW, India); and 8. Institution of Child and Mother Health (ICMH, Bangladesh).

CAFS, NIHFW and INAS were nominated as Lead Partner Institutions (LPIs) to monitor, coordinate and facilitate activities and exchanges among Pls from their respective regions.

Institutionalizing the Generic Module : experience from NIHFW, India

National Institute of Health and Family Welfare (NIHFW) organized a three-day course on Gender, Health and Development based on PPD Generic Modules in Delhi, India from 24 September to 26 September 2008. This training program was adopted from the PPD Generic Module on "Increasing Human Capacity to Address Gender Equity in Development". Participants of the training course believed that it helped them to understand the basic knowledge of gender issues, reproductive and other health issues and to learn the process to integrate this knowledge into development activities.

The Indian experience shows that PPD Generic Modules can effectively be used by Partner Institutions and be adapted into the local context to address burning issues and gaps for the attainment of ICPD goals and MDGs.

Discussion among Pls in
the Bangladesh Consultative Meeting



FELLOWSHIPS- OPENING MINDS TO THE WORLD

The Fellowship Program is an excellent example of a South-South initiative. It is based on the voluntary contributions of fellowships by leading training institutions in order to strengthen the human resource base of both PPD and other developing countries. Through this carefully conceived program, PPD provides unique opportunities for high-quality professional exchanges among developing countries at very reasonable costs. South-South fellowship program is now crossing its 10 years land mark with 400 graduates from 30 institutions in the PPD MCs.

Fellowship provided in 2008

1. EGYPT- Through rigorous training and research opportunities, the Cairo Demog Demographic Center (CDC) nurtures a new generation of specialists in demography in the developing world, who are concerned with the study and analysis of critical population issues. PPD with CDC provides one-year International Fellowships as Diploma Courses in order to strengthen the demographic, family planning and reproductive health programs in developing countries.

In 2008, 10 fellows from seven PPD MCs (Bangladesh, Gambia, India, Mali, Thailand, Uganda and Yemen) finished their one-year International Fellowships in CDC. Those who excelled in their academic achievements were awarded with additional fellowships for Masters or a Bachelors Degree depending on their field of interest.

2. MOROCCO - Institut National d' Administration Sanitaire (INAS) Rabat, Morocco announced a two-year Masters in Health Administration under the Fellowship Program from French-speaking countries. The course especially targets senior executives in Health Management and Public Health with a view to getting them ready for the management of health services at the highest level. Seventeen Francophone countries benefitted from this fellowship.

3. BANGLADESH- The Institute of Child and Mother Health (ICMH) of Bangladesh provided 30 fellowships to representatives of Bangladesh, China, Indonesia, Jordan, Mali, Pakistan, Thailand, Tunisia, Uganda and Zimbabwe on "Sexual and Reproductive Health and Safe Motherhood" and "Essential Newborn Care (ENC) and Infant Young Child Feeding (IYCF)". The fellowship programs were held in February and August 2008.

4. INDONESIA- National Family Planning Coordination Board (BKKBN) of the Government of Indonesia offered 20 full-board fellowships through PPD on Behavioral Change Communication in Family Planning and Reproductive Health held from 6 August to 4 September, 2008 to Cambodia, Ethiopia, Kenya and Yemen.



PPD Graduates from CDC

BUILDING NATIONAL OWNERSHIP FOR SSC

The National South-South workshops are aimed at promoting better understanding and strengthening national support for cooperation in the areas of Reproductive Health, Population and Development. In the last couple of years, the secretariat of PPD has encouraged and supported the organization of national events in several MCs. In a continuing effort, PPD organized several workshops on South-South Cooperation in 2008 and premeditated to set up a National Task Force (NTF) in each of its MCs with the objective of galvanizing efforts at national level and also to promote national ownership for SSC.

PPD believes that this National Task Force will assist in identifying the emerging needs for capacity development in the field of population, gender, reproductive health and development in a holistic way at their country level and also in identifying potential institutions at the country level that could become part of a hub to provide technical assistance to other developing countries. Besides this, each of the Member Country Government will be able to take cognizance of all activities that are undertaken within the country and track down best practices which could be shared with other developing countries.

South South Workshops in 2008

Throughout 2008 PPD arranged five South South Workshops in different MCs. The workshop in Dakar, Senegal was the first one in that year which was arranged on June 30th, 2008. The second

workshop was organized in Jakarta, Indonesia on 10th July 2008 on the occasion of the World Population Day. This workshop was organized in collaboration with UNFPA Indonesia, PPD and the Government of Indonesia.

On 29th August another South-South workshop on how to improve access to Reproductive Health for the Achievement of ICPD Plan of Action and MDGs was held in Pretoria, South Africa. The Executive Director of PPD and the Regional Director of IPPF Africa Region Mr. Tewodros Melesse together with Chief Director of the Department of Social Development and PCC for South Africa Mr. Jacques van Zuydam and Country Representative of WHO, Dr. Stella Anyangwe and UNFPA Country Representative for South Africa Mr. George Nsiah were present in this workshop. The Executive Director met H.E. Dr. Jean Swanson-Jacobs, Honorable Deputy Minister of Social Development, Government of the Republic of South Africa and she pledged to set up a National Task Force to reinforce the South-South Cooperation in South Africa efforts and in the region.

South South Workshop in Senegal



South South Workshop in South Africa



BUILDING NATIONAL OWNERSHIP FOR SSC

Another National South-South Workshop on Population and Sustainable Development was held on 4 September, 2008 in Banjul, Gambia. The workshop was opened by Mr. Crispin Grey-Johnson, Minister for Higher Education, Research, Science and Technology of the Gambia and was attended by the Executive Director of PPD, H.E. Ms. Fataou Jassey Kuyateh, Permanent Secretary, Office of the Vice President, Mr. Saikou Trawally, the Director of Population Affairs, National Population Commission, PPD PCC for the Gambia, and Mr. Barnabas Yisa, Country Representative, UNEPA. The Executive Director paid a courtesy visit to the Minister of Higher Education and the Permanent Secretary to the Office of the Vice President and briefed them on PPD initiative in setting up a National Task Force to promote South-South Cooperation in the Gambia.

The Ministry of Health and Family Welfare, Government of India in collaboration with National Institute of Health and Family Welfare (NIHFW) and with support from PPD organized the last workshop of 2008 on "National Support for South-South Cooperation in Population and Development" on 11th December, 2008. The objective of the workshop and the subsequent discussion was to inform the participants of the scope of strengthening the South-South cooperation. At the workshop, participants agreed on a Terms of Reference for constituting a Task Force with representatives of ministries, NGOs, civil society and all stakeholders in the field of Reproductive Health, Population and Development.



South South workshop in Banjul, The Gambia



South South workshop in India

PROMOTING PARTNERSHIP AND STRENGTHENING NETWORKS

Reinforcing of Regional Reproductive Health Advocacy Networks in Africa

PPD ARO (Africa Regional Office) has supported the reinvigoration of regional reproductive health networks organized around the Regional Economic Communities (RECs) to network with civil society organizations, the media and agencies in the areas of reproductive health, population and development. These networks are the Eastern Africa Reproductive Health Network (EARHN) for the East Africa Community (EAC); the West African Reproductive Health Network (WARHN) for the Economic Community of West African States (ECO ECOWAS) and the Southern African Reproductive Health Network (SARHN) for the Southern African Development Community (SADC).



A Group Photo of Participants during workshop on operationalisation of the Eastern Africa Reproductive Health Network (EARHN) Strategic Plan, 2008 - 2012

PPD ARO supported EARHN to hold a follow up meeting on March 14th, 2008, in Kampala, to review the country specific work plans in the context of how individual MCs in the network would operationalize their strategic plan developed in 2007. The meeting brought together representatives from Kenya, Ethiopia, Tanzania, South Africa and Uganda. Invitation was extended to South Africa to learn and share experiences on what EARHN is doing as they prepare to coordinate the establishment of a SADC based RH Advocacy Network. Also present were representatives from DSW Uganda and the media. Highlights of EARHN Strategic Plan, member country 2008 Annual Work Plans and the role of PPD ARO in regional networks were presented.

With assistance from ARO, the WARHN and SARHN will develop their Strategic Plan in 2009. PPD ARO also facilitated study tours for EARHN and Parliamentarians of Eastern and Southern Africa.

Reaching out Parliamentarians in Asia

One of the most important strategies of PPD is to work with the parliamentarians to achieve its goals by bringing about positive transformations in the legislation and policy formulation as well as in the socio-political and cultural arena. Parliamentarians command considerable authority in legislation and policy formation and are deeply entranced in socio-political and cultural set-up of the countries, providing an important gateway to PPD. Commitment of politicians to the ICPD Goals and MDGs as well as other emerging challenges in health, population and sustainable development is vital.

PROMOTING PARTNERSHIP AND STRENGTHENING NETWORKS



Participants à la réunion des
Parlementaires asiatiques

PPD networked with AFPPD and reached parliamentarians at the 24th Meeting of the Asian Parliamentarians on Population and Development between 26 and 27 April 2008 in Kuala Lumpur, Malaysia, to conduct extensive advocacy and networking campaign among the parliamentarians.

Networking with Parliamentarians in Africa

In addition, PPD ARO hosted a High Level regional meeting of Parliamentary Committees on Health from September 16 to 18 2008, in Kampala, Uganda. The meeting was attended by 130 members of parliamentary committees responsible for health from twelve countries in East and Southern Africa, as well as officers from governments, development partner agencies and civil society organizations. The major objective of the meeting was to increase commitment for RH, population and development within the continent, from Parliamentarians and also to enlist their support at national levels.

During the meeting, policy makers were informed about the existing regional policy frameworks in the field of Reproductive Health (RH), Population and Development. The outcome of the meeting was the Kampala Resolutions in which commitments were made to support and promote RH, Population and Development agenda in the region.



Réunion régionale des Commissions parlementaires sur la
Santé en Afrique de l'Est et Afrique du Sud

Forming Network with the PIs

In July 2008, PPD organized a "Consultative Meeting on Networking among Partner Institutions" with assistance from UNFPA, involving Heads of 16 Partner Institutions (PIs) from Bangladesh, China, Egypt, India, Indonesia, Kenya, Morocco, Senegal and Thailand. The meeting welcomed the idea of establishing a web-based network, through online groups, blogs, SharePoint's and IMs, among other technologies to strengthen PI networking. As a result of this meeting PPD constituted a network of 17 Partners Institutions that are involved in capacity building, training and research. A database of Partners Institutions and a SharePoint service was established.

IMPROVING COMMUNICATION AMONG PARTNERS

PPD needs to remain a forerunner in the promotion of SSC and hence the enhancing of its image and information dissemination system continues to be essential. PPD conducted an assessment of the IT system and needs at the Secretariat, the New York and Africa Offices with financial assistance from the Lucile Packard Foundation through its Organizational Effectiveness (OE) Grant. CGNET (IT Consulting Firm) was hired to conduct the IT needs assessment and propose mechanisms to improve the communication system among the Secretariat, sub-offices, Board Members, PCCs, and Partner Institutions. A series of recommendations have been made by the consulting firm to improve PPD's Communication System. The implementation of the recommendations started with support from Hewlett Foundation. The Secretariat renewed its computers and upgraded its software and the following activities were undertaken according to the recommendations.

Share Point for better communication

In the context of OE Grant of Packard Foundation, a training program on SharePoint was organized by CGNET for PPD Secretariat in October 2008. Trained staff have oriented PCCs on the use of the SharePoint site. CGNET provided training and documentation to assist the staff of the Secretariat to implement, customize and operate a hosted Windows SharePoint Services 3.0 site. This will enhance communication with PPD staff, offices and other stakeholders.

PPD is providing the SharePoint site free of charge to all Member Countries, through which all documents, reports and publications from each country can be shared. SharePoint site is a new IT tool that not only enables sharing of publications but also provides a forum for discussions where PCCs can communicate with their counterparts and share their own work progress, best practices and national experiences. The site has a built-in mechanism that enables all users to be alerted on receipt of any new information.

PCCs get training on Share Point

PPD arranged a training program for PCCs during the governance meetings in Kampala, Uganda where they got live online training on

SharePoint. A manual was also provided to make their share point using experience easier.

Opening the doors of PPD for sharing knowledge

Seven students of Global Politics at Hosei University, Japan visited the PPD Secretariat on their study tour on September 09, 2008. They spent a significant amount of time at the Secretariat, with the Executive Director, and the PPD staff, learning about PPD and its activities. The International Program Officer of PPD, made a presentation on PPD's priority areas and key activities, which was followed by a lively discussion between the students and the PPD staff.

The Executive Director and the team among other topics, had discussions on the concept of South-South Cooperation, the public health and Reproductive Health programs in different countries. The Executive Director urged to students to act as ambassadors for PPD at their home country and to share their knowledge of South-South Cooperation with other colleagues.

ADVOCACY : SHAPING OUR WORLD THROUGH IMPROVED FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

PPD has been promoting Reproductive Health in its Member Countries and the world through active participation in different national, regional and international arena. PPD organizes each year high level policy dialogue and initiates meetings for advocating to ministers, government officials, policy makers, representatives of donor agencies, UN organizations, major international NGOs and experts and also to discuss salient Reproductive Health, Population and Development Issues pertaining ICPD and MDGs.

Advocacy and Resource Mobilization Campaign in Japan during TICAD IV Meeting

In the early 90's, when 'aid fatigue' has set in after the Cold War, Japan launched TICAD in order to refocus international attention on the importance and urgency on of African development issues. Japan has consistently stressed the importance of 'Africa's ownership' of its development as well as of the 'partnership' between Africa and the international community. A central feature of TICAD is the cooperation between Asia and Africa. TICAD IV was held on 28-30 May, 2008, in Yokohama, Japan. PPD Executive Director conducted extensive advocacy campaign among the heads of states and other members of the state delegation from 45 African countries while

attending the TICAD IV meeting. At the invitation of the Ministry of Foreign Affairs of the Government of Japan, Mr. Jooseery represented PPD at this high profile meeting of the heads of states and governments. Following the TICAD IV Meeting, he met with senior officials at the Ministry of Foreign Affairs of Japan and the JICA Headquarters where he discussed avenues for collaboration.

PPD calls for Repositioning of FP in National Development Agenda in Bali

Organized by BKKBN, UNFPA and PHANSuP, the 2nd International Conference on Reproductive Health Management took place in Bali,

Indonesia in May, 2008. The conference focused on the management of family planning programs and its theme was "CONVERGENCE: WORKING TOGETHER FOR RESULTS AND IMPACT". It also highlighted critical issues such as access, quality, leadership, community participation and youth empowerment.

The conference brought together nearly 400 participants from 25 countries, who shared their experiences and expertise in managing reproductive health programs for better results and impact.

In his speech, PPD Executive Director appealed to the international community to increase funding to Family Planning sector and to the developing country governments to reposition Family Planning in



Le Premier ministre japonais Yasuo Fukuda prononce une allocution lors de la séance plénière de clôture de la TICAD IV à Yokohama, 30 mai 2008.

ADVOCACY : SHAPING OUR WORLD THROUGH IMPROVED FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

their national agenda. Mr. Jooseery argued that the international development assistance framework and the national policy formulation mechanism need to adapt with constantly evolving challenges posed by "emergence of a transnational public and private sector integration and partnership" and "growing influence of the private sector, civil society and NGOs". He emphasized that PPD is uniquely positioned to help all concerned to face these challenges due to its unique characteristics of South-South Cooperation. Several important recommendations were made in that conference which will help achieve PPD's objective in the long run.

PPD Works with Key Players of RHSC

Approximately a hundred people from NGOs, technical agencies and private sector representatives took part in the "Ninth Membership Meeting of the Reproductive Health Supplies Coalition (RHSC)" which took place in Brussels, Belgium on May 22nd and 23rd 2008. Hosted by the European Commission, one of the meeting's topics was European advocacy and resource mobilization and awareness for reproductive health supplies.

At this influential forum, the ED of PPD said that PPD will support the activities of the key players in RHSC and will also fill in gaps within the knowledge of its MCs and other developing countries. He said that PPD will continue to use its existing platform to discuss and advocate for RH Commodity Security and play a vital role in promoting the availability of affordable RH medicines and commodities that meet internationally accepted standards of quality which have been adequately tested for safety and efficacy in its MCs.

PPD joins WHO in a consortium for Reproductive Health

Implementing Best Practices (IBP) is an initiative begun in 1999 to enhance the ability of countries to identify and apply evidence-based and other demonstrated practices that improve the quality and delivery of Reproductive Health services. The World Health Organization Department of Reproductive Health (WHO/RHR) initiated the program, and it was quickly joined by several partner organizations and agencies, including the U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), and 14 other organizations. Currently it is supported by an extensive collaborative network of over 25 partner agencies, committed to improving access to and improving quality of Reproductive Health care. PPD is now one of the active members of this initiative.

In May 2008, PPD signed a Memorandum of Understanding with WHO to join into a consortium for Implementing Best Practices to support the dissemination, adaptation, utilization and scaling up of evidence-based practices in Reproductive Health.

Second Meeting of the Technical Committee on Pharmaceutical Manufacturing Plan for Africa

The Republic of South Africa hosted an African Union (AU) event which was the Second Meeting of the Technical Committee on Pharmaceutical Manufacturing Plan for Africa.

ADVOCACY : SHAPING OUR WORLD THROUGH IMPROVED FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

The meeting was held in Johannesburg on 18 and 19 February, 2008. The main objective of the meeting was to consider the outline of Phase II of their national agenda. Mr. Jooseery argued that the international development assistance framework and the national policy formulation mechanism need to adapt with constantly evolving challenges posed by "emergence of a transnational public and private sector integration and partnership" and "growing influence of the private sector, civil society and NGOs". He emphasized that PPD is uniquely positioned to help all concerned to face these challenges due to its unique characteristics of South-South Cooperation. Several important recommendations were made in that conference which will help achieve PPD's objective in the long run. Pharmaceutical Manufacturing Plan for Africa and prepare to report to the AU Health Ministers. Representative from Angola, Burundi, Cameroon, Gabon, Ghana, Kenya, Libya, Malawi, Nigeria, South Africa, Tanzania and Uganda attended the meeting. In addition a number of organizations were also represented at the meeting which included ECSA Health Community, Africa Regional Intellectual Property Organization (ARIPO), UNIDO, WHO and World Intellectual Property Organization (WIPO). Others included ASPEN Pharmacare, Lexir Pty Limited and the Medical Research Council of South Africa.

The Regional Director of Partners in Population and Development, Africa Regional Office (PPD ARO), Dr. Jotham Musinguzi and a Program Officer of PPD ARO, attended the meeting. During the meeting the Regional Director, PPD ARO, took the opportunity to make statements about the need for South-South Cooperation on population and development issues within Africa. The role of PPD as an effective modality for South-South Cooperation was appreciated by all.

Reproductive Health Advocacy Network for the SADC Region starts in earnest

The Chief Director, Population Department of the Ministry of Social Development of the Republic of South Africa met the Regional Director of PPD ARO Dr. Jotham Musinguzi in a preparatory meeting for the formation of an RH Advocacy Network for the SADC Region. The meeting took place at Southern Sun Hotel, Johannesburg on 20 February, 2008. The meeting was also attended by the PCC of South Africa Mr. Jacques van Zuydam, and a PPD ARO Program Officer. Other attendees were Ms. Christa Kruger, Ms. Olga Mabitsela, Jeny Djidja and Mr. Mpho Nenweli all from the Directorate of Population, Ministry of Social Development.



Dr Jotham Musinguzi (2e à partir de la gauche) faisant part du Plan stratégique du BRA du PPD, 2007-2011 au Directeur principal sud-africain, Département de la Population du ministère du Développement social, M. Jacques van Zuydam (au centre, assis)

RESOURCE MOBILIZATION

Family Planning and access to contraceptives are essential for the prevention of maternal deaths and to achieve universal Reproductive Health for all. Unfortunately family planning has slipped down the list of international development priorities, and unmet need, inadequate supplies and increasing demand pose serious challenges to the development of many countries. Most governments in poor countries have adopted appropriate population and family planning policies, but many are not implementing them owing to lack of funds and/or political will. There is an urgent need for high-level political and financial commitment to promote family planning at the global, regional, national and local levels. NGOs and civil society are crucial to this work. A broad coalition of support from influential groups and adequate funding are needed. Moreover resource scarcity has been identified as critical impediment to strengthen South-South Cooperation and the sustainability of PPD and its programs.

PPD Marketing Strategy

La Stratégie de Marketing de PPD

En 2008, le PPD a élaboré une stratégie de marketing visant à s'assurer d'une utilisation optimale des ressources qui fournira les moyens d'accroître la capacité. Dans le scénario actuel, les fonctions de PPD sont très importantes pour le maintien et le bien-être non seulement des nations et des sociétés, mais aussi pour l'humanité et son avenir. Les objectifs de la stratégie de marketing de PPD sont :

- Créer des relations durables avec les parties prenantes
- Elaborer des stratégies de segmentation, de ciblage et de positionnement
- Elaborer une stratégie de communication efficace
- Elaborer un plan d'action de marketing
- Définir des indicateurs objectivement vérifiables
- Elaborer un plan d'incitation à l'intention des consultants basé sur la performance

Cette stratégie a été formulée pour offrir une approche holistique à la contribution de PPD au monde et à la société en particulier. La stratégie a pris en considération l'éventail actuel des consultants, des clients potentiels (gouvernemental et non gouvernemental), et les agences de financement de PPD.

Interaction avec les Donateurs

La campagne de mobilisation des ressources de PPD a été lancée en janvier 2008. Le Directeur Exécutif de PPD, M. Harry Jooseery, accompagné par l'Observateur Permanent de PPD aux Nations Unies, M. Jyoti Singh ainsi que le Directeur du Bureau Régional de PPD pour l'Afrique, le Dr. Jotham Musinguzi, ont visité les Etats Unis et le Canada pour partager le nouveau Plan Stratégique d'Entreprise de PPD (2008-2011) avec les donateurs afin d'assurer leur soutien pour sa mise en oeuvre.



RESOURCE MOBILIZATION

L'équipe de PPD a visité le FNUAP, la Fondation David et Lucile Packard aux Etats Unis et l'Agence Canadienne pour le Développement International (ACDI) à Ottawa au Canada. En outre, l'équipe a participé à une téléconférence avec des responsables de la Fondation MacArthur basée à Chicago, aux Etats Unis. L'équipe de PPD a exposé les éléments saillants du Plan Stratégique d'Entreprise aux organisations et a discuté des éventualités pour des actions de collaboration mutuelles en vue de sa mise en oeuvre. L'équipe a également présenté et discuté d'un certain nombre de projets et de programmes élaborés en conformité avec le Plan Stratégique d'Entreprise et a sollicité le soutien des agences donateurs. Ces agences ont apprécié le Plan et ont promis tout leur soutien à sa mise en oeuvre.

Le Directeur Exécutif a aussi rencontré et eu des discussions avec le Directeur de la Population de la Fondation William et Flora Hewlett, le Dr. Sara Seims, M. Jose Remon, Chargé de Programmes de la Fondation Gates. Au Canada, l'équipe a rencontré Mme Loree Simeluk, Gestionnaire de programmes pour le Programme Panafricain de l'Agence Canadienne pour le Développement International (ACDI) et a soumis une proposition de projet sur les Mutilations Génitales Féminines (MGF). L'ACDI a manifesté son intérêt pour financer le BRA de PPD en 2009.

Réunion du Conseil d'Administration du FNUAP

La première session ordinaire de 2008 du Conseil d'Administration du PNUD et du FNUAP a eu lieu aux Nations Unies à New York du 21 au 25 janvier. Les représentants de PPD à cette réunion étaient M. Harry Joaseery, le Directeur Exécutif, le Dr. Jotham Musinguzi, Directeur du Bureau de PPD pour la Région Afrique et M. Jyoti Shankar Singh, Observateur Permanent de PPD aux Nations Unies.

Dans son discours à la session annuelle du FNUAP, M. Joaseery a souligné les résultats du récent forum de PPD et des réunions du Conseil d'Administration de PPD tenus à Rabat, au Maroc ainsi que les défis de

la coopération Sud Sud. La Directrice Exécutive du FNUAP, le Dr. Thoraya Obaid, a rappelé, dans son discours d'ouverture, l'importance de la Coopération Sud Sud dans la mise en oeuvre du Plan Stratégique du FNUAP (2008-2011) ; et a prôné son soutien indéfectible au PPD et la volonté du FNUAP à travailler en étroite collaboration avec le PPD.

Petit-déjeuner de Travail avec les Représentants aux Nations Unies des Pays Membres

Le PPD et la Mission Permanente de l'Ouganda aux Nations Unies ont organisé un petit-déjeuner de travail sur la coopération Sud Sud dans le domaine de la population et du développement, avec une référence particulière aux travaux de PPD, à l'intention des Missions Permanentes aux Nations Unies le 22 janvier 2008 à la Maison de l'Ouganda. L'exposé a été suivi par les représentants de 11 Missions Permanentes, notamment : (1) la République Populaire de Chine ; (2) la Colombie ; (3) la République Arabe d'Egypte ; (4) la République Fédérale Démocratique d'Ethiopie ; (5) l'Inde ; (6) la République d'Indonésie ; (7) le Royaume du Maroc ; (8) le Pakistan ; (9) la Thaïlande ; (10) la République d'Ouganda ; (11) la République du Yémen. M. Harry S. Joaseery, Directeur Exécutif de PPD, accompagné du Dr. Jotham Musinguzi, Directeur du Bureau de PPD pour la Région Afrique en Ouganda, et de M. Jyoti Singh, Observateur Permanent de PPD aux Nations Unies, ont éclairé les membres des Missions sur les activités courantes et les futurs projets de PPD.

L'Appui des Gouvernements

Le Secrétariat a eu son siège au Bangladesh depuis la fondation de PPD, dans un espace bureau offert par le Gouvernement du Bangladesh avec tous les services d'utilité publique. En outre, le Gouvernement du Bangladesh accorde le statut diplomatique au Directeur Exécutif de PPD. Le 4 décembre 2008, le Gouvernement du Bangladesh a alloué 64 décimales de terre au PPD pour la construction de son siège.

Le Gouvernement Ougandais fournit également un espace bureau et les

RESOURCE MOBILIZATION

Support from the Governments

The Secretariat has had its office in Bangladesh since the inception of PPD and the Government of Bangladesh had since provided office space, utilities and granted a diplomatic status to the Executive Director. On 4 December, 2008, the Government of Bangladesh allotted 64 decimal of land to PPD for the construction of its Headquarter Headquarter.

The Government of Uganda also provides office space and secretarial services to the PPD ARO. Similarly the Government of China houses PPD China office and meets all costs.

China and India increased their annual contribution by 100% from US\$20,000 to US\$40,000 in 2008. China pledged to support the capacity building efforts of PPD and India has offered to provide support to member countries on RH commodities supply and management.

Government of Thailand also renewed its firm commitment to the ideals of South-South Cooperation; they increased their annual membership contribution by 15% from 2008. Additionally, Thailand is ready to transfer its legendary success in tackling the spread of HIV/AIDS and its experience in the dramatic increase in the contraceptive prevalence rate in the country.

Support from Donors

PPD is thankful to the Lucile and Packard Foundation, the Hewlett Foundation and UNFPA for their support and assistance. The activities of PPD ARO are entirely funded by the Hewlett Foundation. PPD is grateful to Dr. Musimbi Kanyoro, Dr. Sara Siems, Dr. Thoraya Obaid for their support. PPD is in the process of diversifying its source of funding and has made submissions to other donors.

HELP US HELP THEM



DONATE

GOVERNANCE MEETINGS

The Thirteenth Executive Committee Meeting and the Thirteenth Annual Board Meeting of PPD were held between 23rd and 26th November 2008 in Kampala, Uganda. The Executive Committee meeting was chaired by H.E. Dr. Li Bin, Chair, PPD Board and Minister of NPFPC, Government of the People's Republic of China. The meeting was attended by Dr. Zhao Baige, Vice Minister, National Population and Family Planning Commission, Government of the People's Republic of China, Mr. Adama Diarra, Director-General, National Solidarity Fund, Government of Mali and PCC of Mali representing H.E. Mr. Oumar Ibrahim Taure, Vice Chair, PPD Board and Minister of Health, Government of Mali; Mr. Charles Zirarema, Acting Director, Population Secretariat, Ministry of Finance, Planning and Economic Development, Uganda representing Treasurer of PPD; Mr. Jilali Hazim, Director of Planning and Financial Resources, Ministry of Health, Government of Mali representing the Secretary of PPD Board, H.E. Madam Yasmina Baddou, Minister of Health, Government of Morocco and Mr. Harry S. Jooseery, Executive Director of PPD.

The Annual Board Meeting of PPD was organized in collaboration with POPSEC Ministry of Finance, Planning and Economic Development, Government of Uganda. The meeting was presided over by H.E. Dr. Li Bin, Chair, PPD Board, and Honorable Minister, National Population and Family Planning Commission of China (NPFPC), Government of the People's Republic of China. Ministers, Board Members, Executive Director, PCCs and PPD personnel attended the Board meeting. The meeting also coincided with the election of a new Executive Committee for the coming three years.

The following were elected as PPD Executive Committee Members :

- i. H.E. Mr. Anbumani Ramadoss Honorable Minister, Ministry of Health and Family Welfare, Government of India as Chair
- ii. H.E. Dr. Li Bin Honorable Minister, National Population and Family Planning Commission of China (NPFPC) as Vice Chair
- iii. Dr. Boniface Omuga K'Oyugi Chief Executive Officer, Coordinating Agency for Population and Development, Kenya as Secretary
- iv. Prof. Dr. Nabih Gueddani, Director General National Office of Family and Population (ONFP), Tunisia as Treasurer



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Indian Institute of Health Management Research (IHMR) - India

National Institute of Health and Family Welfare (NIHFW) - India

National Family Planning Coordinating Board (BKKBN) – Indonesia

Population Studies and Research Institute (PSRI) - Kenya

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College of Population Studies (CPS) - Thailand

The Centre International de Formation (CEFIR) - Tunisia

International Training and Research Centre in Reproductive Health

Institute of Statistics and Applied Economics (ISAE) - Uganda

FINANCIAL REPORT



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**Auditors' Report
to
The Board of
Partners in Population and Development (PPD)**

We have audited the accompanying balance sheet of Partners in Population and Development (PPD) as at 31 December 2008 and the related income and expenditure account and cash flow statement for the year then ended. The preparation of these financial statements is the responsibility of the PPD's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with International Standards on Auditing (ISA) as adopted in Bangladesh. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements, prepared in accordance with International Accounting Standards (IAS) and International Financial Reporting Standards (IFRS) as adopted in Bangladesh, and applicable to PPD give a true and fair view of the state of the PPD's affairs as at 31 December 2008 and of the results of its operations and its cash flow for the year then ended and comply with applicable laws and regulations.

We also report that:

- we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit and made due verification thereof;
- in our opinion, proper books of account as required by law have been kept by the PPD so far as it appeared from our examination of those books; and
- the PPD's balance sheet and income and expenditure account dealt with by the report are in agreement with the books of account.

Dhaka, 2 August 2009

Rahman Rahman Huq, a Bangladesh partnership, is a member firm of KPMG International, a Swiss cooperative

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FINANCIAL REPORT

Partners in Population and Development (PPD)
Dhaka, Bangladesh
Balance Sheet
as at 31 December 2008

	2008 USD	2007 USD
Non-current assets		
Property, plant and equipment	54,319	23,727
Current Assets		
Accounts receivable	25,911	20,925
Advances, deposits & prepayments	23,546	69,973
Term deposits	1,100,000	800,000
Cash and cash equivalents	404,432	124,453
	<u>1,553,889</u>	<u>1,015,351</u>
Total assets	<u>1,608,208</u>	<u>1,039,078</u>
Fund and liabilities Fund		
Core fund	977,938	810,593
Property, plant and equipment fund	54,319	23,727
Donor fund	415,396	109,830
	<u>1,447,653</u>	<u>944,150</u>
Liabilities		
Non-current liabilities	-	-
Current liabilities		
Other liabilities	<u>160,555</u>	<u>94,928</u>
Total fund and liabilities	<u>1,608,208</u>	<u>1,039,078</u>

FINANCIAL REPORT

Partners in Population and Development (PPD)
Dhaka, Bangladesh
Income and Expenditure Account
For the year ended 31 December 2008

	2008 US Dollar	2007 US Dollar
Income :		
Grant Income	672,854	574,557
Other Income	15,134	39,612
Total Income	687,988	614,169
Expenditure :		
Core Expenditure	419,513	233,016
Program Expenditure	672,855	574,557
Total Expenditure	1,092,368	807,573
Excess of income over expenditure (transferred to core fund)	(404,380)	(193,404)

FINANCIAL REPORT

Partners in Population and Development (PPD)
Dhaka, Bangladesh
Cash Flow Statement
For the year ended 31 December 2008

	2008 US Dollar	2007 US Dollar
A) Cash Flow from Operating Activities		
Excess of income over expenditure	(404,380)	(193,404)
Adjustment for items not involving the movement of cash		
Depreciation	14,425	4,945
Adjustment for (increase)/decrease in current assets		
(Increase)/decrease in accounts receivable	(4,986)	(16,631)
(Increase)/decrease in advances, deposits and prepayments	(46,427)	(47,851)
	(41,441)	(64,482)
Adjustment for increase/(decrease) in current liabilities		
Increase/(decrease) in other liabilities	(65,627)	(200,638)
Net cash (used in) provided by operating activities	(283,067)	(453,579)
B) Cash Flow from Investing Activities		
Purchase of property, plant and equipment	(44,836)	(6,697)
Investment in term deposits	(650,000)	(600,000)
Disposal of investment in term deposits	350,000	350,000
Net cash (used in) provided by investing activities	(344,836)	(256,697)
C) Cash Flow from Financing Activities		
Member Country contributions	559,603	349,641
Increase in unrestricted fund (excluding other income)	50,506	40,135
Payment from property, plant and equipment fund	(14,245)	(4,945)
Grants received from Donors	971,068	609,092
Grants Expended from Donors fund	(658,609)	(569,612)
Net cash (used in)/provided by financing activities	907,883	424,311
Net increase in cash and cash equivalents (A+B+C)	279,979	285,965
Cash and bank balances at the beginning of year	124,453	410,419
Cash and bank balances at the end of year	404,432	696,384

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